

INDIAN HEALTH SERVICE



Volume V Patient and Family Education Protocols and Codes (PEPC) R - Z

21st Edition
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About This Document

Volume 5 of the Patient Education manual consists of the protocols and codes for patient education, protocols starting with the letters R – Z, what protocols changes, and the index of the protocols.

You can print this volume in its entirety or you can go the IHS Web site and print individual protocols.

Note: Do not print the Appendix because this only contains cross-referenced information.

We have endeavored to try to make the Patient Education manual somewhat more manageable by dividing into separate volumes.

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New Codes for 2014, R – Z

The following codes are new to the 2014 Patient Protocol and Coding Manual 21st edition.

**XRAY RADIOLOGY/NUCLEAR
 MEDICINE**

XRAY-M

**REACT REACTIVE
 ATTACHMENT
 DISORDER**

REACT-C

REACT-DP

REACT-EX

REACT-FU

REACT-HPDP

REACT-HY

REACT-L

REACT-LA

REACT-M

REACT-MNT

REACT-P

REACT-SM

REACT-TX

Inactivate PSY

RH REACTIVE HYPOGLYCEMIA

RH-M

**RSV RESPIRATORY SYNCYTIAL
 VIRUS**

RSV-EQ

RSV-INF

RSV-M

**RST RESTRAINTS and
 SECLUSION**

RST-EQ

RA RHEUMATOID ARTHRITIS

RA-AP

RA-EQ

RA-EX

RA-FU

RA-HPDP

RA-HY

RA-LA

RA-M

RA-MNT

RA-PRO

RA-S

RA-SM

RA-TX

**RMSF ROCKY MOUNTAIN
 SPOTTED FEVER**

RMSF-C

RMSF-DP

RMSF-FU

RMSF-HELP

RMSF-L

RMSF-M

RMSF-MNT

RMSF-P

RMSF-TX

SARC SARACOIDOSIS

SARC-EQ

SARC-EX

SARC-INF

SARC-M

SARC-MNT

SARC-SM

SCBE SCABIES

SCBE-M

SZ SEIZURE DISORDER

SZ-M

NEW CODES FOR 2014, R - Z

SZ-MNT

SZ-P

SZ-SM

MUTE SELECTIVE MUTISM

MUTE-M

MUTE-SM

**SEP SEPARATION ANXIETY
DISORDER**

SEP-C

SEP-DP

SEP-EX

SEP-FU

SEP-HPDP

SEP-L

SEP-M

SEP-MNT

SEP-N

SEP-PA

SEP-SM

SEP-TX

Inactivate PSY

**SARS SEVER ACUTE
RESPIRATORY SYNDROME**

SARS-EQ

SARS-INF

SARS-M

SARS-MNT

SEX SEXUAL DISORDERS

SEX-EX

SEX-M

SEX-SM

**STI SEXUALLY TRANSMITTED
INFECTIONS**

STI-M

STI-SM

SHI SHINGLES

SHI-AP

SHI-DP

SHI-EX

SHI-FU

SHI-HPDP

SHI-M

SHI-MNT

SHI-P

SHI-PM

SHI-SM

SHI-TX

SINUS SINUSITIS

SINUS-AP

SINUS-DP

SINUS-FU

SINUS-HM

SINUS-L

SINUS-M

SINUS-PRO

SINUS-TX

**SWI SKIN AND WOUND
INFECTION**

SWI-EX

SWI-HY

SWI-INF

SWI-M

SWI-MNT

SLEEP SLEEP DISORDERS

SLEEP-C

SLEEP-DP

SLEEP-EX

SLEET-LA

SLEEP-M

SLEEP-SM

SNAKE SNAKE BITE

SNAKE-C

SNAKE-EQ

SNAKE-M

SOMA SOMATOFORM DISORDERS

SOMA-C
 SOMA-DP
 SOMA-EX
 SOMA-FU
 SOMA-HPDP
 SOMA-L
 SOMA-LA
 SOMA-M
 SOMA-MNT
 SOMA-N
 SOMA-S
 SOMA-SM
 SOMA-TX
 Inactivate PSY

ST SORE THROAT

ST-AP
 ST-C
 ST-DP
 ST-FU
 ST-HM
 ST-HY
 ST-L
 ST-M
 ST-P
 ST-TE
 ST-TX

SPIDER SPIDER BITE

SPIDER-DP
 SPIDER-FU
 SPIDER-HM
 SPIDER-HY
 SPIDER-L
 SPIDER-M
 SPIDER-P
 SPIDER-TX
 SPIDER-WC

STING STING, INSECT

STING-DP
 STING-FU

STING-HM
 STING-LA
 STING-M
 STING-P
 STING-TX

STROKE STROKE

STROKE-ADL
 STROKE-LA
 STROKE-M

SI SUICIDAL IDEATION AND GESTURES

SI-DP
 SI-FU
 SI-HPDP
 SI-M
 SI-P
 SI-SM
 SI-TX
 Inactivate IR, PSY

SUN SUN EXPOSURE

SUN-LA
 SUN-L

SUP SUPPLEMENTS, NUTRITIONAL/HERBAL

SUP--FU
 SUP-M

SPE SURGICAL PROCEDURES AND ENDOSCOPY

SPE-INF
 SPE-M

SYN SYNCOPY

SYN-AP
 SYN-EX
 SYN-FU
 SYN-L
 SYN-LA

NEW CODES FOR 2014, R - Z

SYN-M	URI	UPPER RESPIRATORY
SYN-P		INFECTION
SYN-S		
SYN-SM	URI-FU	
SYN-TX	URI-HY	
	URI-M	
TICD	TIC DISORDER	
TICD-C		
TICD-DP		
TICD-EX	UTI	URINARY TRACT
TICD-FU		INFECTION
TICD-HPDP	UTI-HY	
TICD-LA	UTI-M	
TICD-M		
TICK-SM	UCATH	URINARY CATHETER
TICD-TX		AND ASSOC. INFECTION
Inactivate PSY	UCATH-EQ	
	UCATH-INF	
	UCATH-M	
TO	TOBACCO USE	
TO-FU		
TO-HY	VENT	VENTILATION (MECH.) AND
TO-M		ASSOCI. PNEUMONIA
TO-MNT	VENT-EQ	
TO-SM	VENT-INF	
	VENT-M	
	VENT-MNT	
TB	TUBERCULOSIS	
TB-DP	WNV	WEST NILE VIRUS
TB-INF		
TB-M	WNV-M	
	WH	WOMEN'S HEALTH
UC	ULCERATIVE COLITIS	
UC-AP	WH-BH	
UC-DP	WH-EC	
UC-HPDP	WH-EX	
UC-HY	WH-HY	
UC-LA	WH-M	
UC-M	WH-MNT	
UC-MNT	WH-SM	
UC-N	YEAST	YEAST INFECTION
UC-P		
UC-SM	YEAST-AP	
UC-TE	YEAST-C	
UC-TX	YEAST-DP	
	YEAST-EX	

NEW CODES FOR 2014, R - Z

YEAST-FU
YEAST-HM
YEAST-HPDP
YEAST-HY
YEAST-L
YEAST-M
YEAST-P
YEAST-PRO
YEAST-SM
YEAST-TX
YEAST-WC

R

XRAY - Radiology/Nuclear Medicine

XRAY-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications that may result from this procedure.

STANDARDS:

1. Explain that some patients may have adverse reactions to contrast media or other medications used during radiographic/nuclear medicine procedures.
2. Discuss the common and important complications as they apply to the procedure to be performed.
3. Discuss the procedure that will be undertaken if adverse events occur.

XRAY-EQ EQUIPMENT

OUTCOME: The patient/family will understand the role of the equipment used during the procedure.

STANDARDS:

1. Discuss the use of personal protective equipment (e.g., lead shields, gloves) and their role in preventing transmission of disease and unnecessary radiation exposure.
2. Explain that certain positioning of patient/equipment may be required for imaging, as appropriate.

XRAY-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in radiology/nuclear medicine.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.

4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

XRAY-L LITERATURE

OUTCOME: The patient/family will receive literature about radiology/nuclear medicine.

STANDARDS:

1. Provide the patient/family with literature on radiology/nuclear medicine.
2. Discuss the content of the literature.

XRAY-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

XRAY-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to PM** (in Volume IV of this manual set).

3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

XRAY-PRO PROCEDURES

OUTCOME: The patient/family will understand the radiographic/nuclear medicine procedure to be performed.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment. Discuss the possible results of non-treatment and any potential problems related to recuperation.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.
6. Explain that some procedures may require chaperones.

XRAY-S SAFETY

OUTCOME: The patient/family will understand the safety procedures used to protect the patient and staff.

STANDARDS:

1. Discuss the importance of informing the providers of pregnancy status in females of childbearing age prior to procedures.
2. Discuss the importance of informing the providers of any allergies, e.g., latex, iodine dye, and medications.
3. Explain the importance of correctly identifying self before the procedure, e.g., name, birth date.
4. Discuss as appropriate that needles and other infusion equipment are single-patient use and will be discarded.

5. Discuss the procedure for accidental needle-stick of the patient or the staff as appropriate.

XRAY-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered and method of imaging, e.g., MRI, CT scan, ultrasound, EKG, etc. Explain as appropriate:
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

REACT - Reactive Attachment Disorder

REACT-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with reactive attachment disorder.

STANDARDS:

1. Explain that reactive attachment disorder (REACT) is a serious disorder, which without treatment, may progress to violence toward self and others, destruction of property, and school problems.
2. Explain that reactive attachment disorder, if left untreated, may develop into other conduct disorders (**refer to COND** in Volume II of the manual set), and eventually adulthood Personality Disorders (**refer to PERSD** in Volume IV of this manual set), mood disorders, and legal problems.

REACT-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

REACT-DP DISEASE PROCESS

OUTCOME: The family will understand the symptoms and signs of reactive attachment disorder.

STANDARDS:

1. Explain that the essential features of reactive attachment disorder is the markedly disturbed and developmentally inappropriate social relatedness in most contexts that begins before the age of 5 years, which includes:

- a. **Primarily Inhibited Type** in which the child shows excessively inhibited, hypervigilant, or highly ambivalent behavior, e.g. frozen watchfulness, or resistance to comforting or touch.
 - b. **Disinhibited Type** in which the child shows a pattern of diffuse attachments as manifest by indiscriminate sociability, e.g. excessive familiarity with relative strangers and lack of selectivity in attachment figures.
2. Discuss the elements of pathogenic care that contributes to and is presumed to be responsible for the child's dysfunction, including:
 - a. persistent disregard for the child's basic emotional needs for comfort, stimulation, and affection
 - b. persistent disregard for the child's basic physical needs
 - c. repeated changes of primary caregiver that prevents the formation of stable attachments
 3. Explore the behavioral features that may be associated with reactive attachment disorder, including oppositional behavior, frequent and intense anger, outbursts, manipulative or controlling behavior, little or no conscience, destructive behavior to self, others, and property, cruelty to or killing animals, gorging or hoarding food, and preoccupation with fire, blood, or violence.
 4. Explain that reactive attachment disorder may be associated with developmental delays, Feeding Disorders of Infancy or Early Childhood, Pica, or Rumination Disorder.

REACT-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in treating and caring for a child with reactive attachment disorder.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

REACT-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of reactive attachment disorder.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

REACT-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding reactive attachment disorder.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding reactive attachment disorder and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

REACT-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary

4. Review the community resources available for help in achieving behavior changes.

REACT-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to reactive attachment disorder.

STANDARDS:

1. Discuss the importance of washing in infection control.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

REACT-L LITERATURE

OUTCOME: The patient/family will receive literature about reactive attachment disorder.

STANDARDS:

1. Provide the patient/family with literature on reactive attachment disorder.
2. Discuss the content of the literature.

REACT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for coping with reactive attachment disorder.

STANDARDS:

1. Discuss the lifestyle changes specific to caring for a child with reactive attachment disorder.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

REACT-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

REACT-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for treating reactive attachment disorder.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

REACT-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to reactive attachment disorder.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.

2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

REACT-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce risk of developing reactive attachment disorder or associated problems.

STANDARDS:

1. Discuss the strategies to prevent dangerous behaviors or complications of reactive attachment disorder, such as constant supervision and structure, and following the treatment plan, including medications. **Refer to [REACT-PA](#).**
2. Explain that the risk of developing reactive attachment disorder might be reduced by being actively engaged with the child and caregivers and taking parenting skills classes for education regarding attachment issues, understanding the baby's verbal and non-verbal cues, and teaching children appropriate feeling expression.

REACT-PA PARENTING

OUTCOME: The family will understand parenting skills necessary to treat reactive attachment disorder.

STANDARDS:

1. Emphasize the importance for parents to learn strategies for building attachment and close, physical comfort for the child.
2. Discuss the methods for appropriate parenting at home, including the appropriate use of rewards and consequences.
3. Discuss the physical, emotional, and cognitive needs of the child based on age and level of development.
4. Emphasize the importance communicating in a way that the child understands.
5. Discuss the methods for providing emotional support and unconditional assistance to the child.
6. Refer the family to mental health services/ family counseling if the family is becoming overwhelmed.

REACT-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to reactive attachment disorder.

STANDARDS:

1. Discuss the consequences of dangerous acts, such as assault and fire-setting.
2. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures should the condition exacerbate, or should agitation, tension, or suicidal/homicidal ideation arise.
3. Review the local resources and phone numbers, including the police, who may be utilized during a crisis, and may assist in transportation and safety compliance.

REACT-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with the symptoms of reactive attachment disorder.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in treating reactive attachment disorder.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

REACT-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

REACT-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain that the treatment for reactive attachment disorder is a long term challenge for parents and caregivers, as well as the treatment team, and may involve a combination of psychotherapy and medication. Explain that parental participation in the treatment is critical to a good outcome (**refer to [REACT-PA](#)**).
2. Explain that therapists have different styles and orientations for treating reactive attachment disorder, and that some styles may suit the patient and family better than others. Explain the strategies, including:
 - a. Individual Psychological Counseling
 - b. Education of parents and caregivers about the condition
 - c. Parenting Skills classes
 - d. Family therapy
 - e. Special Education services
 - f. Residential or inpatient treatment for children with more serious problems, or at risk of harm to self and others
3. Discuss what to expect from a treatment session and the benefits of a family-centered approach vs. the dangers of a punitive, child-centered approach to therapy.
4. Explain that medications may also be prescribed to treat comorbid conditions, such as depression and aggressive behavior (**refer to [REACT-M](#)**).

5. Explain that the treatment plan will be made by the parents and the treatment team after reviewing the available options. Explain that treatment for reactive attachment disorder may vary according to the patient's life circumstances, severity of the condition, the family's participation in the intervention, and available resources.

RH - Reactive Hypoglycemia

RH-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of reactive hypoglycemia.

STANDARDS:

1. Discuss common complications of reactive hypoglycemia.
2. Describe the signs/symptoms of common complications of reactive hypoglycemia.

RH-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

RH-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of reactive hypoglycemia.

STANDARDS:

1. Explain that reactive hypoglycemia can cause the blood sugar to drop in a postprandial state.
2. Explain that the signs/symptoms of low blood sugar include shakiness, dizziness, headache, hunger, nausea, blurred vision, sweating, lack of concentration, heart palpitations, irritability, fatigue, inability to sleep, and unconsciousness. Symptoms generally appear 1.5 to 5 hours after eating foods high in carbohydrates.
3. Explain that this condition may be caused by a deficiency or increased production of hormones that regulate blood sugar.

4. Emphasize that there is no cure for reactive hypoglycemia, but it can be managed with lifestyle changes such as healthy eating practices, regular physical activity, no tobacco use, and no alcohol.
5. Discuss the possibility of developing diabetes in the future.

RH-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in reactive hypoglycemia.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

RH-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of reactive hypoglycemia.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of contract health services, community resources, and support services and refer as appropriate.

RH-L LITERATURE

OUTCOME: The patient/family will receive literature about reactive hypoglycemia.

STANDARDS:

1. Provide the patient/family with literature on reactive hypoglycemia.
2. Discuss the content of the literature.

RH-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the lifestyle adaptations necessary for reactive hypoglycemia.

STANDARDS:

1. Discuss the lifestyle adaptations are the key components to preventing low blood sugar.
2. Emphasize that appropriate nutrition, regular physical activity, and blood sugar monitoring are critical components in addressing reactive hypoglycemia.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

RH-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

RH-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for reactive hypoglycemia.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.

3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

RH-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to reactive hypoglycemia.

STANDARDS:

1. Emphasize that nutritional management includes meal planning and shopping. Explain that eating 5-6 small meals a day may reduce the episodes of reactive hypoglycemia.
2. Explain the importance of appropriate serving sizes, reading food labels, and selection of whole grains foods.
3. Identify techniques or strategies for eating out, social events, traditional eating practices, and family support in managing blood sugar.
4. Discuss managing food intake on sick days and with an exercise regimen to prevent low blood sugar.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

RH-SELF SELF MANAGEMENT

OUTCOME: The patient/family will understand the role of self-management.

STANDARDS:

1. Discuss the importance of the patient's role in managing the condition.
2. Discuss the strategies and skills needed to control the condition.
 - a. Eat small frequent meals.
 - b. Carry a sugary food source in case of meal disruption.
 - c. Exercise care when operating machinery.
3. Discuss the importance of setting SMART (Specific, Measureable, Attainable, Relevant, Timely) goals and the benefits of developing an action plan.
4. Explain the importance of reflecting and modifying the goals and action plan, as appropriate.

RH-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

RH-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for reactive hypoglycemia.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

RSV - Respiratory Syncytial Virus

RSV-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to respiratory syncytial virus.

STANDARDS:

1. Explain the normal anatomy and physiology of the respiratory track.
2. Discuss the changes to anatomy and physiology as a result of the RSV infection.
3. Discuss the impact of these changes on the patient's health or well-being.

RSV-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and serious complication of respiratory syncytial virus.

STANDARDS:

1. Discuss that many children with RSV also develop an ear infection.
2. Explain that only a small number of children with RSV will need hospitalization for oxygen or IV fluids.
3. Discuss that patients with severe symptoms from RSV may have recurrent wheezing for many months after resolution of the RSV infection.

RSV-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of respiratory syncytial virus.

STANDARDS:

1. Explain that RSV is caused by a virus. Explain that viral illnesses are not made better by antibiotics.
2. Discuss that the virus causes a swelling of the smallest airways in the lungs (bronchioles). This narrowing results in wheezing and difficulty breathing. The wheezing and difficulty breathing typically gets worse for 2–3 days then begins to improve. The acute phase of the disease is usually 7–14 days long.
3. Explain that RSV is spread by droplets containing the virus. These droplets are usually created by the infected person coughing or sneezing them out. Infection usually occurs by touching the droplets then rubbing one's eyes or nose. Hand washing is the best way to prevent infection.

4. Discuss, as appropriate, that the worst disease happens in children less than two years of age. People older than this who become infected with RSV will usually experience severe cold-like symptoms.

RSV-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss considerations specific to equipment and understand their role in the management of RSV:
 - a. Nebulizer: Describe the proper use of the nebulizer including the preparation of the inhalation mixture, the inhalation technique, and the care of the equipment. Discuss the nebulizer treatment as it relates to the medication regimen. **Refer to M-NEB** (in Volume IV of this manual set).
 - b. Oxygen:
 - i. Discuss how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate the management of RSV.
 - ii. Emphasize that O₂ flow rate should be changed only upon the order of a physician because altering the flow rate may worsen the condition.
 - c. Peak flow meter:
 - i. Discuss the care of the peak flow meter as a tool for measuring the peak expiratory flow rate (PEFR) and the degree of airway obstruction. Discuss peak flow zones in the management of the airway disease.
 - ii. Explain how monitoring the measurement of PEFR can provide an objective way to determine the current respiratory function.
 - iii. Emphasize how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate the management of RSV.
2. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies

- g. importance of not tampering with any medical device
3. Demonstrate and participate in the return demonstration of the safe and proper use, care, and cleaning of the equipment, as appropriate.
4. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

RSV-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of respiratory syncytial virus.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

RSV-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of plan and the importance of following the plan.

STANDARDS:

1. Explain that dry air tends to make the cough worse. Discuss the use of a humidifier to loosen secretions and soothe the airway.
2. Discuss the use of suction devices (such as bulb syringes) to remove sticky mucus from the nose and to make breathing easier. Discuss the use of nasal saline drops to loosen the mucus.
3. Explain that for older children and adults warm liquids may be helpful to loosen secretions in the back of the throat and to relieve coughing spasms.
4. Discuss the use of thickened feeds for infants who are tachypneic to prevent aspiration.

RSV-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to respiratory syncytial virus.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to the face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to [UCATH](#) and [VENT-VAP](#).**
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.

- f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
- a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

RSV-L LITERATURE

OUTCOME: The patient/family will receive literature about respiratory syncytial virus.

STANDARDS:

- 1. Provide the patient/family with literature on RSV.
- 2. Discuss the content of the literature.

RSV-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

- 1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
- 2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
- 3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
- 4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
- 5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

RSV-NEB NEBULIZER

OUTCOME: The patient/family will be able to demonstrate the effective use of the nebulizer device.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. signs of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
 - h. preparation of the inhalation mixture, as appropriate
2. Demonstrate the safe and proper use, care and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.

RSV-P PREVENTION

OUTCOME: The patient/family will understand ways to prevent the respiratory syncytial virus infection or spread of infection.

STANDARDS:

1. Explain that RSV is spread by contact with contaminated objects. Discuss the importance of hand washing and of disinfecting toys (especially in the day care setting).
2. Discuss the availability of RSV passive immunization for selected groups of children, as appropriate (refer to current guidelines for RSV prophylaxis).

RSV-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand and third-hand tobacco smoke.

STANDARDS:

1. Explain that second-hand smoke is known as “passive smoking.” Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to [TO-QT](#).**

RSV-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

RSV-TO TOBACCO

OUTCOME: The patient/family will understand the adverse health consequences of tobacco use and exposure.

STANDARDS:

1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

RSV-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of the caregiver maintaining a positive mental attitude.

RST – Restraints and Seclusion

RST-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological impact of using restraints and seclusion in emergency situations.

STANDARDS:

1. Discuss the potential stress, anger, fear, shame, humiliation, or other emotional reactions that are common for patients who require the use of restraints or seclusion.
2. Discuss the danger of denial about the problem underlying the need for restraints or seclusion, and the importance of seeking help in accepting and coping with the problem.

RST-EQ EQUIPMENT

OUTCOME: The patient/family will be instructed on the type of restraints used or the details of the seclusion needed.

STANDARDS:

1. Explain the type of restraints to be used on the patient, and/or the physical space where the patient will be kept (**refer to [RST-P](#)**):
 - a. Hand mitts (least restrictive to prevent scratching, pulling, hitting, picking)
 - b. Hard/soft restraints (2-Point) less restrictive
 - c. Soft ties or vests (more restrictive)
 - d. Lap cushions, trays (which the patient cannot remove, more restrictive)
 - e. Hard/soft restraints (4-point) most restrictive
 - f. Explain that nursing assessments will be completed as policy dictates (**refer to [RST-P](#)**).
2. Explain to the patient/family the necessary conditions for early release from restraints or seclusion.

RST-I INFORMATION

OUTCOME: The patient/family will understand the indications, complications, and alternatives to the restraints, as well as, the potential consequences of not applying restraints.

STANDARDS:

1. Explain the policies and procedures for use of restraints and seclusion.
2. Discuss the purpose for use of restraints or seclusion, the expected duration of restraint or seclusion, the frequency of staff observation/intervention, and criteria for discontinuation.
 - a. Explain that restraints and seclusion are a last resort when less restrictive measures have been found to be ineffective to protect the patient or others from harm.
 - b. Discuss the alternative interventions that were attempted but proved ineffective prior to the use of restraints or seclusion.
3. Explain the specific purpose for the use of restraints or seclusion:
 - a. The medical or surgical reason supports medical treatment.
 - b. A behavioral health care reason to protect the patient against injury to self or others.
 - c. A forensic restraint is initiated by law enforcement.
4. Explain the parameters for the use of restraints and seclusion:
 - a. Physical space that is calm, quiet, and maximizes privacy, and assures reasonable access to bathroom and a clock.
 - b. Dignity, privacy, and safety is protected, including essential clothing.
 - c. Prohibited hospital practices include fear-eliciting techniques, corporal punishment.
5. Explain the process for applying the restraints within an individualized care plan, which includes pre-existing conditions that may predispose the patient to greater physical or psychological risk (**refer to [RST-S](#)**), e.g., history of assault.

RST-L LITERATURE

OUTCOME: The patient/family will receive literature about restraints, seclusion, and their clinical justification.

STANDARDS:

1. Provide patient/family with literature on restraints, seclusion, and prevention strategies.
2. Discuss the content of the literature.

RST-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of chemical restraint.

STANDARDS:

1. Discuss that a chemical restraint is a medication used to control behavior or restrict the patient's freedom of movement that is not a standard treatment for the patient's medical or psychiatric condition.
2. Describe the name, strength, purpose, dosing directions.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss with the family the importance of full participation with the medication plan. Discuss any barriers to full participation.

RST-P PREVENTION

OUTCOME: The patient/family will understand ways to accomplish the goal of reducing or eliminating the use of restraints and seclusion.

STANDARDS:

1. Discuss the rationale for the use of restraints and seclusion to prevent injury, harm, or death to self or others that may result as a consequence of agitation, psychosis (**refer to PSYD** in Volume IV of this manual set), delirium or dementia, conduct disorder (**refer to COND** in Volume II of this manual set), antisocial personality disorder (**refer to PERSD** in Volume IV of this manual set), or a general medical condition.
2. Discuss the emphasis on preventing the need for restraints or seclusion whenever possible:
 - a. **Primary prevention:** preventing the need for restraints or seclusion
 - b. **Secondary prevention:** early intervention which focuses on the use of creative, least restrictive alternatives tailored to the individual to reduce the need for restraints or seclusion
 - c. **Tertiary prevention:** reversing or preventing negative consequences when, during an emergency, restraints and seclusion cannot be avoided
3. Explain the commitment to obtain feedback from each stage to inform and improve subsequent services in the use or avoidance of restraints and seclusion.

RST-S SAFETY

OUTCOME: The patient/family will understand the risks and benefits in the use of restraints and seclusion, and the methods for communicating safely with the staff.

STANDARDS:

1. Discuss the potential safety benefits and the necessity for using restraints or seclusion, i.e., when used properly, it can be a life-saving and injury sparing intervention.
2. Explain the risks associated with the restraints or seclusion, especially for those with pre-existing medical conditions that place the patient at greater physical risk, and for those with a history of physical or sexual abuse that places the patient at greater psychological risk.
3. Explain to the family the importance of not tampering with restraint devices or releasing the patient without informing staff.
4. Emphasize to the patient/family/caregiver the importance of immediately reporting any concern or adverse effect of the restraint, e.g., cold or blue limbs, restraints around the neck, patient slipping down in the bed.
5. Explain that the patient will need assistance with nutritional, range of motion, hygiene, and elimination needs.

RST-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with the restraints, seclusion, or the underlying problem or condition.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with the restraints, seclusion, or underlying problem or condition.
3. Discuss various stress management strategies.

RA - Rheumatoid Arthritis

RA-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to rheumatoid arthritis.

STANDARDS:

1. Explain the normal anatomy and physiology of the joints.
2. Discuss the changes to anatomy and physiology as a result of rheumatoid arthritis.
3. Discuss the impact of these changes on the patient's health or well-being.

RA-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to rheumatoid arthritis.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with rheumatoid arthritis as a life-altering illness that requires a change in lifestyle (**refer to [RA-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with rheumatoid arthritis, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#)**.
6. Refer to a mental health agency or provider.

RA-C COMPLICATIONS

OUTCOME: The patient/family will understand the common complications of rheumatoid arthritis and their management.

STANDARDS:

1. Explain that rheumatoid arthritis is a chronic disease that worsens over time. The patient may experience symptom-free days and periods of worsening symptoms.
2. Review the common complications associated with rheumatoid arthritis, e.g., infection, renal disease, lymphoproliferative disorders, and cardiovascular disease.

RA-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

RA-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology of rheumatoid arthritis.

STANDARDS:

1. Review the disease process of rheumatoid arthritis. RA is an autoimmune disease that causes pain, swelling, stiffness, and loss of function in the joints. RA usually affects the same joints on both sides of the body. It occurs most frequently in the fingers, wrist, elbows, shoulders, jaws, hips, knees, and toes.
2. Discuss the possible cause of RA is likely a combination of genetic and environmental factors that trigger an abnormal immune response such as: genetic, immune system defect, environmental agents (viruses and bacteria), and other factors (hormonal).
3. Explain that risk factors are something that increases the chance of getting a disease or condition. RA risk factors include: family members with RA, sex (female), ethnic background (Pima Indian), and heavy or long-term smoking.
4. Explain and discuss the signs and symptom of rheumatoid arthritis. Tell the patient/family there is no single test for RA. Diagnosis of RA is by a combination of symptoms, medical history, and physical exam of joints, skin, reflexes, and muscle strength. Symptoms may include:

- a. Joint pain and stiffness that is symmetrical, prominent in the morning and lasts at least a half hour
 - b. Red swollen or warm joints and joint deformity
 - c. Mild fever, tiredness
 - d. Loss of appetite
 - e. Small lumps or nodules under the skin
5. Refer to the National Arthritis Foundation or community resources as appropriate.

RA-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the assisted medical devices/equipment.

STANDARDS:

1. Discuss the indications for and benefits of the prescribed medical equipment.
2. Discuss the types and the features of the assisted medical devices/equipment as appropriate. Devices that assist in the activities of daily living can also reduce stress on joints such as:
 - a. Zipper extenders
 - b. Long-handled shoehorns
 - c. Specially-designed kitchen tools
3. Discuss and/or demonstrate the proper use, care, and cleaning of assisted medical devices/equipment. Have patient/family/caregiver perform a return demonstration of the proper use of medical device/equipment.
4. Discuss the signs of assisted medical devices/equipment malfunction and the proper action in case of malfunction as appropriate.

RA-EX EXERCISE

OUTCOME: The patient will maintain an optimal level of mobility with minimal discomfort.

STANDARDS:

1. Emphasize that physical activity is for maintaining muscle strength and flexibility as well as providing joint mobility. Rest helps reduce active joint inflammation and pain. Stress the importance of balancing rest and physical activity.
2. Explain that physical activity can help reduce rheumatoid arthritis symptoms, such as preventing joint stiffness, improving joint flexibility, reducing pain.

3. Discuss the medical clearance issues for physical activity. Review the prescribed physical activity program.
4. Emphasize the importance of warm-ups and cool-downs. Caution the patient not to overexert.

RA-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of rheumatoid arthritis.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

RA-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding rheumatoid arthritis.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding rheumatoid arthritis and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as http://www.niams.nih.gov/Health_Info/Rheumatic_Disease/default.asp

RA-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of rheumatoid arthritis.

STANDARDS:

1. Explain the home management techniques, such as exercise and relaxation approaches, and modification of activities of daily living.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

4. Review devices that assist in the activities of daily living and reduce stress on joints such as:
 - a. Zipper extenders
 - b. Long-handles shoehorns
 - c. Specially-designed kitchen tools

RA-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

RA-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to rheumatoid arthritis.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.

- c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

RA-L LITERATURE

OUTCOME: The patient/family will receive literature about rheumatoid arthritis.

STANDARDS:

1. Provide the patient/family with literature on rheumatoid arthritis.
2. Discuss the content of the literature.

RA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for rheumatoid arthritis.

STANDARDS:

1. Review the appropriate activity level and the importance of avoiding fatigue.
2. Discuss activities of daily living (ADL) aids. Make a referral to social services for assistance in procuring such devices.
3. Explain how physical activity and social involvement may decrease the pain, depression, and anger often associated with rheumatoid arthritis. Discuss the techniques that may reduce stress and depression such as meditation, imagery, prayer, hypnosis, and biofeedback.
4. Discuss how self-image, pain, fatigue, inflammation, limited joint mobility, and medications can alter sexual desire and sexual activity. Assess the level of acceptance and offer support and referral to social services and community resources as appropriate.
5. **Refer to HPDP** (in Volume III of this manual set).

