

INDIAN HEALTH SERVICE



Volume III Patient and Family Education Protocols and Codes (PEPC) F - L

21st Edition
effective date October 2014

About This Document

Volume 3 of the Patient Education manual consists of the protocols and codes for patient education, protocols starting with the letters F – L and what protocols changed.

You can print this volume or print individual protocols.

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

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

Table of Contents

New Codes for 2014, F – L	V
F	1
FACT – Factitious Disorder	1
FTT - Failure To Thrive (All Ages)	7
FALL - Fall.....	16
FP - Family Planning	24
FEED - Feeding Disorders - Early Childhood	35
FASD - Fetal Alcohol Spectrum Disorder	44
F - Fever.....	52
FMS - Fibromyalgia Syndrome	57
FOOT - Foot/Podiatric Disorders	65
FF – Formula Feeding.....	71
FRST - Frostbite.....	80
G	86
GB - Gallbladder Disorders.....	86
GE - Gastroenteritis.....	93
GER - Gastroesophageal Reflux Disease	98
GENDR - Gender Identity Disorder	105
GAD - Generalized Anxiety Disorder	112
GENE - Genetic Disorders.....	118
GDM - Gestational Diabetes.....	126
GIB - GI Bleed	135
GL - Glaucoma	142
GOUT - Gout (Inflammatory Arthritis)	146
GRIEF- Grief/Bereavement	154
GBS - Guillain-Barre Syndrome.....	159
H	166
HPS - Hantavirus Pulmonary Syndrome	166
HA - Headaches	173
HPDP - Health Promotion, Disease Prevention.....	182
HRA - Hearing Aids	191
HL - Hearing Loss.....	194
HF - Heart Failure.....	199
HEAT - Heatstroke	210
HEM - Hemorrhoids.....	216
HEP - Hepatitis A,B,C.....	225
IV - Home IV Therapy.....	237
HIV - Human Immunodeficiency Virus.....	246
LIP - Hyperlipidemia/Dyslipidemias	260
HTN - Hypertension.....	268
HTH - Hyperthyroidism.....	278
HPTH - Hypothermia	284

TABLE OF CONTENTS

LTH - Hypothyroidism.....	290
I	296
IM - Immunizations	296
IMP - Impetigo	299
IMPLS – Impulse Control Disorders	303
INFERT - Infertility.....	310
FLU – Influenza	318
INJ - Injuries	326
J	332
JRA - Juvenile Rheumatoid Arthritis	332
K	342
STONES - Kidney Stones.....	342
L	350
LAB - Laboratory	350
LEAD - Lead Exposure/Lead Toxicity.....	352
LD - Learning Disorders/Disabilities	359
LICE – Lice (Head, Body, Pubic).....	366
LIV - Liver Disease	372
LYME – Lyme Disease	382
LOMA - Lymphoma	387

New Codes for 2014, F – L

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

FACT FACTITIOUS DISORDER

FACT-DP
FACT-M
FACT-SM

FTT FAILURE TO THRIVE

FTT-C
FTT-DP
FTT-EC
FTT-FU
FTT-HPDP
FTT-HY
FTT-L
FTT-LA
FTT-M
FTT-MNT
FTT-N
FTT-P
FTT-PRO
FTT-SM
FTT-TX

FALL FALL

FALL-AP
FALL-C
FALL-CC
FALL-DP
FALL-EQ
FALL-EX
FALL-FU
FALL-LA
FALL-P
FALL-S
FALL-SCR
FALL-TX
FALL-WC

FP FAMILY PLANNING

FP-EC

FP-HY
FP-M
FP-MNT

FEED FEEDING DISORDERS - EARLY CHILDHOOD

FEED-DP
FEED-M
FEED-MNT
FEED-PA
FEED-SM

FASD FETAL ALCOHOL SPECTRUM SYNDROME

FASD-ADL
FASD-DP
FASD-LA
FASD-MNT

F FEVER

F-HM
F-INF

FMS FIBROMYALGIA SYNDROME

FMS-BH
FMS-DP
FMS-EX
FMS-FU
FMS-HELP
FMS-L
FMS-LA
FMS-M
FMS-MNT
FMS-PM
FMS-SM
FMS_TX
Inactivate PSY

**FOOT FOOT/PODIATRIC
DISORDERS**

FOOT-AP
FOOT-C
FOOT-DP
FOOT-FU
FOOT-L
FOOT-M
FOOT-P
FOOT-PRO
FOOT-TX
FOOT-WC

FF FORMULA FEEDING

FF-L
FF-MNT
FF-SF

FRST FROSTEBITE

FRST-FU
FRST-HPDP
FRST-M
FRST-P
FRST-TX
FRST-WC

GB GALLBLADDER DISORDERS

GB-AP
GB-BH
GB-C
GB-DP
GB-FU
GB-M
GB-MNT
GB-P
GB-PRO
GB-TX

GE GASTROENTERITIS

GE-AP
GE-DP
GE-FU
GE-MNT
GE-TX

**GER GASTROESOPHAGEAL
REFLUX DISEASE**

GER-EX
GER-M
GER-MNT
GER-SM

GENDR GENDER DISORDER

GENDR-C
GENDR-FU
GENDR-LA
GENDR-M
GENDR-SM
GENDR-TX
Inactivate PSY

**GAD GENERALIZED ANXIETY
DISRODER**

GAD-EX
GAD-M
GAD-SM

GENE GENETIC DISORDERS

GENE-EQ
GENE-LA
GENE-M
GENE-MNT
GENE-PA
GENE-SM

GDM GESTATIONAL DIABETES

GDM-EX
GDM-M
GDM-MNT
GDM-SM

GIB GI BLEED

GIB-EQ
GIB-M

GL GLAUCOMA

GL-AP
GL-C

GL-FU
 GL-HELP
 GL-LT
 GL-M
 GL-TX

GOUT GOUT

GOUT-HPDP
 GOUT-M

GRIEF GRIEF

GRIEF-EX
 GRIEF-M

**GBS GUILLAIN-BARRE
 SYNDROME**

GBS-AP
 GBS-BH
 GBS-C
 GBS-DP
 GBS-EQ
 GBS-FU
 GBS-HELP
 GBS-L
 GBS-LA
 GBS-M
 GBS-MNT
 GBS-PM
 GBS-S
 GBS-SM
 GBS-TX

**HPS HANTAVIRUS PULMONARY
 SYNDROME**

HPS-INF

HA HEADACHES

HA-AP
 HA-C
 HA-EX
 HA-FU
 HA-LA
 HA-M
 HA-MNT

HA-N
 HA-P
 HA-SM
 HA-TX

**HPDP HEALTH PROMOTION,
 DISEASE PREVENTION**

HPDP-ADL
 HPDP-CAR
 HPDP-EX
 HPDP-HY
 HPDP-M
 HPDP-S
 HPDP-SM

HF HEART FAILURE

HF-AP
 HF-BH
 HF-C
 HF-EQ
 HF-EX
 HF-M
 HF-MNT
 HF-SM

HEAT HEATSTROKE

HEAT-C
 HEAT-DP
 HEAT-EX
 HEAT-FU
 HEAT-L
 HEAT-M
 HEAT-MNT
 HEAT-P
 HEAT-S
 HEAT-TX

HEM HEMORRHOIDS

HEM-AP
 HEM-C
 HEM-DP
 HEM-EX
 HEM-FU
 HEM-HM
 HEM-HPDP

HEM-HY
HEM-LA
HEM-M
HEM-MNT
HEM-P
HEM-SM
HEM-TX

HEP HEPATITIS A, B, C

HEP-AP
HEP-C
HEP-DPB
HEP-DPC
HEP-HPDP
HEP-HY
HEP-INF
HEP-LA
HEP-M
HEP-MNT
HEP-P
HEP-TX

IV HOME IV THERAPY

IV-AP
IV-C
IV-EQ
IV-FU
IV-HPDP
IV-HY
IV-L
IV-M
IV-MNT
IV-S
IV-SM
IV-TX
IV-WC

**HIV HUMAN
IMMUNODEFICIENCY VIRUS**

HIV-C
HIV-DP
HIV-HM
HIV-HPDP
HIV-HY
HIV-INF

HIV-LA
HIV-M
HIV-MNT
HIV-P
HIV-SM

**LIP HYPERLIPIDEMIA/
DYSLIPIDEMIAS**

LIP-EX
LIP-M
LIP-MNT
LIP-SM

HTN HYPERTENSION

HTN-EX
HTN-M
HTN-MNT
HTN-SM

HTH HYPERTHYROIDISM

HTH-M
HTH-MNT

HPTH HYPOTHERMIA

HPTH-M
HPTH-SM

LTH HYPOTHYROIDISM

LTH-EX
LTH-M
LTH-MNT

IM IMMUNIZATIONS

IM-C
IM-DEP
IM-I
IM-P
IM-SCH

IMP IMPETIGO

IMP-C
IMP-FU
IMP-HY

IMP-M
 IMP-P
 IMP-TX
 IMP-WC

**IMPLS IMPULSE CONTROL
 DISORDERS**

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

INFERT INFERTILITY

INFERT-EX
 INFERT-M
 INFERT-MNT
 INFERT-SM

FLU INFLUENZA

FLU_INF
 FLU-M
 FLU-MNT

INJ INJURIES

INJ-AP
 INJ-EQ
 INJ-EX
 INJ-FU
 INJ-I
 INJ-M
 INJ-MNT
 INJ-P
 INJ-TX
 INJ-WC

**JRA JUVENILE RHEUMATOID
 ARTHRITIS**

JRA-AP
 JRA-BH
 JRA-C
 JRA-DP
 JRA-EQ
 JRA-EX
 JRA-FU
 JRA-HPDP
 JRA-HY
 JRA-LA
 JRA-M
 JRA-MNR
 JRA-PRO
 JRA-S
 JRA-SM
 JRA-TX

STONES KIDNEY STONES

STONES-AP
 STONES-DP
 STONES-EQ
 STONES-FU
 STONES-HM
 STONES-L
 STONES-M
 STONES-MNT
 STONES-N
 STONES-P

**LEAD LEAD EXPOSURE/ LEAD
 TOXICITY**

LEAD-AP
 LEAD-DP
 LEAD-FU
 LEAD-HY
 LEAD-L
 LEAD-MNT
 LEAD-P

**LD LEARNING
 DISORDERS/DISABILITIES**

LD-C
 LD-DP

LD-SM
LD-TX

LICE LICE (HEAD, BODY, PUBIC)

LICE-M

LIV LIVER DISEASE

LIV-C
LIV-LA
LIV-M

LYME LYME DISEASE

LYME-M
LYME-MNT
LYME-P

LOMA LYMPHOMA

LOMA-EQ
LOMA-EX
LOMA-INF
LOMA-M
LOMA-MNR
LOMA-SM

F

FACT – Factitious Disorder

(formerly called Münchausen Syndrome)

FACT-C COMPLICATIONS

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

STANDARDS:

1. Explain that individuals with factitious disorders often seek numerous medical evaluations, diagnostic procedures, surgeries, and hospitalizations, in addition to concurrent treatments with multiple physicians, which often leads to increased risk of morbidity and hazardous combinations of treatment.
2. Discuss that factitious disorder is usually incompatible with the individual's maintaining steady employment, family ties, and interpersonal relationships.
3. Explain that individuals with factitious disorder are at risk for drug addiction as a result of surreptitious use of psychoactive substances for purpose of producing symptoms that suggest a mental or medical diagnosis (**refer to [AOD](#)**).
4. Explain that individuals with factitious disorders may choose to hurt themselves as part of the nature of their illness, and may even attempt or complete suicide (**refer to [SI](#) in Volume V of this manual set**).

FACT-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.

FACT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the signs and symptoms of factitious disorder (formerly called Münchausen Syndrome).

STANDARDS:

1. Discuss the signs and symptoms of factitious disorder involving:
 - a. The intentional production or feigning of physical or psychological signs or symptoms for the purpose of assuming a sick role.
 - b. External incentives or motivations for the behaviors are absent, e.g., economic gain, avoiding legal responsibilities, or physical well-being, as in Malingering.
2. Explain that Münchausen by proxy syndrome is relatively uncommon condition that involves the exaggeration or fabrication of illnesses or symptoms by a primary caregiver. **Refer to ABNG** (in Volume II of this manual set).
3. Explain that the internal motivations are presumed to be an unconscious cry for help. Reframe the patient's problems as psychiatric in nature.
4. Explain that rarely the course of this disorder is limited to one or more brief episodes, but usually it is chronic, and may include a life-long pattern of successive hospitalizations and surgeries. It usually appears to remit within the fourth decade of life.
5. Explain that the pathophysiology of factitious disorder is unclear, although abnormalities have been reported in MRI and SPECT of the brains of those with factitious disorder, as well as in psychological testing.

FACT-FU FOLLOW-UP

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

FACT-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.

FACT-L LITERATURE

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

STANDARDS:

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

FACT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for improving overall well-being.

STANDARDS:

1. Discuss the specific lifestyle changes for reducing stress and improving relationships and social support networks, including regular exercise and healthy diet.
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.

FACT-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.

FACT-N NUTRITION

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

FACT-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to factitious disorder and the risk of suicide or other risky behavior.

STANDARDS:

1. Discuss the adverse health consequences for multiple medical procedures.
2. 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 risky/dangerous behavior arise.
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.

FACT-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in developing internal coping skills.
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.

FACT-TX TREATMENT

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

STANDARDS:

1. 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.
2. Explain that therapists have different styles and orientations for treating factitious disorder, and that some styles may suit the patient better than others.
3. Explain that medication intervention is often used in combination with psychotherapy to help alleviate any associated symptoms or co-morbid conditions.
4. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for factitious disorder may vary according to the patient's life circumstances, severity of the condition, the patient's participation in the choices, and available resources.

FTT - Failure To Thrive (All Ages)

FTT-ALL ALLERGIES

OUTCOME: The patient/family will understand food allergies and their influence on the failure to thrive.

STANDARDS:

1. Explain that protein allergies may increase the risk of failure to thrive, e.g., cow's milk protein, soy milk protein.
2. Discuss the impact that the specific food allergy may have on the infant and its inability to successfully obtain the nutrients that the infant needs.
3. Discuss that unrecognized food allergies may lead to refusal of food, vomiting, and other symptoms.

FTT-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological aspects of coping with the effects of the failure to thrive.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of the failure to thrive on the parent (**refer to [FTT-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with failure to thrive.
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.

FTT-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of failure to thrive.