RA-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.
4. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.
5. Explain that rheumatoid arthritis is chronic, making long-term management of pain and symptoms of the disease very important.

RA-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of rheumatoid arthritis.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

RA-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to rheumatoid arthritis.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Explain that carbohydrate intolerance may occur because of chronic inflammation and use of steroids.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

RA-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

RA-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent

- b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

RA-PT PHYSICAL THERAPY

OUTCOME: The patient/family will understand the importance of fully participating in a physical therapy plan.

STANDARDS:

1. Assist the patient/family with a physical therapy plan. Explain this may include visits with the physical therapist as well as home exercises. **Refer to PT** (in Volume IV of this manual set).
2. Explain the benefits, risks, and alternatives to the physical therapy plan.
3. Emphasize that it is the responsibility of the patient to follow the plan.

RA-S SAFETY

OUTCOME: The patient/family/caregiver will understand the importance of injury prevention and will implement the necessary measures to avoid injury.

STANDARDS:

1. Explain the importance of body mechanics and proper lifting techniques in relation to physical limitations to avoid injury.
2. Explain ways to adapt the home to improve safety and to prevent injuries, such as remove throw rugs, install safety bars in hallways and near stairs.
3. Stress the importance and proper use of mobility devices (cane, walker, electric scooters, wheel chair).
4. Explain the importance of recognizing driving limitations. Refer to the community resources.

RA-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in rheumatoid arthritis

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.

2. Explain the role of effective stress management in rheumatoid arthritis.
3. Discuss that increased stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use and inappropriate eating, all of which can increase the risk of morbidity and mortality from rheumatoid arthritis.
4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
5. Provide referrals as appropriate.

RA-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results

- c. how results will impact or effect the treatment plan
- d. recommendations based on the test results

RA-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

RA-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
3. Explain that complications are worsened by not participating in the treatment plan.

RMSF - Rocky Mountain Spotted Fever

RMSF-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of Rocky Mountain spotted fever.

STANDARDS:

1. Discuss the common complications. RMSF commonly requires hospitalization. Untreated infection usually leads to death.
2. Explain that prompt treatment of any flu-like symptom(s) within days of a tick bite is essential in treating and preventing life threatening infections.
3. Discuss the possibility of long-term health problems following acute Rocky Mountain spotted fever infection (including partial paralysis of the lower extremities, gangrene, hearing loss, loss of bowel or bladder control, movement disorders, and language disorders).
4. Explain that these complications are most frequent in persons recovering from severe, life-threatening disease, often following lengthy hospitalizations.

RMSF-DP DISEASE PROCESS

OUTCOME: The patient/family will understand Rocky Mountain spotted fever.

STANDARDS:

1. Explain that RMSF is a severe bacterial infection transmitted through ticks infected with RMSF.
2. Explain that the incubation period for RMSF is approximately 5-10 days. Prompt treatment of any flu-like symptoms within days of a tick bite is essential in life-saving diagnosis and treatment.
3. Discuss the early and late symptoms of RMSF.
 - a. Early symptoms include fever, nausea, vomiting, severe headache, muscle pain, lack of appetite.
 - b. Late symptoms include abdominal pain, joint pain, diarrhea.
 - c. RMSF rash may erupt following the onset of fever. In many cases, the classic RMSF rash is not present.

RMSF-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of Rocky Mountain spotted fever.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

RMSF-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding Rocky Mountain spotted fever.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding RMSF and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

RMSF-L LITERATURE

OUTCOME: The patient/family will receive literature about Rocky Mountain spotted fever.

STANDARDS:

1. Provide the patient/family with literature on RMSF.
2. Discuss the content of the literature.

RMSF-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.

4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

RMSF-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for Rocky Mountain spotted fever.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

RMSF-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of becoming infected with Rocky Mountain spotted fever.

STANDARDS:

1. Discuss ways of avoiding tick bites using personal protection:
 - a. wear light-colored clothing
 - b. tuck pant legs into socks
 - c. apply tick repellents (permethrin or DEET)
2. Discuss the importance of prompt, careful inspection, and removal of ticks. The use of mirrors may help with self-inspection.
3. Discuss the importance of controlling the tick population on personal property (ex. the importance of lawn maintenance to eliminate unused furniture/mattresses, overgrown weeds, and other breeding areas).
4. Discuss the use of flea/tick collars and medicines for pets to prevent the spread of ticks inside the home.

RMSF-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

RMSF-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Discuss that prompt tick removal should be done to minimize exposure. Ticks should be removed with tweezers close to the skin.
2. Discuss the types of treatment used for RMSF, including antibiotic therapy a potential lifesaving treatment.
3. Emphasize the importance of active participation by the patient/family in the treatment plan.
4. Explain that various treatments and non-treatments have inherent risks, side effects, and benefits.

S

SARC - Sarcoidosis

SARC-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to sarcoidosis.

STANDARDS:

1. Explain the normal anatomy and physiology of sarcoidosis.
2. Discuss the changes to anatomy and physiology as a result of sarcoidosis.
3. Discuss the impact of these changes on the patient's health or well-being.

SARC-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to sarcoidosis.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with sarcoidosis as a life-altering illness that requires a change in lifestyle (**refer to [SARC-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with sarcoidosis, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#)**.
6. Refer to a mental health agency or provider.

SARC-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of sarcoidosis.

STANDARDS:

1. Discuss that untreated pulmonary sarcoidosis can lead to irreversible damage to the tissue between the air sacs in the lungs making it difficult to breathe. Lung problems may include persistent dry cough, shortness of breath, wheezing, or chest pain.
2. Explain that inflammation can affect almost any part of the eye and can eventually cause blindness. Sarcoidosis can also cause cataracts and glaucoma, although this is rare. Eye symptoms may include blurred vision, eye pain, severe redness, and sensitivity to light.
3. Explain that some individuals develop skin problems. Skin problems may include rash, disfiguring skin lesions, color change and growths just under the skin, particularly around scars or tattoos.
4. Explain that sarcoidosis can affect how the body handles calcium and this can result in kidney stones and kidney failure.
5. Explain that granulomas within the heart can interfere with electrical signals that drive the heartbeat and can cause arrhythmias and even death. This occurs very rarely.
6. Explain that a small percentage of people with sarcoidosis develop problems related to the central nervous system when granulomas form in the brain and spinal cord. Inflammation of the facial nerves can cause facial paralysis.

SARC-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SARC-DP DISEASE PROCESS

OUTCOME: The patient/family will understand sarcoidosis.

STANDARDS:

1. Explain that sarcoidosis is an inflammatory disease that affects multiple organs in the body, but mostly in the lungs, lymph glands, eyes, and skin. Sarcoidosis is not cancer, nor is it contagious.
2. Explain that abnormal masses or nodules (called granulomas) consisting of inflamed tissues form in certain organs. These granulomas may alter the structure and functions of the affected organs.
3. Explain that the exact cause of sarcoidosis is unknown. Some people appear to have a genetic predisposition for developing the disease, which may be triggered by exposure to certain bacteria, viruses, dust, or chemicals. The disease is associated with an abnormal immune response but what triggers this response is unknown. The course of sarcoidosis is variable from person to person. Often, it goes away on its own, but in some people signs and symptoms of sarcoidosis may last a lifetime.
4. Explain that sarcoidosis usually occurs between the ages of 20 and 40. Women are slightly more likely to develop the disease than are men. Symptoms may worsen after pregnancy.
5. Explain that if someone in the family has sarcoidosis, the patient is more likely to develop the disease.

SARC-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

SARC-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in sarcoidosis.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

SARC-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of sarcoidosis.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SARC-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding sarcoidosis.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding sarcoidosis and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as:
National Heart, Lung and Blood Institute:
<http://www.nhlbi.nih.gov>

National Sarcoidosis Resource Center:

<http://www.ncrc-global.net>

American Lung Association:

<http://www.lungusa.org>

SARC-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of sarcoidosis.

STANDARDS:

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

SARC-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

SARC-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to sarcoidosis.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to the face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections. **Refer to [SARC-WC](#).**
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to [UCATH](#) and [VENT-VAP](#).**
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.

- f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
- a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

SARC-L LITERATURE

OUTCOME: The patient/family will receive literature about sarcoidosis.

STANDARDS:

1. Provide the patient/family with literature on sarcoidosis.
2. Discuss the content of the literature.

SARC-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for sarcoidosis.

STANDARDS:

1. Discuss the specific lifestyle changes for sarcoidosis.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

SARC-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SARC-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for sarcoidosis.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

SARC-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to sarcoidosis.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.

5. Explain the importance of maintaining healthy weight, especially if being treated with steroids.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

SARC-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
5. Refer to medical and psychosocial support services for any risk factor identified.

SARC-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

SARC-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure (such as bronchoscopy, biopsy), as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

SARC-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand and third-hand tobacco smoke.

STANDARDS:

1. Explain that second-hand smoke is known as “passive smoking.” Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car.

SARC-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in sarcoidosis.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in sarcoidosis.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation

- k. participating in spiritual or cultural activities
- 4. Provide referrals as appropriate.

SARC-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SARC-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

SARC-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

SARC-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.
2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

SCBE – Scabies

SCBE-C **COMPLICATIONS**

OUTCOME: The patient/family will understand the complications relating to scabies.

STANDARDS:

1. Explain that intense itching from scabies may interfere with sleep.
2. Explain that scratching may result in secondary bacterial infection.

SCBE-DP **DISEASE PROCESS**

OUTCOME: The patient/family will understand scabies.

STANDARDS:

1. Explain that scabies is caused by mites that burrow in the skin. The early and common symptoms of scabies include: itching (especially at night), little red bumps, hives, tiny bites, or pimples. In more advanced cases, the skin may be crusty or scaly with tracks.
2. Discuss the transmission of scabies. It is almost always caught from a close contact. It can be transmitted through direct skin contact, shared items, and bedding. Everyone is susceptible, but it is more often seen in crowded living conditions with poor hygiene.
3. Explain that mites prefer warm areas e.g., skin folds, where clothing is tight, between the fingers, under the finger nails, and on the buttocks. Mites also tend to hide around bracelets, watchbands, and rings. In children, the infestation may involve the entire body including the palms, soles, and scalp.

SCBE-FU **FOLLOW-UP**

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of scabies.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.

5. Discuss the availability of community resources and support services and refer as appropriate.

SCBE-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of scabies.

STANDARDS:

1. Explain the importance of laundering clothing and linens in infected households:
 - a. Wash all bed linens and clothing in very hot water (130° Fahrenheit, or 54.4° Celsius) then put them in the hot cycle of the dryer for at least 30 minutes.
 - b. Dry-clean bed linens, clothing, stuffed animals, and plush toys that can't be washed, or put them in airtight bags for two weeks.
2. Instruct to vacuum carpets and any upholstered furniture (in the home or car). Afterwards, dispose of the vacuum contents.
3. Discuss the implementation of hygiene and infection control measures.
4. Refer to community resources, hospice, or support groups, as appropriate.

SCBE-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to the prevention and treatment of scabies.

STANDARDS:

1. Review the importance of bathing. It is important not to share towels with persons who have scabies.
2. Explain that everyone is susceptible to scabies, although, it is more often seen in crowded living conditions with poor hygiene.
3. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.

SCBE-L LITERATURE

OUTCOME: The patient/family will receive literature about the prevention and the treatment of scabies.

STANDARDS:

1. Provide the patient/family with literature on scabies.
2. Discuss the content of the literature.

SCBE-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SCBE-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of acquiring scabies.

STANDARDS:

1. Explain that getting rid of the mites is critical in the treatment and prevention of scabies. Everyone in the family or group, whether itching or not, should be treated at the same time to stop the spread of scabies. This includes close friends, day care or school classmates, or nursing home residents. Pets do not need treatment.
2. Explain that bedding and clothing must be washed or dry cleaned.
3. Explain that frequent hand washing may help reduce exposure.

SCBE-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized including creams, lotions, and anti-histamines.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

SZ - Seizure Disorder

SZ-ADV ADVANCE DIRECTIVE

OUTCOME: The patient/family will understand the process of developing an advance directive and its role in maintaining a sense of control in the patient's medical care and decisions.

STANDARDS:

1. Explain that many persons are not able to make their own decisions when ill. The advance directive, or other statement of care preferences, allows patients to express their preferences and guide treatment decisions in that setting.
2. Explain that this statement of preferences is only used to guide decision making if the patient is unable to provide guidance at the time that decisions need to be made.
3. Explain that Advance Directives or other statements of care preferences can help families and caregivers who may need to be decision-makers for the patient to understand the patient's preferences of care.
4. Review the option of Advanced Directives or other statements of care preferences with the patient and the patient's family. Explain treatment options and answer questions in a manner the patient/family will understand.
5. Refer as appropriate to those who can assist the patient in further clarifying healthcare decision-making authority (e.g., Social Services, Clergy, Lawyer) by defining a healthcare proxy, writing a living will, or further discussing the preferences for care.

SZ-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to seizure disorders.

STANDARDS:

1. Explain the normal anatomy and physiology of the brain as they relate to seizure disorders.
2. Discuss the changes to anatomy and physiology as a result of a seizure disorder.
3. Discuss the impact of these changes on the patient's health or well-being.

SZ-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to seizure disorders.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with seizure disorders as a life-altering illness that requires a change in lifestyle (**refer to [SZ-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with seizure disorders, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#)**.
6. Refer to a mental health agency or provider.

SZ-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of the patient's seizure disorder.

STANDARDS:

1. Explain some of the complications that may occur during a seizure, e.g., anoxia from airway occlusion by the tongue or by vomitus, traumatic injury, potential for automobile accident.
2. Explain that uncontrolled seizures may result in progressive brain injury.

SZ-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.

2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SZ-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology of seizure disorders.

STANDARDS:

1. Explain that seizures are usually paroxysmal events associated with abnormal electrical discharges of the neurons of the brain.
2. Explain that many seizure disorders are idiopathic. No cause can be found and the patient has no other neurologic abnormalities.
3. Discuss the patient's specific type of seizure disorder if known.
4. Explain that following a seizure it is usual for a patient to have a period of increased sleepiness (postictal phase).

SZ-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of seizure disorder.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SZ-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding seizure disorders.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding seizure disorders and dealing with issues.

2. Provide the help line phone number or Internet address (URL).

SZ-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of seizure disorders.

STANDARDS:

1. Explain the home management techniques. **Refer to [SZ-S](#).**
2. Refer to community resources, hospice, or support groups, as appropriate.

SZ-L LITERATURE

OUTCOME: The patient/family will receive literature about seizure disorders.

STANDARDS:

1. Provide the patient/family with literature on seizure disorders.
2. Discuss the content of the literature.

SZ-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the impact of a seizure disorder on the patient/family's lifestyle and will make a plan for needed adaptations.

STANDARDS:

1. Encourage a healthy lifestyle. Encourage lifestyle changes specific to adequate sleep, avoid excessive fatigue, discourage use of alcohol and street drugs because these may precipitate seizures, and encourage the patient to learn to control stress, e.g., relaxation techniques. **Refer to CPM-SM** (in Volume II of this manual set).
2. Emphasize a common sense attitude toward the patient's illness. Emphasis should be placed on independence.
3. Discuss the need to avoid photic stimulation such as strobe lights, emergency vehicle lights, light from some ceiling fans, certain video games, or any intermittent repeating light source.
4. Discuss the local, legal restrictions on driving, as appropriate.
5. Inform the family to keep track of duration, frequency, and quality of seizure. Bring this log to the healthcare provider on follow-up.
6. Refer to community resources and support groups, as appropriate.

SZ-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Explain the importance of having anticonvulsant blood levels checked as applicable.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SZ-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment and management of seizure disorder.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

SZ-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing seizures.

STANDARDS:

1. Discuss the ways to prevent seizure triggers:
 - a. use of antipyretics to prevent febrile
 - b. avoid hypoglycemia
 - c. avoid photic stimulation such as strobe lights, emergency vehicle lights, light from some ceiling fans, certain video games, or any intermittent repeating light source
 - d. avoid head injuries
 - e. avoid sleep deprivation
 - f. avoid alcohol and other drugs
2. Explain the importance of taking medicines as prescribed.
3. Explain the importance of adhering to the prescribed diet and especially avoiding high-sugar beverages and caffeine.

SZ-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.

4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
5. Refer to medical and psychosocial support services for any risk factor identified.

SZ-S SAFETY

OUTCOME: The patient/family will understand the necessary measures to undertake to avoid injury of the patient or others.

STANDARDS:

1. Teach the patient's family how to care for the patient during a seizure, for example:
 - a. Avoid restraining the patient during a seizure.
 - b. Help the patient to a lying position, loosen any tight clothing, and place something flat and soft such as a pillow under the patient's head.
 - c. Clear the area of hard objects.
 - d. Avoid forcing anything into the patient's mouth.
 - e. Avoid using tongue blades or spoons because this may lacerate the patient's mouth, lips, or tongue or displace teeth, and may precipitate respiratory distress.
 - f. Turn the patient's head to the side to provide an open airway.
 - g. Reassure the patient after the seizure subsides, orienting the patient to time and place and informing the patient about the seizure.
 - h. Patients who have frequent violent seizures may require a helmet for head protection.
2. Explain the particular risks of driving and participation in sports or other potentially hazardous activities if the seizure disorder is poorly controlled.
3. Explain the signs and symptoms of seizure (prodrome) and to take appropriate actions, e.g., get to a safe environment, move away from a hazardous environment.
4. Encourage the patient to wear a medical alert bracelet.

SZ-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in seizure disorders.

STANDARDS:

1. Explain that uncontrolled stress is linked with an increased frequency of seizures.
2. Explain that effective stress management may reduce the occurrence of seizures, as well as help improve the patient's health and well-being.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use, all of which can increase the risk of morbidity and mortality of seizure disorders.
4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
5. Provide referrals as appropriate.

SZ-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed

- c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SZ-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

SZ-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options that may be used to treat the specific condition or injury.

STANDARDS:

1. Explain the treatment plan will be made by the patient and medical team after reviewing the available options.
2. Discuss the treatment plan, including lifestyle adaptation, pharmacologic, and psychosocial aspects of the treatment plan.
3. Discuss the importance of fully participating in the treatment plan, including scheduled follow-up.

MUTE – Selective Mutism

MUTE-C **COMPLICATIONS**

OUTCOME: The patient/family will understand the potential complications of selective mutism.

STANDARDS:

1. Explain that selective mutism can affect a child’s ability to function in school or social settings, and that some children continue to need therapy for shyness and social anxiety into teenage years, and possibly into adulthood.
2. Explain that symptoms may get worse without treatment, possibly leading to academic failure due to poor attendance or school phobia.

MUTE-CUL **CULTURAL/SPIRITUAL ASPECTS OF HEALTH**

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

MUTE-DP **DISEASE PROCESS**

OUTCOME: The patient/family will understand the symptoms and course of selective mutism.

STANDARDS:

1. Explain that selective mutism is a social anxiety disorder relating mainly to children, more extreme than shyness, characterized by a consistent failure to speak in specific social situations when there is an expectation for speaking, e.g., school, despite the ability to speak normally in other situations, e.g., at home with family.
2. Discuss the course and associated features of selective mutism:
 - a. Selective mutism is most common in children under 5 years old.

- b. The duration of the disturbance is at least one month, not confined to the first month of school.
- c. Although causes are unknown, it is believed that children with the condition inherit a tendency to be anxious and inhibited, and often have some form of social phobia.

MUTE-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of selective mutism.

STANDARDS:

- 1. Emphasize the importance of follow-up care.
- 2. Discuss the procedure and process for obtaining follow-up appointments.
- 3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
- 4. Discuss the signs/symptoms that should prompt immediate follow-up.
- 5. Discuss the availability of community resources and support services and refer as appropriate.

MUTE-L LITERATURE

OUTCOME: The patient/family will receive literature about selective mutism.

STANDARDS:

- 1. Provide the patient/family with literature on selective mutism.
- 2. Discuss the content of the literature.

MUTE-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for coping with selective mutism.

STANDARDS:

- 1. Discuss that the family may require lifestyle adaptations to care for the child, such as becoming involved in potentially long-term treatment, learning new coping skills to teach to the child, and improved interactions with the schools and other agencies.
- 2. Discuss ways to optimize the quality of life.
- 3. Refer to community services, resources, or support groups, as available.

MUTE-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

MUTE-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in selective mutism.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in selective mutism.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery

- j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

MUTE-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

MUTE-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for selective mutism.

STANDARDS:

1. Discuss issues of safety, confidentiality, and responsibility, and emphasize open and honest participation in the treatment as critical to good outcome.
2. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone.
 - a. Cognitive Behavioral Therapy may be extremely helpful to improve the level of the child's autonomous functioning.
 - b. Some therapies include implementing a non-enabling methodology, and teaching the child to become more comfortable with the "uncomfortable" feelings and sensations, rather than avoiding stress and anxiety.
 - c. SSRIs are commonly prescribed in helping to reduce symptoms of anxiety in severe cases.
 - d. Parenting involvement is essential in achieving a good outcome.

3. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for selective mutism may vary according to the patient's life circumstances, severity of the condition, and available resources.

SEP - Separation Anxiety Disorder

SEP-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with separation anxiety disorder.

STANDARDS:

1. Discuss that separation anxiety disorder often leads to school refusal, which may lead to academic difficulties and social avoidance.
2. Discuss that the family conflict and dysfunction may arise from parental frustration with the child's excessive demands.
3. Explain that separation anxiety disorder often precedes panic disorder with agoraphobia (**refer to PANIC** in Volume IV of this manual set), and that anxiety and depressed mood is frequently present and may become more pronounced over time.

SEP-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SEP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of separation anxiety disorder.

STANDARDS:

1. Explain that separation anxiety disorder is a developmentally inappropriate anxiety concerning separation from home or from major attachment figures.
2. Discuss the symptoms of separation anxiety disorder, which usually includes several or most of the following:

- a. excessive distress when separation from home or major attachment figures occurs or is anticipated
 - b. excessive worry about losing major attachment figures
 - c. excessive worry that an adverse event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
 - d. reluctance or refusal to go to school or elsewhere because of fear of separation
 - e. reluctance or refusal to go to sleep without being near a major attachment figure, or to sleep away from home
 - f. repeated nightmares involving the theme of separation
 - g. repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting)
3. Explain that symptoms of separation anxiety disorder must have lasted at least a period of four weeks, and may persist for years with periods of exacerbation and remission.
 4. Discuss other associated features of separation anxiety disorder:
 - a. children with this disorder are often described as demanding, intrusive, and in need of constant attention
 - b. conversely, sometimes children with this disorder are described as unusually conscientious, compliant, and eager to please
 - c. depending on their age, individuals may have fears of people, places, and situations that may present a danger to the integrity of the family
 - d. concerns about death and dying are common
 - e. when alone, especially at night or in the dark, young children may report unusual perceptual disturbances, such as seeing people peering into their room, feeling eyes staring at them, or scary creatures reaching for them
 5. Discuss the differential diagnosis.

SEP-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in coping with separation anxiety disorder.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.

4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

SEP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of separation anxiety disorder.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SEP-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding separation anxiety disorder.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding separation anxiety disorder and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

SEP-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:

- a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

SEP-L LITERATURE

OUTCOME: The patient/family will receive literature about separation anxiety disorder.

STANDARDS:

1. Provide the patient/family with literature on separation anxiety disorder.
2. Discuss the content of the literature.

SEP-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SEP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for separation anxiety disorder.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

SEP-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to separation anxiety disorder.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

SEP-PA PARENTING

OUTCOME: The patient/family will understand parenting skills necessary for helping the child to cope with separation anxiety disorder.

STANDARDS:

1. Emphasize the importance for parents to learn strategies for reducing or eliminating anxiety around separation, which includes:
 - a. Practicing separation for brief periods and short distances, increasing them as the child can tolerate it
 - b. Scheduling separations after naps or feedings because babies are more susceptible to separation anxiety when they're tired or hungry
 - c. Letting the child become comfortable with new surroundings with a parent present and allowing the child to bring a favorite object or toy
 - d. Not sneaking away without saying goodbye

2. Refer the family to mental health services/ family counseling if the family is becoming overwhelmed.

SEP-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in reducing anxiety and family conflict.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with separation anxiety disorder.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

SEP-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.

2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

SEP-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment for separation anxiety disorder is usually very effective, and may involve a combination of psychotherapy and medication. Explain that parental participation in the treatment is critical to a good outcome (**refer to [SEP-PA](#)**).
2. Explain that therapists have different styles and orientations for treating separation anxiety disorder, and that some styles may suit the patient and family better than others. Strategies include:
 - a. cognitive behavioral therapy
 - b. family therapy
 - c. consultation with the child's school
3. Explain that anti-depressant or anti-anxiety medication may also benefit the child in combination with the psychotherapy to help the child feel calmer.
4. Explain any life stressors that often precede separation anxiety disorder, (e.g., the death of a relative or pet, a change of schools, a move to new neighborhood, or immigration), and treat accordingly.
5. Explain that the treatment plan will be made by the parents and the treatment team after reviewing available options. Explain that treatment for separation anxiety disorder may vary according to the patient's life circumstances, severity of the condition, the child's tolerance for the therapy or medication, the family's participation in the intervention, and available resources.

SARS - Severe Acute Respiratory Syndrome

SARS-ADV ADVANCE DIRECTIVE

OUTCOME: The patient/family will understand the process of developing an advance directive and its role in maintaining a sense of control in the patient's medical care and decisions.

STANDARDS:

1. Explain that many persons are not able to make their own decisions when ill. The advance directive, or other statement of care preferences, allows patients to express their preferences and guide treatment decisions in that setting.
2. Explain that this statement of preferences is only used to guide decision making if the patient is unable to provide guidance at the time that decisions need to be made.
3. Explain that Advance Directives or other statements of care preferences can help families and caregivers who may need to be decision-makers for the patient to understand the patient's preferences of care.
4. Review the option of Advanced Directives or other statements of care preferences with the patient and the patient's family. Explain treatment options and answer questions in a manner the patient/family will understand.
5. Refer as appropriate to those who can assist the patient in further clarifying healthcare decision-making authority (e.g., Social Services, Clergy, Lawyer) by defining a healthcare proxy, writing a living will, or further discussing the preferences for care.

SARS-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to severe acute respiratory syndrome.

STANDARDS:

1. Explain the normal anatomy and physiology of the respiratory system.
2. Discuss the changes to anatomy and physiology as a result of SARS.
3. Discuss the impact of these changes on the patient's health or well-being.

SARS-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of severe acute respiratory syndrome.

STANDARDS:

1. Discuss the common or significant complications that may occur after infection with the SARS virus.
2. Explain that respiratory failure, liver failure, heart failure, and death may occur.
3. Discuss the common or significant complications which may result from treatment(s). Refer to [VENT-VAP](#).

SARS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology, symptoms, and prognosis of infection with the severe acute respiratory syndrome virus.

STANDARDS:

1. Explain that SARS is a respiratory illness that is caused by a virus. This virus is similar to the coronavirus, which is a frequent cause of the common cold.
2. Explain that symptoms usually start two to seven days after exposure to SARS. Explain that the SARS virus may spread through face-to-face contact, airborne spread, contact with contaminated stool, or possibly environmental factors.
3. Discuss the current information regarding causative factors and pathophysiology of infection with the SARS virus.
4. Discuss the signs/symptoms and usual progression of SARS:
 - a. Starts with fever of 100.5°F or higher with or without rigors, which may be accompanied by other nonspecific symptoms such as fatigue, headache, and myalgias.
 - b. After three to seven days, respiratory symptoms such as a nonproductive cough and dyspnea may begin.
 - c. Progression to respiratory failure, requiring artificial means of ventilation, e.g., intubation and/or mechanical ventilation.
5. Explain that some cases may be very severe and result in death while others may result in less severe cases similar to the common cold. Discuss that some groups, such as the elderly, persons with diabetes, pulmonary disease, or other chronic illnesses, are at increased risk of severe disease.

SARS-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss considerations specific to equipment and understand their role in the management of SARS:
 - a. Bilevel (or continuous) positive airway pressure ventilation:
 - i. BiPAP or CPAP is delivered utilizing a tight-fitting mask over the nose and/or mouth
 - ii. Patient cooperation is vital to successful BiPAP or CPAP management
 - b. Nebulizer: Describe the proper use of the nebulizer including the preparation of the inhalation mixture, the inhalation technique, and the care of the equipment. Discuss the nebulizer treatment as it relates to the medication regimen. **Refer to M-NEB** (in Volume IV of this manual set).
 - c. Oxygen:
 - i. Discuss how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate management of RSV.
 - ii. Emphasize that the O₂ flow rate should not be changed only upon the order of a physician because altering the flow rate may worsen the condition.
 - d. Peak flow meter:
 - i. Discuss the use of the peak flow meter as a tool for the measuring the peak expiratory flow rate (PEFR) and the degree of airway obstruction. Discuss peak flow zones in the management of airway disease.
 - ii. Explain how monitoring the measurement of PEFR can provide an objective way to determine the current respiratory function.
 - iii. Emphasize how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate management of SARS.
2. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device

3. Demonstrate and participate in a return demonstration of the safe and proper use, care, and cleaning of the equipment, as appropriate.
4. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

SARS-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of severe acute respiratory syndrome.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SARS-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to severe acute respiratory syndrome.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled "disinfectant" that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.

- c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to [UCATH](#) and [VENT-VAP](#).**
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

SARS-L LITERATURE

OUTCOME: The patient/family will receive literature about severe acute respiratory syndrome.

STANDARDS:

1. Provide the patient/family with literature on severe acute respiratory syndrome.
2. Discuss the content of the literature.

SARS-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medical therapy.

STANDARDS:

1. Explain that there are currently no medications (treatment or vaccine) to treat infection with SARS. Some medications may help to alleviate the symptoms or prevent complications associated with the infection.
2. Describe the name, strength, purpose, dosing directions, and storage of the medication.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SARS-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for severe acute respiratory syndrome.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD)
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.

4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

SARS-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to severe acute respiratory syndrome.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the need for adequate hydration.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

SARS-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing severe acute respiratory syndrome.

STANDARDS:

1. Discuss activities that decrease the risk for contracting the virus that causes SARS:
 - a. avoiding people exposed to SARS or who have SARS.
 - b. following CDC travel advisories and quarantine recommendations. It is not known whether wearing a surgical mask prevents the spread of the virus.
 - c. avoiding crowded places and endemic areas around the world.
2. Explain that SARS can be contracted more than once.
3. Discuss the importance of good hygiene and avoidance of high-risk behavior.
4. Discuss that careful hand washing can help to prevent the spread of SARS.
5. Discuss the importance of covering one's mouth and nose when coughing or sneezing and proper disposal of tissues.

SARS-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

SARS-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SARS-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for severe acute respiratory syndrome.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized. **Refer to [VENT-VAP](#).**
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

SEX – Sexual Disorders

SEX-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to sexual function and disorders.

STANDARDS:

1. Explain the normal anatomy and physiology of the sexual organs and normal sexual response cycle.
2. Discuss the impact of changes to the normal sexual response cycle and their effect on the patient's health or well-being.

SEX-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to sexual disorders.

STANDARDS:

1. Discuss the potential stress other emotional reactions that are common in being diagnosed with a sexual disorder, and the danger of further complications or mental health diagnoses related to it.
2. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
3. Discuss the problems and consequences of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
4. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
5. Refer to a mental health agency or provider.

SEX-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of sexual disorders.

STANDARDS:

1. Explain that individuals with a sexual disorder may suffer related anxiety and sexual frustration, which in turn may lead to insomnia, and this insomnia, for example, may be the presenting complaint to the general practitioner.
2. Explain that sexual disorders interfere with family and social functioning.

SEX-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the role of culture in defining what is considered distressing or pathological regarding sexual dysfunction.
2. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SEX-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the signs and symptoms of sexual disorders.