STANDARDS:

1. Discuss that complications seen in children may include small head circumference, muscular wasting, apathy, weight loss, anemia, poor weight gain and learning failures (e.g., slow to talk and behavior problems).
2. Explain that loss of appetite is common and may lead to other eating disorders or anorexia in both children and adults. Young infants may fail to cry or request food after prolonged starvation.
3. Discuss the effects of malnourished state on growth and development in early age and this may result in permanent physical, cognitive, and emotional changes.
4. Explain that complications in adulthood may include debility, cardiac cachexia or chronic obstructive pulmonary disease, chronic pancreatic deficiency, infections, and hyperphagia or hypophagia.
5. Explain that failure to thrive in children is a common symptom of celiac disease.

FTT-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.

FTT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of failure to thrive.

STANDARDS:

1. Explain that FTT in children can occur from social factors including inadequate feeding procedures or inadequate caretaker behaviors or neglect. Explain that FTT can result from psychological factors that influence an infant's feeding behavior.
2. Explain that FTT in children can result from disease states, such as metabolic or endocrine disorders, allergies, chronic infections/immunodeficiency, cystic fibrosis, cleft palate, and Crohn's disease, cancer, or physical or mental disabilities.

3. Explain that premature or low birth weight infants have delayed neuromuscular development, small gastric capacity, and higher metabolic needs that predispose them to FTT.
4. Explain that FTT in the elderly results from insufficient intake of protein and calories.
5. Explain that FTT in the elderly can be caused by disease, substance abuse, neglect, sensory deficits, confusion, dementia, delirium, dysphasia, depression, destitution, and despair.

FTT-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.

FTT-FU FOLLOW-UP

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

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.

FTT-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

1. Explain the importance of healthy feeding practices when caring for an infant, child, or elder.
2. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
3. 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.
4. 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
5. Review the community resources available for help in achieving behavior changes.

FTT-HY HYGIENE

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

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.

FTT-L LITERATURE

OUTCOME: The patient/family will receive literature about failure to thrive.

STANDARDS:

1. Provide patient/family with literature on failure to thrive or a written treatment care plan.
2. Discuss the content of the literature.

FTT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for a failure to thrive individual.

STANDARDS:

1. Discuss the lifestyle changes specific to the feeding treatment plan.
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.

FTT-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.

FTT-MNT MEDICAL NUTRITION THERAPY

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

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 importance of keeping and maintaining a calorie count and documenting eating behaviors.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

FTT-N NUTRITION

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

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 nutrition support such as enteral or parenteral feeding may be necessary to correct FTT.
5. Explain that adequate hydration is necessary and best after meals; use of a high-calorie, oral supplements is beneficial.

6. Refer to registered dietitian for MNT.

FTT-P PREVENTION

OUTCOME: The patient/family will understand how failure to thrive can be prevented.

STANDARDS:

1. Discuss that early interventions by trained home visitors can promote a more nurturing environment and reduce developmental delays in primary FTT.
2. Discuss the options to help reduce side effects of disease that can precipitate FTT.
3. Refer to appropriate healthcare providers if psychological or behavioral issues are suspected or identified that compromise the care of the individual.

FTT-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.

FTT-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in failure to thrive.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in FTT.
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.

FTT-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

FTT-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.

FALL - Fall

FALL-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the area affected by the fall.
2. Discuss the changes to anatomy and physiology as a result of the fall.
3. Discuss that many human risk factors have been identified for falls and fall injuries. Factors contributing to falls can be considered as:
 - a. Intrinsic (or host), which includes any age-related changes in the balance systems, pathology in any component of the balance system, medications and their side effects (such as dizziness).
 - b. Extrinsic (or environmental/situational), which includes objects or circumstances contributing to fall risk, such as uneven pavement, slippery surfaces, and poor lighting.

FALL-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components associated with a fall.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being injured in a fall that requires a change in lifestyle (**refer to [FALL-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common with a fall, 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.

FALL-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications from a fall.

STANDARDS:

1. Explain that falls may result in minor injuries including lacerations, abrasions, and contusions.
2. Explain that falls may also result in major injuries that may be life-threatening and may include head injuries and fractures.
3. Explain that with aging, bones slowly lose density, making them more susceptible to fractures.
4. Explain the risks of secondary complications related to falls that require a surgical procedure and/or impede mobility, such as:
 - a. blood clots
 - b. bedsores
 - c. urinary tract infection
 - d. pneumonia
 - e. muscle wasting
5. Explain that people who have had one fracture have a significantly increased risk of having another one.

FALL-CC CAST CARE

OUTCOME: The patient/family/caregiver will understand the treatment plan and the importance of proper cast care.

STANDARDS:

1. Explain the reasons to care appropriately for the cast to improve healing.
2. Emphasize the importance of not placing foreign objects into the cast.
3. Explain the signs or symptoms that would prompt immediate follow-up, e.g., increased swelling, numbness, discoloration, and increased pain.
4. Emphasize the importance of follow-up.

FALL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand that some patients are at higher risk for falls.

STANDARDS:

1. Explain that unintentional injury from any source is the most common cause of death in older people of which falls is the most common cause. Explain that there are many health-related factors that can increase the chance for falls. These include:
 - a. Explain that some medications, such as tranquilizers, sedatives, pain medications, antihypertensives, or diuretics may cause dizziness and disorientation.
 - b. Explain that illness, therapeutic procedures, and diagnostic tests may leave the patient weak and unsteady.
 - c. Explain that some disease processes such as neurological disorders, cognitive impairment, changes in mental status, generalized weakness, dizziness, and advanced age may predispose to falls.
2. Explain that the hospital may seem unfamiliar, especially when awakened at night, and this, combined with other factors, may result in disorientation.
3. Discuss that infants and small children may be at increased risk of injury from falls as appropriate.

FALL-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment provided to facilitate movement associated with the fall.

STANDARDS:

1. Explain that specific equipment may be required for patients who have suffered from a fall. Discuss the specific equipment the patient may need to use such as canes, crutches, wheelchairs, and other equipment.
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 the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration 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.

FALL-EX EXERCISE

OUTCOME: The patient/family will understand the role of exercise.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of physical activity such as improvement in balance and core strength, well-being, stress reduction, sleep, weight management, and bowel regulation.
3. Discuss the appropriate frequency, intensity, time, and type of activity.
 - a. Explain the need to gradually increase activity level towards a goal.
 - b. Explain the possibility of breaking up activity throughout the day.
 - c. Discuss ways to get an exercise benefit from everyday activities (e.g., using stairs, walking, doing house work, gardening).
4. Discuss barriers to a personal physical activity plan. Explore solutions to those barriers. Assist the patient in developing a personal physical activity plan.
5. Discuss safety precautions:
 - a. Appropriate attire, such as, shoes, socks, gloves, hats
 - b. Protective equipment, such as helmets, knee pads, etc.
 - c. Hydration, nourishment, and medication, as appropriate
 - d. Warm up, stretching, and cool down
 - e. Use of prescribed assistive devices
6. Refer to physical therapy or community resources as appropriate.

FALL-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of injuries from a fall.

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.

FALL-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of injuries from a fall.

STANDARDS:

1. Discuss with the patient how to improve home safety.
 - a. Keep all rooms free from clutter, especially the floors.
 - b. Keep floor surfaces smooth but not slippery. When entering rooms, be aware of differences in floor levels and thresholds.
 - c. Check that all carpets and area rugs have skid-proof backing or are tacked to the floor, including carpeting on stairs.
 - d. Keep electrical and telephone cords and wires out of walkways.
 - e. Be sure that all stairwells are adequately lit and that stairs have handrails on both sides. Consider placing fluorescent tape on the edges of the top and bottom steps.
 - f. Install grab bars on bathroom walls beside tubs, showers, and toilets. If unstable on feet, consider using a plastic chair with a back and nonskid leg tips in the shower. Use a rubber bath mat in the shower or tub.
 - g. Use bright light bulbs in the home. Consider adding ceiling fixtures to rooms lit by lamps only, or install lamps that can be turned on by a switch near the entry point into the room. Another option is to install voice- or sound-activated lamps.
 - h. Consider purchasing a portable phone that can be taken from room to room. It provides security to answer the phone without rushing for it and to call for help should an accident occur.
 - i. Refer to community resources or support groups that can provide assistance, such as home health, CHR, and senior citizen programs that may provide services in bad weather.
2. Discuss that in addition to home modifications, some older adults may need to use personal assistive safety and mobility devices. An occupational or physical therapist can provide the training needed to use these devices properly.

FALL-L LITERATURE

OUTCOME: The patient/family will receive health literature.

STANDARDS:

1. Provide the patient/family with handout(s).
2. Discuss the content of the handout(s).
3. Refer the patient/family to other sources of information.

FALL-P PREVENTION

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

STANDARDS:

1. Discuss physical risk factors, such as:
 - a. Loss of footing or traction that can cause tripping or slipping
 - b. Slow reflexes, which makes it hard to maintain balance or move out of the way of a hazard
 - c. Balance problems
 - d. Reduced muscle strength
 - e. Poor vision
 - f. Illness
2. Explain that illnesses and some medicines can promote dizziness, confusion, or slowness.
3. Discuss that drinking alcohol can lead to a fall.
4. Address ways to modify extrinsic factors to prevent falls in the home, such as:
 - a. Keep rooms free of clutter, especially on floors
 - b. Wear low-heeled shoes
 - c. Do not walk in socks, stockings, or slippers
 - d. Be sure rugs have skid-proof backs or are tacked to the floor
 - e. Be sure stairs are well lit and have rails on both sides
 - f. Put grab bars on bathroom walls near tub, shower, and toilet
 - g. Use a nonskid bath mat in the shower or tub
 - h. Keep a flashlight next to the bed
 - i. Use a sturdy stepstool with a handrail and wide steps

- j. Add more lights in rooms
- k. Buy a cordless phone to avoid rushing to the phone when it rings and to provide a means of calling for help (when the fall happens)
- 5. Address ways to modify intrinsic factors to prevent falls, such as:
 - a. Have vision and hearing checked.
 - b. Have medications and supplements reviewed.
 - c. Maintain healthy bones, muscles, and balance.
- 6. Emphasize the importance of knowing how to request assistance.
 - a. In the home or in the hospital, stress the importance of calling for help or using the call light or other call devices to call for assistance.
 - b. Emphasize that in hospitals or nursing homes, nursing staff are available for assistance in getting out of bed and to help with ambulation and personal care needs.
 - c. When getting out of bed, instruct the patient to walk slowly and carefully and not use rolling objects such as bedside tables as support.
 - d. Explain that, after lying in bed, being ill, or taking certain medications, dizziness may result from getting up suddenly. Instruct the patient to sit up slowly and sit a few minutes before slowly standing and walking.

FALL-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.

FALL-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.

FP - Family Planning

FP-ABST ABSTINENCE

OUTCOME: The patient/family will understand the role of abstinence in family planning.

STANDARDS:

1. Explain that abstinence is the only 100% effective method to prevent pregnancy and sexually transmitted infections.
2. Explain that even a single sexual encounter could result in pregnancy and sexually transmitted infections.

FP-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient will understand anatomy and physiology as they relate to the male and female reproductive system.

STANDARDS:

1. Identify and explain the functions of the reproductive system.
2. Discuss the menstrual cycle.
3. Discuss conception vs. contraception.

FP-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.

FP-DPH DIAPHRAGM

OUTCOME: The patient will understand the safe and effective use of a diaphragm.

STANDARDS:

1. Discuss the use of a diaphragm as a barrier method of contraception. When used correctly and consistently every time, it is very effective. Discuss failure rates.
2. Explain how to insert a diaphragm and leave it in place for at least 6 hours. Emphasize the use of Spermicide can increase the transmission of HIV infection.
3. Emphasize that the diaphragm must be refitted if there is a 10 pound weight loss or gain, and after childbirth.
4. Explain that a diaphragm can reduce the chance of pregnancy, if used consistently and correctly every time, but does not reduce the risk of sexually transmitted infections.
5. Discuss the proper cleaning and care of the diaphragm.

FP-DPO DEPO MEDROXYPROGESTERONE INJECTIONS

OUTCOME: The patient/family will understand risks, benefits, side effects, and effectiveness of depo medroxyprogesterone injections (shots).

STANDARDS:

1. Explain the method of action and effectiveness of depo medroxyprogesterone. Discuss the method of administration and importance of receiving the medication as recommended every 90 days (typically every 3 months).
2. Discuss the contraindications, risks, failure rates, and side effects of the medication, including long term bone health, weight gain, and menstrual cycle disturbances. Increase intake of vitamin D and calcium. (**refer to [FP-M](#) and [FP-N](#)**).
3. Explain the need for follow up if pregnancy is suspected.
4. Explain that depo medroxyprogesterone can reduce the chance of pregnancy, if used consistently and correctly, but does not reduce the risk of sexually transmitted infections.
5. Discuss that long term use can make it difficult to get pregnant from 9-12 months after discontinuation. This may not be a good contraceptive method for those who want to have family in the near future.

FP-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. It 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.

FP-FC FOAM AND/OR CONDOMS

OUTCOME: The patient/family will understand the safe and effective use of foam and/or condoms.

STANDARDS:

1. Discuss or demonstrate the proper use and application of foam and/or condoms.
 - a. Emphasize the importance of using a new condom or foam each time intercourse takes place.
 - b. Explain that condoms must be applied before penetration.
 - c. Emphasize that the male must withdraw before erection subsides.
2. Discuss the risks and benefits of concurrent use of spermicidal foam and failure rate of concurrent use.
3. Discuss the use of spermicidal suppositories and intravaginal films.
4. Discuss that condoms provide protection against most sexually transmitted infections when used consistently and correctly every time. Discuss failure rates.
5. Discuss the proper storage and disposal of condoms and/or foam.

FP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for family planning issues.

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.

FP-HELP HELP LINE

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

STANDARDS:

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

FP-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.

FP-HY HYGIENE

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

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 risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

FP-IC IMPLANT CONTRACEPTION

OUTCOME: The patient/family will understand the safe and effective use of implantable contraceptives.

STANDARDS:

1. Discuss and review all birth control methods with the patient.
2. Explain the insertion procedure and mechanism of action including duration of effectiveness.
3. Discuss contraindications, risks, and side effects, failure rates, and the possibility of pregnancy.
4. Explain that implantable contraceptives can prevent pregnancy if used correctly, but do not reduce the risk of sexually transmitted infections.
5. Stress the importance of yearly follow-up.

FP-IUD INTRAUTERINE DEVICE

OUTCOME: The patient will understand the safe and effective use of the intrauterine devices (IUDs).

STANDARDS:

1. Explain how IUDs work and that IUDs are typically more easily retained in women who have had babies.
2. Emphasize the importance of monthly string checks and periodic replacements of IUDs.
3. Emphasize the importance of reporting abnormal vaginal discharge, fever, or pain with intercourse.
4. Discuss contraindications to placement of IUDs (they might be contraindicated in women who have had no children or have more than one sexual partner).
5. Explain that the IUD can prevent pregnancy, if used correctly, but does not reduce the risk of sexually transmitted infections. Explain that STIs may be more serious in women who have IUDs. Discuss failure rates of IUDs.

FP-L LITERATURE

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

STANDARDS:

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

FP-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.

FP-MNT MEDICAL NUTRITION THERAPY

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

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.

FP-MT METHODS

OUTCOME: The patient/family will receive information regarding types of birth control, including the advantages, disadvantages, and effectiveness.

STANDARDS:

1. Discuss the reliability of the various methods of birth control and how each method is used in preventing pregnancy.
2. Discuss contraindications, benefits, and potential costs of each method.

FP-N NUTRITION

OUTCOME: The patient/family will understand the role of proper nutrition before pregnancy.

STANDARDS:

1. Discuss the importance of healthy nutrition. Refer to a registered dietitian for MNT as appropriate.
2. Explain the importance of folic acid. Identify food sources of folic acid. Examples foods rich in folic acid are pinto and navy beans, cold cereals, asparagus, raw spinach, romaine lettuce, broccoli, instant breakfast, etc.
3. **Refer to PN-N** (in Volume IV of this manual set) for information on other nutritional needs.

FP-OC ORAL CONTRACEPTIVES

OUTCOME: The patient/family will understand the safe and effective use of oral contraceptives.

STANDARDS:

1. Discuss the medication name, the dosing instructions, actions, and the common side effects of prescribed oral contraceptives.
2. Discuss how to handle missed or delayed doses of oral contraceptives.
3. Discuss when condoms/barrier methods should be used as an additional precaution (initiation, obesity, missed doses, or drug/herbal interactions e.g., antibiotics, anti-epileptics, or other medications that reduce the effectiveness of the oral contraceptives).
4. Discuss the contraindications, risks, failure rates, and signs/symptoms of complications.
5. Explain that oral contraceptives can prevent pregnancy if used consistently and correctly, but do not reduce the risk of sexually transmitted infections.
6. Explain the need for follow up if pregnancy is suspected or other menstrual cycle disturbances occur.

FP-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.

FP-ST STERILIZATION

OUTCOME: The patient/family will understand s permanent contraceptive methods (sterilization).

STANDARDS:

1. Explain the risks and benefits of sterilization methods (e.g., bilateral tubal ligation, bilateral vasectomy), emphasizing that these are PERMANENT methods of contraception. They do not reduce the risk of sexually transmitted infections.
2. Review the availability of other methods that can prevent or delay pregnancy as an option to permanent sterilization.
3. Explain the surgical procedure, including anesthesia (local or general), for the type of sterilization.
4. Discuss the possible side effects and risks: infection, pain, hemorrhage, and failure rate.
5. Explain that Indian Health Service(IHS) and the state may have specific legal criteria that must be met in order to be eligible for sterilization. IHS does not authorize the reversals of permanent procedures.

FP-TD TRANSDERMAL (PATCH)

OUTCOME: The patient/partner will understand the safe and effective use of transdermal contraception.

STANDARDS:

1. Discuss the actions, benefits, and common side effects of transdermal contraception.
2. Discuss where the patch may be applied and the schedule of changing the patch and how to handle missed, delayed, or misplaced patches.

3. Discuss when condom/barriers should be used as an additional precaution (initiation, obesity, missed doses, or drug/herbal interactions e.g., antibiotics, anti-epileptics, or other medications that reduce the effectiveness of the patch).
4. Discuss the contraindications, risks, failure rate, risks, and signs/symptoms of complications.
5. Explain the need for follow up if pregnancy is suspected or other menstrual cycle disturbances occur.
6. Explain that transdermal contraception can prevent pregnancy, if used consistently and correctly, but does not reduce the risk of sexually transmitted infections.

FP-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

FEED - Feeding Disorders - Early Childhood

FEED-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with a feeding disorder as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential emotional reactions that are common with the diagnosis of a feeding disorder, 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.

FEED-C COMPLICATIONS

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

STANDARDS:

1. Explain that Pica and other feeding disorders often come to clinical attention only when the individual presents with medical complications although it can be prevented with good support and parental interaction with the child.
2. Discuss the complications of Pica, including lead poisoning as a result of ingesting paint or paint-soaked plaster, mechanical bowel problems, intestinal obstruction as a result of hair balls, intestinal perforation, or infections, such as toxoplasmosis or toxocariasis as a result of ingesting feces or dirt.
3. Discuss that the complications for Rumination Disorder may include malnutrition, because regurgitation immediately follows the feeding. Weight loss, failure to meet expected weight gains, and death can result (**refer to [FTT](#)**).
4. Explain that under-stimulation of the infant may result if the caregiver becomes discouraged and alienated because of unsuccessful feeding experiences or the noxious odor of the regurgitated material.

5. Discuss that the inadequate caloric intake noted in Feeding Disorder of Infancy or Early Childhood may exacerbate complications and further contribute to feeding problems, including irritability, difficulty being consoled during feeding, and developmental delays. Infants may appear apathetic and withdrawn.
6. Explain that in some instances, parent-child interaction problems may contribute to or exacerbate the infant's feeding problem (**refer to [FEED-PA](#)**).

FEED-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.

FEED-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of the feeding disorders of infancy or early childhood.

STANDARDS:

1. Discuss the symptoms of the specific feeding disorder:
 - a. **Pica** is the persistent eating of nonnutritive substances for a period of at least 1 month which is inappropriate to the developmental level and cultural practice.
 - b. Infants and younger children typically eat paint, plaster, string, hair, or cloth.
 - c. Older children may eat animal droppings, sand, insects, leaves, or pebbles.
 - d. Adolescents and adults may consume sand or clay.
 - e. **Rumination Disorder** is the repeated regurgitation and rechewing of food for a period of at least one month, which is not due to an associated gastrointestinal or other medical condition.
 - f. **Feeding Disorder of Infancy or Early Childhood** is a disturbance as manifested by persistent failure to gain weight or a significant loss of weight over at least one month.

2. Explain that symptoms in infants and young children may also include constipation, excessive crying, excessive sleepiness/ lethargy, and irritability.
3. Explain that psychosocial problems, such as lack of stimulation, neglect, stressful life situations, and problems in the parent-child relationship may be predisposing factors. Explain that parental aggression, anger, or apathy, as well as lack of nurturing can also increase the risk of feeding disorders.
4. Explain that the feeding disorders are not caused by a medical condition, such as cleft palate, congenital heart disease, or a disorder that causes mental retardation.
5. Explain that if these conditions occur exclusively during the course of anorexia nervosa, bulimia nervosa (**refer to EAT** in Volume II of this manual set), mental retardation (**refer to MR** in Volume IV of this manual set), or a pervasive developmental disorder (**refer to PDD** in Volume IV of this manual set), they must be sufficiently severe to warrant independent clinical attention.

FEED-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care, including well-child visits and mental health professionals.
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.

FEED-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding specific feeding disorders of infancy or early childhood.

STANDARDS:

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

FEED-HM HOME MANAGEMENT

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

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.

FEED-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.

FEED-L LITERATURE

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

STANDARDS:

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

FEED-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations in caring for an infant and preventing complications.

STANDARDS:

1. Discuss the lifestyle changes specific to parenting infants who are struggling with potential malnutrition.
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.

FEED-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.

FEED-MNT MEDICAL NUTRITION THERAPY

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

FEED-N NUTRITION

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

FEED-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce risk of developing feeding disorders.

STANDARDS:

1. Explain that regular well-child visits to the pediatrician can help identify any feeding and growth problems early and can prevent any permanent damage related to malnutrition. **Refer to [FEED-MNT](#).**
2. Discuss the recommended guidelines for nutrition to ensure adequate caloric and fluid intake.
3. Explain the importance of seeking help from a mental health professional to address parenting skills that may assist in improving the condition or preventing exacerbation of complications.

FEED-PA PARENTING

OUTCOME: The patient/family will understand the parenting skills appropriate to meeting the needs of the child(ren).

STANDARDS:

1. Discuss any problems with parent-child interactions that may adversely affect the child's ability to feed appropriately.
2. Discuss the methods for appropriate parenting at home, including the appropriate use of rewards and consequences, and methods for improving the adult-child relationship.
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/child(ren) are becoming overwhelmed.

FEED-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with the difficulties related to parenting.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in parenting and coping with anger and aggressiveness.
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.

FEED-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 there is no lab test or x-ray to diagnose feeding disorder and tests are usually done to exclude other diagnoses with similar symptoms. It is possible to have a co-existing diagnosis. **Refer to [FEED](#).**
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

FEED-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).

FEED-TX TREATMENT

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

STANDARDS:

1. Explain the importance of active participation by the parent/family in the development of the treatment plan.
2. Explain that a short period of hospitalization may be required to accomplish goals.
3. Explain that mental health intervention may be useful in addressing the psychosocial problems and parent-child interaction problems (**refer to [FEED-PA](#)**), as well as emotional problems within the family, including parental aggression, anger, and apathy. Referral for domestic violence may be indicated (**refer to DV** in Volume II of this manual set).
4. Explain risk/benefit of treatment and non-treatment.

FASD - Fetal Alcohol Spectrum Disorder

FASD-ADL ACTIVITIES OF DAILY LIVING

OUTCOME: The patient/family/caregiver 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, staying out of trouble, structuring leisure time, keeping clean, and using transportation.

FASD-AOD ALCOHOL AND OTHER DRUGS

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 neurodevelopment 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 to living independently
4. Assist the patient in developing a plan for prevention. Discuss available treatment or intervention options, as appropriate.

FASD-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to fetal alcohol spectrum disorder.

STANDARDS:

1. Explain the normal anatomy and physiology of the brain, heart, lung, kidney as they relate to Fetal Alcohol Spectrum Disorder (FASD).
2. Discuss the changes to anatomy and physiology as a result of prenatal exposure to alcohol. People affected by FASD can have brain damage, facial deformities, growth deficits, mental retardation, heart, lung and kidney defects, hyperactivity, attention and memory problems, poor coordination, behavioral problems, and learning disabilities.
3. Discuss the impact of these changes on the patient's health or well-being.

FASD-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with FASD as a life-altering illness that requires a change in lifestyle (**refer to [FASD-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with FASD, 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.

FASD-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of fetal alcohol spectrum disorder.

STANDARDS:

1. Discuss that FASD is a unifying term that describes a spectrum of disorders, and often co-exists with other diagnoses.
2. Discuss that dysfunctional family dynamics often exists in the homes of persons with FASD.
3. Discuss that growth delay is often a problem with FASD and may require intervention by a registered dietitian.
4. Discuss that persons with FASD are at increased risk of injuries.
5. Discuss that persons with FASD often have problems with learning and behavior at school and other organized activities. The IQ range is 20 to 105 with the average of 68. Prenatal alcohol exposure is the most common nonhereditary cause of mental retardation.
6. Discuss that persons with FASD are at higher risk for being exploited, abused, and neglected.

FASD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the nature of FASD (Fetal Alcohol Spectrum Disorders), and that the consequences can be manifested as a lifelong disability.

STANDARDS:

1. Discuss that consumption of any amount of alcohol during pregnancy can cause FASD. FASD covers other terms such as fetal alcohol syndrome, alcohol-related neurodevelopmental disorder (ARND), partial fetal alcohol syndrome (PFAS), alcohol-related birth defects (ARBD) and fetal alcohol effects (FAE).
2. Explain that FASD is 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

FASD-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care. Outcomes are better for children with special needs if they have family centered continuity of care, planned care visits, and case management within the concept of the medical home.
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.

FASD-GD GROWTH AND DEVELOPMENT

OUTCOME: The patient/family/caregiver will understand the that contribute to growth and development for children, adolescents, and adults with fetal alcohol spectrum disorder.

STANDARDS:

1. Discuss issues affecting physical growth which may or may not be present, to include abnormal facial features, growth deficits (height, weight, or both), and central nervous system (structural, neurologic, or functional).
2. Discuss factors affecting development. FASD deficits are fixed, and not progressive. There is no cure for FASDs, but research shows that early intervention treatment services can improve a child's development. Early intervention services help children from birth to 3 years of age (36 months) learn important skills. Services include therapy to help the child talk, walk, and interact with others.

FASD-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding FASD and dealing with issues.
2. Provide the help line phone number or Internet address (URL). Some options to provide information specific to FASD include:
 - a. <http://www.cdc.gov/ncbddd/fasd/>
 - b. <http://www.fasdcenter.samhsa.gov/>
 - c. <http://www.nofas.org/>

FASD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient 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.

FASD-L LITERATURE

OUTCOME: The patient or caregiver will receive literature about fetal alcohol spectrum disorder.

STANDARDS:

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

FASD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/caregiver will understand the factors that contribute to better outcomes for children, adolescent, and adults with fetal alcohol spectrum disorder.

STANDARDS:

1. Review the lifestyle areas that may require adaptations (e.g., home, school, job, physical activity, recreational/leisure activity, communication, and social skills, driving, etc.). Discuss that effective intervention for individuals with FASD often requires restructuring the home, community, and school environments.
2. Explain that the interventions for FASD require on-going family/caregiver involvement and continued advocacy for the child.
3. Explain that the use of multiple, consistent, persistent interventions are necessary for a good outcome; communication should be simple, direct and concrete.
4. Discuss that behavioral and developmental problems associated with FASD may exacerbate parental stress and marital problems. Explain that appropriate help should be sought as soon as the problem is identified.
5. Refer to Social Services, Behavioral Health, Physical Therapy, Speech Therapy, or other rehabilitative services and/or community resources as appropriate.

FASD-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family/caregiver will understand the specific nutritional intervention(s) needed for the treatment or management of fetal alcohol spectrum 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/caregiver in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

FASD-N NUTRITION

OUTCOME: The patient will understand the need for balanced nutrition and plan for the implementation of dietary modification if needed.

STANDARDS:

1. Review normal nutritional needs for optimal health.
2. Discuss current nutritional habits. Assist the patient in identifying unhealthy nutritional habits.
3. Discuss nutritional modifications as related to the specific disease state/condition.
4. Emphasize the importance of full participation to the prescribed nutritional plan.

FASD-P PREVENTION

OUTCOME: The patient/family will understand that healthy lifestyle behaviors can reduce the risk of fetal alcohol syndrome in unborn children.

STANDARDS:

1. Discuss lifestyle behaviors that increase the risk for fetal alcohol syndrome. No amount of alcohol is safe to drink during pregnancy.
2. Assist the patient in developing a plan for prevention. Complete avoidance of alcohol during the entirety of the pregnancy effectively prevents prenatal alcohol effects. The effective use of birth control or family planning can prevent pregnancy.