STANDARDS:

1. Explain that a diagnosis of a sexual disorder requires marked distress or interpersonal difficulty, and is not better accounted for by another mental health diagnosis.
2. Explain the essential features and symptoms of sexual disorders:
 - a. **Sexual dysfunctions** are characterized by disturbance in sexual desire and in the physiological changes that characterize the sexual response cycle (i.e., desire, excitement, orgasm, and resolution), which include:
 - i. **Hypoactive Sexual Desire Disorder** is the persistently deficient (or absent) sexual fantasies and desire for sexual activity.
 - ii. **Sexual Aversion Disorder** is persistent extreme aversion to, and avoidance of all (or almost all) genital sexual contact with a sexual partner.
 - iii. **Female Sexual Arousal Disorder** is the persistent inability to attain, or to maintain an adequate lubrication-swelling response of sexual excitement until completion of the sexual activity.
 - iv. **Male Erectile Disorder** is the persistent inability to attain or maintain an adequate erection until completion of sexual activity.
 - v. **Female Orgasmic Disorder** is the persistent delay in, or absence of, orgasm following a normal sexual excitement phase, which is judged to be

- considerably less than would be reasonable considering the variability among women.
- vi. **Male Orgasmic Disorder** is the persistent delay in, or absence of orgasm following normal sexual excitement phase during sexual activity.
 - vii. **Premature Ejaculation** is the persistent ejaculation with minimal stimulation before, on, or shortly after penetration and before the person wishes it, ruling out issues related to age, novelty of the sexual partner or situation, and recent frequency of sexual activity.
 - viii. **Dyspareunia** is the recurrent or persistent genital pain associated with sexual intercourse in either a male or female.
 - ix. **Vaginismus** is the recurrent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse.
 - x. **Substance-Induced Sexual Dysfunction** is diagnosed when the dysfunction is fully explained by substance use (including medications) as evidenced from history, physical exam, or laboratory findings, which developed within one month of intoxication.
- b. **Paraphilias** are characterized by recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations for at least six months, which include:
- i. **Exhibitionism** is the recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one's genitals to an unsuspecting stranger.
 - ii. **Fetishism** is the recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the use of nonliving objects (e.g., female undergarments).
 - iii. **Frotteurism** is the recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving touching and rubbing against a non-consenting person.
 - iv. **Pedophilia** involves a person age 16 years or older who experiences recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 or younger), who is at least 5 years younger than the perpetrator.
 - v. **Sexual Masochism** is recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer.
 - vi. **Sexual Sadism** is recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving real acts in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person.

- vii. **Transvestic Fetishism**, in heterosexual male, is recurrent intense sexually arousing fantasies, sexual urges, or behaviors involving cross dressing, sometimes with discomfort with gender role identity.
 - viii. **Voyeurism** is recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity.
 - ix. **Paraphilias Not Otherwise Specified** include such sexually arousing activities not already categorized, such as obscene phone calls, necrophilia (corpses), zoophilia (animals), or urophilia (urine).
3. Explain that poor communication among partners is almost always associated with sexual dysfunction.
 4. Explain that the “unusual” activities noted in paraphilias only become pathologic if these activities are obligatory for sexual functioning, involve inappropriate partners, or involve problems with consenting partners.
 5. Explain that the pattern of erotic arousal may be fairly well developed before puberty, and may involve:
 - a. anxiety or early emotional trauma that interferes with normal psychosexual development
 - b. the standard pattern of arousal is replaced by another pattern, sometimes through highly charged sexual experiences that reinforce the person’s experience of sexual pleasure
 - c. the pattern of sexual arousal often acquires symbolic and conditioning elements (e.g., a fetish was accidentally associated with sexual curiosity, desire, and excitement)
 - d. some abnormal brain function
 6. Explore and rule out medical causes to the specific sexual disorders, such as ruling out genital infections or irritation as the cause of dyspareunia.

SEX-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in improving sexual health.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.

5. Refer to community resources as appropriate.

SEX-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of sexual disorders.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SEX-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

SEX-L LITERATURE

OUTCOME: The patient/family will receive literature about sexual disorders.

STANDARDS:

1. Provide the patient/family with literature on sexual disorders.
2. Discuss the content of the literature.

SEX-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary for optimizing interpersonal and sexual functioning.

STANDARDS:

1. Discuss lifestyle adaptations necessary for optimizing sexual health and healthy relationships, including,
 - a. communicating concerns and desires with the partner
 - b. understanding anatomy and the body's normal response to sexual activity
 - c. coping with and expressing negative emotions appropriately
2. Discuss the ways to optimize the quality of life, including regular exercise and well balanced meals.
3. Refer to community services, resources, or support groups, as available.

SEX-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.

Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SEZ-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

SEX-S SAFETY

OUTCOME: The patient/family will understand physical and emotional safety as it relates to sexual disorders.

STANDARDS:

1. Discuss safety as it pertains to the particular sexual disorder.
2. Discuss the safety of children and non-consenting persons.
3. Review the local resources and phone numbers, including the police that may be utilized during a crisis, and may assist in transportation and safety compliance.

SEX-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in reducing sexual dysfunction.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect on relationships and sexual function.
2. Explain the role of effective stress management in coping with marital or interpersonal functioning, and the anxiety related to sexual dysfunctions.

3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

SEX-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for sexual disorders.

STANDARDS:

1. Explain that a combination of psychotherapy and medication interventions (for associated conditions) usually has better results than therapy or medication alone. The patient has a right to choose either option or both, and that the patient's active participation in the treatment decisions is critical to a good outcome.
2. Explain that many sexual dysfunctions resolve when relationship problems are corrected, which are often facilitated within marital counseling.
3. Discuss the tailored treatment approach for the patient based on the patient's specific symptoms, issues, and strengths, which must address both the physical and psychological aspects of the problem. Specific interventions include:
 - a. Individual psychotherapy and couples counseling, which may involve:
 - i. improving communication among partners
 - ii. conflict resolution skills
 - iii. providing education on sexual function and anatomy
 - iv. enhancing stimulation and eliminating or reducing routine sexual practices
 - v. providing distraction techniques, such as relaxation exercises

- vi. encourage non-coital behaviors, such as sensate focus exercises or sensual massage
 - vii. use of products to minimize pain or increase sensitivity, such as lubricating gels and creams, or topical estrogen
 - b. Support or Educational Groups
 - c. Medications may be prescribed to manage associated symptoms, such as anxiety or depression (**refer to [SEX-M](#)**).
4. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for sexual disorders may vary according to the patient's life circumstances, severity of the condition, the patient's participation in the choices, and available resources.

STI - Sexually Transmitted Infections

STI-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to sexually transmitted infections.

STANDARDS:

1. Explain the normal anatomy and physiology of the reproductive system as they pertain to sexually transmitted infections.
2. Discuss the changes to anatomy and physiology as a result of sexually transmitted infections.
3. Discuss the impact of these changes on the patient's health or well-being.

STI-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to sexually transmitted infections.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with sexually transmitted infections as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with sexually transmitted infections, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
6. Refer to a mental health agency or provider.

STI-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of sexually transmitted infections.

STANDARDS:

1. Explain that the most common complication of untreated or progressed STI is pelvic inflammatory disease, infertility, and/or sterility. Other complication may include:
 - a. cancer of reproductive system
 - b. chronic pain
 - c. neurological, cardiovascular, and other systemic conditions
2. Explain that some STIs if left untreated can progress to disability, disfigurement, and/or death. Discuss specific STI complications as appropriate.
3. Discuss that having one sexually transmitted infection greatly increases a person's risk of having a second sexually transmitted infection.
4. Discuss that some sexually transmitted infections can be life-long or fatal.
5. Explain STIs can be passed from a pregnant woman to her unborn fetus, or to infants during vaginal delivery or through breast milk (HIV). Complications for a pregnant woman and baby may include:
 - a. pregnant woman: spontaneous abortion, early onset of labor, premature rupture of membranes, and uterine infection after delivery
 - b. babies: stillbirth, low birth weight, eye infection, neurologic damage, neonatal sepsis, blindness and deafness

STI-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

STI-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the specific sexually transmitted infections.

STANDARDS:

1. Explain that STIs can be caused by bacteria (e.g. chlamydia, gonorrhea, syphilis), parasites (trichomoniasis), or viruses (e.g., HPV, genital herpes, HIV); bacterial and infections can be cured, but viral infections can be managed but not always cured. Discuss the specific STI as appropriate.
2. Explain that most STIs can occur without noticeable symptoms in both men and women, thus it is important to get tested prior to and/or after engaging in unprotected sexual encounters; common STI symptoms include:
 - a. sores, blisters or bumps on the genitals or in the oral or rectal area
 - b. pain or swelling of glands in the groin area
 - c. vaginal or penile discharge
 - d. painful or burning urination
 - e. unusual vaginal bleeding
3. Discuss the modes of transmission of STIs which include:
 - a. sexual contact (vaginal, anal, or oral sex)
 - b. mixture of infectious body fluids (blood, semen, vaginal secretions)
 - c. skin to skin contact
 - d. from a pregnant woman to the unborn fetus, or to infants during vaginal delivery or through breast milk (HIV)
 - e. sharing needles and/or syringes including those used for drugs, body piercing or tattoos or needle stick injuries

STI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of sexually transmitted infections.

STANDARDS:

1. Emphasize the importance of follow-up care including.
 - a. annual testing for sexually active women under age 26
 - b. repeat testing for women diagnosed with chlamydia (3 months from initial diagnosis date) due to the risk for re-infection
 - c. routine STI testing for persons that engage in unprotected sexual activity with multiple or non-monogamous partners or who participate in risky sex practices that can break the skin
2. Discuss the signs/symptoms that should prompt immediate follow-up.

3. Re-emphasize the importance of getting partners treated to minimize the risk of re-infection and spread of the infection.
4. Discuss the procedure and process for obtaining follow-up appointments.
5. Discuss the availability of community resources and support services and refer as appropriate.
6. Discuss the public health reporting requirements.

STI-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding sexually transmitted infections.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding sexually transmitted infections and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as:

American Social Health Association: provides information, materials, and referrals concerning sexually transmitted infections. Specialists will answer questions via phone or email on transmission, risk reduction, prevention, testing, and treatment. Voice: 1-800-227-8922

CDC National Prevention Information Network: provides information on resources, education materials, sexually transmitted diseases (including AIDS/HIV), tuberculosis, and communities at risk via touch tone phone or online. Many different service and publications offered. Voice: 1-800-458-5231, Email: info@cdcnpin.org. Website: <http://www.cdcnpin.org>

CDC National STD/AIDS Hotline: provides education and research about AIDS, HIV, and sexually transmitted diseases. Voice: 1-800-232-4636, Email: cdcinfo@cdc.gov, Website: <http://www.cdc.gov>

STI-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.

2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

STI-L LITERATURE

OUTCOME: The patient/family will receive literature about sexually transmitted infections.

STANDARDS:

1. Provide the patient/family with literature on sexually transmitted infections.
2. Discuss the content of the literature.

STI-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication. Explain that:
 - a. medications may:
 - i. cure bacterial STIs
 - ii. typically provide only symptomatic relief for viral STIs
 - b. in most cases, the patient's partner(s) will need to be treated.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.

4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

STI-P PREVENTION

OUTCOME: The patient/family/partner will plan behavior patterns that will prevent sexually transmitted infections.

STANDARDS:

1. List the behaviors that eliminate or reduce the risk of contracting a sexually transmitted infection:
 - a. abstinence (the most effective way to avoid STIs)
 - b. monogamous relationship with an uninfected partner
 - c. use condoms consistently and correctly; use a new latex or polyurethane condom for each sex act
 - d. avoid abusing alcohol or using recreational drugs or injecting drugs
 - e. avoid risky sex practices that can break skin
 - f. get immunized early before sexual exposure (vaccinations are available that can prevent hepatitis B and most common types of HPV)
2. Discuss the proper condom use, storage, and disposal:
 - a. latex condoms are made of rubber; use only water-based lubricants (e.g., K-Y, Astroglide, Foreplay)
 - b. polyurethane condoms are made of plastic and are recommended when sensitivity to latex is an issue; these condoms can be used with water-based or oil based lubricants
 - c. store condom in cool, dry place out of direct sunlight (i.e., condom case); check package for damage or expiration prior to use
 - d. when used, remove the condom carefully, wrap it in tissue, and place it in a garbage can -- not in a toilet
 - e. never reuse condoms

STI-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
5. Refer to medical and psychosocial support services for any risk factor identified.

STI-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in sexually transmitted infections.

STANDARDS:

1. Explain that uncontrolled stress is linked with an increased recurrence of symptomatic outbreaks with many sexually transmitted infections, such as genital herpes and human papilloma virus.
2. Explain the role of effective stress management in reducing the frequency of outbreaks, as well as, help improve the patient's health and well-being.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

STI-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:

- a. meaning of the test results
- b. follow-up tests may be ordered based on the results
- c. how results will impact or effect the treatment plan
- d. recommendations based on the test results

STI-TX TREATMENT

OUTCOME: The patient/partner/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/partner/family in the development of and participation in the treatment plan.
2. Stress the importance of treatment of the sexual contacts, and the need to avoid sexual activity while under treatment for an STI to minimize the risk of re-infection and spread of the infection.
3. Discuss the therapies that may be utilized.
4. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
5. Emphasize the importance of reporting participation in unsafe sexual behaviors or risky sex practices to the healthcare provider in order to receive appropriate testing and treatment based on risk behavior and exposure.
6. Discuss the importance of maintaining a positive mental attitude.

SHI - Shingles

SHI-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to shingles.

STANDARDS:

1. Explain the normal anatomy and physiology of the affected area.
2. Discuss the changes to anatomy and physiology as a result of shingles/
3. Discuss the impact of these changes on the patient's health or well-being.

SHI-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to shingles.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with shingles as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with shingles, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
6. Refer to a mental health agency or provider.

SHI-C COMPLICATIONS

OUTCOME: The patient/family will understand common complications of shingles.

STANDARDS:

1. Explain that irritation of nerves may cause post-herpetic neuralgia (or PHN). This causes the skin to become unusually sensitive to clothing, to a light touch, even to temperature. Pain may continue for long period of time after the rash has healed.

2. Explain that if the virus invades an ophthalmic nerve it can cause painful eye inflammations that can impair the vision.
3. Explain that if shingles appears on the face and affects the auditory nerves, it can lead to complications in hearing.
4. Explain that infections of facial nerves can lead to temporary paralysis.
5. Explain that shingles sometimes develops a secondary infection that may result in scarring.

SHI-DP DISEASE PROCESS

OUTCOME: The patient/family will understand shingles and will recognize its symptoms.

STANDARDS:

1. Explain that shingles (or herpes zoster) is a reactivation of a childhood chickenpox infection. However, instead of covering large parts of the body, the skin rash usually appears on a small area of skin, in rows like shingles on a roof.
2. Discuss the symptoms of shingles:
 - a. burning, tingling, or numbness of the skin
 - b. flu-like symptoms such as fever, chills, upset stomach, or headache
 - c. fluid-filled blisters
 - d. skin that is sensitive to touch
 - e. mild itching to extreme and intense pain
3. Explain that a typical shingles rash follows the path of certain nerves on one side of the body, generally on the trunk, buttocks, neck, face, or scalp, and usually stops at midline.
4. Discuss the cause of reactivation is usually unknown, but seems to be linked to aging, stress, trauma, or an impaired immune system.
5. Explain that contact with shingle lesions can cause chickenpox in a non-immune person.

SHI-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity with shingles.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.

2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

SHI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of shingles.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SHI-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding shingles.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding shingles and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

SHI-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.

2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

SHI-L LITERATURE

OUTCOME: The patient/family will receive literature about shingles.

STANDARDS:

1. Provide the patient/family with literature on shingles.
2. Discuss the content of the literature.

SHI-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SHI-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of shingles.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

SHI-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in shingles.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.

SHI-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing shingles.

STANDARDS:

1. Explain that a single dose of shingles vaccine can reduce the risk of shingles by half, and is recommended for some adults 60 years of age or older.
2. Discuss the importance of avoiding exposure to chicken pox.

SHI-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the actions that may be taken to control pain from shingles.

STANDARDS:

1. Explain that after the rash goes away, some people may be left with long lasting pain called post-herpetic neuralgia (PHN). Usually PHN pain will get better with time.
2. Explain that PHN pain is the longest lasting and worst part of shingles and needs to be discussed with the medical provider. There are a number of medications that can be prescribed to help relieve the pain. In addition, alternative approaches such as acupuncture, biofeedback, and hypnotherapy can be beneficial.
3. Discuss that prolonged pain can cause depression, anxiety, sleeplessness, weight loss, and can interfere with activities of daily living. Encourage the patient to discuss any of these problems with a provider. Explain that there are medicines that may help.
4. Explain the need to do things that take mind off pain, e.g., watch TV, read, talk with friends, or work on a hobby, share feelings, ask for help.

SHI-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in the treatment of shingles.

STANDARDS:

1. Discuss uncontrolled stress may increase alcohol and other drug use and interfere with treatment.
2. Emphasize the importance of seeking professional help as needed to reduce stress.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities

4. Provide referrals as appropriate.

SHI-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SHI-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Discuss that in most cases of shingles resolve on their own without specific treatment.
2. Explain that there are many medications that can be prescribed to treat shingles when symptoms are severe. These include medicines that:
 - a. Fight the virus – antiviral drugs
 - b. Lessen pain and shorten the sick time – steroids
 - c. Reduce pain – analgesics
3. Explain that when started within 72 hours of getting the rash, these medicines help shorten the length of the infection and lower the risk of other problems.

4. Explain that cool wet compresses can be used to reduce pain. Soothing baths and lotions, such as colloidal oatmeal bath or lotions and calamine lotion, may help to relieve itching and discomfort.
5. Discuss other things that may help to feel better include: getting adequate rest, eating healthy meals, and avoiding stress as much as possible.

SINUS - Sinusitis

SINUS-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to sinusitis.

STANDARDS:

1. Explain the normal anatomy and physiology of the sinuses.
2. Discuss the changes to anatomy and physiology as a result of sinusitis.
3. Discuss the impact of these changes on the patient's health or well-being.

SINUS-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications associated with sinusitis.

STANDARDS:

1. Discuss that complications resulting from sinusitis are relatively rare, but when they occur they may be life-threatening and require extensive medical or surgical treatment.
2. Explain that complications usually involve the spread of infection beyond the sinuses to the facial bones (osteomyelitis), brain lining (meningitis), or facial tissues.
3. Explain that untreated sinusitis may lead to nasal polyps and may also increase the symptoms of asthma and chronic lung diseases.

SINUS-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SINUS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of sinusitis.

STANDARDS:

1. Explain that sinusitis involves the inflammation and swelling of the mucous membranes lining the upper airway resulting in blockage of drainage which causes pressure and pain.
2. Explain that related symptoms are yellow or greenish discharge from the nose, headache, bad breath, stuffy nose, cough, fever, tooth pain, and reduced sense of taste or smell.
3. Explain that sinusitis usually results from a viral infection, but can also be related to nasal allergies, nasal polyps, foreign objects, structural problems (deviated septum), and other conditions that can block the nasal passages and predispose to sinusitis.
4. Explain that acute sinusitis usually improves without treatment, but it can predispose to a bacterial infection that can become chronic and cause permanent changes in the mucous membranes that line the sinuses.

SINUS-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of sinusitis.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SINUS-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding sinusitis.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding sinusitis and dealing with issues.

2. Provide the help line phone number or Internet address (URL).

SINUS-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of sinusitis.

STANDARDS:

1. Explain, as appropriate, the following therapies:
 - a. Drinking plenty of fluids to help keep mucus thin.
 - b. Applying moist heat to the face for 5 to 10 minutes, several times daily.
 - c. Breathing warm, moist air from a steamy shower, hot bath, or sink filled with hot water and avoiding cool, dry air. A home humidifier may also be considered.
 - d. Using saltwater nasal washes to help keep nasal passages open and cleaned of mucus and bacteria.
 - e. Using nonprescription medications such as pain relievers and decongestants to relieve symptoms.
 - f. Blowing the nose gently, when necessary, to keep from forcing thick mucus back into the sinuses.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

SINUS-L LITERATURE

OUTCOME: The patient/family will receive literature about sinusitis.

STANDARDS:

1. Provide the patient/family with literature on sinusitis.
2. Discuss the content of the literature.

SINUS-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.

3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SINUS-P PREVENTION

OUTCOME: The patient/family will understand ways to prevent sinusitis.

STANDARDS:

1. Explain that sinusitis may be prevented by avoiding precipitating factors. Discuss the following as appropriate:
 - a. Promptly treating nasal congestions caused by colds or allergies to prevent secondary bacterial infections of the sinuses.
 - b. Avoiding contact with people who have colds and other upper respiratory infections.
 - c. Decreasing the risk of infection by frequently washing the hands.
 - d. Avoiding cigarette, cigar, and pipe smoke.
 - e. Avoiding allergenic triggers or considering immunotherapy (allergy shots).
 - f. Avoiding dry air in the home by using a humidifier.
 - g. Avoiding swimming in contaminated water.
2. Discuss that daily sinus irrigation may prevent sinusitis.

SINUS-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:

- a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

SINUS-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain that x-rays, CT/MRI scans, or other tests may be necessary if the diagnosis is not clear, antibiotic treatment has failed, sinusitis recurs, complications are suspected, or surgery is being considered.
2. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
3. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SINUS-TX TREATMENT

OUTCOME: The patient/family will understand the risks and benefits of treatment as well as the possible consequences of not participating in the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.

2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

SWI - Skin and Wound Infections

SWI-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to skin and soft tissues.

STANDARDS:

1. Explain the normal anatomy and physiology of skin and soft tissues.
2. Discuss the changes to anatomy and physiology as a result of skin and wound infections,
3. Discuss the impact of these changes on the patient's health or well-being.

SWI-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with skin and wound infections.

STANDARDS:

1. Review the symptoms of a generalized infection, e.g., high fever spreading redness, red streaking, increased tenderness, changes in mental status, decreased urine output.
2. Review the effects of uncontrolled skin or wound infections (e.g., cellulitis) or generalized infection (e.g., loss of limb, need for fasciotomy and skin grafting, multi-organ failure, death).
3. Discuss that scarring and/or tissue discoloration may develop after healing of the wound.
4. Emphasize the importance of early treatment to prevent complications.

SWI-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.

2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SWI-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the cause and risk factors associated with skin and wound infections.

STANDARDS:

1. Review the current information regarding the causes and risk factors of skin and wound infections. Review, as appropriate, peripheral vascular disease, neuropathy, and/or ischemic ulcers as appropriate. **Refer to PVD** (in Volume IV of this manual set).
2. Explain how breaks in the skin can allow bacteria to enter the body. Even minor wounds should be kept clean and treated early to prevent serious skin or wound infections. Discuss the need to identify and treat skin fungal infections (e.g., athlete's foot).
3. Explain, as appropriate, that elevated blood sugar or the use of immunosuppressive/corticosteroid medication may increase the risk of serious skin and wound infections and may impede healing.
4. Explain that skin infections may start as small pustules or boils, which are often red, swollen, painful, or have pus associated with them. They commonly occur at sites of visible skin trauma, such as cuts or abrasions, or can occur at sites commonly covered by hair on the body, like the back of the neck, groin, buttock, or armpit.
5. Discuss, if appropriate, that lesions that mimic spider bites may in fact be community-acquired MRSA and may require special attention.

SWI-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment

- e. sign of equipment malfunction and proper action in case of malfunction
- f. infection control principles, including proper disposal of associated medical supplies
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.
4. Emphasize the importance of not tampering with any medical device.

SWI-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in skin and wound infections.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

SWI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of skin and wound infections.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SWI-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of skin and wound infections.

STANDARDS:

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures in the home, including sanitation (specific cleansers), personal protective equipment, and isolation.
3. Refer to community resources, hospice, or support groups, as appropriate.

SWI-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

SWI-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to skin and wound infections.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.

- a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
 3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
 4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
 5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

SWI-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to skin and wound infections.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to the face, pubic hair area, and feet.

- b. .Dental hygiene, with attention to brushing and flossing.
- c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections. **Refer to [SWI-WC](#).**
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to [UCATH](#) and [VENT-VAP](#).**
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

SWI-ISO ISOLATION

OUTCOME: The patient/family will understand the reasons and procedures for isolation of the patient in preventing and controlling the spread of skin infection.

STANDARDS:

1. Explain that isolation of the patient prevents the spread of the skin infection to healthcare providers, other patients, and family members.

2. Describe the type of isolation being implemented and associated precautions and protective equipment to be used. **Refer to MDRO** (in Volume IV of this manual set).

SWI-L LITERATURE

OUTCOME: The patient/family will receive literature about skin and wound infections.

STANDARDS:

1. Provide the patient/family with literature on skin and wound infections.
2. Discuss the content of the literature.

SWI-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SWI-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of skin and wound infections.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.

4. Assist the patient/family in developing an appropriate nutrition care plan.

SWI-N NUTRITION

OUTCOME: The patient/family will understand the role of adequate nutrition for the healing of skin and wound infections.

STANDARDS:

1. Explain the importance of adequate nutrition and hydration in the repair of tissue.
2. Explain that protein foods, such as meat, fish, nuts, dairy, and soy are important in repairing tissues.
3. Explain that zinc, vitamins A and C, and thiamine are necessary for the healing process.
4. Explain that if oral intake is poor, small, frequent meals and a multi-vitamin help meet nutritional needs.
5. Refer to registered dietitian as appropriate.

SWI-P PREVENTION

OUTCOME: The patient/family will understand the appropriate measures to prevent skin and wound infections.

STANDARDS:

1. Discuss avoidance of skin damage by wearing appropriate protective equipment (e.g., proper footwear, long sleeves, long pants, gloves), as appropriate.
2. Explain importance of good general hygiene and cleaning any breaks in the skin and observing for infections. **Refer to HPDP-HY** (in Volume III of this manual set).
3. Review importance of maintaining good general health and controlling chronic medical conditions, especially glycemic control in diabetes. **Refer to DM-FTC** (in Volume II of this manual set).
4. Discuss that if participating in contact sports where there is skin to skin contact, it is important to shower immediately after the activity and to not share personal items such as towels or razors. Stress the importance of keeping surfaces that come into frequent contact with bare skin (e.g. exercise equipment), cleaned frequently. Explain the importance of keeping skin abrasions or cuts covered with clean, dry bandages.
5. Discuss the need for tobacco cessation. **Refer to [TO](#)**.

SWI-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

SWI-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits, any significant alternatives, likelihood of success, and common and important complications of the proposed procedure. Discuss the possible results of non-treatment and any potential problems related to recuperation.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

SWI-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SWI-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

SWI-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.

2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

SLEEP – Sleep Disorders

SLEEP-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to the sleep disorder.

STANDARDS:

1. Discuss the potential stress and emotional reactions that are common in being diagnosed with a sleep disorder, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
2. Discuss the primary diagnosis related to secondary sleep disorder.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
5. Refer to a mental health agency or provider.

SLEEP-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of sleep disorders.

STANDARDS:

1. Explain that chronic insomnia may lead to decreased feelings of well-being during the day, including deterioration of mood and motivation, a decrease in attention, energy, and concentration, and increase in fatigue and malaise.
2. Explain that sleep disturbances often progress, and that interpersonal, social, and occupational problems may develop as a result of over-concern with sleep, increased daytime irritability, and poor concentration.
3. Explain that insomnia often persists long after the original causative factors resolve due to the development of heightened arousal and negative conditioning, and may become a primary sleep disorder.
4. Explain that daytime sleepiness and some sleep disorders can be embarrassing and even dangerous, if, for instance, the individual is driving or operating machinery.
5. Explain that chronic insomnia and some sleep disorders may lead to memory disturbance, personality changes, mood disorders, particularly depression (**refer to DEP** (in Volume II of this manual set), and anxiety disorders.

6. Explain that children with sleep disorders may have developmental delays (**refer to PDD** in Volume IV of this manual set) or learning disabilities (**refer to LD** in Volume III of this manual set).

SLEEP-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SLEEP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of sleep disorders.

STANDARDS:

1. Discuss the etiology and essential features of the sleep disorder:
 - a. **Primary sleep disorders** are those whose etiologies do not include another mental disorder, substance abuse disorders (**refer to PM**), or a general medical condition. They are subdivided into **dyssomnias** (characterized by abnormalities in amount, quality or timing of sleep) and **parasomnias** (categorized by abnormal behavioral or physiological events that may lead to intermittent awakenings).
 - b. **Sleep Disorder Related to Another Mental Disorder** results from a diagnosable mental disorder but is sufficiently severe enough to warrant independent clinical attention.
 - c. **Sleep Disorder Due to a General Medical Condition** results from the direct physiological effects of a general medical condition, e.g., obstructive sleep apnea (**refer to OSA** in Volume IV of this manual set), heart failure, BPH.
 - d. **Substance-Induced Sleep Disorder** results from the concurrent use, or recent discontinuation of use, of a substance, including medications.
2. Explain the symptoms of the specific sleeping disorder under consideration:
 - a. **Dyssomnias** involve abnormalities of the mechanisms generating sleep-wake states, and include:

- i. **Primary Insomnia** is difficulty initiating or maintaining sleep or non-restorative sleep for at least one month.
 - ii. **Primary hypersomnia** is excessive sleepiness for at least one month as evidenced by prolonged sleep episodes or daytime sleep that occur almost daily for at least one month.
 - iii. **Narcolepsy** is characterized by repeated irresistible attacks of refreshing sleep, cataplexy, and intrusions of REM sleep in the transition period between sleep and wakefulness.
 - iv. **Breathing-Related Sleep Disorder** is sleep disruption leading to excessive sleepiness or insomnia that is judged to be due to abnormalities of ventilation during sleep (e.g., obstructive sleep apnea).
 - v. **Circadian Rhythm Sleep Disorder** is a persistent pattern of sleep disruption that is due to mismatch between the person's sleep-wake schedule required by a person's environment and the person's circadian sleep-wake pattern.
- b. **Parasomnias** represent the activation of physiological systems at inappropriate times during the sleep-wake cycle, and include:
- i. **Nightmare Disorder** is the repeated awakenings from the major sleep period or naps with detailed recall of extended and extremely frightening dreams, usually involving threats to security, survival, or self-esteem, followed by normal alertness upon waking.
 - ii. **Sleep Terror Disorder** is recurrent episodes of abrupt waking from sleep, usually with a panicky scream, without any dream recall or memory of the episode or ability to be calmed, and accompanied by signs of intense fear and autonomic arousal.
 - iii. **Sleep Walking Disorder** is repeated episodes of complex motor behavior initiated during sleep, including rising from bed and walking about, which includes a blank stare, unresponsiveness to the efforts of others to communicate, and amnesia of the episode upon awakening.
3. Discuss that the sleep disorders cause clinically significant distress or impairment in social, occupational, or other areas of functioning.
 4. Discuss that the course and prognosis of the specific sleep disorder under consideration, all of which may be quite different from each other and variable.

SLEEP-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in coping with and treating sleep disorders.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.

2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

SLEEP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of sleep disorders.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SLEEP-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary

4. Review the community resources available for help in achieving behavior changes.

SLEEP-L LITERATURE

OUTCOME: The patient/family will receive literature about sleep disorders.

STANDARDS:

1. Provide the patient/family with literature on sleep disorders.
2. Discuss the content of the literature.

SLEEP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary for coping with sleep disorders.

STANDARDS:

1. Discuss the good sleep habits that are necessary to optimize sleep and a healthy lifestyle, including:
 - a. maintain regular sleep schedule
 - b. develop a bedtime routine which includes soothing activities
 - c. wear comfortable, loose-fitting clothing
 - d. avoid daytime naps
 - e. avoid alcohol, caffeine, nicotine, stimulating night activities, and medications that cause excessive sleepiness or insomnia
 - f. get adequate exposure to bright light during the day
 - g. lose weight, if overweight
 - h. write down concerns and schedule activities each day to avoid excessive worries
 - i. restrict using the bed to activities that promote sleep
 - j. eat a balanced meal with regular mealtimes
 - k. reduce or eliminate sources of light and noise at bedtime, including the TV or light sources
 - l. consider using eye masks or ear plugs as appropriate
 - m. avoid lying in bed for more than 30 minutes if sleep does not occur
 - n. complete soothing activities in soft lighting, e.g., reading, soft music, deep breathing
2. Refer to community services, resources, or support groups, as available.