FASD-PN PRENATAL

OUTCOME: The patient/family will understand the consequences of alcohol use during pregnancy.

STANDARDS:

1. Discuss that consumption of any amount of alcohol during pregnancy can cause FASD. No amount of alcohol is safe to drink during pregnancy.
2. Emphasize the importance of abstinence from any alcohol use during pregnancy (including beer, wine, liquor, and wine coolers).
3. Discuss available treatment or intervention options, as appropriate.
4. Explain that all women who are pregnant should be screened for alcohol use.

FASD-TE TESTS

OUTCOME: The patient/family/caregiver will understand the importance of diagnosis and the testing process to be performed to diagnose fetal alcohol spectrum disorder.

STANDARDS:

1. Discuss the benefits of seeking a diagnostic evaluation for FASD.
2. Answer the patient/family questions regarding the evaluation process.
3. Refer to FASD diagnostic resources within the healthcare system or community, as appropriate.

F - Fever

F-C COMPLICATIONS

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

STANDARDS:

1. Explain that most fevers are harmless and are the body's natural response to infection and that fever may even be helpful in fighting infection.
2. Explain that fevers below 107°F (41.6°C) do not typically cause any type of permanent damage. Explain that the brain's thermostat keeps untreated fever below this level.
3. Discuss that only a small number of children who develop fever may have a brief seizure associated with the fever. Explain that this type of seizure is generally harmless and will usually go away as the child gets older. Seizures with fever in adults are not febrile seizures and may require a medical evaluation.
4. Discuss the potentially fatal complications of fever in a child under 2 months of age. **Refer to NF** in Volume IV of this manual set.

F-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the role of fever in illness.

STANDARDS:

1. Discuss that fever is a body temperature that is above normal temperature range of 98.6-99.5°F (37-37.5°C). Discuss the parameters used by the institution to define significant fever.
2. Discuss that fever is a symptom, not a disease.
3. Discuss that fever is the body's natural response to infection and that fever helps fight infections by turning on the body's immune system and impeding the spread of the infection.
4. Explain that an elevated fever does not necessarily correspond to the seriousness of the illness. Explain that a better indicator of illness is to evaluate for other signs and symptoms.
5. Discuss that most fevers are caused by infection from a virus or bacteria, heat exhaustion, extreme sunburn, medications, cancers, or autoimmune diseases such as, rheumatoid arthritis. Explain that viral illnesses do not respond to antibiotic therapy. **Refer to ABX** (in Volume II of this manual set).

F-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for fever.

STANDARDS:

1. Explain the importance of returning to the clinic or emergency room immediately if the patient should become more ill, becomes lethargic, develops new symptoms, such as a rash.
2. Discuss that if the patient does not seem to be getting better after a few days of treatment the patient may need to be re-evaluated.
3. Discuss the need to return to the clinic or emergency room for fever that will not come down with antipyretics (e.g., acetaminophen, ibuprofen), is over 103°F (39.4°C), or lasts for more than three days.
4. Discuss the potentially fatal complications of fever in a child under 2 months of age. Explain that any child with a fever who is under 2 months of age should be seen by a physician immediately. **Refer to NF** (in Volume IV of this manual set).

F-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home care techniques for responding to fever.

STANDARDS:

1. Explain that fever causes excess loss of body fluids because of sweating, increased heart rate, and increased respiratory rate. Discuss the importance of extra fluids to replace this excess body fluid loss.
2. Explain that clothing should be kept to a minimum because most body heat is lost through the skin. Bundling will exacerbate the fever.
3. Discuss that sponging is not usually necessary to reduce fever unless a documented allergy, or intolerance to antipyretics exists.
 - a. Discuss that if sponging is done, only lukewarm water should be used. Sponging works to lower the temperature by evaporation of water from the skin's surface; sponging is more effective than immersion. Immersion may induce shivering that can raise body temperature.
 - b. Explain that only water should be used for sponging.
 - c. Explain that rubbing alcohol should never to be used for sponging because it can be absorbed through the skin or inhaled, producing a toxicity that may lead to a coma.

F-INF INFECTION CONTROL

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

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** (in Volume V of this manual set).

- 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

F-L LITERATURE

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

STANDARDS:

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

F-M MEDICATIONS

OUTCOME: The patient/family will understand the use of antipyretics in the control of fever.

STANDARDS:

1. Emphasize that aspirin (even baby aspirin) should NEVER be used to control fever in children under the age of 19.
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.

F-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

F-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be performed.

STANDARDS:

1. Discuss that fever can be treated with antipyretics.
2. Explain that fever is a symptom and treating the disease process will resolve the fever.

FMS - Fibromyalgia Syndrome

FMS-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with FMS as a life-altering illness that requires a change in lifestyle (**refer to [FMS-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with FMS, 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.

FMS-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.

FMS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and prognosis of fibromyalgia.

STANDARDS:

1. Discuss that the exact cause of fibromyalgia syndrome (FMS) is unknown. Explain FMS is characterized by widespread musculoskeletal pain often accompanied by:
 - a. fatigue and sleep problems
 - b. stiffness and tenderness of muscles, tendons, and joints
 - c. problems with thinking and memory (“fibro fog”)
 - d. exercise difficulties related to increased pain sensitivity
 - e. headaches including migraines
 - f. sensation of numbness in hands and feet
2. Explain that there is currently no specific test for FMS and that the diagnosis is made by symptom history and physical exam. Discuss that the onset of FMS has been associated with physical or emotional trauma and infections/illness.
3. Discuss the patient’s specific conditions, including anatomy and physiology as appropriate. Discuss any associated conditions and risk factors for FMS:
 - a. Gender: FMS is diagnosed more often in women than in men.
 - b. Family history: the patient may be more likely to develop FMS if a relative also has the condition.
 - c. Rheumatic disease: if the patient has a disease such as rheumatoid arthritis or systemic lupus erythematosus the patient may be more likely to develop FMS.
4. Explain that FMS symptoms vary in location and severity from day-to-day and does not cause deformities nor is it life threatening. Explain certain factors can contribute to symptom flare-ups:
 - a. cold or drafty environments
 - b. hormonal fluctuations (premenstrual and menopausal)
 - c. stress, depression, or anxiety
 - d. over-exertion
 - e. infections

FMS-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity in enhancing physical and psychological well-being.

STANDARDS:

1. Explain that low impact aerobic activity, stretching or gentle physical activity programs boosts energy, helps to relieve pain and to reduce anxiety, stress, and depression.
2. Encourage the patient to start slow and build up physical activity tolerance in small increments, avoiding over exertion.
3. Assist the patient in developing a personal physical activity plan; some examples are walking, tread mill, stretching, swimming in warm water, or pace programs from the arthritis foundations.
4. Discuss the obstacles to a personal exercise plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
5. Discuss the medical clearance issues for physical activity.

FMS-FU FOLLOW-UP

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

FMS-HELP HELP LINE

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

STANDARDS:

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

FMS-L LITERATURE

OUTCOME: The patient/family will receive literature about fibromyalgia syndrome.

STANDARDS:

1. Provide the patient/family with literature on FMS.
2. Discuss the content of the literature.
3. Point out to the patient/family the numerous professional organizations that are knowledgeable about FMS pain management.

FMS-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations needed to cope with fibromyalgia syndrome.

STANDARDS:

1. Explain that the patient has a responsibility to make lifestyle adaptations to relieve or control symptoms. It is a process of making wise choices and changes that will positively affect the overall state of health.
2. Emphasize the importance of getting enough sleep, pacing activities to avoid fatigue, getting regular exercise, and learning to cope with mental and physical stress.
3. Discuss the use of heat and cold as appropriate.
4. Review the areas that may require adaptations to maintain a healthy lifestyle: diet, physical activity, sexual activity, and bladder/bowel habits.
5. Discuss ways to improve communication with family, friends, and caregivers to understand the patient's needs related to employment and family stress. **Refer to [FMS-BH](#).**

FMS-M MEDICATIONS

OUTCOME: The patient/family will understand the prescribed medication(s) for fibromyalgia syndrome.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication. Common medications used in the treatment of FMS are analgesics, anti-inflammatory and anti-depressants, muscle relaxants, pain patches, or trigger point injections. Narcotics (opioids) are controversial and may require chronic pain management.
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.

FMS-MNT MEDICAL NUTRITION THERAPY

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

FMS-N NUTRITION

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

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. Review that a weight loss plan may be beneficial if overweight.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

FMS-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the pain management techniques.

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. Discuss non-pharmacologic pain control measures such as:
 - a. Massage therapy, biofeedback, relaxation training
 - b. Chiropractic, yea, and Tai Chi
 - c. Traditional healing
 - d. Myofascial release
 - e. Trigger point therapy
 - f. Gentle stretching and low impact activity
 - g. Occupational therapy

FMS-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress may exacerbate the symptoms and interferes with the treatment of chronic pain of FMS. This can set up a cycle of pain-stress which becomes self-sustaining and may escalate.
2. Discuss that in chronic pain, uncontrolled stress may lead to depression or other mood disorders.
3. Explain that effective stress management may reduce the severity of symptoms the patient experiences, as well as, help improve the health and well-being of the patient.
4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as overeating, all which can increase the severity of pain.
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.

FMS-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, including indications and impact on further care.

STANDARDS:

1. Explain that there is no lab test or x-ray to diagnose FMS, and tests are usually done to exclude other diagnoses with similar symptoms, e.g., thyroid disease, arthritis, multiple sclerosis, or lupus. It is possible to have a co-existing diagnosis.
2. Explain the necessity, the benefits, and the risks of the test to be performed, as appropriate, including possible complications that may result from not having the test performed.
3. Explain how the test relates to the course of treatment.
4. Explain any necessary preparation for the test, including appropriate collection.
5. Explain the meaning of the test results, as appropriate.

FMS-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.

FOOT - Foot/Podiatric Disorders

FOOT-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the foot and the patient's foot disorder.

STANDARDS:

1. Explain the normal anatomy and physiology of the foot.
2. Discuss the changes to anatomy and physiology as a result of foot disorder (e.g., skin changes, nerve damage, deformities, amputations).
3. Discuss the impact of these changes on the patient's health or well-being (e.g., deformity, amputation).

FOOT-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common or significant complications associated with the foot disorder, e.g., pain, itchy rashes, serious infections, amputations, and nerve damage.
2. Describe the signs/symptoms of common complications, e.g., numbness, tingling, pain, open sores, smelly wounds, itching, cracking. **Refer to DM-FTC** (in Volume II of this manual set).
3. Discuss that many complications can be prevented by full participation in the treatment plan.

FOOT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the foot disorder.

STANDARDS:

1. Discuss the foot disorder. **Refer to DM-FTC** (in Volume II of this manual set).
2. Explain the causative factors and implications of the foot disorder.
3. Discuss the signs/symptoms and usual progression of the foot disorder.
4. Discuss the signs/symptoms of exacerbation/worsening of the foot disorder.

FOOT-FU FOLLOW-UP

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

FOOT-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of the patient's foot disorder.

STANDARDS:

1. Explain the home management plan and methods for implementation of the plan. **Refer to DM-FTC** (in Volume II of this manual set).
2. Explain the importance of following a home management plan, e.g., fewer emergency room visits, fewer hospitalizations, and fewer complications.
3. Explain the use and care of any necessary home medical equipment.

FOOT-HY HYGIENE

OUTCOME: The patient/family will understand recognize good personal hygiene as it relates to foot health.

STANDARDS:

1. Review bathing and foot hygiene habits (e.g., daily foot inspection, washing, nail clipping, bathroom cleanliness).
2. Discuss any hygiene habits that are specifically pertinent to the foot disorder or dressing changes.
3. Explain that protective footwear may be necessary. **Refer to DM-FTC** (in Volume II of this manual set).

FOOT-L LITERATURE

OUTCOME: The patient/family will receive literature about the patient's foot disorder.

STANDARDS:

1. Provide the patient/family with literature on the patient's foot disorder.
2. Discuss the content of the literature.

FOOT-M MEDICATIONS

OUTCOME: The patient/family will understand the goal of medication therapy and will be able to demonstrate and explain the use of the prescribed regimen.

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.

FOOT-P PREVENTION

OUTCOME: The patient/family will understand that healthy lifestyle behaviors can reduce the risk of developing foot disorders and/or complications.

STANDARDS:

1. Discuss the importance of good shoes and socks for foot health (support, breathability, wicking). Shoes should fit properly without pinching, slipping, rubbing, or pressure spots.
2. Discuss healthy lifestyle habits that will prevent/control conditions that may predispose to a foot disorder, e.g., wearing proper shoes, tobacco cessation, healthy eating, exercise and stretching prior to exercise.
3. Discuss the importance of foot exams (e.g., home foot checks, yearly filament screening). **Refer to DM-FTC** (in Volume II of this manual set).

4. List the lifestyle habits that increase/decrease the risk for the onset, progression, or spread of the foot disorder.

FOOT-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** (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.

FOOT-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.

FOOT-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

FOOT-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.
5. Refer to a foot specialist as appropriate.

FOOT-WC WOUND CARE

OUTCOME: The patient/family will understand the necessity and procedure for 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. 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 to DM-FTC** (in Volume II of this manual set).

FF – Formula Feeding

FF-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The mother/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on formula feeding.

STANDARDS:

1. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with formula feeding.
2. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in introducing foods or beverages to the baby before the age of 6 months.
3. Discuss that breastfeeding is traditional, but sometimes not possible and formula feeding may be needed.
4. Refer to clergy services, traditional healers, or other culturally appropriate resources.

FF-ECC EARLY CHILDHOOD CARIES

OUTCOME: The mother/family will understand the importance of good oral hygiene and prevention of early childhood caries.

STANDARDS:

1. Discuss that breastmilk-fed babies have a decreased risk of dental caries.
2. Explain early childhood caries is caused when liquids containing sugar are left in a baby's mouth for long or frequent periods of time.
3. Discuss prevention of tooth decay (early childhood caries):
 - a. Avoid giving bottles when the baby is lying down. Bottles should never be propped.
 - b. Feed the child PRIOR to nap or bedtime.
 - c. Clean the baby's gums after each feeding; wipe and massage the gums with a clean wet gauze, pad or cloth.
4. Explain preventive measures family members can take to avoid spreading germs that cause cavities in babies:
 - a. Review oral hygiene habits the whole family should practice.

- b. Use only clean pacifiers. Don't put anything in baby's mouth that has been in another person's mouth and do not clean the pacifier with another person's mouth.

FF-FS FORMULA FEEDING SKILLS

OUTCOME: The mother/family will understand the skills for successful formula feeding.