SLEEP-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SLEEP-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to sleep disorders.

STANDARDS:

1. Discuss that avoiding caffeine, alcohol, energy drinks, and excessive fluids will promote uninterrupted sleep.
2. Refer to registered dietitian for MNT or other local resources as appropriate.

SLEEP-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to sleep disorders and the risk of harm to self, both intentional and unintentional.

STANDARDS:

1. Discuss the dangers of occupational, social, or recreational demands, such as driving or operating machinery when diagnosed with a sleep disorder (e.g., narcolepsy).
2. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures should the condition worsen.
3. Review the local resources and phone numbers, including the police that may be utilized during a crisis, and may assist in transportation and safety compliance.

SLEEP-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in coping with and treating sleep disorders.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with sleep disorders.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

SLEEP-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making

- f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SLEEP-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

SLEEP-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for sleep disorders.

STANDARDS:

1. Explain the treatment options, which involve addressing the cause of the sleep disturbance, including procedures for medical conditions or substance abuse.
2. Explain that a medication may be prescribed for initial treatment of primary insomnia (**refer to [SLEEP-M](#)**).
3. Discuss the role of psychotherapy or alternative treatments to primary sleep disorders, including:
 - a. cognitive behavioral therapy
 - b. hypnosis
 - c. exercise (**refer to [SLEEP-EX](#)**)
 - d. guided imagery

- e. relaxation and meditation techniques, such as yoga
 - f. biofeedback
 - g. acupuncture
 - h. diet recommendations (**refer to [SLEEP-N](#)**)
4. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options.

SNAKE – Snake Bite

SNAKE-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to snake bite.

STANDARDS:

1. Explain the normal anatomy and physiology of the affected body part.
2. Discuss the changes to anatomy and physiology as a result of the snake bite. Envenomation is the process by which venom is injected by the snake bite into the human body by a venomous/poisonous snake.
 - a. Discuss the changes to anatomy and physiology as a result of snake bite. The outcome of snake bite depends on numerous factors, including: the species of snake, the area of the body bitten, the amount of venom injected, and the health conditions of the victim. Feelings of terror and panic are common after a snake bite and can produce a characteristic set of symptoms mediated by the autonomic nervous system, such as a racing heart and nausea.
 - b. Bites from non-venomous snakes can also cause injury, often due to lacerations caused by the snake's teeth, or from a resulting infection.
 - c. A bite may also trigger an anaphylactic reaction, which is potentially fatal. First aid recommendations for bites depend on the snakes inhabiting the region, because effective treatments for bites inflicted by some species can be ineffective for others.
3. Discuss the impact of these changes on the patient's health or well-being. Venom in many snakes affects virtually every organ system in the human body and can be a combination of many toxins resulting in many body parts being affected by the snake bite.
 - a. Local bleeding and coagulopathies are common with severe envenomation.
 - b. Local edema increases capillary leak and interstitial fluid in the lungs. Pulmonary mechanics may be altered significantly.
 - c. Local cell death increases lactic acid concentration secondary to changes in volume status and requires increased minute ventilation.
 - d. Neuromuscular blockade can result in poor diaphragmatic excursion. Cardiac failure can result from hypotension and acidosis. Myonecrosis raises concerns about myoglobinuria and renal damage.
 - e. Most snake bites, whether by a venomous snake or not, will have some type of local effect. Both venomous and non-venomous snake bites may produce only minor pain and redness, or be extremely painful, tender, swollen, or necrosed.

- f. Snakes are capable of biting without injecting venom into their victims. While not as life-threatening as a bite from a venomous species, the bite can be at least temporarily debilitating and could lead to dangerous infections if improperly dealt with.

SNAKE-C COMPLICATIONS

OUTCOME: The patient/family will understand common or serious complications of snake bites.

STANDARDS:

1. Discuss that most snakes are non-venomous. Even if a snake is venomous, many bites do not result in envenomation. The most significant risk from non-venomous bites is infection.
2. Explain that the risk from envenomation depends upon the type of the venom (type of snake) and the amount of venom injected. Venom which contains a neurotoxin is generally more dangerous than hemotoxic venom. Mohave rattlesnakes, canebrake rattlesnakes, and coral snakes have venom with a large neurotoxic component.
3. Explain that complications of envenomation may include pain, swelling and bleeding, ecchymosis (purple discoloration), necrosis (tissue dies and turns black), low blood pressure, and tingling of lips and tongue.
4. Explain that even though death from snake bite is unusual, it is still a significant risk and should prompt evaluation by a medical professional.
5. Explain that even if the victim is properly treated, damage to muscles or nerves may result in permanent disabilities or disfigurement.
6. Discuss that some persons may develop phobias or post-traumatic stress disorder. Refer to behavioral health. **Refer to PTSD and PHOB** (in Volume IV of this manual set).

SNAKE-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on snake bites.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources. A snake or serpent is one of the oldest and most widespread mythological symbols. Snakes have been associated with some of the oldest rituals known to humankind and represent dual expression of good and evil. The caduceus is one example. Many Native cultures revere the serpent.

2. There are no known holistic treatment remedies to cure a snake bite.
3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SNAKE-DP DISEASE PROCESS

OUTCOME: The patient/family will understand snake bites.

STANDARDS:

1. Explain that although about 7,000 - 8,000 venomous snake bites are reported, only about a dozen people die in the United States each year from snake bites.
2. Discuss the progression of symptoms following snake envenomation:
 - a. Pain at the site of injection
 - b. Local welling followed by more generalized swelling of the limb
 - c. Dizziness and blurred vision
 - d. Loss of muscle coordination
 - e. Nausea and vomiting
 - f. Numbness and tingling
 - g. Seizures
 - h. Death
3. Explain that in some cases, most of the symptoms are caused by direct damage to blood cells and muscle tissue, but some bites (e.g., Mohave rattlesnakes, canebrake rattlesnakes, and coral snakes) contain a toxin which damages nerves. Neurotoxic venoms are typically more dangerous, but any snake envenomation may cause death.
4. Explain that symptoms are usually more severe if a large amount of venom is injected or if the bite victim is small or frail.

SNAKE-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment

- c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
 3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

SNAKE-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of a snake bite.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SNAKE-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss that there are things to do to reduce the risk of a snake bite.

- a. Regularly trim hedges, keep the lawn mowed and remove brush from the yard and nearby vacant areas. This will reduce the number of places where snakes like to live.
 - b. Don't allow children to play in vacant lots with tall grass and weeds.
 - c. Be careful when working around firewood, brush, or lumber. Snakes like to live in such areas.
 - d. When moving through areas with tall grass and weeds, carry a long stick and poke ahead to scare any snakes away. Nearly all snake bites in humans are the result of a snake defending itself when it feels threatened.
 - e. Avoid going barefoot, especially after dark. During warm weather snakes will be most active at night and will defend themselves if stepped on or if one walks too close and they sense danger. Going barefoot and gathering firewood after dark are two common activities leading to a snake bite.
 - f. Wear loose, long pants and tall boots when working or walking in areas where snakes are likely to be.
 - g. Never handle snakes, even dead ones. Slowly back away from a snake after discovering it.
 - h. Always sleep on a cot when camping.
 - i. Be aware of snakes if swimming or wading in rivers, lakes, or other bodies of water. Remember that snakes may be forced into areas that they would not normally inhabit after flooding.
 - j. Learn to identify poisonous snakes that live in the area and avoid them. Because snakes are cold-blooded reptiles they like to lie in the sun to warm their bodies. Be careful around stacked wood/lumber, rocks, and walking along a road because snakes like to lay on warm surfaces.
 - k. Many children are unaware of the dangers of snakes and are usually bitten in their own yard as they reach into grass for toys (for example).
4. Discuss wellness as an individual responsibility to:
 - a. Learn how to remain healthy by being aware of the possibility of snakes around the home or when in areas where snakes might live.
 - b. Be willing to change activities to protect self and the family if living in an area where poisonous snakes live.
 - c. Practice new knowledge by checking the yard for snakes and wearing boots and appropriate clothing when out in the open.
 5. Review the community resources available for help in achieving behavior changes.

SNAKE-L LITERATURE

OUTCOME: The patient/family will receive literature about snake bites.

STANDARDS:

1. Provide the patient/family with literature on snake bites.
2. Discuss the content of the literature.

SNAKE-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SNAKE-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of a snake bite.

STANDARDS:

1. Explain that a snake bite is best avoided by an awareness of one's surroundings and basic knowledge of snakes' behaviors and habitat.
 - a. Venomous land snakes are found in all U.S. states except Alaska, Hawaii, and Maine.
 - b. Snakes are typically more active during warmer weather.
 - c. Snakes are frequently found under sticks, rocks, or logs. Avoid reaching into a place where one cannot see.
 - d. Most snake bites occur on the hand/arm or the lower leg. Wearing a boot with at least an 8" top of leather or other bite-resistant material can significantly reduce the risk of envenomation.
 - e. Snakes are typically wary of humans and will rarely attack or pursue if left alone.

- f. A significant percentage of snake bites occurs when someone tries to capture or otherwise antagonize the snake. Alcohol is often involved in this type of situation. Capturing snakes is best left to trained professionals.
2. Discuss the importance of eliminating debris piles and other places attractive to snakes where practical. Emphasize the importance of approaching potential snake habitat, such as fire wood piles, berry patches, hay stacks, etc.

SNAKE-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

SNAKE-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment. Discuss the possible results of non-treatment and any potential problems related to recuperation.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections

5. Discuss pain management as appropriate.

SNAKE-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to avoiding a snake bite.

STANDARDS:

1. Explain that a snake bite is best avoided by an awareness of one's surroundings and basic knowledge of snakes' behaviors and habitat.
 - a. Venomous land snakes are found in all U.S. states except Alaska, Hawaii, and Maine.
 - b. Snakes are typically more active during warmer weather.
 - c. Snakes are frequently found under sticks, rocks, or logs. Avoid reaching into a place where one cannot see.
 - d. Most snake bites occur on the hand/arm or the lower leg. Wearing a boot with at least an 8" top of leather or other bite-resistant material can significantly reduce the risk of envenomation.
 - e. Snakes are typically wary of humans and will rarely attack or pursue if left alone.
 - f. A significant percentage of snake bites occurs when someone tries to capture or otherwise antagonize the snake. Alcohol is often involved in this type of situation. Capturing snakes is best left to trained professionals.
2. Discuss the importance of eliminating debris piles and other places attractive to snakes where practical. Emphasize the importance of approaching potential snake habitat, such as fire wood piles, berry patches, hay stacks, etc.

SNAKE-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making

- f. how to obtain the results of the test
- 2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SNAKE-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

- 1. Explain that tourniquets and sucking of the snake bite are not recommended. Splinting the extremity to limit movement and keeping it below the level of the heart are recommended.
- 2. Explain that the critical part of the treatment plan is to get the patient to an emergency facility where antivenin can be administered. Walking the victim out is reasonably safe unless severe signs and symptoms occur. It is also significantly faster than trying to carry the victim.
- 3. Explain that catching and identifying the snake that caused the bite is not as important as rapid transport to the hospital.
- 4. Explain that there is a significant risk of allergic reaction to the antivenins which are available, but generally the risk is lower than the risk of not treating the snake bite. As appropriate, explain the risk/benefit of treatment and non-treatment.
- 5. Discuss the importance of maintaining a positive mental attitude.

SOMA – Somatoform Disorders

SOMA-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with somatoform disorders.

STANDARDS:

1. Explain that individuals with somatoform disorders often seek numerous medical evaluations, diagnostic procedures, surgeries, and hospitalizations, in addition to concurrent treatments with multiple physicians, which often lead to increased risk of morbidity and hazardous combinations of treatment.
2. Explain that symptoms with the disorders many severely disrupt various aspects of daily life, such as family problems, marital discord, unemployment, disability, and social isolation related to the preoccupations, pain, or imagined defects.
3. Explain that most somatoform disorders may be associated with substance abuse disorders (**refer to [AOD](#)**), delusional disorders (**refer to [PSYD](#)** in Volume IV of this manual set), personality disorders (**refer to [PERSD](#)** in Volume IV of this manual set), depressive disorders (**refer to [DEP](#)** in Volume II of this manual set), obsessive compulsive disorder (**refer to [OCD](#)** in Volume IV of this manual set), social phobia (**refer to [PHOB](#)** in Volume IV of this manual set), and panic disorder (**refer to [PANIC](#)** in Volume IV of this manual set).
4. Explain that somatoform disorders often accompany impulsive and anti-social behavior, including suicide threats and attempts (**refer to [SI](#)**).

SOMA-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential differences in the type and frequency of somatic symptoms across cultures. In addition, different cultural groups respond differently to pain and express culturally shaped “idioms of distress” about a broad range of personal and social problems.
2. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.

3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SOMA-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of somatoform disorders.

STANDARDS:

1. Explain that somatoform disorders require the presence of physical symptoms that suggest a general medical condition but are not fully explained by a general medical condition or by the direct effects of a substance.
2. Explain that the symptoms of somatoform disorders are not intentionally produced or feigned, as seen in factitious disorders or malingering.
3. Explain the essential features of the specific somatoform disorder under consideration:
 - a. **Somatization Disorder** includes an extended history of many physical complaints characterized by a combination of four pain symptoms, two GI symptoms, one sexual symptom, and one pseudoneurological symptom or deficit.
 - b. **Undifferentiated Somatoform Disorder** is characterized by unexplained physical complaints that are below the threshold for a diagnosis of somatoform disorder.
 - c. **Conversion Disorder** involves unexplained symptoms or deficits affecting voluntary motor or sensory function.
 - d. **Pain Disorder** involves pain as the predominant focus of clinical attention, although psychological factors are judged to have a vital role in its onset, severity, exacerbation, or maintenance.
 - e. **Hypochondriasis** is the preoccupation with the fear that one has a serious disease based on the person's misinterpretation of bodily symptoms or bodily functions, which are not of delusional intensity.
 - f. **Body Dysmorphic Disorder** is the excessively time-consuming preoccupation with an imagined or exaggerated defect in physical appearance.
 - g. **Somatoform Disorder Not Otherwise Specified** includes disorders with somatoform symptoms that do not meet the criteria for any of the specific somatoform disorder.
4. Discuss the course and prognosis of the specific somatoform disorder under consideration, all of which may be quite different from each other and variable.

SOMA-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in coping with somatoform disorders.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

SOMA-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of somatoform disorders.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SOMA-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.

3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

SOMA-L LITERATURE

OUTCOME: The patient/family will receive literature about the specific somatoform disorder under consideration.

STANDARDS:

1. Provide the patient/family with literature on the specific somatoform disorder under consideration.
2. Discuss the content of the literature.

SOMA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for coping with somatoform disorder.

STANDARDS:

1. Discuss the lifestyle changes specific to coping with and/or overcoming somatoform disorders.
2. Discuss that the family may also require lifestyle adaptations to interact with the relative in a healthy manner.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

SOMA-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.

2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SOMA-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for somatoform disorders.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

SOMA-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to somatoform disorders/

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

SOMA-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

SOMA-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to somatoform disorders, and the risk of injury or suicide.

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures should the condition worsen, suicidal or homicidal ideation arise, and/or urges to engage in impulsive, risky, or dangerous behaviors arise.
2. Review the local resources and phone numbers, including the police, who may be utilized during a crisis, and may assist in transportation and safety compliance.

SOMA-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in somatoform disorders.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with somatoform disorders.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits

- c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

SOMA-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SOMA-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

SOMA-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for somatoform disorders.

STANDARDS:

1. Discuss the importance of treating the emotional causes of the symptoms and preventing any unnecessary medical procedures.
2. Explain that therapists have different styles and orientations for treating somatoform disorders, and that some styles may suit the patient better than others. Some strategies include:
 - a. cognitive behavioral therapy
 - b. psychodynamic approaches
 - c. relaxation, biofeedback, and stress management techniques
 - d. behavioral therapy and hypnosis
 - e. attention training, distraction, or environmental manipulation
3. Discuss the use of medication in conjunction with psychotherapy in the treatment of somatoform disorders (**refer to [SOMA-M](#)**):
 - a. Explain that anti-depressant medications are often effective in reducing the pain due to psychological causes.
 - b. Discuss that the use of prescription and non-prescription medication for pain management is usually not effective, and may have serious side effects and potential for addiction.
 - c. Discuss the option for treatment at a pain control center, if available.
4. Discuss the various supportive techniques that may be potentially useful, including hot and cold packs, massage, and physical therapy.

5. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for somatoform disorders may vary according to the patient's life circumstances, severity of the condition, the individual's input, and available resources, which may include referrals to inpatient psychiatric hospitals.

ST - Sore Throat (Pharyngitis/Strep Throat)

ST-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to pharyngitis.

STANDARDS:

1. Explain the normal anatomy and physiology of the throat and tonsils.
2. Discuss the changes to anatomy and physiology as a result of pharyngitis.
3. Discuss the impact of these changes on the patient's health or well-being.

ST-C COMPLICATIONS

OUTCOME: The patient/family will be able to relate the possible complications, the symptoms that should be reported immediately, and the appropriate actions to prevent complications.

STANDARDS:

1. Discuss that most causes of pharyngitis are self-limiting, but some causes such as Group A Beta Hemolytic Streptococcal (GABHS) pharyngitis (i.e., strep throat) may cause complications, such as rheumatic fever or glomerulonephritis.
2. List the symptoms that should be reported immediately, e.g., drooling, difficulty swallowing, blood in the urine, joint pains, abnormal movements, and fever lasting longer than 48 hours after starting antibiotic.
3. Stress the importance of follow-up appointment as appropriate.

ST-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

ST-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology and symptoms of pharyngitis.

STANDARDS:

1. Review ways in which pharyngitis can be spread to others in the family including family pets, e.g., eating or drinking after others, direct contact with secretions.
2. Explain that any child or adult in the home who was exposed to strep throat and develops symptoms in the next five days should seek medical care.
3. Discuss that chronic or recurrent strep throat or rheumatic fever in a family member should prompt throat cultures of all family members.
4. Discuss that that pharyngitis is most often caused by a virus, but can also be caused by bacteria. One bacterial infection is called strep throat and is caused by a bacterium called *Streptococcus pyogenes*. Explain that this bacterium may cause long term complications especially if untreated. **Refer to [ST-C](#).**

ST-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of pharyngitis.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

ST-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of pharyngitis.

STANDARDS:

1. Discuss the use of over-the-counter medications for symptom relief, e.g., decongestants, antihistamines, expectorants. Avoid aspirin in children under 16 years old due to the risk of Reyes' syndrome.

2. Discuss the use of non-pharmacologic therapies that may be useful in symptom relief, e.g., nasal lavage, humidification of room, increasing oral fluids, gargling with warm salt water.

ST-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to pharyngitis.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Discuss the importance of hygiene in infection control, especially in relationship to food preparation/consumption, e.g., don't share eating utensils, plates, cups. Wash all dishes either in the dishwasher or in hot soapy water with bleach.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing. Discuss the importance of using a new tooth brush 24 hours after starting antibiotics.
4. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
5. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
6. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

ST-L LITERATURE

OUTCOME: The patient/family will receive literature about pharyngitis.

STANDARDS:

1. Provide the patient/family with literature on pharyngitis.
2. Discuss the content of the literature.

ST-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Explain that most cases of pharyngitis are caused by viruses and that antibiotics are not effective. Discuss the use of over-the-counter medications, vitamin supplements, and herbal remedies for symptom relief, e.g., decongestants, antihistamines, expectorants.
2. In cases of bacterial infection, such as strep throat, discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation. Explain that failure to complete the entire course of antibiotics increases the patient's risk of developing:
 - a. rheumatic heart disease and rheumatic fever.
 - b. resistant bacteria. **Refer to ABX** (in Volume II of this manual set).
3. Describe the name, strength, purpose, dosing directions, and storage of the medication.
4. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
5. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

ST-P PREVENTION

OUTCOME: The patient/family will understand the necessary measures to prevent the spread of pharyngitis.

STANDARDS:

1. Explain the importance of good hygiene and infection control principles to prevent the spread of infection.
 - a. covering the mouth preferably with the arm when coughing or sneezing
 - b. frequent effective hand washing
 - c. do not share eating utensils, cups, plates, pacifiers, bottle, nipples
 - d. do not place food-tasting spoons back in the food being prepared

- e. replace with a new toothbrush 24 hours after initiating antibiotics, as applicable
- f. wash all dishes in the dishwasher or in hot, soapy water with bleach
2. Discuss the use of surface disinfectants to keep the kitchen and bathroom countertops clean. Wash children's toys.
3. If prescribed an antibiotic for a bacterial infection, emphasize the importance of not returning to work, school, or day care until a full 24 hours after initiation of the antibiotic.

ST-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand some ways to control pain associated with pharyngitis.

STANDARDS:

1. Discuss pain management techniques, e.g., gargling with salt water, throat lozenges, and other medications as appropriate.
2. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.

ST-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain the tests are used to diagnose strep throat, e.g., throat culture or rapid strep test when the infection by this bacteria is suspected. Explain that most cases of pharyngitis will not require testing. Explain as appropriate:
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan

- d. recommendations based on the test results

ST-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

SPIDER – Spider Bite

SPIDER-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of spider bites.

STANDARDS:

1. Discuss that the most common complication from spider bites is redness, swelling and irritation of the local tissues which requires only symptomatic care.
2. Discuss that some cases of spider bites result in necrotic arachnidism which results in dead tissue at the site of the spider bite. In rare occasions this may need to be debrided.
3. Explain that spider bites may become infected resulting in cellulitis.

SPIDER-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the body's response to a spider bite.

STANDARDS:

1. Discuss that the toxins released by a spider bite cause tissue inflammation which results in localized swelling, redness, itching and tenderness which is usually self-limited.
2. Discuss that the toxins released by spider envenomation can cause significant tissue break-down and may result in a large or small area of tissue necrosis.

SPIDER-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of spider bites.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up (sloughing of skin, lesion turning black or deep blue, rapidly increasing size of the lesion, systemic symptoms).

SPIDER-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of spider bites.

STANDARDS:

1. Discuss the local relief measures for spider bites (ice, anti-inflammatory medications, topical or oral anti-itch medications, etc.).
2. Discuss wound management if debridement of the wound is necessary.

SPIDER-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to spider bites.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

SPIDER-L LITERATURE

OUTCOME: The patient/family will receive literature about spider bites.

STANDARDS:

1. Provide the patient/family with literature on spider bites.
2. Discuss the content of the literature.

SPIDER-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SPIDER-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of getting a spider bite.

STANDARDS:

1. Discuss the seasons or places that spiders are likely to be found.
2. Discuss ways to avoid spider bites.
3. Discuss that professional extermination may be necessary to eliminate spiders from homes or other buildings.

SPIDER-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**

3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain that for simple spider bites, antihistamines, and NSAIDs/acetaminophen are usually sufficient to control the pain associated with the local reaction.
5. Explain non-pharmacologic measures that may be helpful with pain control.

SPIDER-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SPIDER-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

SPIDER-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.
2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

STING - Sting, Insect

STING-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of insect stings.

STANDARDS:

1. Discuss that the most common complication from an insect sting is redness, swelling and irritation of the local tissues which requires only symptomatic care.
2. Discuss that anaphylaxis as a complication of insect sting. Discuss that anaphylaxis generally becomes worse with each exposure to the inciting toxin.
3. Explain that insect stings may become infected especially if scratched.

STING-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the body's response to an insect sting.

STANDARDS:

1. Discuss that the toxins released by a stinging insect cause tissue inflammation which results in localized swelling, redness and tenderness which is usually self-limited.
2. Discuss that some persons become hypersensitized to the toxin and can have a life threatening reaction called anaphylaxis which requires immediate intervention. Symptoms include swelling of the mouth and throat, shortness of breath, chest tightness, and a sense of impending doom.

STING-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of insect stings.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up (swelling of the mouth or tongue, difficulty breathing, etc.).

STING-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of the insect sting.

STANDARDS:

1. Discuss the importance of always keeping an Epi-Pen near a person with a known history of stinging insect anaphylaxis. Discuss the proper use of an Epi-Pen and the importance of seeking immediate medical attention if the Epi-Pen is needed.
2. Discuss local relief measures for non-anaphylactic stings (ice, anti-inflammatory medications, topical, or oral anti-itch medications, etc.).

STING-L LITERATURE

OUTCOME: The patient/family will receive literature about insect stings.

STANDARDS:

1. Provide the patient/family with literature on insect stings.
2. Discuss the content of the literature.

STING-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for anaphylactic insect stings.

STANDARDS:

1. Discuss the importance of always keeping an Epi-Pen near a person with a known history of stinging insect anaphylaxis. This is especially true during seasons when the stinging insect is known to be active.
2. Discuss the importance of family members recognizing the signs of anaphylactic insect sting and knowing the proper use of an Epi-Pen because the patient may be incapacitated due to anaphylaxis.
3. Discuss the importance of wearing a medical alert device, if hypersensitive to insect stings.

STING-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication. If an Epi-Pen is prescribed demonstrate proper usage of the Epi-Pen.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

STING-P PREVENTION

OUTCOME: The patient/family will understand the necessary measures to prevent being stung by an insect.

STANDARDS:

1. Discuss the seasons or places that stinging insects are likely to be found.
2. Discuss the elimination of known bee hives or wasp nests and objects that attract insects, such as flowering plants, sugar drinks/food, hummingbird feeders.
3. Explain that avoiding brightly colored clothing and fragrances decreases the attraction of insects.

STING-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain that narcotics and other medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.

5. Explain non-pharmacologic measures that may be helpful with pain control (such as ice packs).
6. Explain non-pharmacologic measures that may be helpful with pain control.

STING-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

STING-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

STING-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.
2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

STROKE - Stroke

STROKE-ADL ACTIVITES OF DAILY LIVING

OUTCOME: The patient/family will understand how the patient's ability to perform activities of daily living (ADL) impact the care plan including in-home and out-of-home care.

STANDARDS:

1. Define activities of daily living (ADL) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient's ability to perform ADL affects the ability to live independently.
2. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, avoiding risky behavior, structuring leisure time, keeping clean, and using transportation.

STROKE-ADV ADVANCE DIRECTIVE

OUTCOME: The patient/family will understand the process of developing an advance directive and its role in maintaining a sense of control in the patient's medical care and decisions.

STANDARDS:

1. Explain that many persons are not able to make their own decisions when ill. The advance directive, or other statement of care preferences, allows patients to express their preferences and guide treatment decisions in that setting.
2. Explain that this statement of preferences is only used to guide decision making if the patient is unable to provide guidance at the time that decisions need to be made.
3. Explain that Advance Directives or other statements of care preferences can help families and caregivers who may need to be decision-makers for the patient to understand the patient's preferences of care.
4. Review the option of Advanced Directives or other statements of care preferences with the patient and the patient's family. Explain treatment options and answer questions in a manner the patient/family will understand.

5. Refer as appropriate to those who can assist the patient in further clarifying healthcare decision-making authority (e.g., Social Services, Clergy, Lawyer) by defining a healthcare proxy, writing a living will, or further discussing the preferences for care.

STROKE-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to stroke.

STANDARDS:

1. Explain the normal anatomy and physiology of the brain and its blood supply.
2. Discuss the changes to anatomy and physiology as a result of stroke.
3. Discuss the impact of these changes on the patient's health or well-being.

STROKE-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to stroke.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with a stroke as a life-altering illness that requires a change in lifestyle (**refer to [STROKE-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common when being diagnosed with a stroke, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process may incorporate traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential dangers of self-medication for emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#)**.
6. Refer to a mental health agency or provider.

STROKE-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of a stroke.

STANDARDS:

1. Discuss the common complications of a stroke:

- a. Heart attack
 - b. Respiratory arrest
 - c. Aspiration and associated-pneumonia
 - d. Falls and associated injuries or fractures
 - e. Coma or death
2. Describe the signs/symptoms of common complications of a stroke.
 3. Discuss the importance of following the prescribed treatment plan including physical therapy, medications and rehabilitation in preventing complications and maximizing potential.

STROKE-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

STROKE-DP DISEASE PROCESS

OUTCOME: The patient/family will understand a stroke.

STANDARDS:

1. Discuss the common types of strokes: ischemic and hemorrhagic, as appropriate. Explain that a stroke is damage/death of part of the brain tissue from inadequate oxygen supply.
2. Explain the risk factors related to the development of cerebrovascular disease and stroke: hypertension, diabetes, hyperlipidemia, atrial fibrillation, aneurysm, brain tumor, tobacco use.
3. Discuss the signs and symptoms of cerebrovascular disease and stroke. Explain that a Transient Ischemic Attack (TIA) is a warning sign of an impending stroke. Discuss that many different and sometimes subtle neurological deficits can be present.
4. Discuss using the mnemonic “FAST”

- a. Face droop
 - b. Arms raised/drift
 - c. Speech slurred/strange
 - d. Time less than 3 hours.
5. Discuss the importance of seeking immediate medical attention when symptoms appear. Explain that it is best to call 911 rather than try to get to a healthcare facility on one's own.

STROKE-EMS ACTIVATING THE EMERGENCY RESPONSE SYSTEM

OUTCOME: The patient/family will know the basic information needed to obtain medical help.

STANDARDS:

1. Emphasize the importance of evaluating the situation to ensure it is safe before acting. Rushing into an unsafe situation could result in the caregiver becoming a victim.
2. Emphasize the importance of not moving the patient's body unless it is an emergency because there could be injuries that are not visible which could be worsened with movement.
3. Explain the importance of calling for help or identifying someone to call for help.
4. Discuss the importance of maintaining a list of phone numbers that may be needed in an emergency.

STROKE-ETE EMERGENCY TREATMENT EDUCATION

OUTCOME: The patient/family will know the basic information needed to administer emergency treatment.

STANDARDS:

1. Emphasize the importance of calling for help or identifying someone to call for help in the event of an emergency. (**Refer to [STROKE-EMS.](#)**)
2. Discuss the appropriate treatments related to the emergency or patient's condition(s) (e.g. medications, foods, or supplies).
3. Discuss the importance of having immediate availability to emergency supplies as appropriate.
4. Discuss the importance of storage of emergency supplies as appropriate (**Refer to [STROKE-EQ.](#)**)
5. Explain the role of assessing the CABs (circulation , airway, and breathing), the role of CPR, and automatic defibrillators as appropriate.

STROKE-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

STROKE-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in recovery from a stroke.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

STROKE-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of a stroke.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of contract health services, community resources, and support services and refer as appropriate.

STROKE-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding a stroke.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding a stroke and dealing with issues.
2. Provide the help line phone number or Internet address (URL).
www.stroke.org

STROKE-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary

4. Review the community resources available for help in achieving behavior changes.

STROKE-L LITERATURE

OUTCOME: The patient/family will receive literature about a stroke.

STANDARDS:

1. Provide the patient/family with literature on a stroke, which will include:
 - a. information on how to activate the Emergency Medical System
 - b. reasons for follow-up
 - c. medication information related to stroke
 - d. risk factors for stroke
 - e. management of stroke signs and symptoms
2. Discuss the content of the literature.

STROKE-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living for adaptations after a stroke.

STANDARDS:

1. Discuss the specific lifestyle changes after a stroke. Review healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse). Discuss the benefits of a healthy lifestyle.
2. Discuss ways to optimize the quality of life after stroke. Discuss recovery as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
3. Discuss that the family may also require lifestyle adaptations to care for the patient after a stroke.
4. Refer to community services, resources, or support groups, as available.

5. Define activities of daily living (ADL) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient's ability to perform ADL affects the ability to live independently.
6. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, structuring leisure time, keeping clean, and using transportation.

STROKE-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.
6. Discuss that some medications (i.e., thrombolytics) must be given in a very narrow timeframe. An accurate account of symptoms and past medical history are vital.

STROKE-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed after a stroke.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.

3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

STROKE-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to cerebrovascular disease and stroke.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the ways to prevent future strokes: linolenic acid from walnuts, canola, and soybean oils may be protective. Encourage increased fruit and vegetable intake.
4. Explain the disease process of cerebrovascular disease and stroke as related to uncontrolled diabetes, uncontrolled hypertension, uncontrolled dyslipidemia.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

STROKE-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of having a stroke.

STANDARDS:

1. Discuss the prevention of stroke and cerebrovascular disease as related to modifiable risk factors.
2. Explain that consuming a diet low in fat, and controlling weight, lipid levels, blood glucose, and blood pressure may help to prevent a stroke.
3. Stress the importance of avoiding all tobacco use and exposure.

STROKE-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits, any significant alternatives, likelihood of success, and common and important complications of the proposed procedure. Discuss the possible results of non-treatment and any potential problems related to recuperation.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

STROKE-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to a stroke.

STANDARDS:

1. Discuss the importance and proper use of mobility devices.
2. Explain the importance of body mechanics and proper lifting techniques to avoid injury.
3. Provide information to reduce the risk of falls. Some ideas include:
 - a. wearing non-skid slippers when out of bed may prevent slipping and falling
 - b. using side rails in a safe manner, as appropriate
 - c. removing obstacles, such as throw rugs, wires/cords across the floor, objects on the floor, non-level floors, wet or moist floors, uneven carpeting, pets in the home, small children playing on the floor

STROKE-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand and third-hand tobacco smoke.

STANDARDS:

1. Explain that second-hand smoke is known as “passive smoking.” Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Quitting smoking in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Encourage smoking cessation or at least never smoking in the home or car. **Refer to [TO-QT](#).**

STROKE-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management after a stroke.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management to decrease high blood pressure and increased stress can interfere with the treatment of cerebrovascular disease and stroke.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation

- k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

STROKE-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

STROKE-TO TOBACCO

OUTCOME: The patient/family will understand the adverse health consequences of tobacco use and exposure.

STANDARDS:

1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

STROKE-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized:
 - a. Treatments may include medications (i.e., thrombolytics, anti-platelet, anti-coagulation) or procedures (stent, aneurysm clip).
 - b. Supportive care may require respiratory support. **Refer to [VENT](#).**
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

SIDS – Sudden Infant Death Syndrome

SIDS-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The parents/family will understand the behavioral, emotional, and psychological components to sudden infant death syndrome.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of SIDS.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common with SIDS, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process may incorporate traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the event.
5. Discuss the potential dangers of self-medication for emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
6. Refer to a mental health agency or provider, as appropriate.

SIDS-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The parents/family will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SIDS-HELP HELP LINE

OUTCOME: The parents/family will understand how to access and benefit from a help line or Internet website regarding sudden infant death syndrome.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding SIDS and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

SIDS-I INFORMATION

OUTCOME: The parents/family will understand sudden infant death syndrome and the factors that are associated with increased risk of it.

STANDARDS:

1. Explain SIDS.
 - a. Explain that SIDS stands for Sudden Infant Death Syndrome and also may be called crib death.
 - b. Explain that SIDS is the sudden and unexplained death of a baby under 1 year of age. Most SIDS deaths happen between 2 and 4 months of age, occur during colder months, and are more likely to involve boys than girls.
2. Explain that the cause of SIDS remains unknown and is unique.
3. Emphasize that although the incidence of SIDS is declining in the US, the rate of SIDS is highest among Native Americans and Alaska Natives.
4. Explain that several important factors are associated with an increased risk of SIDS. Factors include: sleeping positions e.g., stomach and side sleeping, exposure of infants to cigarette smoke, maternal smoking, and overheating baby while sleeping with excessive clothing and/or bedding.

SIDS-L LITERATURE

OUTCOME: The parents/family will receive literature about sudden infant death syndrome.

STANDARDS:

1. Provide the parents/family with literature on SIDS.
2. Provide the parents/family with literature on smoking cessation.
3. Discuss the content of the literature.

SIDS-P PREVENTION

OUTCOME: The parents/family will understand the factors associated with increased risk of sudden infant death syndrome and will identify measures to reduce the risk of it.

STANDARDS:

1. Discuss measures to prevent SIDS.
 - a. Explain that the back sleeping position is the safest sleep position for a baby and has been proven to reduce the risk of SIDS.
 - b. Explain that the stomach sleeping position is associated with the highest risk of SIDS. Emphasize tummy time is for babies who are awake and being monitored and is important for infant development and will make neck and shoulder muscles stronger. Remember, “Back to Sleep, Tummy to Play.”
 - c. Explain that side sleeping is not as safe as back sleeping and is not advised. Babies who sleep on their sides can roll onto their stomachs and have an increased risk of SIDS.
2. Explain that when a baby sleeps only in the back position, some flattening of the back of the head may occur.
 - a. Explain that flattening spots of the head are not harmful or associated with any permanent effects on head size and will go away a few months after the baby learns to sit up.
 - b. Explain that flattening of the head can be prevented by alternating the head of the bed to the foot of the bed on alternate nights.
3. Explain that breast-fed babies have a much lower rate of SIDS.
4. Encourage the client to be receptive to home visits by public health nurses because this has been associated with a lower risk of infant deaths.
5. Discuss that maternal smoking and second-hand smoke have been shown to increase the risk of SIDS.

SIDS-S SAFETY

OUTCOME: The parents/family will understand the safety measures that can reduce the risk of sudden infant death syndrome.

STANDARDS:

1. Explain the safest place for a baby to sleep is in a crib on a firm mattress.
 - a. Discuss that placing a baby to sleep on soft surfaces can increase the risk of SIDS. e.g., mattresses, sofa cushions, and waterbeds.
 - b. Discuss the hazards in letting babies sleep on adult beds, e.g., falls, suffocation, and getting trapped between the bed and wall.
 - c. Explain that beds are not designed to meet safety standards for infants.
2. Discuss infant overheating.
 - a. Discuss potential hazards of infant overheating.

- b. Encourage sleep clothing such as an infant sleeper or a wearable sleep blanket, so no other covering is needed (use no more than 2 layers of clothing).
 - c. Encourage a sheet or thin blanket. Tuck it in, reaching only as far as the baby's chest. Room temperature should be comfortable.
3. Explain that propping bottles is not safe.

SIDS-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand and third-hand tobacco smoke.

STANDARDS:

1. Explain that second-hand smoke is known as "passive smoking." Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Quitting smoking in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Encourage smoking cessation or at least never smoking in the home or car.

SIDS-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in sudden infant death syndrome.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in SIDS.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals

- e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from, everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

SI - Suicidal Ideation and Gestures

SI-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications to suicide and suicidal ideation.

STANDARDS:

1. Explain that the most obvious and tragic complication to suicidal ideation and gestures is death, especially when SI and associated depression are left untreated or when the individual is disinhibited under the influence of drugs and alcohol.
2. Explain that suicidal ideation and attempts often create emotional upheaval in the extended family system, and that completed suicides may result in cluster suicides among family, friends, and community members.
3. Explain that suicidal ideation usually reflects an underlying emotional or mental disorder, and that intrusive thoughts of suicide may be disturbing or debilitating to both the patient and families, and may interfere with normal daily functioning.
4. Explain that suicidal gestures and attempts can result in unforeseen physical and medical injuries due to incomplete suicides, including brain damage and organ failure from surviving gunshot wounds, drug toxicity, and hanging.

SI-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Discuss any conflict that may exist regarding traditional beliefs regarding suicide, including taboos around discussing the topic. Discuss ways of addressing suicide in a culturally appropriate manner.
3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SI-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the origins and process of suicidal ideation, gestures, and behaviors.

STANDARDS:

1. Discuss that suicidal thoughts rarely arise outside the context of other diagnoses, such as depression or substance abuse. In fact, suicidal ideation is a common symptom of major depressive disorder, manic episodes, and psychosis.
2. Explain that suicidal thoughts come and go, and may be exacerbated by internal or external stressors, by substance abuse, or by another mental health condition.
3. Explain that thoughts of suicide is always a concern, even if not acted upon, and needs to be addressed with a mental health professional.
4. Explain that suicidal gestures, such as cutting, burning, or carving one's own skin, although not always intentionally suicidal in nature, share the same underlying mechanisms and etiologies, progress over time, and have the same potentially dangerous outcome.

SI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up after any instances of experiencing suicidal ideation and gestures.

STANDARDS:

1. Explain that suicidal ideation rarely, if ever, goes away without treatment, and that these thoughts need to be addressed by a mental health profession as soon as possible. Emphasize the importance of follow-up care, even the suicidal thoughts temporarily subside.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Discuss the importance of outpatient follow up after discharge from psychiatric hospital.
4. Discuss the signs/symptoms that should prompt immediate follow-up, including warning signs (**refer to [SI-P](#)**).
5. Discuss the availability of community resources and support services and refer as appropriate.

SI-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help/crisis intervention line.

STANDARDS:

1. Explain that a help/crisis intervention line may assist in dealing with an immediate crisis.
2. Provide the help/crisis intervention line phone number and hours of operation, such as a local crisis hotline or the national hotline 1-800-.273-TALK or www.suicidepreventionlifeline.org.
3. Explain how the help/crisis intervention line works and what can be expected from calling and/or participating in the services.

SI-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.
5. Explain other ways the patient can use to feel better:
 - a. Talk to a trusting friend.
 - b. Try to figure out the cause of one's worries.
 - c. Understanding one's feelings will understand other ways for dealing with anger or depression.
 - d. Write down a list of good things accomplished. Remember them and even read the list out loud when feeling bad.
 - e. Do not shut out others, be with other people for support and encouragement as much as possible.

SI-L LITERATURE

OUTCOME: The patient/family will receive literature about suicidal ideation and gestures.

STANDARDS:

1. Provide the patient/family with literature on suicidal ideation and gestures.
2. Discuss the content of the literature.

SI-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SI-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of acting on suicidal ideation.

STANDARDS:

1. Discuss the importance of removing all means of committing suicide, including firearms, knives, and other weapons, as well as dangerous medications. Discuss the importance of finding a family member or friend to hold any medications that have the potential for overdose, and to give them daily to the patient as prescribed.
2. Explain the importance of treating the underlying condition or the suicidal thoughts will likely return repeatedly in the future.

3. Discuss the warning signs and risk factors of depression and suicidal ideation, the need for the patient and family to become familiar with them, and to seek help accordingly. These warning signs and risk factors include:
 - a. talking about suicide
 - b. stockpiling medications or obtaining weapons
 - c. history of previous suicide attempts or presence of a mental health diagnosis
 - d. changes in behavior, including social isolation, increased use of alcohol and drugs, changes in sleeping or eating routines, mood swings
 - e. giving away belongings or saying “goodbye” to friends and family as if for the last time
 - f. risky or self-destructive behaviors
 - g. poor eye contact, and unusual and excessive crying spells
4. Help the patient to gain awareness of thoughts and control over behaviors:
 - a. Discuss the difference between having thoughts and acting on them.
 - b. Explain that suicidal ideation is often accompanied by distortions in thinking and beliefs, such as believing that one’s family would be better off without the patient or that one’s problems will continue to worsen throughout life.
 - c. Encourage the patient to seek help when suicidal thoughts arise, including police, emergency room visits, safety contracts, and suicide hotlines (**refer to [SI-HELP](#) and [SLS](#)**).
 - d. Discuss the danger of hurting one’s self out of anger, especially during adolescence.
5. Reassure the patient. Reinforce the fact that the patient is not alone and can be helped.

SI-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to suicidal ideation and gestures.

STANDARDS:

1. Discuss the safety plan/contract with the patient, including no-harm contract and local resources and phone numbers, in case the condition worsens or the urge to hurt oneself increases.
2. Discuss the potential and process of voluntary or involuntary hospitalization should the patient have difficulties staying safe or refraining from acting on the impulses to hurt oneself.
3. Explain that local police may also be available to assist in transportation and safety compliance.

SI-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in suicidal ideation and gestures.

STANDARDS:

1. Explain that effective stress management may help reduce the severity of the symptoms of depression and of suicidal behavior.
2. Explain seeking professional help to improve the health and well-being of the patient is often necessary.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as overeating, all of which can increase the severity of the depression or the risk of suicidal/homicidal behaviors.
4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
5. Provide referrals as appropriate.

SI-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for suicidal thoughts and behaviors, as well as any underlying conditions.

STANDARDS:

1. Explain that the treatment for suicidal ideation is usually directed toward associated conditions, including depression (**refer to DEP-TX** in Volume II of this manual set), bipolar disorder (**refer to BD-TX** in Volume II of this manual set), substance abuse (**refer to AOD-TX** in Volume II of this manual set), or psychosis (**PSYD-TX** in Volume IV of this manual set).
2. Discuss that there may be an initial crisis stabilization period followed by a longer period of psychotherapy and lifestyle adjustments. Discuss the potential and process of voluntary or involuntary hospitalization should the patient have difficulties staying safe or refraining from acting on the impulses to hurt oneself.
3. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone. The patient has a right to choose either option or both, and that the patient's active participation in the treatment decisions is critical to a good outcome.
4. Explain that therapists have different styles and orientations for treating suicidal ideation and the underlying conditions, and that no one approach has been shown to be more effective than others, although some styles may suit the patient better.

SUN - Sun Exposure

SUN-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with excessive sun exposure.

STANDARDS:

1. Discuss common complications of associated with excessive sun exposure includes sun burns, skin cancers, and premature aging of the skin.
2. Explain that sunburns before the age of 18 are more likely to cause skin cancers later on in life.
3. Discuss the five ABCDE warning signs of malignant melanoma:
 - a. Asymmetry – one-half of the mole or lesion differs from the other half
 - b. Border – the border of the mole or lesion is irregular, scalloped or underlined
 - c. Color – color varies from one area to another within the mole or lesion
 - d. Diameter – the mole or lesion is larger than 6mm across – about the size of a pencil eraser
 - e. Evolving – changes over time in size, color, shape, or signs and symptoms, such as new itchiness or bleeding
4. Explain that complications of sun burn may include dehydration, pain, redness, swelling, and some blistering. Secondary infections from sunburns may result from sunburns that blister and peel. Because sun burn often affects a large area, it can also cause headache, fever, and fatigue.

SUN-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology of overexposure to the sun or other UV radiation/light.

STANDARDS:

1. Explain that UV, or ultraviolet, rays are the sun's invisible burning rays. The two types of ultraviolet radiation, ultraviolet A (UVA) and ultraviolet B (UVB), have an effect on your skin and can impair your skin's DNA repair system that may contribute to cancer.
2. Explain that UVA rays are a deeper penetrating radiation that contributes to premature aging and wrinkle formation. It causes the leathery, sagging, brown-spotted skin. UVA can also penetrate window glass, including car windows. Tanning beds are a source of high doses of UVA.

3. Explain that UVB rays cause sunburn and have been linked to the development of skin cancer. Window glass filters out UVB rays.
4. Explain that the first step is to determine the degree and the extent of damage to body tissues. Damage from the sun is usually limited to first and second degree burns:
 - a. First-degree burns are those in which only the outer layer of skin (epidermis) is burned. The skin is usually red, with swelling and pain sometimes present. The outer layer of skin hasn't been burned through. Treat a first degree burn as a minor burn unless it involves substantial portions of the hands, feet, face, or other large areas of the body.
 - b. Second-degree burns are when the first layer of skin has been burned through and the second layer of skin (dermis) also is burned. Blisters develop and the skin takes on an intensely reddened, splotchy appearance. Second-degree burns produce severe pain and swelling.

SUN-L LITERATURE

OUTCOME: The parent(s) and family will receive literature appropriate to the type and degree of the sunburn.

STANDARDS:

1. Provide the parent(s) and family with literature on first and second-degree burns.
2. Discuss the content of the literature.

SUN-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to prevent complications of sunburn.

STANDARDS:

1. Explain that regardless of age and skin pigmentation, all people are at risk for sun damage to their skin and should wear sunscreen. **Refer to [SUN-P](#).**
2. Explain that the UV content of sunlight varies depending on various factors. Emphasize the need to adapt outdoor activities and/or take appropriate protective measures with consideration for these factors. **Refer to [SUN-P](#).**
 - a. Time of day (UV content greatest between 11am and 4 pm)
 - b. Season (UV content greatest May - August)
 - c. Altitude (UV content greatest at higher altitudes)
 - d. Exposure time (longer exposure, higher risk of sunburn)
 - e. Surfaces (snow, sand, and water are highly reflective surfaces)

3. Discuss the importance of setting up a schedule to routinely check the skin for changes, for example, on one's birthday. Contact the doctor if anything changes, grows, or bleeds on the skin.
4. Explain the importance of eliminating the use of alcohol and other drugs when participating in outdoor activities because they can impair judgment and interfere with sound decision-making.

SUN-P PREVENTION

OUTCOME: The patient/family will understand the factors associated with an increased risk of sunburns, how to lower the risk of sunburn, and how to prevent complications.

STANDARDS:

1. Explain that consistent use of sunscreen each and every day, year around is the key to preventing sunburn, sun damage, and skin cancer. Emphasize the importance of protecting infants, children, and youth. Apply appropriately:
 - a. Apply liberally before going outside (at least 30 minutes prior) to cover all exposed areas of the body including neck, ears, lips, and exposed scalp.
 - b. Reapply (even if water resistant) every 90 minutes, including on cloudy days and after swimming or sweating.
2. Discuss what to look for when purchasing sunscreen to ensure protection:
 - a. Ensure that the product is a broad spectrum sunscreen offering both UVA and UVB protection.
 - b. Ensure that the minimum level of SPF (Sun Protection Factor) rating purchased is SPF 15. The SPF rating indicates how much longer a person wearing sunscreen can stay in the sun before beginning to burn compared to uncovered skin. For example, SPF 15 means it will take 15 times longer to burn when wearing this sunscreen.
3. Discuss the need to avoid using tanning beds. There is no such thing as a safe tan. Tanning beds aren't safe, and they may cause skin cancer.
4. Explain that if a tan is desired, consider use of one of the many "bronzers" available at cosmetic counters. Emphasize that sunscreen must be used over the "bronzer" because bronzers usually do not contain sunscreens.
5. Discuss additional things that offer sun protection for work or play:
 - a. Wear a broad-brimmed hat
 - b. Wear light-colored clothing that covers exposed skin
 - c. Wear wraparound UVA- and UVB-rated sunglasses
 - d. Limit outdoor activities to the early morning or late afternoon when possible

SUN-TX TREATMENT

OUTCOME: The patient/family will understand the importance of treating the discomforts of sunburn and when to seek appropriate medical care.

STANDARDS:

1. Discuss tips for treating sunburn:
 - a. Take a cool bath or shower or apply cool compresses.
 - b. Apply an aloe vera lotion several times a day.
 - c. Leave blisters intact to speed healing and to avoid infection. If they burst, apply an antibacterial ointment on the open areas and cover with a sterile gauze bandage.
 - d. Take a mild over-the-counter analgesic for discomfort.
 - e. Drink plenty of water or other non-caffeinated beverages.
2. Explain that severe sunburn may require and benefit from medical attention. Seek medical attention if the following conditions accompany sunburn:
 - a. Fever over 101°F
 - b. Fluid-filled blisters over half of the affected body part
 - c. Dizziness
 - d. Visual difficulties
 - e. Severe pain
 - f. Infants less than 1 year of age with fever, blisters, pain
3. **Refer to BURN**(in Volume II of this manual set).

SUP – Supplements, Nutritional/Herbal

SUP-C COMPLICATIONS

OUTCOME: The patient/family will understand that the intake of some vitamins, minerals, herbals, or other supplements may cause adverse effects.

STANDARDS:

1. Discuss common complications of excessive use of some vitamins, minerals, and other supplements.
 - a. Explain that excessive use of vitamins, minerals, or other supplements may have toxic effects.
 - b. Explain how these may interfere with medications. Inform the provider about all supplements.
2. Discuss the signs/symptoms of toxicity as it relates to the patient.
3. Refer to registered dietitian, physician, and pharmacist for specific recommendation and information.

SUP-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SUP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for supplements.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.

3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of purchased/referred care, community resources, and support services and refer as appropriate.

SUP-I SUPPLEMENT INFORMATION

OUTCOME: The patient/family will understand the indication for supplements including the specific disease process most influenced with the prescribed supplement. Side effects and/or negative outcomes will be reviewed in regard to over supplementation.

STANDARDS:

1. Explain that a dietary supplement is a product that is intended to supplement the diet with vitamins and minerals but may also contain less familiar substances such as herbals, botanicals, amino acids, and enzymes.
2. Explain that dietary supplements are not intended to treat, diagnose, mitigate, prevent, or cure disease.
3. Explain the indication for supplementation. discuss supplements which may be appropriate for this patient's disease state, condition, or medication regimen, including any supplements that may be contraindicated in this disease state, condition, or medication regimen.

SUP-L LITERATURE

OUTCOME: The patient/family will receive literature about supplements.

STANDARDS:

1. Provide the patient/family with literature on supplements.
2. Discuss the content of the literature.

SUP-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.

2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SUP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for supplements.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

SUP-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to nutritional supplements.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain the benefits of nutritional supplements.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

SUP-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to supplements.

STANDARDS:

1. Discuss the use, interactions, and indications of supplements. Provide a list of all supplements to the provider.
2. Explain that unlike medications, dietary supplements are not approved by the FDA for safety and effectiveness.

SPE - Surgical Procedures and Endoscopy

SPE-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the procedure.

STANDARDS:

1. Explain the normal anatomy and physiology of the body part involved in the procedure.
2. Discuss the changes to anatomy and physiology as a result of the procedure.
3. Discuss the impact of these changes on the patient's health or well-being.

SPE-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of the proposed procedure.

STANDARDS:

1. Discuss the common and important complications of the proposed procedure.
2. Discuss alternatives to the proposed procedure.

SPE-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

SPE-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

SPE-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in surgical procedures and endoscopy.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of contract health services, community resources, and support services and refer as appropriate.

SPE-INF INFECTION CONTROL

OUTCOME: The patient/family will receive information regarding the importance of infection control as it relates to the procedure.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.

- b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
 2. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
 3. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections. (**Refer to [SPE-WC](#).**)
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to [UCATH](#) and [VENT-VAP](#).**
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., MRSA, influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
 4. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate:
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea
 - d. **refer to ABX** (in Volume II of this manual set)

SPE-IS INCENTIVE SPIROMETRY

OUTCOME: The patient/family will understand the reason for use of the incentive spirometer and demonstrate appropriate use.

STANDARDS:

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.
2. Explain the method of use.
3. Instruct the patient to repeat this maneuver as frequently as prescribed.

SPE-L LITERATURE

OUTCOME: The patient/family will receive literature about surgical procedure or endoscopy.

STANDARDS:

1. Provide the patient/family with literature on surgical procedure or endoscopy.
2. Discuss the content of the literature.

SPE-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SPE-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the procedure and patient and may be multifaceted. **Refer to [PM](#).**
3. Explain that short term use of narcotics may be helpful in pain management as appropriate.
4. Explain that other medications may be helpful to control the symptoms of pain.
5. Explain that administration of fluids may be helpful with pain relief and resolution of symptoms.
6. Explain non-pharmacologic measures that may be helpful with pain control.

SPE-PM POSTOPERATIVE

OUTCOME: The patient/family will be knowledgeable about the post-operative course and home management as appropriate.

STANDARDS:

1. Review the post-op routine.
2. Discuss the symptoms of complications.
3. Review the plan for pain management.
4. Discuss the home management plan in detail, including hygiene, activities, incision care, diet, medications, signs or symptoms which should prompt re-evaluation, follow-up, and any referrals.
5. Explain the need for a designated driver due to medication side effects.
6. Emphasize the importance of full participation with the plan for follow-up care.

SPE-PR PREOPERATIVE

OUTCOME: The patient/family will be prepared for surgery or other procedure.

STANDARDS:

1. Explain the pre-operative preparation, e.g., bathing, bowel preps, diet instructions, smoking cessation, discontinuation of certain medications.
2. Explain the proposed surgery or other procedure, including anatomy and physiology, alteration in function, risks, benefits, etc.
3. Explain the need for a designated driver after the procedure due to medication side effects.

4. Explain the usual pre-operative routine for the patient's procedure.
5. Explain that before the procedure begins, the patient may be asked to verify the proposed surgery and participate in marking the surgical site.
6. Discuss what to expect after the procedure, including pain management as appropriate.

SPE-PRO PROCEDURES

OUTCOME: The patient/family will understand the proposed procedure, including indications, complications, and alternatives, as well as possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

SPE-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making

- f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SPE-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.
2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound. Refer as appropriate.

SYN - Syncope

SYN-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to syncope.

STANDARDS:

1. Explain the normal anatomy and physiology of the heart and brain.
2. Discuss the changes to anatomy and physiology as a result of syncope.
3. Discuss the impact of these changes on the patient's health or well-being.

SYN-DP DISEASE PROCESS

OUTCOME: The patient/family will understand syncope.

STANDARDS:

1. Discuss that syncope is the most common cause of fainting.
2. Explain that syncope is a sudden, usually temporary, loss of consciousness generally caused by insufficient oxygen to the brain either through cerebral hypoxia or through hypotension, but possibly for other reasons.
3. Explain that pooling of blood in the legs also results in a decrease in blood pressure.
4. Explain that the symptoms that may precede syncope may include:
 - a. pale appearance of the skin
 - b. nausea
 - c. light-headedness
 - d. feeling of warmth
 - e. cold, clammy sweat
 - f. confusion or disorientation
5. Explain that the body reacts in an exaggerated way to triggers that result in syncope. Explain that the common triggers for syncope may include:
 - a. standing for long periods of time
 - b. heat exposure
 - c. low blood sugar
 - d. unpleasant sights or smells

- e. having blood drawn or getting shots
- f. fear of bodily injury
- g. during urination, defecation, or coughing
- h. intense emotion or pain
- i. hyperventilation

SYN-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medication device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

SYN-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in syncope.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.

5. Refer to community resources as appropriate.

SYN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of syncope.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

SYN-L LITERATURE

OUTCOME: The patient/family will receive literature about syncope.

STANDARDS:

1. Provide the patient/family with literature on syncope.
2. Discuss the content of the literature.

SYN-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for recurrent syncope.

STANDARDS:

1. Discuss the lifestyle changes specific to recurrent syncope.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Explain that if the patient feels an episode of syncope is presenting, the patient should be instructed to lie down and lift the legs or sit and put the head between the legs.
5. Refer to community services, resources, or support groups, as available.

SYN-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Explain that beta blockers, SSR antidepressants and blood vessel constrictors may be beneficial in the treatment of syncope.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation in the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

SYN-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing syncope.

STANDARDS:

1. Discuss the identifying warning signs of syncope. **Refer [SYN-DP](#).**
2. Explain that if the patient feels an episode of syncope is presenting, the patient should be instructed to lie down and lift the legs or sit and put the head between the legs.
3. Explain the importance of staying hydrated or avoiding long periods of standing.
4. Discuss the strategies to avoid low blood sugar.

SYN-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

SYN-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to syncope.

STANDARDS:

1. Discuss the strategies to prevent injuries as a result of syncope.
2. Explain that the patient may fall unexpectedly.
3. Discuss driving or operating other types of equipment if syncope is recurrent.

SYN-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in syncope.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in syncope.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals

- e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

SYN-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

SYN-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for syncope.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.

- a. exercising the foot to prevent pooling of blood in the legs
 - b. wearing elastic stockings
 - c. tensing leg muscles while standing
 - d. avoiding prolonged standing especially in hot, crowded place
 - e. drinking plenty of water
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
 4. Discuss the importance of maintaining a positive mental attitude.

T**TICD – Tic Disorders****TICD-C COMPLICATIONS**

OUTCOME: The patient/family will understand the potential complications to tic disorders.

STANDARDS:

1. Discuss that tic disorders are frequently associated with social discomfort, shame, self-consciousness, and depressed mood, which may impair academic, occupational, or social functioning because of rejection by others or anxiety about having tics in social situations.
2. Discuss that the most common complications of Tourette’s disorder are obsessions and compulsions, and that hyperactivity, distractibility, and impulsivity are also relatively common.
3. Explain that tics may directly interfere with daily activities, such as reading and writing.
4. Discuss that rare complications of Tourette’s Disorder include physical injury, such as blindness due to retinal detachment (from head banging or striking oneself), orthopedic problems (from knee bending, neck jerking, or head turning), and skin problems (from picking).
5. Explain that obsessive-compulsive disorder (**refer to OCD** in Volume IV of this manual set), attention-deficit/hyperactivity disorder (**refer to ADHD** in Volume II of this manual set), and learning disorders (**refer to LD** in Volume III of this manual set) may be associated with Tourette’s disorder.

TICD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.

2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

TICD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and the course of tic disorders.

STANDARDS:

1. Explain that tic disorders are neurological disorders characterized by sudden, rapid, recurrent, nonrhythmic, stereotyped motor movements or vocalizations that cannot be controlled, although they sometimes can be suppressed for varying lengths of time. Describe the different types of tics:
 - a. Common **simple motor tics** include eye blinking, neck jerking, shoulder shrugging, facial grimacing, and coughing.
 - b. Common **simple vocal tics** include throat clearing, grunting, sniffing, snorting, or barking.
 - c. Common **complex motor tics** include facial gestures, grooming behaviors, touching, jumping, stamping, and smelling an object.
 - d. Common complex vocal tics include repeating words or phrases out of context, coprolalia (use of socially unacceptable, and frequently obscene words), palilalia (repeating one's own sounds or words), and echolalia (repeating the last sound, word, or phrase).
2. Explain the symptoms and course of the tic disorder under consideration:
 - a. **Tourette's Disorder** is the most severe, and is diagnosed when both multiple motor tics and one or more vocal tics have been present (although not necessarily concurrently) nearly every day or intermittently for over one year and without a tic-free period of more than 3 consecutive months.
 - b. **Chronic Motor or Vocal Tic Disorder** is diagnosed when single or multiple motor or vocal tics, but not both, have been present nearly every day or intermittently for over one year and without a tic-free period of more than 3 consecutive months.
 - c. **Transient Tic Disorder** is diagnosed when single or multiple motor and/or vocal tics are present nearly every day for at least 4 weeks, but no longer than 12 consecutive months.
 - d. **Tic Disorder Not Otherwise Specified (NOS)** is diagnosed for individuals who experience tics, but do not meet criteria for a specific tic disorder.

3. Explain that stress, anxiety, and certain physical acts, including writing, may exacerbate or trigger tics. Explain that CNS stimulants may exacerbate the severity of tics.
4. Explain that tic disorders are hereditary and involve a genetic vulnerability or predisposition, specifically an autosomal dominant disorder. Explain that tic disorders are neither a progressive nor degenerative disorder, and symptoms tend to be variable and follow a chronic waxing and waning course throughout an otherwise normal life span. The duration of the disorder is life-long, although treatment may help to reduce the frequency and severity of tics.
5. Explain that the diagnosis requires the age of onset must be before 18 years old, and that the disorder causes marked distress or impairment in social, occupational, or other important area of functioning.
6. Explain that tic disorders are not due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease).

TICD-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in treating and coping with tic disorders.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan, including the risk of triggering tics, and the potential solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

TICD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of tic disorders and associated conditions.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.

4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

TICD-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding tic disorder.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding tic disorder and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

TICD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

TICD-L LITERATURE

OUTCOME: The patient/family will receive literature about tic disorders.

STANDARDS:

1. Provide the patient/family with literature on tic disorders.
2. Discuss the content of the literature.

TICD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for adjusting to tic disorders, and improving treatments.