STANDARDS:

1. Discuss that formula feeding a premature infant is different than feeding a term infant. **Refer to [FF-PTERM](#).**
2. Explain the importance of selecting an age-appropriate nipple that is comfortable and provides formula at a rate the baby can manage. Make sure that the hole on the bottle's nipple is the right size. The liquid should drip slowly from the hole and not pour out.
3. Discourage the urge to finish feeding the bottle even after the baby shows signs of being full. Explain that it is easier to overfeed when using formula because it takes less effort to drink from a bottle than from a breast.
4. Discuss infant feeding techniques, such as:
 - a. the proper angle during feeding
 - b. the dangers associated with propping bottles are, e.g., increased risk of choking, tooth decay, and ear infection
5. Discuss the signs and symptoms of formula intolerance, e.g., frequent stomachaches, vomiting, diarrhea, cough, runny nose, wheezing, skin itching, and rash.
6. Discuss the signs that may not necessarily be a problem with formula intolerance, i.e., fussing, spitting up, pulling off the nipple, or baby not wanting to eat.

FF-FU FOLLOW-UP

OUTCOME: The mother/family will understand the importance of follow-up for formula feeding.

STANDARDS:

1. Emphasize the importance of follow-up care and well child visits. Discuss that well child visits are important to follow growth and development, to screen for disease, to update immunizations.
2. Discuss the procedure and process for obtaining follow-up appointments and well child visits. Inform the mother/family of the timing of the next well child visit.

3. Emphasize that full participation in the treatment plan is the responsibility of the mother/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.

FF-GD GROWTH AND DEVELOPMENT

OUTCOME: The mother/family will understand the progression of growth and developmental stages of a formula fed baby.

STANDARDS:

1. Discuss the changes in a baby's growth and development as they relate to formula feeding.
2. Explain growth and development stages common in a formula fed baby, such as:
 - a. bonding behaviors
 - b. frequent feeding due to growth spurts
 - c. eye contact with baby while eating
 - d. baby showing interest in surroundings while eating
 - e. baby gaining independence by crawling and walking
 - f. reduced interest in bottle feeding as development progresses
3. **Refer to CHN and CHI** (in Volume II of this manual set) for more detailed age specific growth and development.

FF-HC HUNGER CUES

OUTCOME: The mother/family will understand early and late hunger cues and the benefit of responding to early hunger cues.

STANDARDS:

1. Explain early hunger cues: e.g., low intensity cry, small body movements, smacking, sucking on fist.
2. Explain late hunger cues: e.g., high intensity cry, large body movements, arched back, and distressed behavior.
3. Explain that feedings are usually more effectively accomplished at the stage when early hunger cues are being expressed.

FF-HELP HELP LINE

OUTCOME: The mother/family will understand how to access and benefit from a help line or Internet website regarding infant formula feeding.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding infant formula feeding and dealing with issues.
2. Discuss services available from WIC programs and other local community services.
3. Provide the help line phone number or Internet address (URL).

FF-HY HYGIENE

OUTCOME: The mother/family will understand personal routine hygiene as it relates to infant formula feeding.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand hygiene especially during formula preparation, feeding, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
2. Review age-appropriate oral hygiene.
3. Review the risks of exposing infants to communicable diseases.

FF-L LITERATURE

OUTCOME: The mother/family will receive literature about formula feeding.

STANDARDS:

1. Provide the mother/family with literature on formula feeding.
2. Discuss the content of the literature.

FF-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The mother/family will understand the specific nutritional intervention(s) needed for infant feeding.

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.

FF-N NUTRITION

OUTCOME: The mother/family will understand nutrition, as it relates to infant formula feeding

STANDARDS:

1. Discuss the infant's specific age-related feeding recommendations.
2. Discuss the recommended frequency and amounts of formula for the infant's age based on growth and development.
 - a. Assist the mother/family in identifying unhealthy feeding practices.
 - b. Discuss that because formula is less digestible than breastmilk, formula-fed babies usually need to eat less often than do breastfed babies.
 - c. Explain that it is easier to overfeed when using formula because it takes less effort to drink from a bottle than from a breast.
 - d. Instruct parents to check with the infant's primary care provider before switching formula type.
3. Emphasize the importance of waiting to introduce solid foods until 6 months of age and that formula feeding should continue while introducing solid food up to the age of 1 year. **Refer to [FF-SF](#).**
4. Emphasize the importance of full participation in the recommended feeding plan.
5. Explain that a formula fed baby over 6 months of age may need a fluoride supplement if the water used to prepare the formula is un-fluoridated tap water, bottled water, or filtered water.

FF-PREP PREPARATION OF FORMULA

OUTCOME: The mother/family will understand the preparation of formula.

STANDARDS:

1. Explain that babies have a low resistance to bacteria during the first three months. Boiling water (including bottled water) for five minutes before mixing formula may be necessary.
2. Explain that boiling bottles and nipples for five minutes, washing with hot, soapy water, and/or using a dishwasher before use is also recommended. Discard bottle liners after each use, and discard bottle nipples that are old, soft, cracked, or discolored.
3. Discuss the importance of never watering down formula. Explain that following the manufactures' instructions for mixing formula is extremely important and that measuring cups and spoons should be used.
4. Explain that prepared formula:
 - a. Should be prepared one at a time or in small batches and labeled with date and time of preparation along with baby's name especially if delivering formula to a child care provider.
 - b. Should be discarded when bottles are left out of the refrigerator longer than 1 hour, or any formula left in the bottle that a baby doesn't finish.
 - c. Should be stored in the refrigerator for no longer than 24 hours and can be carefully warmed just before feeding. Warming formula is not necessary but most babies prefer it.
 - d. Should warm a bottle of formula by holding it in running warm water or setting it in a pan of warm water. A bottle of formula (or breast milk) should not be warmed in a microwave. The bottle can heat unevenly and leave "hot spots" that can burn a baby's mouth.
5. Explain that glass bottles hold temperature better than plastic and are easier to clean and dry quickly.

FF-PROD FORMULA PRODUCTS

OUTCOME: The mother/family will understand the different products available for formula feeding.

STANDARDS:

1. Discuss that baby formulas vary in nutrients, calorie density, taste, ability to be digested, and cost. Most babies require iron fortified formulas for brain growth. Formula is less digestible than breast milk, and therefore formula-fed babies usually need to eat less often than do breastfed babies.
2. Discuss the different types of formulas available:
 - a. **Standard milk-based formula:** these are made with cow's milk protein. Most babies do well on these formulas.

- b. **Soy-based formulas:** these do not contain lactose and are made using soy proteins. Soy-based formulas have not been proven to help with milk allergies or colic. Babies who are allergic to cows' milk may also be allergic to soy milk.
- c. **Hypoallergenic formulas** (protein hydrolysate formulas): these may be helpful for babies who have true allergies to milk protein, and for those with skin rashes or wheezing caused by allergies.
- d. **Lactose-free formulas:** these are used for galactosemia, congenital lactase deficiency, and primary lactase deficiency. A baby who has an illness with diarrhea usually will not need lactose-free formula.
- e. **Special formulas:** these should only be used under a healthcare provider's supervision:
 - i. Reflux formulas are pre-thickened with rice starch. They are usually needed only for babies with reflux who are not gaining weight or who are very uncomfortable.
 - ii. Formulas for premature and low-birth weight babies have extra calories and minerals to meet the needs of these babies.
 - iii. Special formulas may be used for babies with heart disease, malabsorption syndromes, and problems digesting fat or processing certain amino acids.

FF-PTERM PRETERM BABY

OUTCOME: The mother/family will understand formula feeding as it relates to a preterm baby.

STANDARDS:

1. Discuss that feeding a preterm baby is different than feeding a term baby.
2. Discuss that a premature baby may be sleepy at feeding times, may not be strong enough to drink enough formula, and may have difficulty swallowing and/or breathing during feeding.
3. Discuss the ways to promote successful formula feeding in premature babies. These include sitting the baby up, using chin and cheek supports, and exercising the baby's mouth to strengthen muscles.
4. Discuss that if the baby is very premature or ill, tube feeding may first be required.
5. Discuss special formulas and supplements that may be required for a preterm baby.

FF-SF INTRODUCTION TO SOLID FOODS

OUTCOME: The mother/family will understand the appropriate ages to introduce various solid foods.

STANDARDS:

1. Discuss the recommended introduction of solid foods:
 - a. Babies should not be fed foods other than breastmilk or formula prior to 6 months of age except under the advice of a healthcare provider. Do not give any fluids such as water, glucose water, unless medically indicated.
 - b. As a baby grows, the baby will be able to eat more and may go for longer stretches between feedings. The baby will be able to sleep longer at night.
 - c. During the second month, babies may take about 4 or 5 ounces at each feeding. By the end of 3 months, the baby will probably need an additional ounce at each feeding.
2. Emphasize that, for some time during the introduction of solid foods, breastmilk/formula will still be the baby's primary source of nutrition.
 - a. At 6 months, an iron-fortified rice cereal is generally the preferred first solid food. It is normal for a baby to take very small amounts of solid foods for several months. Discard any uneaten foods after each meal.
 - b. Beyond 6 months, pureed fruits, vegetables other cereals may be introduced. Vegetables and fruits should not be started earlier than 6 months of age. Emphasize the need to wait 3-5 days between the additions of new foods to watch for adverse reactions. New foods might be rejected, but may be accepted at a later time.
 - c. At 7 to 10 months, offer strained or mashed fruits, vegetables, and some textured table foods, and finely chopped meat and poultry.
 - d. At 9 to 12 months, introduce soft combination foods, i.e., casseroles, macaroni and cheese, yogurt, and beans.
3. Emphasize that pureed foods should never be given from a bottle or infant feeder, and must always be fed from a spoon. Check and make sure all foods are room temperature. Don't feed directly from jars. Don't warm jars/bottles in the microwave.
4. Discuss foods that should be introduced at the appropriate age.
 - a. Highly allergenic food such as peanut butter, chocolate, eggs, cow's or goat's milk, and citrus should not be fed until the infant is one year of age.
 - b. Explain that honey and syrups may contain botulism toxin and should not be fed before one year of age.

- c. Foods that are choking hazards should be avoided until 4 years of age, e.g., nuts, hard candies, gum, carrot sticks, meat on a bone, grapes, popcorn, hot dogs, unpeeled apples, slices of orange.
5. Discuss the importance of offering foods at the appropriate ages but do not insist that babies eat foods when they are not hungry:
 - a. Baby knows how much to eat and will stop when not interested. Do not force feed.
 - b. Babies eat more some days than other days.
 - c. No two babies eat the same.
6. Explain how to assess a baby's readiness to feed:
 - a. Tongue thrusting is an indication of not being ready to eat solids.
 - b. Opens mouth when seeing food.
 - c. Closes lips over a spoon.
 - d. Keeps food in mouth instead of spitting it out.
 - e. Sits up alone without support.

FF-W WEANING

OUTCOME: The mother/family will understand the methods to effectively wean the child from formula feedings.

STANDARDS:

1. Discuss reasons for weaning (e.g., including infant/child readiness, separation from mother, eating solids and able to drink from cup).
2. Explain the process of weaning, including replacing one feeding at a time with solids or milk from a cup.
3. Explain that having mixed emotions about weaning the baby is common. While weaning means more freedom and flexibility, women find it difficult to stop because it fosters a strong bond between mother and child. Explain that there are other ways to nurture that intimacy such as reading books together and playing with toys.
4. Refer to community resources as appropriate.

FRST - Frostbite

FRST-C **COMPLICATIONS**

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

STANDARDS:

1. Explain that frostbitten tissue is very susceptible to infections.
2. Review the symptoms of a generalized infection, e.g., high fever, swelling or oozing, spreading redness, red streaking, increased tenderness/pain, changes in mental status, decreased urine output.
3. Review the effects of uncontrolled frostbite or wound infections (e.g., cellulitis) or generalized infection, e.g., loss of appendage, skin grafting.
4. Explain that scarring and/or tissue discoloration are common after healing of frostbite.
5. Emphasize the importance of early treatment to prevent complications.
6. Emphasize the importance to avoid thawing and then refreezing the injury. This is very dangerous and can cause serious consequences.

FRST-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.
3. Discuss that traditional remedies, such as sweat lodges, may affect some conditions in detrimental ways.

FRST-DP **DISEASE PROCESS**

OUTCOME: The patient/family will understand how frostbite occurs, the signs and symptoms of frostbite, and the risk factors associated with frostbite.

STANDARDS:

1. Explain that frostbite, simply defined, is the freezing of the skin and/or the bodily tissues under the skin.
2. Discuss the pathophysiology of frostbite: the fluids in the body tissues and cellular spaces freeze and crystallize. This can cause damage to the blood vessels and result in blood clotting and lack of oxygen to the affected area.
3. Explain that frostbite can occur in a matter of minutes and the most common parts of the body affected by frostbite include the hands, feet, ears, nose, and face. Discuss that frostbite is just like receiving a burn and is categorized based upon the extent of the tissue injury.
 - a. First Degree: is a partial freeze of the skin. Clinical Appearance: Redness, swelling, possible peeling of skin about a week later. Symptoms: Periodic burning, stinging, aching, throbbing; excessive sweating in the area.
 - b. Second Degree: All layers of the skin have frozen. Clinical Appearance: Redness, significant swelling, blisters, black scabs. Symptoms: Numbness, heaviness of the affected area.
 - c. Third Degree: Skin and subcutaneous tissues are completely frozen. Clinical Appearance: Purplish blisters (blood-filled), dusky blue skin discoloration, death of the skin. Symptoms: Loss of sensation, area feels like “wood.” Later on, the area has significant burning and throbbing.
 - d. Fourth Degree: Complete involvement of skin, fat, muscle, bone. Clinical Appearance: Minimal swelling. The area is initially quite red, then becomes black. Symptoms: Occasional joint pain.
4. Explain that the following conditions predispose to frostbite:
 - a. Exposure of the body to cold temperature, high altitude, humidity, and wind-chill
 - b. Wearing wet clothing and shoes
 - c. Ingestion of alcohol and other drugs

FRST-FU FOLLOW-UP

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

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.

FRST-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.

FRST-L LITERATURE

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

STANDARDS:

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

FRST-M MEDICATIONS

OUTCOME: The patient/family will understand the use of medications to manage frostbite.

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.

FRST-P PREVENTION

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

STANDARDS:

1. Discuss that the majority of frostbite cases are preventable, and that it is easier to prevent frostbite than to treat it.
2. Discuss that it is important to wear dry, loose, layered, wind proof clothing (e.g., hat, gloves, loosely fitting layered clothing).
3. Discuss the importance to stocking the vehicle appropriately for winter travel (e.g., blankets, gloves, hats, water).
4. Discuss that remaining physically active can significantly reduce the risk of suffering from frostbite.
5. Review the sensations of early signs of frostbite, e.g., sensations of intermittent stinging, burning, throbbing, and aching. Get indoors.
6. Explain that the following people are at greater risk to frostbite, as appropriate:
 - a. The elderly and young
 - b. Persons with circulation problems
 - c. Those with a history of previous cold injuries
 - d. Those who ingest particular drugs, e.g., alcohol, nicotine and beta-blockers
 - e. Persons from warm climates

FRST-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand how to manage the pain associated with frostbite.

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, e.g., warm or cool packs.

FRST-TX TREATMENT

OUTCOME: The patient/family will understand the management and treatment of frostbite.

STANDARDS:

1. Discuss the goal of treatment: prevention of further exposure to affected area(s), management and prevention of complications.
2. Emphasize that it is optimal to have frostbite injuries re-warmed under medical supervision.
3. Explain that the patient needs to stay warm after thawing. Refreezing can cause more severe tissue damage.
4. Review the proper thawing process:
 - a. Use warm-to-the touch water 100°F (38°C) for 30–45 minutes until a good color (flush) has returned to the entire area. Emphasize that this process may be painful, especially the final few minutes.
 - b. Leave the blisters intact. Cover with a sterile or clean covering if protection is needed to prevent rupturing of blisters.
 - c. Keep the affected part(s) as clean as possible to reduce the risk of infection.
 - d. Keep the affected area elevated above the level of the heart.
5. Emphasize the importance of having a current tetanus booster.
6. Review the treatment modalities that are not deemed appropriate methods to treat frostbite:
 - a. Don't use dry heat (sunlamp, radiator, heating pad) to thaw the injured area.

- b. Don't thaw the injury in melted ice.
- c. Don't rub the area with snow.
- d. Don't use alcohol, nicotine, or other drugs that may affect blood flow.

FRST-WC WOUND CARE

OUTCOME: The patient/family will understand the necessity and procedure for proper wound care.

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.

G**GB - Gallbladder Disorders****GB-AP ANATOMY AND PHYSIOLOGY**

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

STANDARDS:

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

GB-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with gallbladder disorder 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 gallbladder disorder, 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.

GB-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of untreated or progressed gallbladder disease.

STANDARDS:

1. Describe the signs/symptoms of the common complications of gallbladder disease:
 - a. Sometimes gallstones move into the ducts that drain the gallbladder and that this may lead to pain, infections, diseases of the liver, disease of the pancreas and may lead to gangrene or perforation of the gallbladder.
 - b. Empyema of the gallbladder (pus in the gallbladder) is a serious complication of acute cholecystitis and can result in death. Empyema is relatively rare.
 - c. Patients with choledocholithiasis (stones in the common bile ducts) may get cholangitis (infection of the bile ducts). This is very serious and may be treated with antibiotics and may require surgery. Choledocholithiasis may also result in pancreatitis. **Refer to PC** (in Volume IV of this manual set).
2. Explain that the risk of serious complications can be reduced by seeking prompt medical attention.

GB-DP DISEASE PROCESS

OUTCOME: The patient/family will understand this gallbladder disease.

STANDARDS:

1. Explain that gallbladder disease is more common in the following groups of people:
 - a. Women
 - b. People over 40
 - c. Women who have been pregnant (especially women with multiple pregnancies)
 - d. People who are overweight
 - e. People who eat large amounts of dairy products, animal fats, and fried foods, e.g., high fat diet
 - f. People who lose weight very rapidly
 - g. People with a family history of gallbladder disease
 - h. Native Americans (especially Pima Indians), Hispanics, and people of Northern European descent

- i. People with sickle-cell anemia, cirrhosis, hypertriglyceridemia (especially with low HDL cholesterol), or diabetes
2. Explain that gallstones (cholelithiasis) can cause problems when a gallstone gets lodged in either the cystic duct or the common bile duct. This can result in right upper quadrant abdominal pain, nausea, vomiting, heartburn, and back pain. Explain that gallstones in the common bile duct can also result in jaundice or pancreatitis.
3. Explain that biliary colic is a mild form of gallbladder disease and results in right upper quadrant abdominal pain several hours after eating a fatty meal. The pain is not relieved by changing position, taking over-the-counter medications, or passing gas. It will usually spontaneously resolve in 1–5 hours.
4. Explain that acute cholecystitis is similar to biliary colic but is more severe. It results from inflammation of the gallbladder. Infection is often present. The pain with cholecystitis is more severe and often patients complain of pain with breathing.
5. Explain that chronic cholecystitis results from long-term inflammation of the gallbladder with or without stones and results in scarring of the gallbladder. Patients with chronic cholecystitis will often have gas, nausea, or abdominal discomfort after meals.

GB-FU FOLLOW-UP

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

GB-L LITERATURE

OUTCOME: The patient/family will receive literature about gallbladder disease.

STANDARDS:

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

GB-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.

GB-MNT MEDICAL NUTRITION THERAPY

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

GB-N NUTRITION

OUTCOME: The patient/family will understand nutrition in gallbladder disease.

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. Explain that a diet that is high in fat and simple sugars can contribute to the formation of gallstones.
4. Explain that rapid weight loss should be avoided because it may contribute to formation of gallstones.

GB-P PREVENTION

OUTCOME: The patient/family will understand and will make a plan for the prevention of gallbladder disease.

STANDARDS:

1. Explain that maintaining a normal body weight and eating a diet low in fats/calories is key to reducing the risk of gallstones and gallbladder disease.
2. Explain that regular vigorous exercise reduces the risk of gallbladder disease. Exercises that seem most helpful are brisk walking, jogging, and racquet sports.

GB-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).
 - a. often antispasmodics may be helpful
 - b. short term use of narcotics may be helpful
 - c. other medications may be helpful to control pain and the symptoms of nausea and vomiting
 - d. administration of fluids may help with pain relief and resolution of symptoms
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.

GB-PRO PROCEDURES

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.

GB-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

GB-TX TREATMENT

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

STANDARDS:

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

GE - Gastroenteritis

GE-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

GE-C COMPLICATIONS

OUTCOME: The patient/family will understand the possible complications of gastroenteritis and which patients are at high risk for complications.

STANDARDS:

1. Discuss the common or serious complications of gastroenteritis, such as:
 - a. Dehydration
 - b. Electrolyte imbalance
 - c. Need for hospitalization
2. Explain that people with concurrent or chronic illness, the elderly, the very young, or people who have prolonged episodes of gastroenteritis are at higher risk for complications.

GE-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.

GE-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the causes and symptoms of gastroenteritis.

STANDARDS:

1. Explain that gastroenteritis is usually caused by a viral infection and will go away on its own.
2. Review the signs and symptoms of gastroenteritis such as:
 - a. colicky abdominal pain
 - b. fever which may be low grade or higher
 - c. diarrhea
 - d. nausea and/or vomiting.
3. Discuss the potential for dehydration and signs of dehydration:
 - a. dry sticky mouth
 - b. no tears when crying
 - c. no urine output for 8 hours or more
 - d. sunken fontanelle (in an infant)
 - e. sunken appearing eyes
 - f. others as appropriate
4. Explain the need to seek immediate medical care if dehydration is suspected.

GE-FU FOLLOW-UP

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

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.

GE-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of gastroenteritis and make a plan for implementation.

STANDARDS:

1. Explain the home management plan and methods for implementation of the plan.
2. Discuss the importance of following a home management plan, e.g., fewer emergency room visits, fewer hospitalizations and fewer complications, as well as, a healthier life.
3. Explain the relationship between hygiene and infection control principles. Emphasize importance of hand washing.

GE-L LITERATURE

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

STANDARDS:

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

GE-M MEDICATIONS

OUTCOME: The patient/family will understand the limited role medications play in the management of gastroenteritis.

STANDARDS:

1. Explain that in most cases of gastroenteritis no medication is needed.
2. If medication is prescribed for nausea relief or diarrhea control, provide a brief description of how the medication works. Discuss the common or problematic side-effects.
3. Explain that many medications prescribed for nausea or diarrhea may cause drowsiness and the patient should avoid activities such as driving or operating heavy machinery while using these medications.
4. Explain the importance of proper hydration even in the face of drowsiness.

GE-MNT MEDICAL NUTRITION THERAPY

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

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.

GE-N NUTRITION

OUTCOME: The patient/family will understand ways to treat gastroenteritis by nutritional therapy.

STANDARDS:

1. Explain that in gastroenteritis the gastrointestinal tract is not working properly.
2. Explain that gastrointestinal rest is essential to quick recovery from gastroenteritis.
3. Explain that water and many other clear liquids are rapidly absorbed across the stomach wall and do not require that the gastrointestinal tract be working properly. (Oral electrolyte solutions are excellent clear fluids for all who will take them.) Discourage the use of juices because many of them will make the diarrhea worse. Discourage the use of caffeinated beverages because they are dehydrating.
4. Explain that clear liquids taken in small amounts and frequently will often result in resolution of the vomiting, e.g., 1 teaspoonful to 1 tablespoonful every 5–10 minutes.
5. Explain that it is usually appropriate to go to a high starch/low fat diet gradually.

GE-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** (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.

GE-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

GE-TX TREATMENT

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

STANDARDS:

1. Explain that the major treatment for viral gastroenteritis is dietary modification.
2. Explain that if the gastroenteritis is caused by a bacterium, antibiotics may be prescribed.
3. Explain that if the patient fails in attempts at oral rehydration, IV rehydration is frequently necessary.

GER - Gastroesophageal Reflux Disease

GER-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

GER-C COMPLICATIONS

OUTCOME: The patient/family will understand common and important complications of gastroesophageal reflux disease.

STANDARDS:

1. Discuss the common complications of gastroesophageal reflux disease.
2. Describe the signs/symptoms of common complications of gastroesophageal reflux disease that should prompt immediate follow-up.

GER-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of gastroesophageal reflux disease (GERD)

STANDARDS:

1. Discuss the anatomy and physiology of the esophagus and stomach.
2. Explain the process of acid reflux into the esophagus.
3. Explain how and why stomach acid reflux into the esophagus causes pain and disease.
4. Explain long-term complications of untreated GERD including carcinoma of the esophagus.

GER-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in gastroesophageal reflux disease.

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.

GER-FU FOLLOW-UP

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

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.

GER-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.

GER-L LITERATURE

OUTCOME: The patient/family will receive literature about gastroesophageal reflux disease.

STANDARDS:

1. Provide the patient/family with literature on gastroesophageal reflux disease.
2. Discuss the content of the literature.

GER-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to control gastroesophageal reflux disease through lifestyle adaptations.

STANDARDS:

1. Emphasize the importance of tobacco cessation and decreased alcohol consumption.
2. Identify obesity as a major exacerbating factor in GERD. **Refer to [GER-N](#).**
3. Discuss physical control measures such as elevating the head of the bed.

GER-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.

GER-MNT MEDICAL NUTRITION THERAPY

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

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.

GER-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and gastroesophageal reflux disease.

STANDARDS:

1. Review normal nutritional needs for optimal health.
2. Explain the benefits of weight loss, low fat diet, and small frequent meals.
3. Explain that spicy or high acidic foods may worsen condition. Examples include tomatoes, chili, citrus fruits and juices, chocolate, peppermint, onions, garlic, alcohol, coffee, etc.
4. Discourage late evening meals and snacks. Instruct the patient to maintain an upright position for 2 hours after eating. Elevating the head of the bed at night may also be beneficial.
5. Discuss nutritional modifications as related to GER. Refer to registered dietitian for MNT as appropriate.

GER-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** (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 that administration of fluids may be helpful with pain relief and resolution of symptoms.
5. Explain non-pharmacologic measures that may be helpful with pain control.

GER-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in gastroesophageal reflux disease.

STANDARDS:

1. 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 risk of morbidity from gastroesophageal reflux disease.
2. Explain that effective stress management may help reduce the severity of gastroesophageal reflux disease, as well as help improve the health and well-being of the patient.
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.

GER-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

GER-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.

GER-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.

GENDR - Gender Identity Disorder

GENDR-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with gender identity disorder.

STANDARDS:

1. Discuss the common complications of cross gender identification, which manifests differently across the life cycle.
2. Describe the common complications of gender identity disorder, including school aversion or dropping out of school, failure to develop age-appropriate same-sex peer relationships and skills, low self-esteem, and peer ostracism.
3. Explain that individuals with gender identity disorder often develop depression (**refer to DEP** in Volume II of this manual set) and anxiety, which would benefit from mental health interventions.
4. Discuss the common social difficulty in cross-sex identification, and the potential for isolation, bullying, and ostracism, especially in adolescence, and which can result in suicide or serious suicidal ideation (**refer to SI** in Volume V of this manual set).
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**

GENDR-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.

GENDR-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the gender identity disorder.

STANDARDS:

1. Explain that gender identity disorder, also known as transsexualism or transgender, is a conflict between a person's actual physical gender and the one that one actually identifies with.
2. Discuss the essential features of gender identity disorder:
 - a. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
 - i. In children, the disturbance is manifested by a repeated desire to be, or insistence that one is, the other sex, a preference for cross-dressing, strong preferences for cross-sex roles in imaginative play, fantasies of being the other sex, and preferences for playmates of the opposite sex.
 - ii. In adolescents and adults, the disturbance is manifested by symptoms, such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or a conviction that one has the typical feelings and reactions of the other sex.
 - b. A persistent discomfort with one's sex or sense of inappropriateness in the gender role of that sex.
 - i. In children, the disturbance is manifested by disgust of one's own genitalia or aversion toward normative sex-role play, clothing, or developmental milestones, such as menstruation or gender appropriate practices (e.g. girls' rejection of urinating in a sitting position).
 - ii. In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g. request for hormones, surgery, or other procedures to physically alter the sexual characteristics to simulate the other sex), or belief that one was born the wrong sex.
3. Explain that individuals with gender identity disorder have normal genitalia, and that the disturbance is not concurrent with a physical intersex condition.
4. Explain that the disorder may affect choice of sexual partners, display of feminine or masculine mannerisms, behavior, and dress, and self-concept.
5. Explain that the course of the disorder involves many variations and fluctuations throughout the lifespan:
 - a. Only a small number of children that meet criteria for gender identity disorder will continue to have the symptoms into adolescences and adulthood. The symptoms become less overt over time for most individuals, and most diagnosed children later report a homosexual or bi-sexual orientation.
 - b. Individuals who present with symptoms in adolescence or adulthood, the course may appear more gradually, and are less likely to be satisfied with sex-reassignment surgery.

- c. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

GENDR-FU FOLLOW-UP

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

GENDR-HELP HELP LINE

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

STANDARDS:

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

GENDR-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.

GENDR-L LITERATURE

OUTCOME: The patient/family will receive literature about gender identity disorder.

STANDARDS:

1. Provide the patient/family with literature on gender identity disorder.
2. Discuss the content of the literature.

GENDR-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for gender identity disorder.