STANDARDS:

1. Discuss the lifestyle changes for the patient and family specific to tic disorders that may help to reduce the frequency and severity of tics:
 - a. Learn stress management techniques to reduce the anxiety that may exacerbate tics. **Refer to [TICD-SM](#).**
 - b. Notice when the patient's tics get worse, write them down to track them and help identify triggers, and ultimately help the patient work through or avoid them. Try to do so without creating more stress for the patient.
 - c. Don't treat tics of the family member as willful behavior, remember that tics cannot be controlled, and learn methods to cope with the frustrations that they cause.
 - d. Alternate household tasks with free time.
 - e. Reassure a family member by remaining calm and helping the patient to relax.
 - f. Parents can encourage a child with a tic disorder to increase responsibilities only at the patient's own pace.
 - g. Parents may collaborate with teachers to develop accommodations at school, including more time for tests, provide a seat with little distraction and some privacy, allow for frequent rest periods when needed, allow patient to leave room if necessary to allow the tics to occur in private, and finding teachers who discourage teasing by responding quickly and firmly whenever it occurs.
 - h. Set a good example of accepting the family member with the tic disorder.
 - i. Provide tutoring, learning laboratories, or special classes, if needed.
 - j. Join the psychotherapy with the patient to help meet the treatment goals.
2. Discuss ways to optimize the quality of life.
3. Refer to community services, resources, or support groups, as available.

TICD-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

TICD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in reducing the frequency and severity of tics.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect, and possibly trigger tics.
2. Explain the role of effective stress management in reducing the frequency and severity of tics.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation

- k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

TICD-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

TICD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for tic disorders.

STANDARDS:

1. Explain that there is currently no cure for tic disorders, and that treatment for tic disorders is focused on managing tics and helping the patient and family to cope with them.
2. Explain that most individuals with tic disorders have mild cases that may not require treatment, but simply may require extra support or accommodations to reduce the potential of triggering tics, such as more time to complete school tests.
3. Explain that patients often require treatment of associated conditions, such as depression (**refer to DEP-TX** in Volume II of this manual set), obsessive-compulsive disorder (**refer to OCD-TX** in Volume IV of this manual set) or attention-deficit/ hyperactivity disorder (**refer to ADHD- TX** in Volume II of this manual set), which may exacerbate the severity and frequency of tics.
4. Explain that therapists have different styles and orientations for treating TICD, and that no one approach has been shown to be more effective than others, although some styles may suit the patient better.
 - a. Explain that behavioral therapies, such as habit reversal, may be useful in reducing tics in severe cases.

- b. Explain that medications may be useful for some individuals in reducing frequency and severity of tics. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient/parents.
5. Explain that active participation in the treatment by the patient and family is required for the identification of specific target problems that need to be addressed in therapy, which may vary from one environment to the other, such as home and school.
6. Explain the lifestyle changes that are an important part of treatment (**refer to [TICD-LA](#)**).

TO - Tobacco Use

TO-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to tobacco use.

STANDARDS:

1. Explain that tobacco use alters the normal anatomy and physiology of the entire body, including the fetus of a pregnant woman.
2. Discuss the changes to anatomy and physiology as a result of tobacco use.
 - a. When a person inhales cigarette smoke, the nicotine in the smoke is rapidly absorbed into the blood and starts affecting the brain. The result is the release of adrenaline. Adrenaline increases a person's heart rate, blood pressure, and restricts blood flow to the heart muscle. When this occurs, the smoker experiences rapid, shallow breathing, and the feeling of a racing heartbeat. Adrenaline also instructs the body to dump excess glucose into the bloodstream.
 - b. The nicotine in tobacco moves from the lungs or the gums, into the bloodstream and then on to harm various organs and systems within the body. Within 7-10 seconds after inhaling, the nicotine triggers a number of chemical reactions in the brain that create temporary feelings of pleasure for the tobacco user.
3. Discuss the impact of these changes on the patient's health or well-being.

TO-C COMPLICATIONS

OUTCOME: The patient/family will understand the slow progression of disease and disability resulting from tobacco use and its effect on family members.

STANDARDS:

1. Discuss the common problems associated with tobacco use and the long term effects of continued use of tobacco, e.g., COPD, numerous kinds of cancers including lung cancer, increased risk of neuropathy, cardiovascular disease, dental disease, impotence, infertility, lower healing rate, placental insufficiency, low birth weight, and fetal demise.
2. Discuss that tobacco use causes damage to the entire body and results in numerous chronic diseases, many of which are irreversible and debilitating.
3. Review the effects of tobacco use on all family members. e.g., second-hand smoke, tobacco use increases the risk for SIDS deaths, financial burden, greater risk of house fires, motor vehicle accidents, and early death.

4. Review the effects of second-hand smoke and associated risks, e.g., increased risk of SIDS, exacerbation of asthma, increased risk of infection, early death. **Refer to [TO-SHS](#).**
5. Discuss, as appropriate, that tobacco mixed with any other substance may be more dangerous and may cause more complications, e.g., ash or other chemicals.

TO-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Encourage the patient to understand the difference between the cultural aspects of tobacco while recognizing the potential for the abuse of commercial tobacco. Tobacco has been used for many generations as offerings to the spirits, for planting, for gathering food, as a medicine for healing, and for ceremonies. The sacred uses of tobacco are different for many tribes but a basic truth remains, tobacco should only be used for prayer, protection, respect, and healing.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are interactions with prescribed treatment.
3. Refer to clergy services, traditional healers, or other culturally appropriate resources.

TO-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the slow progression of disease and disability associated with tobacco use.

STANDARDS:

1. Explain that tobacco use harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general because cigarettes, chewing tobacco, and other tobacco products contain many harmful chemicals. **Refer to [TO-C](#).** Examples of harm from tobacco use include:
 - a. Smoking increases the carbon monoxide levels; carbon monoxide is harmful to the body and increases the chance of cardiovascular diseases.
 - b. Smoking reduces the oxygen levels in the body.
 - c. Tobacco use causes destruction of the nerve ending.
 - d. Nicotine also inhibits the release of insulin from the pancreas, a hormone that is responsible for removing excess sugar from a person's blood. This leaves the smoker in a slightly hyperglycemic condition.

2. Explain nicotine addiction. Discuss that nicotine is rapidly addictive and an exceedingly difficult addiction to break.
 - a. Nicotine activates the same reward pathways in the brain that other drugs of abuse do, such as cocaine or amphetamines.
 - b. Nicotine increases the level of dopamine in the brain, a neurotransmitter that is responsible for feelings of pleasure and well-being. The acute effects of nicotine wear off within minutes, so people must continue dosing themselves frequently throughout the day to maintain the pleasurable effects of nicotine and to prevent withdrawal symptoms.
3. Explain that most patients require many attempts to stop tobacco use for life.

TO-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in this patient's disease process and will make a plan to increase regular activity by an agreed-upon amount.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss that moderately intense exercise may help patients better cope with tobacco withdrawal symptoms and may be useful as an aid to smoking cessation. Exercise can also reduce restlessness, stress, tension, and poor concentration after exercise.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Encourage the patient to increase the intensity and duration of the activity as the patient becomes more fit.
5. Discuss the appropriate frequency, intensity, time, and type of activity.
6. Refer to community resources as appropriate.

TO-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of nicotine addiction, and the risk of relapse, prevalence, and prevention techniques. Refer to the 5A Approach (Ask, Advise, Assess, Assist, Arrange).

STANDARDS:

1. Emphasize the importance of maintaining contact for follow-up care. Tobacco cessation requires support from healthcare providers, family, and friends.
2. Review the health benefits of long-term cessation and discuss the personal reasons/motivations for quitting.

3. Schedule follow-up visits to review progress toward quitting. If a relapse occurs, encourage the patient to repeat the quit attempt. Review the circumstances that caused the relapse. Use relapse as a learning experience.
4. Discuss the risks related to relapse (e.g. depression, weight gain, alcohol use, stress, traumatic life events, contact with other tobacco users) and provide support for managing these risks. Explain that more frequent follow-up is recommended during the first six months of tobacco cessation.
5. Review medication use and side effects, and discuss the signs/symptoms that should prompt immediate follow-up.
6. Discuss the availability of community resources and support services and refer as appropriate.

TO-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a telephone tobacco help line, also known as a quit line. Refer to the 5A Approach (Ask, Advise, Assess, Assist, Arrange).

STANDARDS:

1. Explain to the patient/family that a help/quit line will enable the patient to talk with a specialist who can help in choosing an individualized tobacco use quit plan which may include various types of treatment such as group or individual counseling and/or medications.
2. Explain that people who use telephone counseling stop using tobacco at a much higher rate than those who don't get this type of help.
3. Provide the patient with the help/quit line phone number and hours of operation or assist the patient in calling the quit line during the patient encounter. Recommend toll free 1-800-QUIT NOW (1-800-784-8669), the national access number to state-based quit line services.
4. Explain how the help/quit line works and what the patient can expect from calling and/or participating in the services.

TO-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it applies to tobacco use.

STANDARDS:

1. Discuss hygiene as part of a positive self-image.
2. Explain that tobacco use can lead to older appearance, wrinkles on the skin, bad breath, stained teeth, and a bad smell on clothing.

3. Review bathing, dental hygiene, and laundry/house cleaning (to reduce tobacco residue/odor).
4. Review the importance of daily dental hygiene, with attention to brushing and flossing.
5. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.

TO-L LITERATURE

OUTCOME: The patient/family will receive literature about tobacco use or cessation.

STANDARDS:

1. Provide the patient/family with literature on tobacco use or cessation.
2. Discuss the content of the literature.

TO-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will see tobacco abstinence as a way of life.

STANDARDS:

1. Discuss the patient's use/abuse of tobacco and ways to change the behavior that will help the patient to resist the urge to use tobacco.
2. Discuss tips for stress relief and "healthy replacement habits." Learn new skills and behaviors to relieve the stress of addiction:
 - a. get rid of things that makes the patient think about using tobacco
 - b. throw away cigarettes, lighters, and ashtrays
 - c. do things to take the mind off tobacco
 - d. engage in moderately strenuous exercise
 - e. take a walk or call a friend when there is the urge to use tobacco
 - f. try to lower stress and stay relaxed

TO-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the common medications for tobacco cessation: nicotine replacement (patch, gum lozenge, nasal spray) and other prescription medications.

- a. Explain that medications can help only if the patient is ready to quit and that medications work best in conjunction with counseling and lifestyle-modification education.
- b. Explain that some medications may not work right away but will require a few days to a few weeks to take effect.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

TO-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed in tobacco use.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

TO-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and tobacco use.

STANDARDS:

1. Explain the importance of healthy eating habits and for optimal health.
2. Explain that vitamin C requirements are higher for smokers. Vitamin C sources include: citrus fruits, strawberries, cantaloupe, spinach.
3. Refer to a registered dietitian for MNT as needed.

TO-P PREVENTION

OUTCOME: The patient/family will understand tobacco use prevention.

STANDARDS:

1. Discuss risk factors for tobacco use, e.g., parents/family/friends who use tobacco, peer/social pressure, stress, environments that are conducive to use of tobacco (bars, casinos, rodeos), availability of cigarettes.
 - a. Change in social networks, living arrangements, school, and work settings increase susceptibility to tobacco use.
 - b. Caution patients that even experimental tobacco use can become addictive because as we grow and our lives change, we face changes in our lives such as relationships, parenthood, jobs – and tobacco may either be rejected or become an established addiction.
 - c. Parents should serve as good role models for their children. Children of parents who use tobacco will most likely use tobacco also.
2. Discuss methods (as appropriate to this patient) to avoid ever using tobacco.

TO-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.

3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
5. Refer to medical and psychosocial support services for any risk factor identified.

TO-QT QUIT

OUTCOME: The patient/family will understand that tobacco cessation will improve the quality of life, that cessation will benefit health, and how participation in a support program may prevent relapse. Refer to the 5A Approach (Ask, Advise, Assess, Assist, Arrange).

STANDARDS:

1. Advise all tobacco users to quit using tobacco and advise all non-tobacco users to continue to abstain from tobacco use.
2. Ask if the tobacco user is willing to quit at this time.
 - a. If the patient is willing, set a quit date, ideally within 2 weeks.
 - b. If unwilling to quit at this time, help motivate the patient:
 - i. identify the reasons to quit in a supportive manner
 - ii. build the patient's confidence about quitting
 - iii. encourage the patient to remove tobacco products from the environment and to get support from family, friends, and coworkers
 - iv. review past quit attempts—what helped, what led to relapse
 - v. anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal and cravings
 - vi. identify the reasons for quitting and the benefits of quitting
 - c. If the patient is not using tobacco, reinforce abstinence and/or cessation from tobacco use by promoting the health benefits of not using tobacco.

3. Discuss that readiness and personal motivation are key components to abstaining from tobacco and quitting. Review the treatment, medication, and support options available to the patient/family. Make referrals as appropriate. Give advice on successful quitting:
 - a. total abstinence is essential—not even a single puff
 - b. drinking alcohol is strongly associated with relapse
 - c. allowing others to smoke in the household hinders successful quitting
 - d. discuss the risks and benefits of prescription medications and nicotine replacement to increase chances of quitting (**refer to [TO-M](#)**)
4. Review the value of frequent follow up and support during the first six months of cessation.
5. Recommend toll free 1-800-QUIT NOW (1-800-784-8669), the national access number to state-based quit line services.

TO-REL RELAPSE PREVENTION

OUTCOME: The patient/family will understand the risk of relapse prevalence and relapse prevention techniques.

STANDARDS:

1. Explain that every ex-tobacco user will receive congratulations on any success (duration of abstinence) and strong encouragement to remain abstinent.
2. Review the health benefits of long-term cessation for patient/family/friends and remind them of their personal reasons/motivations for quitting, (e.g., depression, weight gain, alcohol use, stress, traumatic life events, other commercial tobacco users in the household).
3. Remind the patient/family that commercial tobacco users who have failed previous quit attempts may need to make repeated quit attempts before they are successful (resources - USPHS Guidelines and Native Communities Certification (I.H.S. TCTF & UofA) Guidebook).

TO-S SAFETY

OUTCOME: The patient/family will understand safety issues as they apply to tobacco use.

STANDARDS:

1. Discuss that smoking in bed or falling asleep while smoking greatly increases the risk of house fires:
 - a. emphasize to never smoke while in bed or if sleepy

- b. emphasize the importance of smoke alarms in the home but especially in areas where the smoking most occurs
2. Discuss the risk of cigarette burns.
3. Discuss that smoking while driving is a distraction and increases the risk of motor vehicle crash.
4. Emphasize the need for good hygiene in the cleanliness of the home; toddlers and pets may ingest tobacco butts, "spit cups" contents, or the residue on clothing, bedding and upholstery.
5. Discuss that tobacco smoke is an indoor air pollutant and can affect children and adults with respiratory and other chronic conditions.

TO-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand and third-hand tobacco smoke.

STANDARDS:

1. Explain that second-hand smoke is known as "passive smoking." Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to [TO-OT](#).**

TO-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in tobacco abuse and its positive effect on tobacco cessation.

STANDARDS:

1. Discuss that uncontrolled stress may increase tobacco use and interfere with tobacco cessation.

2. Discuss that uncontrolled stress may exacerbate adverse health behaviors such as increased alcohol or other substance use, all of which can increase tobacco use and interfere with tobacco cessation.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

TB - Tuberculosis

TB-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to tuberculosis.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with tuberculosis as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with tuberculosis, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process may incorporate traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
6. Refer to a mental health agency or provider, as appropriate.

TB-C COMPLICATIONS

OUTCOME: The patient/family will understand the common complications of tuberculosis.

STANDARDS:

1. Discuss the common complications of tuberculosis.
2. Describe the signs/symptoms of common complications of tuberculosis.

TB-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.

2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

TB-DOT DIRECTLY OBSERVED THERAPY

OUTCOME: The patient/family will understand the importance of fully participating with a prescribed medication regimen using the directly observed therapy (DOT) regimen for tuberculosis.

STANDARDS:

1. Provide a pill count.
2. Discuss the use, benefits, and common side effects of the prescribed medications.
3. Discuss the patient's full participation / non-participation. Discuss the consequences of non-participation.
4. Discuss the procedure for DOT.
5. Discuss the criteria used to determine when patients can be considered noninfectious; e.g., adequate treatment for at least 2 weeks, improved symptoms, 3 negative sputum smears.

TB-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the etiology and pathophysiology of tuberculosis infection.

STANDARDS:

1. Review the anatomy and physiology of the affected system, e.g., respiratory, lymphatic, and/or disseminated infection.
2. Review the relationship of latent versus active TB infection and the likelihood of conversion to active disease. Some conditions appear to increase the risk that latent TB infection will progress to active disease (e.g., illicit drug use, HIV, immunosuppressive medications, certain medical conditions).
3. Explain that certain people are at higher risk for infection (elderly, low income, contact with persons with infectious TB).
4. Explain the patient's specific disease process and review the way TB infection and TB disease develop in the body and describe the symptoms of TB disease; e.g., night sweats, fever, weight loss.

TB-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of tuberculosis.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family. Discuss the consequences of non-participation.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of contract health service, community resources, and support services and refer as appropriate.

TB-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to tuberculosis.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

TB-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding tuberculosis.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding tuberculosis and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

TB-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of tuberculosis.

STANDARDS:

1. Explain that isolation of the patient prevents the spread of the infection to healthcare providers, other patients, and family members. Discuss that elderly, children, and immunocompromised persons are most at risk.
2. Describe the type of home/community isolation being implemented and the associated precautions.
3. Explain/demonstrate how to use protective precautions, such as masks.
4. Discuss the implementation of hygiene and infection control measures.
5. Discuss the importance of complying with home DOT therapy/home visits.
6. Refer to community resources, hospice, or support groups, as appropriate.

TB-INF INFECTION CONTROL

OUTCOME: The patient/family will receive information regarding the importance of infection control as it relates to tuberculosis.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
3. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.

- b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to [UCATH](#) and [VENT-VAP](#).**
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., MRSA, influenza, *C. Difficile*) are present. **Refer to [TB-ISO](#).**
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
4. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to [ABX](#)** (in Volume II of this manual set).
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea
 5. Explain that that when treated as an outpatient, patients with active TB must wear a mask until they have completed at least two weeks of treatment, symptoms have improved, and they have three negative sputum cultures.

TB-ISO ISOLATION

OUTCOME: The patient/family will understand the reasons and procedures for isolation of the patient in preventing and controlling the spread of infection.

STANDARDS:

1. Explain that isolation of the patient prevents the spread of the infection to healthcare providers, other patients, and family members. Negative pressure rooms and masks may be required.
2. Describe the type of isolation being implemented and associated precautions.
3. Discuss implementing home isolation, if applicable.
4. Explain/demonstrate how to use protective precautions.

TB-L LITERATURE

OUTCOME: The patient/family will receive literature about tuberculosis.

STANDARDS:

1. Provide the patient/family with literature on tuberculosis.
2. Discuss the content of the literature.

TB-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of strict adherence to antibiotic therapy and the consequences of missed doses. This may include DOT.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

TB-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment and management of tuberculosis.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.

5. Refer to other providers or community resources as needed.

TB-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to tuberculosis.

STANDARDS:

1. Emphasize the importance of early detection and treatment of TB.
2. Discuss the mode of transmission and methods for reducing the risk of contracting TB, e.g., hand washing, covering the mouth when coughing or sneezing, disposing of contaminated materials.
3. Explain that when treated as an outpatient, patients with active TB must wear a mask until they have completed at least two weeks of treatment.
4. Explain the purpose of the isolation room and mask for patients who have signs or symptoms of TB disease. Emphasize the importance of staying in the room and wearing the surgical mask until the diagnostic evaluation is completed.
5. Review the actions to take when exposed to TB.

TB-P PREVENTION

OUTCOME: The patient/family will understand communicability and preventive measures for tuberculosis.

STANDARDS:

1. Review the relationship of latent versus active TB infection and the likelihood of conversion to active disease. Some conditions appear to increase the risk that latent TB infection will progress to active disease (e.g., illicit drug use, HIV, immunosuppressive medications, certain medical conditions).
2. Emphasize the importance of early detection and treatment of latent TB to prevent activation and of active TB to prevent transmission to others.
3. Discuss the mode of transmission and methods for reducing the risk of contracting TB, e.g., hand washing, covering the mouth when coughing or sneezing, disposing of contaminated materials.
4. Explain the purpose of the isolation room and mask for patients who have signs or symptoms of TB disease. Emphasize the importance of staying in the room and wearing the surgical mask as long as directed.
5. Review the actions to take when exposed to TB.

TB-SCR SCREENING SKIN TEST

OUTCOME: The patient/family will understand the importance of screening and follow-up and the meaning of the results of the PPD test.

STANDARDS:

1. Discuss the purpose, procedure, and meaning of the screening test and results if available.
2. Emphasize the importance of screening annually or on another schedule as appropriate.
3. Explain that a person who has reacted positively in the past will always react positively in the future and repeat testing may not be appropriate, or other types of testing may be indicated.

TB-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

TB-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for preventive therapy for tuberculosis infection or the treatment of tuberculosis disease and the importance of full participation in the treatment regimen.

STANDARDS:

1. Explain that preventive therapy is medication that is given to people who have latent TB infection to prevent them from developing active TB disease. Describe options for preventive therapy.
2. Emphasize that some TB infected people are at very high risk of developing TB disease (e.g., elderly, low income, homeless, illicit drug users) and receive high priority for preventive therapy.
3. Explain the recommended treatment regime for patients with TB disease and why the disease must be treated for extended periods of time (typically six months or longer). If appropriate, explain why directly observed therapy is important.
4. Discuss the specific treatment plan. Describe how patients will be monitored for adherence to the treatment plan and evaluated for their response to treatment. Describe the role of the public health worker in TB treatment.

U

UC - Ulcerative Colitis

UC-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to ulcerative colitis.

STANDARDS:

1. Explain the normal anatomy and physiology of the colon.
2. Discuss the changes to anatomy and physiology as a result of ulcerative colitis.
3. Discuss the impact of these changes on the patient's health or well-being.

UC-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to ulcerative colitis.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with ulcerative colitis as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with ulcerative colitis, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
6. Refer to a mental health agency or provider.

UC-C COMPLICATIONS

OUTCOME: The patient/family will understand the signs of complications of ulcerative colitis.

STANDARDS:

1. Explain that intestinal complications of ulcerative colitis include toxic megacolon and colon cancer. People who have ulcerative colitis for a long time are at an increased risk for developing colon cancer.
2. Explain that the disease can also cause non-intestinal problems in other parts of the body. Some people experience arthritis, eye problems, liver problems, osteoporosis, skin rashes, and anemia.
3. Explain that some other possible complications of ulcerative colitis are colon perforation, hemorrhage, abdominal distention, abscess formation, stricture, anal fistula, malnutrition, electrolyte imbalance, skin ulceration, ankylosing spondylitis.
4. Explain that complications may be delayed, minimized, or prevented with prompt treatment of exacerbation.

UC-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

UC-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology and symptoms of the patient's specific bowel disease.

STANDARDS:

1. Explain that ulcerative colitis is a chronic disease that affects the colon or large intestine and is characterized by remission and exacerbations. The innermost lining, called the mucosa, becomes inflamed and develops tiny open sores that bleed and produce pus and mucus.
2. Explain that the exact cause of ulcerative colitis is unknown, but may be related to infection, stress, allergy, autoimmunity, and familial predisposition.
3. Explain that this disease usually develops during young-adulthood to middle life.

4. Explain that the severity of symptoms usually depends on where the inflammation and ulcerations are in the colon. Common symptoms include diarrhea, bloody diarrhea, and abdominal cramping which may be severe. Symptoms may include fatigue, weight loss, anorexia, nausea, vomiting, loss of body fluids and nutrients, and abdominal pain.
5. Explain that careful medical management may eliminate/postpone the need for surgical intervention.

UC-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of ulcerative colitis.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss the symptoms of exacerbation that trigger the need to seek medical attention, e.g., unusual abdominal pain, blood in stools, fever, weight loss, change in frequency of stools, joint pain.
5. Discuss the availability of community resources and support services and refer as appropriate.

UC-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding ulcerative colitis.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding ulcerative colitis and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as <http://digestive.niddk.nih.gov/ddiseases/pubs/colitis/>

UC-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

UC-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to ulcerative colitis.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Discuss colostomy care, if appropriate. (**Refer to OST** in Volume IV of this manual set).
4. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

UC-L LITERATURE

OUTCOME: The patient/family will receive literature about ulcerative colitis.

STANDARDS:

1. Provide the patient/family with literature on ulcerative colitis.
2. Discuss the content of the literature.

UC-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for ulcerative colitis.

STANDARDS:

1. Discuss the lifestyle changes specific to ulcerative colitis. Discuss adaptations specific to colostomy, if appropriate.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

UC-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

UC-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment and management of ulcerative colitis.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

UC-N NUTRITION

OUTCOME: The patient/family will understand nutrition in controlling bowel function.

STANDARDS:

1. Assist the patient/family to identify foods which cause irritation and encourage them to eliminate or minimize these in the diet. Advise the patient to avoid dairy products if the patient is lactose intolerant.
2. Explain that bland, soft foods may cause less discomfort than spicy or high fiber foods when the disease is active.
3. Explain the need for adequate fluid intake due to chronic diarrhea. Advise the patient to avoid cold or carbonated foods or drinks that increase intestinal motility.
4. Assist the patient/family in developing an appropriate meal plan. Encourage having frequent, small meals and chewing food thoroughly.
5. Emphasize that proper nutrition is especially important because nutrients can be lost through dehydration. Explain that supplementation with vitamins and minerals may be necessary.
6. Refer to a Registered Dietitian (RD) as appropriate.

UC-P PREVENTION

OUTCOME: The patient/family will understand and make a plan for the prevention of colon disease.

STANDARDS:

1. Discuss the effects of a fatty, low fiber diet on the colon.
2. Provide and review a list of low fat, high fiber foods.
3. Assist the patient/family in meal planning that includes low fat, high fiber foods and avoids high fat, low fiber foods.

4. Explain that the etiology of ulcerative colitis is unknown and there is no known prevention, but an appropriate diet may prevent or slow the progression of the disease.

UC-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain or nausea and vomiting. Explain that short term use of narcotics may be helpful in acute pain management.
4. Explain non-pharmacologic measures that may be helpful with pain control.
5. Instruct the patient in careful cleansing and protection of the perianal skin to provide comfort and prevent painful excoriation.
6. Advise the patient not to use over-the-counter pain medications without checking with the patient's provider.

UC-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections

5. Discuss pain management as appropriate.

UC-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in ulcerative colitis.

STANDARDS:

1. Explain that uncontrolled stress is linked with increased exacerbations and can interfere with the treatment of ulcerative colitis.
2. Explain that effective stress management may reduce the number of relapses, as well as help improve the patient's health and well-being.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use, all of which can increase the risk of morbidity and mortality from ulcerative colitis.
4. Explain that fear of eating is a common stress response in ulcerative colitis and inappropriate eating will exacerbate the symptoms of ulcerative colitis. **Refer to [UC-N](#).**
5. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
6. Provide referrals as appropriate.

UC-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results
3. Discuss Proctosigmoidoscopy and Colonoscopy
 - a. Explain that proctosigmoidoscopy and colonoscopy may be utilized to directly visualize the inside of the colon and enable biopsies to be obtained. The information from the colonoscopy may be necessary to diagnose the specific type of bowel disease.
 - b. Explain that the procedure involves introducing a long, flexible, lighted tube into the anus to see the inside of the colon and rectum.
 - c. Explain that the preparation for the test is usually a liquid diet, cathartics, and enemas.
4. Discuss upper gastrointestinal barium studies:
 - a. Explain that the upper GI barium study is an x-ray to assess the degree and extent of the disease.
 - b. Explain that barium liquid will be swallowed and radiographs taken.
5. Discuss barium enema:
 - a. Explain that the barium enema is an x-ray to assess the extent of the disease, identify lesions, detect pseudo polyps, carcinoma, and strictures.
 - b. Explain that barium liquid will be introduced by enema and radiographs taken.
 - c. Explain that the preparation for the test is usually a liquid diet, cathartics and enemas.
6. Explain that if the procedure/test involves sedation, the patient will have to bring a driver.

UC-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the goals of treatment are to control the acute attacks, prevent recurrent attacks, and promote healing of the colon. Discuss the specific treatment plan, which may include the following:
 - a. Bed rest
 - b. IV fluid replacement to correct dehydration.
 - c. Clear liquid diet, or in severe cases, parenteral hyperalimentation to rest the intestinal tract and restore nitrogen balance.
 - d. Treatment with medication to control inflammation and help reduce diarrhea, bleeding, and pain.
 - e. Colectomy.
2. Discuss the risk/benefit ratio and alternatives to treatment as well as the risk of non-treatment.

URI - Upper Respiratory Infection

URI-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the upper respiratory passage.

STANDARDS:

1. Explain the normal anatomy and physiology of the upper respiratory tract.
2. Discuss the changes to anatomy and physiology as a result of infection of the upper respiratory track.
3. Discuss the impact of these changes on the patient's health or well-being.

URI-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of an upper respiratory tract infection.

STANDARDS:

1. Discuss the common complications of the upper respiratory tract infection.
2. Describe the signs/symptoms of common complications of the upper respiratory tract infection.

URI-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

URI-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology and symptoms of an upper respiratory tract infection.

STANDARDS:

1. Explain that URIs (colds) are caused by viruses and that antibiotics are not effective.
2. Discuss the factors that increase the risk for acquiring an upper respiratory infection, e.g., direct physical contact, children in school.
3. Discuss the signs and symptoms of an upper respiratory infection, e.g., malaise, rhinorrhea, sneezing, scratchy throat.
4. Discuss the signs and symptoms that signal the need to seek medical attention.

URI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of upper respiratory tract infection.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

URI-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand how to manage an upper respiratory infection.

STANDARDS:

1. Discuss the use of over-the-counter medications for symptom relief, e.g., decongestants, antihistamines, expectorants. Avoid aspirin in children under 16 years old due to the risk of Reyes' syndrome.
2. Discuss the use of non-pharmacologic therapies that may be useful in symptom relief, e.g., nasal lavage, humidification of room, increasing oral fluids, gargling with warm salt water.

URI-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to upper respiratory infection.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

URI-L LITERATURE

OUTCOME: The patient/family will receive literature about upper respiratory infection.

STANDARDS:

1. Provide the patient/family with literature on upper respiratory infection.
2. Discuss the content of the literature.

URI-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Explain that URIs (colds) are caused by viruses and that antibiotics are not effective. Discuss the use of over-the-counter medications, vitamin supplements, and herbal remedies for symptom relief, e.g., decongestants, antihistamines, expectorants.

2. Describe the name, strength, purpose, dosing directions, and storage of the medication.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

URI-P PREVENTION

OUTCOME: The patient/family will understand how to reduce the transmission of the common cold.

STANDARDS:

1. Discuss how viruses are transmitted and effective infection control measures, e.g., hand washing, reducing finger-to-face contact sneeze and cough into tissues, proper handling and/or disposal of contaminated items.
2. Discuss the use of surface disinfectants to keep kitchen and bathroom countertops clean. Wash children's toys. Don't share drinking glasses or utensils.
3. Explain that people with colds should avoid crowds, infants, elderly, and individuals with a chronic disease or compromised immune system.

URI-TO TOBACCO

OUTCOME: The patient/family will understand the adverse health consequences of tobacco use and exposure.

STANDARDS:

1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

UTI - Urinary Tract Infection

UTI-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the urinary tract.

STANDARDS:

1. Discuss the basic anatomy and functions of the urinary system (urethra, bladder, ureters, and kidneys).
2. As appropriate to males and females, discuss the anatomical factors that increase a patient's risk of developing a UTI; e.g., urethral stricture, enlarged prostate, shorter urethra, or urethra located closer to the anus.

UTI-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of urinary tract infection.

STANDARDS:

1. Discuss the common and important complications of UTI.
2. Describe the signs/symptoms of these complications and indications that medical attention should be sought.

UTI-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

UTI-DP DISEASE PROCESS

OUTCOME: The patient/family will understand urinary tract infection.

STANDARDS:

1. Explain that a UTI is an infection that can happen anywhere along the urinary tract. Discuss the causes of UTIs and how an infection in the urinary tract starts and progresses to the location of the infection.
2. Discuss the factors that increase the risk for developing a urinary tract infection, e.g., bladder outlet obstruction, urine retention, urine reflux, hygiene factors, pelvic relaxation, pregnancy.
3. Explain that some people can have an infection and not have any symptoms. Discuss the most common signs and symptoms of a urinary tract infection, (e.g., dysuria, frequency, nocturia), and particular symptoms that may be present specific to the location of the infection (e.g., flank pain, fever, chills).