STANDARDS:

3. Discuss the adaptations necessary for adjusting to social, occupational, and other pressures.
4. Discuss that the family may also require lifestyle adaptations to care for the patient.
5. Discuss ways to optimize the quality of life.
6. Refer to community services, resources, or support groups, as available.

GENDR-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.

GENDR-S SAFETY

OUTCOME: The patient/family will understand the safety plan when severe bullying and suicidal thoughts are present.

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures should the condition worsen, should suicidal or homicidal ideation arise, or should the patient feel urges to engage in risky/dangerous behavior.
2. Explain that local police may also be available to assist in transportation and safety compliance.

GENDR-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with gender identity disorder.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with gender identity 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.

GENDR-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).

GENDR-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for gender identity disorder.

STANDARDS:

1. Explain the treatment for gender identity disorder is usually directed toward associated conditions, including depression, anxiety, and coping with social problems.
2. Explain that hormone and sex re-assignment therapies are controversial treatment options, and that identity issues are not usually resolved by these treatments.
3. Explain that therapists have different styles and orientations for treating gender identity disorder, and that some styles may suit the patient and family better than others. Explain that the strategies may include individual and family therapy for children, and individual and couple's counseling for adults.
4. Explain that medications may also be prescribed to treat comorbid conditions, such as depression and anxiety (**refer to [GENDR-M](#)**).

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

GAD - Generalized Anxiety Disorder

GAD-C **COMPLICATIONS**

OUTCOME: The patient/family will understand some of the complications associated with generalized anxiety disorder.

STANDARDS:

1. Discuss that generalized anxiety disorder can cause major disruptions in social or occupation functioning.
2. Discuss that generalized anxiety disorder can cause psychosomatic symptoms such as chest pain, dizziness, abdominal pain, headaches, jaw pain, palpitations, shortness of breath, bruxism, broken teeth, fatigue, sleep disruption, and other physical symptoms. Generalized anxiety disorder is frequently misdiagnosed as a cardiac or gastrointestinal disease.
3. Explain that untreated generalized anxiety disorder may worsen and develop into depression (**refer to DEP** in Volume II of this manual set), other anxiety disorders, and suicidal ideation (**refer to SI** in Volume V of this manual set).
4. Discuss the high incidence of substance abuse/dependence as a co-morbid condition with generalized anxiety disorder (**refer to [AOD](#)**).

GAD-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.

GAD-DP **DISEASE PROCESS**

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

STANDARDS:

1. Explain that generalized anxiety disorder is characterized by severe anxiety and fear which is not attributable to a specific stressor and is significant enough to interfere with work, home, or social functioning.
2. Explain that the essential feature of generalized anxiety disorder is excessive anxiety and uncontrollable worry even about ordinary or routine activities, and is associated with symptoms of hyper-arousal, including:
 - a. restlessness/feeling keyed up
 - b. muscle tension
 - c. irritability
 - d. difficulty concentrating
 - e. disturbed sleep
 - f. an unusual number of physical complaints for which a source cannot be found
3. Explain that the intensity, duration, and frequency of the anxiety and worry are far out of proportion to the actual likelihood or impact of the feared event.
4. Discuss that in many cases, generalized anxiety disorder is a neurochemical/biological disorder and may not be the result of the patient's personality or inappropriate coping mechanisms.
5. Explain that the symptoms of generalized anxiety disorder may fluctuate at times. It can worsen when the patient is more stressed, but may not be related to outside stressors. Explain that there is a tendency of generalized anxiety disorder to worsen over time if left untreated, but there are effective treatments available.

Refer to [GAD-TX](#).

GAD-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity in the treatment of generalized 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.

GAD-FU FOLLOW-UP

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

GAD-HELP HELP LINE

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

STANDARDS:

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

GAD-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.

GAD-L LITERATURE

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

STANDARDS:

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

GAD-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to coping with chronic anxiety, including the reduction or elimination of stimulants, the avoidance sedating drugs and alcohol, and getting regular sleep and exercise.
2. Discuss that the family may also require lifestyle adaptations to care for the patient's loss of function.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

GAD-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.

GAD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in generalized anxiety disorder.

STANDARDS:

1. Explain that uncontrolled stress contributes to more severe symptoms of anxiety, and can interfere with the treatment of anxiety disorders.
2. Explain that effective stress management may reduce the severity of the patient's symptoms as well as help improve health and well-being.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as inappropriate eating, all of which can increase the severity of the anxiety and increase the risk of depression and suicidal 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.

GAD-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).

GAD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options that may be used to treat anxiety.

STANDARDS:

1. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone. Explain that 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. Discuss the treatment plan which may include a combination of psychotherapy, pharmacologic, and lifestyle adaptation.
 - a. Some therapists have different styles and orientations for treating generalized anxiety disorder, although some styles may suit the patient better.
 - b. Counseling or psychotherapy is an effective treatment for generalized anxiety disorder, and the length of therapy varies according to the patient's needs.
 - c. Medication may be prescribed on an individualized basis to manage symptoms of anxiety. Discuss the risk of dependence to the medication, as appropriate. **Refer to [GAD-M](#).**
3. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for generalized anxiety disorder may vary according to the patient's life circumstances, severity of the condition, and available resources.
4. Discuss the importance of fully participating in the treatment plan, including scheduled follow-up.

GENE - Genetic Disorders

GENE-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to this specific genetic disorder.

STANDARDS:

1. Explain the normal anatomy and physiology of the organs/systems involved in this specific genetic disorder.
2. Discuss the changes to anatomy and physiology as a result of this specific genetic disorder.
3. Discuss the impact of these changes on the patient's health or well-being.

GENE-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with this genetic disorder as a life-altering illness that requires a change in lifestyle (**refer to [GENE-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with this genetic disorder, 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.

GENE-C COMPLICATIONS

OUTCOME: The patient/family will understand complications which are more common with this genetic disorder than in the general population.

STANDARDS:

1. Discuss complications more common in persons with this genetic disorder.
2. Describe the signs/symptoms of common complications of associated with this genetic disorder.

GENE-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the genetic disorder that has been diagnosed or is being considered.

STANDARDS:

1. Discuss the symptoms of the genetic disorder.
2. Discuss the inheritance pattern of the genetic disorder, if known.
3. Explain implications for future pregnancies, as appropriate.
4. Refer to pre-pregnancy and/or genetic counseling, as available or appropriate.

GENE-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.

GENE-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments and that follow-up appointments be kept.
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.

GENE-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of this genetic disorder.

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.

GENE-L LITERATURE

OUTCOME: The patient/family will receive literature about the genetic disorder.

STANDARDS:

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

GENE-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to care for a person with a genetic disorder.

STANDARDS:

1. Discuss the lifestyle changes specific to this genetic 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. Discuss the availability of special programs and explain that parents must be advocates for their child with special needs (e.g., Early Head Start, Head Start, special school programs).
4. Refer to community services, resources, or support groups, as available.

GENE-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.

GENE-MNT MEDICAL NUTRITION THERAPY

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

GENE-N NUTRITION

OUTCOME: The patient/family will understand the special nutritional needs of persons with this genetic disorder.

STANDARDS:

1. Discuss nutritional needs of persons with this genetic disorder (e.g., some genetic disorders cause failure to thrive while others may cause obesity).
2. Refer to registered dietitian.

GENE-P PREVENTION

OUTCOME: The patient/family will understand any preventive measures for future occurrences of a genetic disorder, as appropriate.

STANDARDS:

1. Discuss factors that influence the occurrence of genetic disorders (e.g., older maternal age predisposes to Down syndrome).
2. Discuss genetic counseling options especially with families with previous occurrences of genetic disorders.

GENE-PA PARENTING

OUTCOME: The parent will understand the special parenting challenges of this genetic disorder.

STANDARDS:

1. Discuss that many genetic disorders render the patient incapable of independent life and that the parents will need to plan for long term care of the patient.
 - a. Discuss that many of these patients will require parenting well beyond 18 years of life.
 - b. Discuss that the parents should plan early for an alternative care plan in the event of death of the parents (e.g., designating a guardian, setting up trust funds).
2. Discuss the need for consistent parenting especially in children with special needs.
3. Discuss the need for respite care (alternative caregivers) to allow for time for the parents to have time for themselves.

GENE-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.

GENE-PT PHYSICAL THERAPY

OUTCOME: The patient/family will understand the role that physical/occupational/speech therapies play in the functional ability of persons with genetic disorders.

STANDARDS:

1. Discuss physical/occupational/speech therapies as appropriate to this patient.
2. Refer as appropriate.

GENE-S SAFETY

OUTCOME: The patient/family will understand safety issues specific to this genetic disorder.

STANDARDS:

1. Discuss that some genetic disorders result in lower IQs and that this often makes the patient more vulnerable to many personal safety hazards including sexual abuse/assault.
2. Discuss safety and injury prevention issues as related to this genetic disorder.

GENE-SM STRESS MANAGEMENT

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

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 the 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.

GENE-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

GDM - Gestational Diabetes

GDM-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

GDM-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with gestational diabetes mellitus as a life-altering illness that requires a change in lifestyle (**refer to [GDM-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with gestational diabetes mellitus, 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.

GDM-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of gestational diabetes mellitus for mother and unborn baby.

STANDARDS:

1. Explain that uncontrolled GDM can result in the following complications for the infant: macrosomia, hypoglycemia, respiratory distress, hypocalcemia, shoulder dystocia, hyperbilirubinemia, still birth or fetal damage.
2. Explain that uncontrolled GDM can result in the following complications for the mother: hyperglycemia, miscarriage, preeclampsia, C-section, and increase risk of GDM with subsequent pregnancies and onset for diabetes mellitus type 2.

GDM-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs contribute during pregnancy in a patient with gestational diabetes mellitus.

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.

GDM-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of gestational diabetes mellitus.

STANDARDS:

1. Briefly describe the disease process of GDM, including insulin resistance and hormonal changes, as appropriate.
2. Describe risk factors for developing GDM, e.g., family history of diabetes, age, ethnicity, previous GDM pregnancy, sedentary lifestyle, overweight.
3. Explain that the symptoms of GDM are similar to normal pregnancy and screening is required. These signs/symptoms may include: increased thirst, increased urination, increased hunger, unintentional weight loss, lethargy, headache, blurry vision, impaired concentration, impaired wound healing and immune response.
4. Emphasize that there is no cure for GDM. Encourage screening at 26 to 28 weeks.

GDM-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity during pregnancy.

STANDARDS:

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

GDM-FU FOLLOW-UP

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

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.

GDM-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 the benefits of breastfeeding in reducing the risk for diabetes in both mom and infant.
4. 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
5. Review the community resources available for help in achieving behavior changes.

GDM-L LITERATURE

OUTCOME: The patient/family will receive literature about gestational diabetes mellitus.

STANDARDS:

1. Provide the patient/family with literature on gestational diabetes mellitus.
2. Discuss the content of the literature.

GDM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the lifestyle adaptations for gestational diabetes mellitus.

STANDARDS:

1. Explain that lifestyle adaptations are the key components to preventing or delaying the progression of GDM.
2. Emphasize that nutrition and physical activity are critical components in addressing insulin resistance.
3. Explain that while medications may help, lifestyle adaptations are the key to improving health.
4. Explain that use of tobacco products can exacerbate the disease process and lead to complications.

GDM-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.

GDM-MNT MEDICAL NUTRITION THERAPY

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

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.

GDM-N NUTRITION

OUTCOME: The patient/family will understand the importance of nutritional management in gestational diabetes mellitus.

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. Identify techniques or strategies for eating out, social events, traditional eating practices, and family support in monitoring blood sugar.
4. Explain that emotional eating from boredom, anger, frustration, loneliness, and depression can interfere with blood sugar control, as appropriate. Alternative choices should be recommended.
5. Discuss managing food intake with medication on sick days and with physical activity to prevent hypoglycemia.
6. Discuss the need for nutritional intervention and refer to a Registered Dietitian as appropriate.

GDM-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.

GDM-SCR SCREENING

OUTCOME: The patient/family will understand the proposed screening including indications.

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., blood pressure, blood sugar, development, mental health.

2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

GDM-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.

GDM-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in gestational diabetes mellitus.

STANDARDS:

1. Explain that uncontrolled stress can contribute to insulin resistance and lead to increased morbidity and mortality.
2. Explain that uncontrolled stress can interfere with the treatment of GDM.
3. Explain that effective stress management may reduce the adverse consequences of diabetes, as well as help improve the health and well-being of the patient.
4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use as well as overeating, all which can increase the risk of morbidity and mortality from GDM.
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.

GDM-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

GDM-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.

GIB - GI Bleed

GIB-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

GIB-C COMPLICATIONS

OUTCOME: The patient/family will understand the seriousness of gastrointestinal bleeding.

STANDARDS:

1. Explain that severe blood volume depletion and anemia can result from untreated gastrointestinal bleeding.
2. Explain that complications may be prevented with prompt treatment.
3. Discuss the sign and symptoms of gastrointestinal bleeding, e.g., vomiting blood or coffee-ground emesis or black, tarry, or bloody stools.

GIB-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.

GIB-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the etiology and pathophysiology of their gastrointestinal disease.

STANDARDS:

1. Explain that gastrointestinal bleeding may have a variety of causes e.g., esophagitis, gastritis, peptic ulcers, esophageal varices, Crohn's disease, polyps, ulcerative colitis, diverticulosis, cancer, or medications.
2. Explain that GI bleeding can be caused by an infection of the stomach that may require treatment with antibiotics.
3. Explain that the bleeding may present itself in a variety of ways, depending on the source and severity of the bleeding.
4. Explain that massive bleeding may result in weakness, dizziness, faintness, shortness of breath, crampy abdominal pain, diarrhea, or death.

GIB-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.

GIB-FU FOLLOW-UP

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

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.

GIB-L LITERATURE

OUTCOME: The patient/family will receive literature about gastrointestinal bleeding.

STANDARDS:

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

GIB-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.

GIB-MNT MEDICAL NUTRITION THERAPY

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

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.

GIB-N NUTRITION

OUTCOME: The patient/family will understand nutrition as it relates to gastrointestinal bleeding.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
 - a. certain foods are likely to exacerbate the GI condition and should be avoided, e.g., alcohol, caffeine, fatty foods
 - b. bland starchy foods are easier to digest and may be more easily tolerated
 - c. consumption of yogurt (with live or active cultures) may be helpful to restore normal bowel flora
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Explain the need for bowel rest and IV nutrition support.
4. Explain that gradual introduction of oral nutrients will be accomplished while decreasing IV nutrition support. Bowel irregularity is common during this period of time.
5. Refer to a registered dietician for MNT or other local resources as appropriate.