UTI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of urinary tract infection.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of contract health services, community resources, and support services and refer as appropriate.

UTI-HY HYGIENE

OUTCOME: The patient/family will understand how personal routine hygiene affects acquiring urinary tract infections and prevention of them.

STANDARDS:

1. Review the aspects of good personal feminine hygiene as it relates to prevention of UTIs:
 - a. Wipe only from anterior to posterior (front to back).
 - b. Avoid bubble baths.
 - c. Avoid feminine hygiene sprays, douches containing perfume.
 - d. Keep the genital and anal areas clean before and after sex.

2. Review the aspects of good personal male hygiene as it relates to prevention of UTIs. Discuss the role of foreskin hygiene as appropriate.
3. Discuss the importance of hand-hygiene in infection prevention.
 - a. Explain the importance especially of hand washing during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
4. Review the importance of bathing, paying special attention to the pubic area. Discuss hygiene as part of a positive self-image.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant’s label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.

UTI-L LITERATURE

OUTCOME: The patient/family will receive literature about urinary tract infections.

STANDARDS:

1. Provide the patient/family with literature on urinary tract infections.
2. Discuss the content of the literature.

UTI-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.

- a. Explain that kidney damage may be irreversible and special care needs to be taken to reduce the risk of recurrent infections.
- b. Discuss the importance of completing the entire medication regimen (and not stopping when symptoms improve) to avoid development of drug-resistant bacteria.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

UTI-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of urinary tract infection.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

UTI-P PREVENTION

OUTCOME: The patient/family will understand prevention strategies for urinary tract infections.

STANDARDS:

1. Discuss the role of good hygiene in reducing the risk of UTIs.
2. Discuss the role of prophylactic medications in reduction of future UTIs as indicated.

3. Discuss other lifestyle factors that may help prevent UTIs, e.g., frequent urination, voiding after sexual intercourse, monogamy, drinking plenty of water, eliminating bubble baths, avoiding tight fitting pants, wearing cotton-crotch underwear.
4. If the patient has an indwelling urinary catheter, explain that indwelling catheters predispose the patient to a UTI. Explain that the longer the catheter is in place, the greater the chance of a UTI. **Refer to [UCATH](#).**

UTI-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

UTI-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits, any significant alternatives, likelihood of success, and common and important complications of the proposed procedure. Discuss the possible results of non-treatment and any potential problems related to recuperation.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections

5. Discuss pain management as appropriate.

UTI-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

UTI-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

UCATH - Urinary Catheter and Assoc. Infection

UCATH-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the urinary tract and indwelling urinary catheter.

STANDARDS:

1. Explain the normal anatomy and physiology of the urinary tract.
2. Discuss the changes to anatomy and physiology as a result of the presence of the indwelling urinary catheter.
3. Discuss the impact of these changes on the patient's health or well-being.

UCATH-C COMPLICATIONS

OUTCOME: The patient/family will understand common and important complications of having an indwelling urinary catheter.

STANDARDS:

1. Discuss the common complications of having an indwelling urinary catheter, particularly catheter-associated urinary tract infections (CAUTI).
2. Describe the signs/symptoms of common complications and methods of prevention.

UCATH-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the conditions requiring an indwelling urinary catheter and conditions leading to catheter-associated urinary tract infection (CAUTI).

STANDARDS:

1. Discuss the risks associated with having an indwelling urinary catheter, which can include urethral trauma, bleeding, infection (CAUTI).
2. Explain how a CAUTI develops.

UCATH-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the urinary catheter and associated equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.

UCATH-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up regarding the use of an indwelling urinary catheter.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

UCATH-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of an indwelling urinary catheter.

STANDARDS:

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

UCATH-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to the indwelling urinary catheter.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of proper care of the closed urinary drainage system.
 - a. keeping the drainage system continuously connected
 - b. regular emptying of the drainage system before it is overfull
 - c. keeping the drainage spout clean and emptying the drainage system into a clean container
3. Review the importance of daily bathing, paying special attention to the genital area around the urinary meatus. Emphasize that the inpatient should ask for this care if it has not been provided.

UCATH-INF INFECTION CONTROL

OUTCOME: The patient/family will understand the importance of infection control as it relates to the indwelling urinary catheter.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.

- b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to [UCATH](#) and [VENT-VAP](#).**
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

UCATH-L LITERATURE

OUTCOME: The patient/family will receive literature regarding indwelling urinary catheters and/or catheter-associated urinary tract infection (CAUTI).

STANDARDS:

1. Provide the patient/family with literature regarding indwelling urinary catheters and/or catheter-associated urinary tract infection (CAUTI). **Refer to [UTI](#).**
2. Discuss the content of the literature.

UCATH-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for maintaining an indwelling urinary catheter after discharge.

STANDARDS:

1. Discuss the specific lifestyle changes to an indwelling urinary catheter after discharge.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

UCATH-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medical therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

UCATH-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing a catheter-associated urinary tract infection (CAUTI).

STANDARDS:

1. Discuss that an indwelling urinary catheter predisposes to urinary tract infections and the longer the catheter is in place the greater the chance of infection.
2. Explain measures that can be taken to reduce the chance of CAUTI.
 - a. removal of the catheter as soon as possible
 - b. hand hygiene with soap and water or alcohol-based hand cleaners before and after handling the urinary catheter or drainage system
 - c. at least daily cleaning of the urinary meatus with soap and water
 - d. maintaining the drainage system by keeping:
 - i. the drainage system continuously connected to the catheter
 - ii. the catheter secured to prevent movement and urethral traction
 - iii. the drainage bag below the level of the bladder
 - iv. the drainage spout clean
 - v. the drainage container emptied into a clean container before overfull

UCATH-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

UCATH-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

UCATH-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to an indwelling urinary catheter.

STANDARDS:

1. Explain that the urinary catheter tubing may cause the patient to trip.
2. Emphasize the importance for inpatients to call for help before ambulating.
3. Discuss ways to handle the tubing to prevent a safety issue.

UCATH-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test

2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

UCATH-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan as it relates to the indwelling urinary catheter and the catheter-associated urinary tract infection (CAUTI).

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

VENT – Ventilation (Mech.) and Assoc. Pneumonia

VENT-ADV ADVANCE DIRECTIVE

OUTCOME: The patient/family will understand the process of developing an advance directive and its role in maintaining a sense of control in the patient's medical care and decisions.

STANDARDS:

1. Explain that many persons are not able to make their own decisions when ill. The advance directive, or other statement of care preferences, allows patients to express their preferences and guide treatment decisions in that setting.
2. Explain that this statement of preferences is only used to guide decision making if the patient is unable to provide guidance at the time that decisions need to be made.
3. Explain that Advance Directives or other statements of care preferences can help families and caregivers who may need to be decision-makers for the patient to understand the patient's preferences of care.
4. Review the option of Advanced Directives or other statements of care preferences with the patient and the patient's family. Explain treatment options and answer questions in a manner the patient/family will understand.
5. Refer as appropriate to those who can assist the patient in further clarifying healthcare decision-making authority (e.g., Social Services, Clergy, Lawyer) by defining a healthcare proxy, writing a living will, or further discussing the preferences for care.

VENT-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the respiratory system and the use of a mechanical ventilator.

STANDARDS:

1. Explain the normal anatomy and physiology of the respiratory system.
2. Discuss the changes to anatomy and physiology as a result of the use of an endotracheal tube or tracheostomy and mechanical ventilator.
3. Discuss the impact of these changes on the patient's health or well-being.

VENT-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of mechanical ventilator use.

STANDARDS:

1. Discuss the common complications of ventilator use, particularly ventilator-associated pneumonia. Other complications may include pneumothorax, hypotension, airway injury, alveolar damage.
2. Describe the signs/symptoms of common complications of ventilator-associated pneumonia.
3. Describe the signs/symptoms of other common complications of mechanical ventilator use.
4. Explain the intense monitoring and care that is provided to prevent complications and identify them if they occur.

VENT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the condition(s) that led to the need for mechanical ventilation or ventilator-associated pneumonia (VAP).

STANDARDS:

1. Explain that a VAP is an infection in the lung(s) related to having an artificial airway and mechanical ventilation.
2. Discuss the risks associated with requiring mechanical ventilation, including VAP.
3. Explain how a VAP develops and some measures that will be taken to prevent it.

VENT-EQ EQUIPMENT

OUTCOME: The patient/family will understand the basic use of the mechanical ventilator.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction

- f. infection control principles, including proper disposal of associated medical supplies
- g. importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.

VENT-EX EXERCISE

OUTCOME: The patient/family will understand the role of active or passive physical therapy and early ambulation, as appropriate, in maintaining the patient's strength and flexibility.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the appropriate frequency, intensity, time, and type of activity and how the patient and others may be of assistance.

VENT-HY HYGIENE

OUTCOME: The patient/family will understand hygiene as it relates to the use of mechanical ventilation.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of frequent oral hygiene with an antimicrobial agent and oral suction to remove accumulated secretions in the prevention of VAP.
3. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
4. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

VENT-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to the use of mechanical ventilation.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to the face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to [UCATH](#) and [VENT-VAP](#).**
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.

- f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
- a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

VENT-INT INTUBATION

OUTCOME: The patient/family will understand endotracheal intubation, as well as the risks, benefits, alternatives to endotracheal intubation and associated factors affecting the patient.

STANDARDS:

1. Explain that the patient must be intubated with an endotracheal tube or tracheostomy tube in order to receive mechanical ventilation.
2. Explain the basic procedure for endotracheal intubation, including the risks and benefits of endotracheal intubation and the adverse events which might result from refusal.
3. Discuss the alternatives to endotracheal intubation, including expectant management, as appropriate.
4. Explain that the patient will be sedated and unable to speak or eat while intubated.
5. Discuss the potential necessity for using physical restraint to maintain intubation while the patient is heavily sedated and requiring mechanical ventilation.
6. Explain that the patient will be extubated as soon as it is medically feasible.

VENT-L LITERATURE

OUTCOME: The patient/family will receive literature regarding the use of mechanical ventilation and ventilator-associated pneumonia (VAP).

STANDARDS:

1. Provide the patient/family with literature regarding mechanical ventilation.
2. Discuss the content of the literature.

VENT-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name and purpose of the medication.
2. Explain the modality utilized to administer the various medications to the patient requiring mechanical ventilation, e.g. nebulizers, metered dose inhalers, nasogastric tube, or intravenous.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.

VENT-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed while mechanical ventilation is required.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

VENT-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to mechanical ventilation.

STANDARDS:

1. Emphasize the importance of nutrition to healing, even while the patient cannot take nutrition orally.
2. Emphasize that nutritional management for a patient requiring mechanical ventilation may include feeding by nasogastric tube or by hyperalimentation via an IV catheter or central line.
3. Refer to registered dietitian for MNT.

VENT-P PREVENTION

OUTCOME: The patient/family will understand the ways to reduce the risk of developing ventilator-associated pneumonia (VAP) and other complications.

STANDARDS:

1. Explain that there are three types of interventions, physical, positional and pharmacologic, to prevent VAP.
 - a. Physical interventions may include:
 - i. using frequent circuit and humidifier changes
 - ii. using closed suction and ventilator tubing systems and replacing them as recommended by current standards
 - b. Positional interventions may include keeping the patient's head elevated at least 30°.
 - c. Pharmacologic interventions may include:
 - i. using regular and frequent oral care with an antiseptic agent
 - ii. using antibiotics or anti-reflux medications
2. Discuss the ways to reduce the chance of VAP, including:
 - a. taking the patient off the ventilator as soon as the patient can breathe on own
 - b. using careful and regular hand hygiene for staff and visitors

VENT-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain and anxiety management.

STANDARDS:

1. Explain that the patient's pain and level of anxiety will be monitored closely.
2. Explain that adequate medication will be administered to maintain the patient's comfort, including the anxiety that frequently accompanies mechanical ventilation.
3. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
4. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
5. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
6. Explain non-pharmacologic measures that may be helpful with pain control.

VENT-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

VENT-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to mechanical ventilation.

STANDARDS:

1. Explain that mechanical ventilation is a life support modality.
2. Explain that there are numerous alarms associated with the ventilator that notify staff when there is an issue with the equipment or the patient. Explain that some of these are routine notification alarms and some require immediate action.
3. Reassure the patient/family that the staff are trained and competent to handle these issues.
4. Discuss the potential necessity for using physical restraint to maintain intubation while the patient is heavily sedated and requiring mechanical ventilation.
5. Explain the intense monitoring and care that is provided for safety, to prevent complications and identify them if they occur.

VENT-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

VENT-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for mechanical ventilation and ventilator-associated pneumonia (VAP).

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

VENT-VAP VENTILATOR-ASSOCIATED PNEUMONIA

OUTCOME: The patient/family will understand ventilator-associated pneumonia (VAP).

STANDARDS:

1. Explain the possible causes of VAP.
2. Explain the plan for preventing VAP.
3. Explain the plan for treating VAP.

W

WNV – West Nile Virus

WNV-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of West Nile virus.

STANDARDS:

1. Explain that few people who contract WNV develop serious complications. Young children and pregnant women are vulnerable. People over 50 years of age are at highest risk for serious infections and should take precautions against mosquito bites.
2. Discuss that complications may include brain damage, permanent muscle weakness, or rarely death.

WNV-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the West Nile virus.

STANDARDS:

1. Discuss that WNV is a potentially serious illness spread through infected mosquitoes, blood transfusions, and perinatally. WNV is more common in the summer through the fall (thru September) when mosquito bites carry the highest amounts of virus.
2. Explain that most people infected with WNV will not show any symptoms. Some people will have mild symptoms and few people develop serious symptoms.
3. Discuss that symptoms develop between 3 and 14 days after an infected mosquito bite. The symptoms may last several weeks, and neurological effects may be permanent:
 - a. Mild symptoms include: fever, headache, and body aches, nausea, vomiting, swollen lymph glands, or a skin rash.
 - b. Serious symptoms include: high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness, and paralysis.

WNV-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of West Nile virus.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.

WNV-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Review the community resources available for the prevention of WNV.
2. Explain that birds carry the virus, and it is believed West Nile virus is spread when a mosquito bites an infected bird and then the newly infected mosquito bites a person. Dead birds should not be handled with bare hands. Report any dead birds to the local health department for instructions on reporting and disposing of the dead birds. Dead birds found locally help the health department to track the spread of West Nile virus.
3. Explain that the best way to prevent West Nile virus infection is to avoid mosquito bites:
 - a. use mosquito-repellent products containing DEET
 - b. wear long sleeves and pants
 - c. drain pools of standing water, such as trash bins, old tires, and plant saucers (mosquitoes breed in stagnant water)
 - d. community spraying for mosquitoes may also prevent mosquito breeding
4. Explain how to use a repellent on children:
 - a. Always follow the recommendations appearing on the product label when using repellent.
 - b. When using repellent on a child, apply it to own hands and then rub it on the child. Avoid children's eyes and mouth and use it sparingly around their ears.
 - c. Do not apply repellent to children's hands. (Children may tend to put their hands in their mouths.)

- d. Do not allow young children to apply insect repellent to themselves; have an adult do it for them.
 - e. Keep repellents out of reach of children.
 - f. Do not apply repellent under clothing. If repellent is applied to clothing, wash treated clothing before wearing again. (May vary by product, check label for specific instructions.)
 - g. Read the instructions on the repellent; most are safe for children two months and older.
5. Discuss wellness as an individual responsibility to prevent West Nile virus:
- a. learn how to be healthy by using insect repellent when needed
 - b. be willing to change; eliminate possible breeding areas around the home
 - c. set small, realistic, sustainable goals; use insect repellent on self and children
 - d. practice new knowledge
 - e. get help when necessary

WNV-L LITERATURE

OUTCOME: The patient/family will receive literature about West Nile virus.

STANDARDS:

1. Provide the patient/family with literature on WNV.
2. Discuss the content of the literature.
3. For more information about West Nile virus, please consult the Environmental Protection Agency (EPA) Web site at www.epa.gov. For health information on West Nile virus, please consult the Center for Disease Control (CDC) at <http://www.cdc.gov/ncidod/dvbid/westnile/>

WNV-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for West Nile virus.

STANDARDS:

1. Discuss the specific lifestyle changes for WNV. This involves prevention techniques such as limiting time outside during dusk and dawn, wearing of long sleeve clothing and/or repellents, and lawn maintenance.
2. Discuss the necessary lifestyle adaptations to cope with a permanent disability as a result of WNV.
3. Refer to community services, and resources as available.

WNV-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

WNV-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of contracting West Nile virus.

STANDARDS:

1. Discuss the ways of preventing mosquito bites.
 - a. When outdoors use insect repellent.
 - b. Wear long sleeves and pants.
 - c. Utilize screens in windows and doors.
 - d. Reduce outdoor time during dusk and dawn (highest mosquito activity).
 - e. Remove breeding sites by draining standing water (flower pots, buckets, tires, barrels). Change pet dishes and bird baths regularly. Keep other items on their sides while not in use. Look around every week for possible mosquito breeding places.
2. Explain how to use a repellent on children.
 - a. Always follow the recommendations appearing on the product label when using repellent.
 - b. When using repellent on a child, apply it to own hands and then rub it on the child. Avoid children's eyes and mouth and use it sparingly around their ears.

- c. Do not apply repellent to children's hands. (Children may tend to put their hands in their mouths.)
 - d. Do not allow young children to apply insect repellent to themselves; have an adult do it for them.
 - e. Keep repellents out of reach of children.
 - f. Do not apply repellent under clothing. If repellent is applied to clothing, wash treated clothing before wearing again (may vary by product, check label for specific instructions).
 - g. Read the instructions on the repellent; most are safe for children two months and older.
3. Explain that birds carry the virus, and it is believed West Nile virus is spread when a mosquito bites an infected bird and then bites a person. Dead birds should not be handled with bare hands. Report any dead birds to the local health department for instructions on reporting and disposing of the dead birds. Dead birds found locally help the health department to track the spread of West Nile virus.

WNV-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to West Nile virus.

STANDARDS:

1. Discuss the importance of adequate protection from West Nile virus when outdoors, especially in the late afternoon to evening and the need for increased awareness from summer thru September. Emphasize the use insect repellents and wearing appropriate clothing to prevent mosquito bites.
2. Discuss the importance of protecting organ transplant recipients, the elderly and children because they are the most vulnerable to West Nile virus from mosquito bites.
3. Explain the importance of checking around the home to eliminate breeding grounds for mosquitoes. Emphasize that:
 - a. Screens must be in place on open windows. Careful attention should be used when using window fans in open windows and doors because these can actually draw in mosquitoes. If screens are ripped and torn, the screen should be repaired or replaced.
 - b. Standing water in any location around the home is a prime breeding site for mosquitoes. Anything that can catch and hold water provides a perfect place for mosquitoes to lay their eggs, such as:
 - i. unused children's swimming pools
 - ii. bird baths

- iii. old tires
 - iv. empty tubs and buckets
 - v. old cans and jars
 - vi. unused flower pots
4. Emphasize that safety and protection also means that the community and the patient should reduce breeding areas in play areas, parks, and recreation sites.

WNV-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain that there may be no specific findings on a physical examination. Patients with West Nile virus infection may have a rash. Tests to diagnose West Nile virus include:
 - a. Complete blood count (CBC)
 - b. Head CT scan
 - c. Head MRI scan
 - d. Lumbar puncture and cerebrospinal fluid (CSF) testing
2. Explain that the most accurate way to diagnose this infection is with a serology test, which checks a blood sample for antibodies against the virus.
3. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
4. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

WNV-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for West Nile virus.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss that milder case of WNV require no specific treatment – fever and aches usually subside on their own.
3. Discuss that more severe cases may require hospitalization for supportive care, including IV fluids, help with breathing, and nursing care.
4. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
5. Explain that antibiotics do not help treat West Nile virus infection because this illness is not caused by bacteria. Supportive care may help decrease the risk of complications in severe illness.

WH - Women's Health

WH-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand the female breast, reproductive system, and genitalia.

STANDARDS:

1. Explain the normal anatomy and physiology of the breast. Discuss the areola, nipple, ducts, and glands. Discuss the normal changes that occur with pregnancy and lactation, menstruation, and aging.
2. Discuss the changes to anatomy and physiology of the female reproductive system. Identify the functions of the ovaries, ova, fallopian tubes, uterus, cervix, and vagina.
3. Discuss the impact of these changes on the patient's health or well-being.

WH-BE BREAST EXAM

OUTCOME: The patient/family will understand the benefits, limitations, and potential harms associated with breast self-examination.

STANDARDS:

1. Discuss that controversy exists over screening recommendations for breast exams by self and clinician. Recommendations are different for low-risk vs. high-risk patients.
2. Discuss that potential benefits of breast exam may include early detection and treatment of breast cancer. The evidence for this is inconclusive.
3. Discuss the limitations of breast exams due to normal physiological changes that occur with pregnancy, breast feeding, menstruation, and age. These changes can make detection difficult and lead to false positives and false negatives.
4. If agreed upon by provider and patient, teach breast self-examination. Have the patient give a return demonstration. Discuss normal findings, fibrocystic breast changes, and warning signs to watch for with breast self-examination.
5. Discuss that clinical breast exam (CBE) performed by a qualified healthcare professional may be considered in some patient cases. CBE is of potential benefit when mammography is not indicated or not available.
6. Discuss there may be harms from screening including psychological harms, additional medical visits, imaging and biopsies in women without cancer, inconvenience due to false positive screenings, and harms of unnecessary treatment.

WH-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components surrounding women's health issues such as multiple births, bereavement, depression, and self-esteem issues.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with acute or chronic illness as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with acute or chronic health problems, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
6. Refer to a mental health agency or provider.

WH-COLP COLPOSCOPY

OUTCOME: The patient/family will understand the role of colposcopy in identifying the degree of abnormality in an abnormal pap smear. The patient will understand the procedure and the importance of follow-up care in staying healthy.

STANDARDS:

1. Explain that colposcopy is a diagnostic tool used to evaluate the cervix for areas of abnormal tissue when a pap test was abnormal. Cells are visualized with a special instrument called a colposcope. Explain that biopsy is often done during a colposcopy exam to determine the degree of abnormality and to determine the best treatment plan.
2. Explain the role of human papilloma virus in causing cells of the cervix to become abnormal. Explain that abnormality can be mild to severe, and if no treatment, the abnormal cells may progress to cancer.
3. Explain the risks, benefits, alternative, and results of non-treatment. Emphasize that the outlook is good with early diagnosis and treatment.
4. Explain that pain medication (e.g., ibuprofen) may be taken before arriving for the procedure to help minimize any pain during or following the procedure.

5. Review self-care following a biopsy, including bleeding, restrictions on sexual intercourse, and signs and symptoms of infection.
6. Explain that follow-up pap smears are often recommended to verify success of treatment and to detect any recurrence of abnormal cells.

WH-CRC COLORECTAL CANCER SCREENING

OUTCOME: The patient/family will understand the importance of colorectal cancer screening as it relates to maintaining optimal health.

STANDARDS:

1. Explain that screening for colorectal cancer should begin at age 50 or sooner if there is a family history of cancer. Explain that diagnosing cancer at the earliest stage often provides the best chance for a cure.
2. Discuss the following risk factors: older age, African American race, personal history of colorectal cancer or polyps, history of ulcerative colitis or Crohn's disease, genetic syndromes, family history of colon cancer or colon polyps, low-fiber and high fat diet, sedentary lifestyle, diabetes, obesity, smoking, heavy alcohol use, radiation therapy for previous cancers.
3. Discuss environmental factors that may contribute to the development of colorectal cancer such as asbestos, benzene, and cigarette smoke.
4. Discuss available techniques and recommended intervals for screening for colorectal cancer, as appropriate. Discuss necessary pre-test preparation including foods to avoid, medications to stop or start, bowel preparation, and testing procedure.
 - a. Fecal Occult Blood Testing
 - b. Sigmoidoscopy
 - c. Colonoscopy
5. Discuss the importance of follow-up for results, and further testing if needed for definitive diagnosis.

WH-CRY CRYOTHERAPY

OUTCOME: The patient/family will understand the use of cryotherapy in the treatment of abnormal areas of the cervix.

STANDARDS:

1. Discuss how cryotherapy is used to destroy small areas of abnormal cell growth on the cervix. It destroys abnormal areas by freezing them, allowing healthy cells to replace the abnormal cells.

2. Explain that cryotherapy may cause some mild cramping. Pain medication (e.g., ibuprofen) may be taken before arriving for the procedure to help minimize any pain during or following the procedure.
3. Explain the risks, benefits, alternative, and results of non-treatment. Emphasize that the outlook is good with early diagnosis and treatment.
4. Review self-care following cryotherapy and the restrictions regarding sexual activity, tampons, and douching.
5. Reinforce the need to keep follow-up appointments and check-ups, as recommended by the provider. Explain that follow-up pap smears are often recommended to verify success of treatment and to detect any recurrence of abnormal cells.

WH-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

WH-EC EMERGENCY CONTRACEPTION (POST-COITAL)

OUTCOME: The patient/family will understand emergency contraception that is presented in a non-judgmental manner.

STANDARDS:

1. Explain the process of obtaining emergency contraception.
 - a. Many options are available and include prescription and non-prescription medications.
 - b. May be available via collaborative practice agreements from non-primary care providers, i.e., nurses and pharmacists.
 - c. Patients under 17 years of age, may require a prescription.
2. Discuss perceptions regarding emergency contraception. Emergency contraception:
 - a. is not an abortion and is not an “abortion pill”

- b. will not affect an existing pregnancy and will not work if a woman is already pregnant
 - c. will not protect against sexually transmitted infections
 - d. should not be used as a regular birth control method
 - e. is less effective than correctly used birth control options - it is considered only a backup or emergency method
3. Explain that many different medicines may be used as emergency contraception. Regardless of the exact medicine chosen, the mechanisms of actions are similar and include:
 - a. Stopping the release of an egg from the ovary
 - b. Preventing fertilization of an egg
 - c. Preventing attachment of a fertilized egg to the uterus
4. Explain the proper use of emergency contraception.
 - a. It is most effective if started as soon as possible and ideally within 72 hours of unprotected sexual intercourse or contraceptive failure. These include:
 - i. The regular birth control method was used incorrectly or failed (condom broke or slipped)
 - ii. A mistake was made with the regular birth control method
 - iii. No birth control method was used
 - b. Longer intervals (120 hours = 5 days) may be considered, but efficacy rates are significantly decreased.
 - c. The medicine must be taken exactly as prescribed to maximize efficacy.
5. Explain situations that require follow up by a medical provider. These include but are not limited to:
 - a. Vomiting that occurs within one hour of a dose of emergency contraception
 - b. A menstrual period that is more than 7 days late
 - c. Any side effects that persist or worsen
 - d. Any severe abdominal pain 3 to 5 weeks after taking emergency contraception - this could be symptoms of a life threatening tubal pregnancy
 - e. Any emotional disturbances, but especially in the setting of sexual assault and other traumatic experiences
6. Review common or important side effects of emergency contraception.
 - a. Most side effects are mild and temporary. They may include menstrual changes, nausea, abdominal pain, tiredness, headache, dizziness, breast pain and vomiting.

- b. Some women will have menstrual changes (spotting before next period, heavier, lighter, earlier or later). If the period is more than a week late, a pregnancy test should be obtained.

WH-END ENDOMETRIOSIS

OUTCOME: The patient/family will understand the impact of endometriosis.

STANDARDS:

1. Discuss that endometriosis is a painful and chronic disease. Explain that the tissue that lines the uterus (endometrium) is found outside the uterus, on the ovaries, fallopian tubes and the ligaments that support the uterus. Other areas that this tissue may be found are the area between the vagina and rectum, the outer surface of the uterus; and the lining of the pelvic cavity.
2. Discuss the symptoms of endometriosis:
 - a. Pain before and during periods
 - b. Heavy menstrual bleeding
 - c. Pain with sex
 - d. Infertility
 - e. Fatigue, anemia
 - f. Painful urination during periods
 - g. Painful bowel movements during periods
 - h. Other gastrointestinal upsets such as diarrhea, constipation, nausea
3. Explain that many women with endometriosis suffer from:
 - a. Allergies
 - b. Chemical sensitivities
 - c. Frequent yeast infections
4. Explain that the cause of endometriosis is unknown.
5. Discuss the treatments for endometriosis:
 - a. Pain medication
 - b. Hormonal therapy
 - c. Surgery (Conservative or Radical)
 - d. Alternative treatments, (e.g., nutritional approaches, homeopathy, allergy management)

WH-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity and will make a plan to increase regular activity by an agreed-upon amount if indicated.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

WH-FP FAMILY PLANNING (REFER TO FP)**WH-FU FOLLOW-UP**

OUTCOME: The patient/family will understand the importance of follow-up for women's health.

STANDARDS:

1. Emphasize the importance of follow-up care. Discuss patient specific recommendations for well woman care, including breast exams, pap smears, and STI checks according to current guidelines.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

WH-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding women's health.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding women's health and dealing with issues.

2. Provide the help line phone number or Internet address (URL).

WH-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.
5. Review the common causes of death and disability in women including cardiovascular disease, cancer, lung disease, diabetes, infection, and ways to reduce these risks.

WH-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as an aspect of wellness.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.

2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

WH-IM IMMUNIZATIONS

OUTCOME: The patient will understand the immunizations necessary for preventing communicable diseases. **Refer to IM** (in Volume III of this manual set).

STANDARDS:

1. Discuss the schedule for recommended immunizations and illnesses they prevent. Review when the following immunizations would be used, as appropriate:
 - a. Tetanus
 - b. Pneumonia
 - c. Influenza
 - d. MMR (measles, mumps, rubella)
 - e. HPR (for certain types of cervical cancer)
 - f. Hepatitis A and B
 - g. Meningococcal
 - h. Zoster (shingles)
2. Discuss the side effects and potential adverse reactions that are common to this immunization.
3. Discuss the potential consequences of vaccine refusal.
4. Discuss the treatment of side effects and home care after immunizations.

WH-KE KEGEL EXERCISES

OUTCOME: The patient will understand how to use Kegel exercises to manage urinary stress incontinence and improve pelvic muscle tone.

STANDARDS:

1. Review the basic pelvic floor anatomy.
2. Define stress incontinence and discuss its causes.

3. Teach Kegel exercises. Encourage frequent practice of Kegel exercises.

WH-L LITERATURE

OUTCOME: The patient/family will receive literature about women's health.

STANDARDS:

1. Provide the patient/family with literature on women's health.
2. Discuss the content of the literature.

WH-LEEP LEEP

OUTCOME: The patient will understand the use of the Loop Electrosurgical Excision Procedure (LEEP) in the treatment of cervical dysplasia.

STANDARDS:

1. Explain that LEEP procedure is a method of treatment that destroys abnormal, precancerous cells on the "skin" of the cervix. The procedure uses a thin wire loop electrode that transmits a painless electrical current that cuts away affected cervical tissue.
2. Discuss risks and benefits of treatment, alternative treatment, and results of non-treatment.
3. Discuss patient preparation and positioning for the procedure.
4. Review self-care following LEEP, e.g., bleeding, cramping, pain, and any restrictions regarding sexual intercourse, daily activity, douching, use of tampons, tub baths.
5. Discuss follow-up instructions and the importance of keeping scheduled appointments to ensure the abnormal area was completely removed and it has not returned.

WH-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.

3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

WH-MAM MAMMOGRAM

OUTCOME: The patient/family will understand the role of mammograms in patient specific situations.

STANDARDS:

1. Discuss that controversy exists over screening recommendations for mammograms. Recommendations are different for low-risk vs. high-risk patients.
2. Discuss the current recommendations for screening mammograms. Women at higher risk may require earlier or more frequent mammogram screenings.
3. Discuss the benefits, limitations, and potential harms associated with regular mammogram screenings.
4. Explain the process of having a mammogram, necessary preparations, the time to expect a report, and the recommended follow up.
5. Discuss the indications for further medical testing including diagnostic mammography.

WH-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of women's health.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

WH-MP MENOPAUSE

OUTCOME: The patient/family will understand the etiology, symptomatology, and relief measures of menopause.

STANDARDS:

1. Explain that menopause simply means the end of monthly periods and marks the end of a woman's reproductive years. It isn't a single event, but a transition that can start in the 30s or 40s and last into the 50s or even 60s. **Refer to MPS** (in Volume IV of this manual set).
2. Explain that menopause begins naturally when the ovaries start making less estrogen and progesterone. Menopause can also result from surgery. Eventually menstrual periods stop, and women can no longer become pregnant.
3. Explain that pregnancy is still a risk and that contraception should be used until there has been no menses for 12 consecutive months. **Refer to FP** (in Volume III of this manual set).
4. Review how fluctuating hormone levels may result in the following physical and emotional symptoms, e.g., "hot flashes" (dilation of the blood vessels), headaches, dizziness, tachycardia, breast tenderness, fluid retention, decreased vaginal lubrication, unpredictable mood changes, sleep disturbances, fears about changing sexuality, anxiety, and depression.
5. Review using lubricants, reducing salt and caffeine, staying active, and seeking psychological support as necessary.

WH-MS MENSES

OUTCOME: The patient/family will understand the menstrual cycle.

STANDARDS:

1. Discuss comfort measures for dysmenorrhea.
2. Discuss the importance of good menstrual hygiene. Discuss the use and frequent changing of tampons and napkins. Discourage use of super absorbent tampons.
3. Explain that exercise and sex need not be curtailed during menses but that additional hygiene measures should be taken.
4. Explain that it is normal for menstrual cycles to be irregular for several years after menarche.
5. Discuss the non-contraceptive use of oral contraceptives to regulate menses.

WH-N NUTRITION

OUTCOME: The patient/family will relate diet to health promotion and disease prevention.

STANDARDS:

1. Discuss the patient's current nutritional habits. Stress dietary modifications and the importance of the food pyramid.
 - a. limit snack foods, fatty foods, red meats
 - b. reduce consumption of sodium, colas, coffee, and alcohol
 - c. drink WATER
 - d. add more fresh fruits, vegetables, and fiber
 - e. get adequate intake of calcium and vitamin D (**refer to [WH-OS](#)**)
 - f. get adequate folic acid intake
 - g. avoid carbonated beverages to retain bone health
2. Review the relationship of calories to energy balance and body weight.
3. Review which community resources exist to assist with diet modification and weight control.
4. Discuss folic acid supplementation during child bearing years.

WH-OS OSTEOPOROSIS

OUTCOME: The patient/family will understand the etiology, symptomatology, prevention, and treatment of osteoporosis.

STANDARDS:

1. Discuss the causes of osteoporosis including loss of bone density secondary to reduced estrogen levels and low intake of calcium. **Refer to OS** (in Volume IV of this manual set).
2. Explain that 90% of peak bone mass is acquired by age 18 and that without intervention, progressive bone loss is typical. The manifestations of bone loss include:
 - a. stooped shoulders
 - b. loss of height
 - c. back, neck, and hip pain
 - d. susceptibility to fractures
3. Review the risk factors:

- a. low dietary intake of calcium, vitamin D
 - b. sedentary lifestyle
 - c. high intake of carbonated beverages
 - d. familial history
 - e. smoking
 - f. stress
 - g. age over 40
 - h. female gender
 - i. race
 - j. small stature
 - k. calcium binding medications such as laxatives, antacids, and steroids
4. Emphasize that treatment is limited to preventing osteoporosis and/or slowing the progression of the disease. It is very important to prevent osteoporosis by a calcium-rich diet, regular weight-bearing exercise, decreased stress, not smoking, reduced alcohol intake, reduced carbonated beverage intake, and estrogen replacement as appropriate. **Refer OS-P** (in Volume IV of this manual set).

WH-PAP PAPER SMEAR / PELVIC EXAM

OUTCOME: The patient/family will understand the importance of routine pap testing.

STANDARDS:

1. Explain that the purpose of the pap test is to screen for precancerous conditions that are highly treatable.
2. Emphasize the importance of routine pap tests (per screening guidelines for frequency). Encourage the patient to associate the pap routine with an important date such as her birthday.
3. If this is the patient's first pap test, explain the procedure including positioning, placement of speculum, collection of cells, bimanual exam.
4. Explain the reason(s) for the test and the follow-up recommended. Discuss the results of the test as appropriate. Discuss the procedure for obtaining the results of the pap test.
5. Explain that pelvic exams without a pap test may be used to screen for STIs and other infections.

WH-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
5. Refer to medical and psychosocial support services for any risk factor identified.

WH-PMS PREMENSTRUAL SYNDROME

OUTCOME: The patient/family will understand the symptoms and relief measures for premenstrual syndrome (PMS).

STANDARDS:

1. Discuss premenstrual syndrome. Explain that it is a combination of physical and emotional symptoms resulting from fluctuations in the levels of estrogen and progesterone that occur 5–10 days before the onset of the menstrual period.
2. Review relief measures which include: physical activity, limiting intake of fat and salt, increasing water intake to 8 glasses daily, no limitation of sexual activity, supplemental vitamin B6 or calcium.

WH-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment. Discuss the possible results of non-treatment and any potential problems related to recuperation.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

WH-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to domestic violence. Refer to DV (in Volume II of this manual set).

STANDARDS:

1. Discuss the availability of shelters and other support options in their area. Offer a list of resources and make referrals as appropriate.
2. Assist in developing a plan of action that will ensure safety of all people in the environment of violence.

3. Explain the need for the family to develop a specific plan if and when the victim decides to leave the home.

WH-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in overall health and well-being.

STANDARDS:

1. Explain that unmanaged stress may cause the release of stress hormones that interfere with general health and well-being.
2. Discuss that stress may worsen adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as overeating, all of which can increase the risk of morbidity and mortality from many disease states.
3. Explain that effective stress management may help prevent progression of many disease states. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate. Seek professional help as needed to reduce stress.

WH-STI SEXUALLY TRANSMITTED INFECTIONS (REFER TO STI)**WH-SX SEXUALITY**

OUTCOME: The patient/family will understand the important aspects of sexuality.

STANDARDS:

1. Discuss that the decision to have sex is an individual decision. Peer pressure to have sex can be intense. The decision to have sex should always be discussed between partners.
2. Discuss healthy sexual behavior:
 - a. monogamous relationships
 - b. consensual sex
 - c. open and honest conversations with partner about sexual likes and dislikes
 - d. family planning and use of effective birth control
3. Explain sexual terms such as orgasm, foreplay, ejaculation, or any other terms unfamiliar to the patient. Also explain what to expect during intercourse and symptoms that should be reported to a healthcare provider.
4. Discuss the importance of making a reproductive plan and pre-conception care when applicable.
5. Explain that promiscuous sexual behavior substantially increases the risk of sexually transmitted infections. These infections can lead to ectopic pregnancy, infertility, systemic infections, or chronic pelvic pain. Also emphasize that HIV, hepatitis, and herpes can be sexually transmitted and have no cures.
6. Emphasize that abuse, (i.e., sexual, emotional, or physical) should not be tolerated. Emphasize the importance of reporting domestic violence to the proper law enforcement and child welfare/protective agencies and the patient's healthcare provider. Discuss the availability of shelters and other support options in the area. Offer a list of resources and make referrals as appropriate.

WH-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:

- a. meaning of the test results
- b. follow-up tests may be ordered based on the results
- c. how results will impact or effect the treatment plan
- d. recommendations based on the test results

WH-TO TOBACCO

OUTCOME: The patient/family will understand the adverse health consequences of tobacco use and exposure.

STANDARDS:

1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

Y**YEAST - Yeast Infection****YEAST-AP ANATOMY AND PHYSIOLOGY**

OUTCOME: The patient/family will understand anatomy and physiology as they relate to yeast infection.

STANDARDS:

1. Explain the normal anatomy and physiology of the affected area (usually skin, mouth and throat, or reproductive organs).
2. Discuss the changes to anatomy and physiology as it relates to yeast infections.
3. Discuss the impact of these changes on the patient's health or well-being.

YEAST-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of yeast infections.

STANDARDS:

1. Explain that repeated yeast infections may be a sign of a more serious condition.
2. Describe the common complications of yeast infections:
 - a. Vaginal yeast infections can lead to chronic discharge, itching, pain with urination, pain with intercourse.
 - b. Oral or pharyngeal yeast infections can lead to weight loss, malnutrition, or dehydration.
 - c. Skin yeast infections cause increased susceptibility to bacterial infections, which may become threatening to life or limb.
 - d. Widespread (disseminated) candidiasis may occur in immunocompromised individuals.
3. Explain that devices such as urinary catheters and IV ports provide access for the yeast to enter the body. Persons who are IV drug addicts and use dirty needles may inject yeast directly into their blood stream or deep tissues.

YEAST-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

YEAST-DP DISEASE PROCESS

OUTCOME: The patient/family will understand that candidiasis (yeast infections) is caused by a group of microscopic fungi or yeast.

STANDARDS:

1. Discuss the signs/symptoms of yeast infections.
2. Explain that yeast infections are caused by a fungus. *Candida albicans* is the most common cause of genital and oral infections.
3. Explain the predisposing factors to yeast infections as appropriate:
 - a. Treatment with antibiotics that kill bacteria that otherwise control fungal growth
 - b. Moisture retention on the skin, e.g., people who frequently have their hands in water, children who suck a thumb, babies who stay in wet diapers, skin folds of the obese
 - c. Uncontrolled diabetes
 - d. Impaired immune response
 - e. Use of spermicidal jellies or creams
 - f. Ill-fitting dentures
4. Discuss that women should see a healthcare provider the first time they suspect a yeast infection. Occasionally yeast infections are mistaken for other similar vaginal infections such as bacterial vaginosis or allergic reactions. Recurrent or uncleared infections should be evaluated by a medical provider.

YEAST-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in yeast infection.

STANDARDS:

1. Discuss that vigorous exercise produces more sweat, which means warmer, moist dark places for candida yeast to thrive. Avoid wearing tight workout clothes and nylon underwear (that traps heat). Remove sweaty clothes and wet swim suits ASAP.
2. Discuss the medical clearance issues for new physical activity. Current exercise can be maintained.
3. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
4. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
5. Discuss the appropriate frequency, intensity, time, and type of activity.

YEAST-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of a yeast infection.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

YEAST-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding yeast infections.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding yeast infections and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

YEAST-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of a yeast infection.

STANDARDS:

1. Explain the home management techniques. If certain that the infection is a yeast condition, it can be treated with over-the-counter medications.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

YEAST-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

YEAST-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to yeast infections.

STANDARDS:

1. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.

2. Review the importance of daily dental hygiene, with attention to brushing and flossing.
3. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

YEAST-L LITERATURE

OUTCOME: The patient/family will receive literature about yeast infections.

STANDARDS:

1. Provide the patient/family with literature on yeast infections.
2. Discuss the content of the literature.

YEAST-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

YEAST-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to yeast infections.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.

2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

YEAST-P PREVENTION

OUTCOME: The patient/family will understand ways to prevent yeast infections.

STANDARDS:

1. Explain that keeping the skin clean and dry is a major deterrent to the growth of yeast on the skin.
2. Explain that control of blood glucose for diabetics helps prevent yeast infections, as appropriate.
3. Discuss the use of live-culture yogurt or probiotics. **Refer to [YEAST-N](#).**
4. Discuss wearing tight workout clothes and nylon underwear (which traps heat). Remove sweaty clothes and wet swim suits ASAP.
5. Discuss the methods to prevent re-infection or transmission:
 - a. To prevent vaginal infections, wear cotton underwear and avoid douches.
 - b. To prevent skin infections, keep the area clean and dry.
 - c. For infants with oral thrush, discuss that all bottle nipples and pacifiers should be washed in hot, soapy water. If the infant is breast-fed, the mother is likely to be treated as well.

YEAST-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

YEAST-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

YEAST-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in yeast infections.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in yeast infections.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine

- i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

YEAST-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

YEAST-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
3. Explain that compliance with the treatment plan is essential. Explain that treatment of yeast infections varies according to the site, severity and organism causing the yeast infection. Treatment is usually topical but can be oral or IV.

YEAST-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.
2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

Appendix A: Cross-referenced Protocols

A.1 AF-CON Confidentiality

OUTCOME: The patient/family will the patient's health information will be kept confidential.

STANDARDS:

1. Briefly explain the institution's policies regarding confidentiality and privacy of protected health information under the current regulations.
2. Explain the instances where patient information might be divulged, (third-party billing, continuation of care, transfer to another facility) and what information will be divulged.
3. Explain that a "Release of Information" will be obtained prior to release of medical information except when related to continuation of care, billing, or transfer to another facility.
4. Explain that information will not be provided to others, including family and friends, without written permission from the patient.
5. As indicated, emphasize the importance of respecting the right to confidentiality and privacy of other patients.

A.2 AOD - Alcohol and Other Drugs

AOD-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the use of alcohol or other drugs of abuse.

STANDARDS:

1. Explain the normal anatomy and physiology of the brain, liver, and other organs affected by alcohol or other drugs, as appropriate.
2. Discuss the changes to anatomy and physiology as a result of alcohol or other drugs.
3. Discuss the impact of these changes on the patient's health or well-being.

AOD-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to alcohol and other drug use

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with alcohol and other drug use as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with alcohol and other drug use, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs.
6. Refer to a mental health agency or provider.

AOD-BNI BRIEF NEGOTIATED INTERVENTION

Screening follow-up is critical to reducing risk for hazardous or harmful alcohol use. The Brief Negotiated Interview has been established as a best practice intervention tool for hazardous or harmful drinkers as outlined in the IHS best practice protocol, the Alcohol Screening and Brief Intervention (ASBI) program. ASBI is a targeted prevention program incorporating alcohol screening, brief feedback, and motivational interviewing to assist patients in connecting their drinking behavior with their current injury or medical problem. Refer to the ALCOHOL SCREENING and BRIEF INTERVENTION (ASBI) PROGRAM IMPLEMENTATION and OPERATIONS MANUAL from the IHS Office of Clinical and Preventive Services, which can be found at:

<http://www.ihs.gov/NonMedicalPrograms/NC4/index.cfm?module=asbi>

OUTCOME: The patient/family will understand the connection between hazardous or harmful alcohol or other drug use and physical injury, medical problems and/or emotional and social distress.

STANDARDS:

1. Raise the subject: Ask permission to discuss the subject of alcohol, which lets the patient know that the wishes and perceptions of the patient are central to the treatment.
2. Provide feedback:

- a. Discuss the results of alcohol screening, comparing quantity and frequency reported by the patient to non-hazardous drinking norms. The National Institute of Alcohol Abuse and Alcoholism offers specific guidelines for men and women regarding the maximal thresholds for low-risk drinking:
 - i. A standard drink is 12 oz. of beer, 1.5 oz. spirits, or 5 oz. of wine.
 - ii. Men should not drink more than fourteen drinks in any week and not more than four drinks in any given day.
 - iii. Women should not drink more than seven drinks in any week and not more than three drinks in any given day.
 - iv. People who drink below these levels may still be at risk for alcohol-related injuries, medical, and/or other alcohol-related problems. However, drinking above these amounts is known to place individuals at high risk.
 - b. Discuss the connection between the use of alcohol and the injury or adverse health consequences that resulted in the hospital or clinic visit. Explain the high risk of repeating the alcohol-injury event and killing or harming self or others as the events escalate.
3. Enhance motivation:
- a. Have patient self-identify readiness to change.
 - b. Develop discrepancy between the patient's present behavior and the patient's own expressed concerns, which may tip the scales towards readiness to change.
 - c. Provide options that the patient can pursue to develop a plan for treatment of the underlying alcohol disorder and injury prevention as appropriate.
4. Negotiate and advise:
- a. Assist the patient to identify a goal from a menu of options.
 - b. Explain to the patient that staying within agreed-upon limits will lessen the risk of experiencing further illness or injury related to alcohol use.
 - c. Provide the patient with a drinking agreement.
 - d. Explain the importance of follow-up.

AOD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of alcohol and other drug abuse/dependence.

STANDARDS:

1. Review the potential adverse short and long term effects that alcohol and other drugs have on the body, as appropriate:
 - a. tolerance and withdrawal symptoms, seizures, respiratory arrest, and death

- b. GI disease, e.g., liver damage/cirrhosis, pancreatitis, ulcers, cancer
 - c. brain damage, dementia, neurological disorders
 - d. obesity, malnutrition, vitamin deficiencies
 - e. cardiac disease, e.g. cardiomyopathy, heart attack
 - f. ENT disorders, pulmonary disease
 - g. changes in thinking/personality, poor judgment, emotional disorders
 - h. behavior problems (loss of inhibitions, theft to support use, acting out of anger/irritability)
2. Discuss the stages of addiction and the progression of use, abuse, and dependence over time. Discuss withdrawal symptoms as a sign of dependence.
 3. Review the potential adverse effects of alcohol and other drug abuse/dependence on the lifestyle of the individual, the family, and the community, which often results in:
 - a. loss of job
 - b. divorce or marital and family conflict, domestic violence
 - c. legal problems
 - d. consequences of unprotected sex, e.g., sexually transmitted infections, unplanned pregnancies
 - e. acute illness, exacerbation of chronic health problems
 - f. increased risk of injury or death to self or others, e.g., motor vehicle crashes, falls, assaults, homicide, or suicide
 4. Discuss the common co-morbidity of alcohol and other drug abuse with mental health diagnoses, including depression, anxiety, and features of personality disorders.

AOD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

AOD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of alcohol and other drug abuse and addiction and understand the stages of change.

STANDARDS:

1. Review the current medical information, including physical, psycho-social, and spiritual consequences of the patient's specific alcohol and other drug abuse/dependency.
2. Discuss the diagnosis of alcohol and other drug abuse/dependence and provide an opportunity to recognize the disease process/progression of abuse and dependence:
 - a. tolerance and withdrawal symptoms
 - b. substance is taken in larger amounts or over a longer period than intended
 - c. persistent desire or unsuccessful efforts to cut down or control the substance use
 - d. a great deal of time spent in activities necessary to obtain the substance or recover from its effect
 - e. important social, occupational, or recreational activities are given up because of the substance use
 - f. substance use is continued despite knowledge of having a persistent or recurrent physical or psychological pattern likely caused or exacerbated by the substance

AOD-EC EMERGENCY CONTRACEPTION (POST-COITAL)

OUTCOME: The patient/family will understand emergency contraception that is presented in a non-judgmental manner.

STANDARDS:

1. Explain the process of obtaining emergency contraception.
 - a. Many options are available and include prescription and non-prescription medications.
 - b. May be available via collaborative practice agreements from non-primary care providers, i.e., nurses and pharmacists.
 - c. Patients under 17 years of age, may require a prescription.
2. Discuss perceptions regarding emergency contraception. Emergency contraception:
 - a. is not an abortion and is not an "abortion pill"

- b. will not affect an existing pregnancy and will not work if a woman is already pregnant
 - c. will not protect against sexually transmitted infections
 - d. should not be used as a regular birth control method
 - e. is less effective than correctly used birth control options - it is considered only a backup or emergency method
3. Explain that many different medicines may be used as emergency contraception. Regardless of the exact medicine chosen, the mechanisms of actions are similar and include:
 - a. Stopping the release of an egg from the ovary
 - b. Preventing fertilization of an egg
 - c. Preventing attachment of a fertilized egg to the uterus
4. Explain the proper use of emergency contraception.
 - a. It is most effective if started as soon as possible and ideally within 72 hours of unprotected sexual intercourse or contraceptive failure. These include:
 - v. The regular birth control method was used incorrectly or failed (condom broke or slipped)
 - vi. A mistake was made with the regular birth control method
 - vii. No birth control method was used
 - b. Longer intervals (120 hours = 5 days) may be considered, but efficacy rates are significantly decreased.
 - c. The medicine must be taken exactly as prescribed to maximize efficacy.
5. Explain situations that require follow up by a medical provider. These include but are not limited to:
 - a. Vomiting that occurs within one hour of a dose of emergency contraception
 - b. A menstrual period that is more than 7 days late
 - c. Any side effects that persist or worsen
 - d. Any severe abdominal pain 3 to 5 weeks after taking emergency contraception - this could be symptoms of a life threatening tubal pregnancy
 - e. Any emotional disturbances, but especially in the setting of sexual assault and other traumatic experiences
6. Review common or important side effects of emergency contraception.
 - a. Most side effects are mild and temporary. They may include menstrual changes, nausea, abdominal pain, tiredness, headache, dizziness, breast pain and vomiting.

- b. Some women will have menstrual changes (spotting before next period, heavier, lighter, earlier or later). If the period is more than a week late, a pregnancy test should be obtained.

AOD-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity for a healthy and alcohol and drug-free life style.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any exercise, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Encourage the patient to increase the intensity and duration of the activity as the patient becomes more fit.
5. Refer to community resources as appropriate.

AOD-FAS FETAL ALCOHOL SPECTRUM DISORDERS

OUTCOME: The patient/family will understand the importance of avoiding any consumption of alcohol during pregnancy.

STANDARDS:

1. Identify behaviors that reduce the risk for fetal alcohol syndrome.
2. Discuss that consumption of any amount of alcohol during pregnancy can cause FAS or FASD. Emphasize the importance of abstinence from any alcohol use during pregnancy (including beer, wine, liquor, and wine coolers).
3. Explain that FAS and FASD are a cluster of physical, mental, and neurodevelopmental birth defects that occur as a result of prenatal exposure to alcohol. These birth defects are life long, and may include:
 - a. Behavioral problems
 - b. Learning and memory problems
 - c. Impaired cognition and mental retardation
 - d. Language and communication problems
 - e. Visual-spatial impairment
 - f. Executive functioning problems (e.g., planning, sequencing, organizing, abstract thinking)

- g. Attention/concentration difficulties
 - h. Motor control problems (e.g., coordination, balance, gait, muscle tone/control)
 - i. Sensory integration difficulties
 - j. Challenges living independently
4. Assist the patient in developing a plan for prevention. Discuss available treatment or intervention options, as appropriate.

AOD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of alcohol and other drugs.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

AOD-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from an alcohol/drug abuse help line or crisis intervention line.

STANDARDS:

1. Explain that a help line will enable the patient to talk with a specialist who can help in choosing a plan to assist in alcohol/drug use cessation which may include various types of treatment such as group or individual counseling and/or medications. Explain that a crisis intervention help line may assist in dealing with an immediate crisis.
2. Provide the help/quit/crisis intervention line phone number and hours of operation or assist in calling the line during the encounter.
3. Explain how the help/quit/crisis line works and what the patient can expect from calling and/or participating in the services.

AOD-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of misuse of alcohol and other drugs.

STANDARDS:

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

AOD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

AOD-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to alcohol or other drugs.

STANDARDS:

1. Discuss the importance of hand-washing in infection control, especially in relationship to food preparation/consumption, child care, and toilet use.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the damaging effects of alcohol and other drugs to tooth enamel. Review the importance of daily dental hygiene, with attention to brushing and flossing.

4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposure to blood-borne pathogens and sexually transmitted infections from unplanned, unprotected intercourse and/or use of contaminated needles and/or syringes.

AOD-INJ INJURIES

OUTCOME: The patient/family will understand the connection between alcohol or drug use and physical injury.

STANDARDS:

1. Discuss the results of alcohol screening, comparing quantity and frequency to non-hazardous drinking.
2. Discuss the connection between the use of alcohol and the injury or adverse health consequence(s) that resulted in the hospital or clinic visit. **Refer to AOD-BNI.**
3. Provide options that the patient can pursue to develop a plan for treatment of the underlying alcohol or other drug abuse disorder and injury prevention as appropriate.

AOD-L LITERATURE

OUTCOME: The patient/family will receive literature on alcohol and other drugs.

STANDARDS:

1. Provide the patient/family with appropriate literature (including literature and/or Website addresses) to facilitate understanding and knowledge of alcohol and other drug issues.
2. Discuss the content of the literature.

AOD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the lifestyle adaptations needed for recovery from alcohol and other drug dependence.

STANDARDS:

1. Discuss the lifestyle changes specific to recovery from alcohol and other drug dependence:
 - a. minimizing exposure to alcohol and other drugs, such as avoiding bars and breweries
 - b. developing new and enjoyable alcohol and other drug-free activities/hobbies

- c. attending alcohol and other drug-free social functions and community/family activities
- d. making new friends who are alcohol and other drug-free or actively engaging in recovery
2. Discuss that the family may also require lifestyle adaptations to care for the patient, including reducing enabling behaviors and avoiding social drinking in the presence of the recovering individual.
3. Discuss ways to optimize the quality of life, such as exploring or deepening spirituality.
4. Refer to community services (e.g., 12-step programs), resources, or support groups (e.g., Al-Anon, Alateen programs), as available.

AOD-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate. This includes OTC medicines that may contain alcohol, e.g., cough syrup.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Emphasize the importance of taking medications as prescribed, e.g., avoiding overuse, under use, or misuse.
5. Discuss the importance of keeping a list of all current prescriptions and OTC medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

AOD-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of an alcohol and other drug-free lifestyle.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).

2. Review the basic nutrition recommendations for the treatment plan. Discuss strategies of managing food cravings, and the risk of rapid weight fluctuations.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

AOD-N NUTRITION

OUTCOME: The patient/family will understand the importance of role of nutrition in alcohol and other drug abuse.

STANDARDS:

1. Discuss strategies for managing food cravings, and the risks of rapid weight fluctuation.
2. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
3. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
4. Discuss the importance of regular meals and adequate fluid intake.
5. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
6. Refer to registered dietitian for MNT.

AOD-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing alcohol and other drug-use disorders.

STANDARDS:

1. Emphasize the awareness of risk factors associated with alcohol and other drug abuse and dependence, such as experimentation with alcohol and other drugs, binge drinking, and family history of alcohol and other drug abuse and dependence.
2. Discuss that the individual who is becoming dependent is often unaware of the progressive loss of control.
3. Discuss the impact of comorbid conditions and psychosocial stressors on alcohol and other drug abuse and dependence.
4. Discuss how alcohol and other drug abuse and dependence adversely affects the patient, the family, and the community.

AOD-PCC PRECONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing:
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
5. Refer for medical and psychosocial support services for any risk factor identified.

AOD-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to alcohol and other drug use.

STANDARDS:

1. Discuss behavior changes (e.g., risk-taking) that can occur while someone is under the influence of alcohol or drugs and how these behaviors can put self and others in danger.
2. Discuss how rules and laws protect us (e.g., requirements for seatbelt and helmet use).
3. Emphasize the importance of a designated driver.
4. Discuss with the patient/family the following safety items as appropriate:
 - a. Discuss legal implications of putting others at risk. Involvement of a minor may be considered child abuse/neglect.
 - b. Discourage riding in a vehicle with anyone under the influence of alcohol or other drugs.
 - c. Explain ways to resist peer pressure and teach responsible ways friends can protect each other.
 - d. Discuss how to talk to parents and other adults about alcohol or drugs. Discuss feelings of guilt or responsibility.
 - e. Discuss information sources (e.g., school programs) and how to make informed decisions.

AOD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in the treatment of alcohol and other drug abuse and dependence.

STANDARDS:

1. Discuss that uncontrolled stress may increase alcohol and other drug use and interfere with the treatment.
2. Emphasize the importance of seeking professional help as needed to reduce stress.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly

- h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

AOD-TX TREATMENT

OUTCOME: The patient/family will understand that alcohol and other drug abuse/dependence is a chronic disease which may be treated, but which usually includes a long-term process for maintaining sobriety/recovery.

STANDARDS:

1. Discuss need to identify the patient's perceptions that promote alcohol and other drug abuse/dependence and to learn the mechanisms to modify those perceptions and associated behaviors.
 - a. Explain the importance of identifying the triggers that lead to use, and finding alternative activities and coping strategies to avoid use when exposed to those triggers.
 - b. Discuss relapse risk of alcohol and other drug abuse/dependence, and the need to utilize family, cultural/spiritual, and community resources to prevent relapse.
 - c. Discuss the necessary changes in lifestyle to maintain sobriety, including new activities/hobbies, social functions, and friends.
2. Discuss the purpose for and the concerns/fears regarding placement at both inpatient and outpatient alcohol and other drug treatment facilities:
 - a. Explain the rationale for the recommended placement based on patient/family preference, level of need, court order, safety, eligibility, availability, and funding.
 - b. Explain that the purpose of inpatient placement is to ensure a safe and supportive environment for recovery from alcohol and other drug dependence.
 - c. Discuss alternative placement or treatment options if recommended placement is declined or unavailable.
 - d. Discuss the placement process, including the need for physical exams, the funding requirements, and the timelines for rehabilitation.
3. Explain that patients with dual diagnoses will require specialized treatment or adjunct mental health treatment.

4. Explain the stages of change as applied to the progression of alcohol and other drug abuse/dependence, e.g., pre-contemplation, contemplation, preparation, action, and maintenance.

A.3 PM – Pain Management

PM-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as it relates to the patient's pain.

STANDARDS:

1. Explain the normal anatomy and physiology of affected area.
2. Discuss the changes to anatomy and physiology as it relates to pain.
3. Discuss the impact of these changes on the patient's health or well-being.

PM-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to pain management.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with pain as a life-altering illness that requires a change in lifestyle (**refer to PM-LA**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with pain, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD.**
6. Refer to a mental health agency or provider.

PM-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PM-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the causes of the pain.

STANDARDS:

1. Explain that the patient is the primary source of information about the pain's location, quality, intensity, onset, precipitating or aggravating factors, and the measures that bring relief.
2. Emphasize the importance of communicating information about the pain to the provider. Explain the pain scale and how it is used in developing a plan to manage pain.
3. Discuss that the patient's presentation of symptoms is a unique combination of the type of pain, individual experiences, and sociocultural adaptive responses.
4. Explain that pain tolerance varies greatly from person to person and in the same individual under different circumstances.
5. Explain that it is rare for patients to become addicted to medications administered for a short period of time for the relief of acute pain.

PM-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. Indication for the equipment
 - b. Benefits of using the equipment
 - c. Types and features of the equipment
 - d. Proper function of the equipment
 - e. Sign of equipment malfunction and proper action in case of malfunction

- f. Infection control principles, including proper disposal of associated medical supplies
- g. Importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

PM-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in pain management.

STANDARDS:

1. Discuss medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss obstacles to a personal physical activity plan and solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

PM-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of chronic pain.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PM-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the lifestyle changes necessary to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. Learn how to be healthy
 - b. Be willing to change
 - c. Set small, realistic, sustainable goals
 - d. Practice new knowledge
 - e. Get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PM-L LITERATURE

OUTCOME: The patient/family will receive literature about pain management.

STANDARDS:

1. Provide patient/family with literature on pain management.
2. Discuss the content of the literature.

PM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary for pain management.

STANDARDS:

1. Discuss lifestyle changes specific to the patient's pain.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

PM-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PM-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for treatment or management of pain.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PM-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and pain management.

STANDARDS:

1. Explain that constipation is a common side effect of opiates. Review dietary measures to aid in relief of constipation.

2. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
3. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
4. Discuss the importance of regular meals and adequate fluid intake.
5. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

PM-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing increased pain related to the disease process or injury.

STANDARDS:

1. Discuss the importance of fully participating in treatment plan for an acute injury to reduce the risk of residual chronic pain.
2. Discuss good body mechanics in order to reduce the risk of musculoskeletal injuries.

PM-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to pain management.

STANDARDS:

1. Explain the importance of body mechanics to avoid injury.
2. Assist in identifying ways to improve safety and prevent injury in the home.
3. Stress the importance and proper use of mobility devices, for example cane, walker, wheel chair.
4. Discuss safety while operating motor vehicle/heavy equipment while on pain medication.

PM-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing

- b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PM-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the risks and benefits of non-invasive and alternative pain relief measures e.g., medications, TENS unit, heat, cold, massage, meditation, imagery, acupuncture, healing touch, traditional healer, and hypnosis.
5. Discuss the possible appropriate procedural or operative pain management techniques e.g., nerve block, intrathecal narcotics, local anesthesia.
6. Discuss the importance of maintaining a positive mental attitude.