GIB-P PREVENTION

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

STANDARDS:

1. Discuss the importance of avoiding substances containing aspirin, alcohol, nonsteroidal anti-inflammatory drugs, and steroids, which might aggravate or precipitate bleeding.

2. Explain the importance of regular bowel movements in the prevention of GI bleeding.

GIB-PRO PROCEDURES

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 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.

GIB-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in gastrointestinal bleeding.
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.

GIB-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

GIB-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.

GL - Glaucoma

GL-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

GL-C COMPLICATIONS

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

STANDARDS:

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

GL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the complications and progression of glaucoma.

STANDARDS:

1. Explain that glaucoma is characterized by an increase in intraocular pressure.
2. Explain that in early open-angle glaucoma there are usually no symptoms. Acute-angle closure glaucoma may occur at any age and may include eye pain, light sensitivity, blurred vision, halos, or nausea and vomiting.
3. Explain that untreated glaucoma will result in permanent loss of vision due to optic nerve damage. Discuss the status of the ocular condition and the potential to maintain, lose, or regain the quality of ocular health and visual capabilities.

GL-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care. Discuss that frequent examinations are required to monitor for side effects of the treatment or disease progression.
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.

GL-HELP HELP LINE

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

STANDARDS:

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

GL-L LITERATURE

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

STANDARDS:

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

GL-LT LASER THERAPY

OUTCOME: The patient/family will understand how laser therapy prevents progression of the disease.

STANDARDS:

1. Explain the preparation for the laser procedure.
2. Explain how the laser procedure prevents worsening of the condition.
3. Discuss the common side effects and major complications of the procedure.

GL-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.

GL-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.

GL-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

GL-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.

GOUT - Gout (Inflammatory Arthritis)

GOUT-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

GOUT-C COMPLICATIONS

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

STANDARDS:

1. Discuss common complications of gout or hyperuricemia (uric acid).
2. Explain that a gout attack/flare up usually starts with sudden, severe pain, tenderness, redness, warmth, and swelling in a joint. The attack/flare up may last a few days, usually subsides, and the next one may not happen for months or even years.
3. Describe that an attack/flare-up can be triggered by food, alcohol, certain medications, or illness.

GOUT-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.

GOUT-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss that gout is caused by inflammation when uric acid crystals build up in the blood and are deposited in connective tissue and/or in the fluid that cushions a joint (the synovial fluid).
2. Discuss that gout is the most common form of inflammatory arthritis in men over 40 and affects approximately 3 times as many men as women.
3. Explain that gout can progress, eventually causing damage to joints, and possible disability.

GOUT-EX EXERCISE

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

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. Emphasize the importance of “warm ups and cool downs.”
5. Refer to community resources as appropriate.

GOUT-FU FOLLOW-UP

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

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.

GOUT-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain the home management techniques.
2. Discuss appropriate foot wear and clothing. **Refer to [FOOT](#)**, as appropriate.
3. Discuss the implementation of hygiene and infection control measures.
4. Refer to community resources, hospice, or support groups, as appropriate.

GOUT-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.

GOUT-L LITERATURE

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

STANDARDS:

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

GOUT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the lifestyle adaptations necessary to optimize performance during attack/flare up of gout.

STANDARDS:

1. Discuss the lifestyle changes specific to gout.
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.
5. Define activities of daily living (ADLs) (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 ADLs 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.

GOUT-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.

GOUT-MNT MEDICAL NUTRITION THERAPY

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

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.

GOUT-N NUTRITION

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

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 achieving and maintaining a healthy weight. **Refer to OBS** (in Volume IV of this manual set).
5. Discuss the benefits of avoiding purine-containing foods, e.g., cheeses, processed meats, and alcohol.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

GOUT-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.
5. Discuss the techniques that may reduce stress and depression such as meditation and bio-feedback.
6. Refer to physical therapy as appropriate.

GOUT-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.

GOUT-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to injury prevention and will implement necessary measures to avoid injury.

STANDARDS:

1. Explain ways to adapt the home to improve safety and prevent injuries, such as remove throw rugs, install grab bars in hallways and near stairs.
2. Explain the importance and proper use of mobility devices (canes, walker, electric scooters, wheel chair).
3. Explain the importance of safety factors while being mobile outdoors during different weather conditions.
4. Explain the importance of recognizing driving limitations. Refer to community resources.

GOUT-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

GOUT-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.

GRIEF- Grief/Bereavement

GRIEF-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the potential emotional reactions that are common in grief, and the potential complications to untreated emotional turmoil.
2. Explain that “normal” grieving/bereavement may vary considerably among different cultural groups, and discuss the patient/family’s social, cultural, and spiritual perception of grief.
3. Discuss the danger of denial, and the importance of seeking help in accepting and coping with the loss.
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, as appropriate.

GRIEF-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of unresolved grief/bereavement.

STANDARDS:

1. Explain that grief/bereavement may develop complications if it remains unexpressed, if it is masked by significant physical/behavioral symptoms, such as angry outbursts or somatizations, if it is exaggerated, and/or if grief from previous losses resurfaces.
2. Explain that complications of unexpressed grief may include depressed or anxious mood, disturbed emotions and behavior, disordered eating, and suicidal ideation.
3. Emphasize that professional assistance may be needed to obtain full recovery from these complications. Encourage patients who suspect they have complications of grief to seek professional assistance/grief counseling.
4. Discuss that unresolved grief or survivor guilt may further result in the development of major depressive disorder (**refer to DEP** in Volume II of this manual set), posttraumatic stress disorder (**refer to PTSD** in Volume IV of this manual set), substance-related disorders (**refer to [AOD](#)**), and somatoform disorders (**refer to SOMA** in Volume V of this manual set).

GRIEF-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. Explain that “normal” grieving/bereavement may vary considerably among different cultural groups.
2. Discuss what influence that social, cultural, and spiritual traditions and variables have on the patient/family’s perception of grief.
3. 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.
4. 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.

GRIEF-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in reducing the effects of grief.

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 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.

GRIEF-FU FOLLOW-UP

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

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.

GRIEF-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.

GRIEF-L LITERATURE

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

STANDARDS:

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

GRIEF-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.

GRIEF-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in facilitating the grieving process.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in overcoming grief.
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.

GRIEF-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).

GRIEF-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for facilitating the grieving process.

STANDARDS:

1. Explain that individual psychotherapy is the treatment of choice for grief/bereavement because the symptoms are an understandable reaction to a loss.
2. Explain that medication interventions are not usually prescribed for grief/bereavement, although anti-depressants or anti-anxiety medications may be prescribed in conjunction to therapy for short periods to improve sleep, co-occurring disorders (e.g. major depression), or overall functioning.
3. Explain that therapists have different styles and orientations for treating grief/bereavement, and that some styles may suit the patient better than others. Explain that therapy usually involves:
 - a. Developing or enhancing coping skills
 - b. Understanding how the stressor affected their lives
 - c. Developing alternate social or recreational activities
4. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for grief/bereavement may vary according to the patient's life circumstances, severity of the condition, and available resources.
5. Discuss how to integrate the social, cultural, or spiritual traditions of the patient and family into the healing process, based on the assessment of their needs and perceptions about grieving/bereavement.

GBS - Guillain-Barre Syndrome

GBS-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to Guillain-Barre syndrome.

STANDARDS:

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

GBS-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to Guillain-Barre syndrome.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with GBS as a life-altering illness that requires a change in lifestyle ([refer to GBS-LA](#)).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with GBS, 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.

GBS-C COMPLICATIONS

OUTCOME: The patient/family will understand the possible complications of Guillain-Barre syndrome.

STANDARDS:

1. Explain that involvement of respiratory muscles may potentiate hypoxia, atelectasis and pneumonia. Weakness of the laryngeal and glottis musculature may result in aspiration and tongue and retropharyngeal weakness may lead to airway obstruction.
2. Emphasize that changes in speech, tongue protrusion, and swallowing problems are signs of impending respiratory dysfunction and should trigger an immediate visit to the healthcare provider.
3. Explain that another serious complication that can be treated is cardiac rhythm disturbances.
4. Explain that less serious complications that still require treatment may be abnormal blood pressure, urinary retention, gastrointestinal dysfunction, and fluid and electrolyte abnormalities.
5. Explain that common complications of paralysis such as pressure sores and contractures may be minimized or eliminated by careful attention to skin care, positioning, and passive exercise.

GBS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand Guillain-Barre syndrome.

STANDARDS:

1. Explain that the cause of Guillain-Barre syndrome is unknown. Many persons with this syndrome experience a mild respiratory or gastrointestinal infection 1 to 3 weeks before the onset of neuritic symptoms. Infections and/or vaccinations may trigger an autoimmune response that damages the peripheral nerves. There is a higher incidence in men, Caucasians, young adults, and persons in their 50s.
2. Explain that GBS usually begins as bilateral paresthesia in the toes and fingertips, followed by lower extremity weakness that may spread to arms and trunk over a period of a few days. Paralysis may involve the muscles of respiration and cranial nerves leading to trouble breathing, chewing, swallowing, talking or opening the eyes.
3. Explain that muscle atrophy does not occur and the paralysis is usually temporary. Recovery is usually total, but convalescence may be lengthy and recovery may continue from 3 months to 2 years.
4. Explain that there is usually no pain, but tingling, burning, aching, or cramping may occur.
5. Explain that there is a risk of recurrence. Persons who have experienced one episode of Guillain-Barre syndrome are at higher risk of another episode over the general population.

GBS-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.

GBS-FU FOLLOW-UP

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

GBS-HELP HELP LINE

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

STANDARDS:

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

GBS-L LITERATURE

OUTCOME: The patient/family will receive literature about Guillain-Barre syndrome.

STANDARDS:

1. Provide the patient/family with literature on Guillain-Barre syndrome.
2. Discuss the content of the literature.

GBS-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for Guillain-Barre syndrome.

STANDARDS:

1. Discuss the lifestyle changes specific to Guillain-Barre syndrome. Teach the patient to daily check the feet for injuries. Minor injuries may go unnoticed because of sensory impairment.
2. Explain that over fatigue decreases accuracy of motor coordination and should be avoided.
3. Discuss that the family may also require lifestyle adaptations to care for the patient.
4. Discuss ways to optimize the quality of life. Explain that counseling may be needed if recovery of neurologic function is prolonged.
5. Refer to community services, resources, or support groups, as available.

GBS-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.

GBS-MNT MEDICAL NUTRITION THERAPY

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

GBS-N NUTRITION

OUTCOME: The patient/family will understand the importance of maintaining or improving optimal nutritional status.

STANDARDS:

1. Explain that preventing or correcting weight loss that results in malnutrition is necessary to maintain optimal body function.
2. Explain that food textures may be modified as needed secondary to chewing or swallowing limitations (dysphagia).
3. Explain that it may be necessary to use oral supplements to meet energy needs. The use of vitamin/mineral supplements may be necessary.
4. As indicated, explain that nutrition may need to be maintained utilizing a feeding tube or parenteral nutrition during the most acute phases of illness.

GBS-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 the non-pharmacologic measures that may be helpful with pain control.

GBS-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to Guillain-Barre syndrome.

STANDARDS:

1. Discuss that GBS may cause paresthesias, gait unsteadiness, and the inability to walk.
2. Explain these neuropathies may increase risk of falls and precautions must be taken.

GBS-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in Guillain-Barre Syndrome.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in GBS.
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.

GBS-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

GBS-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.

H

HPS - Hantavirus Pulmonary Syndrome

HPS-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common or significant complications that may occur after infection with the hantavirus, such as cardiorespiratory failure and death.
2. Discuss if treatment is obtained before the disease progresses to acute respiratory distress, the chances of surviving are greatly increased.

HPS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology, symptoms, and prognosis of infection with the hantavirus.

STANDARDS:

1. Explain that mice and rats carry “hantaviruses” that cause hantavirus pulmonary syndrome (HPS). Explain that rodents shed the virus in their urine, droppings, and saliva, and the virus is mainly transmitted to people when they breathe in air contaminated by the virus.
2. Explain that following aerosol exposure and deposition of the virus deep in the lung, infection may be initiated. The virus attacks the lungs and infects the walls of the capillaries, making them leak, flooding the lungs with fluid.
3. Explain that incubation time is not positively known, but it appears that symptoms may develop between one and five weeks after exposure.
4. Explain that symptoms include:
 - a. Early universal symptoms: fatigue, fever, and muscle aches, especially in the large muscle groups – thighs, hips, back, and sometimes shoulders.
 - b. Other early symptoms: headaches, dizziness, chills, and abdominal problems, such as nausea, vomiting, diarrhea, and abdominal pain (about half of all HPS patients experience these symptoms).
 - c. Late symptoms (4 to 10 days): coughing and shortness of breath, with the sensation of a “tight band around the chest and a pillow over the face” as the lungs fill with fluid.

5. Discuss that the sooner an infected person gets medical treatment, the better the chance of recovery. Explain the need to see the doctor immediately for exposure to rodents or rodent waste products and development of symptoms of fever, deep muscle aches and severe shortness of breath. Emphasize the need to tell the physician about the exposure to rodents.
6. Discuss that the types of hantavirus that cause HPS in the USA cannot be transmitted from one person to another.

HPS-EQ EQUIPMENT

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

STANDARDS:

1. Emphasize the importance of not tampering with any medical equipment. 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.

HPS-FU FOLLOW-UP

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

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.

HPS-HY HYGIENE

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

HPS-INF INFECTION CONTROL

OUTCOME: The patient/family will receive information regarding the importance of infection control as it relates to hantavirus pulmonary 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.
 - d. Review how to maintain a clean environment. **Refer to [HPS-HY](#)** for personal hygiene.
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** (in Volume V of this manual set).
 - 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: **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

HPS-L LITERATURE

OUTCOME: The patient/family will receive literature about hantavirus pulmonary syndrome (HPS).

STANDARDS:

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

HPS-MNT MEDICAL NUTRITION THERAPY

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

HPS-P PREVENTION

OUTCOME: The patient/family will understand that hantavirus pulmonary syndrome can be prevented by eliminating or minimizing contact with rodents or rodent waste products.

STANDARDS:

1. Explain that rodents tend to be found in the home, cabin, workplace, orchards, out buildings, wood piles, hay fields, or open fields; therefore, it is important to keep a clean and healthy home and yard to eliminate sources of nesting materials and sites. This might include:
 - a. The need to seal up the house to keep rodents out of the home.
 - b. The need to examine for any gaps around roofing, attic spaces, vents, windows, and doors as well as for gaps under the sink and locations where water pipes come into the home.
2. Discuss the common signs that point to a rodent problem (e.g., rodent droppings, rodent nests, food containers that have been “chewed on,” gnawing sound, or an unusual musky odor).

3. Discuss the mode of transmission of HPS is inhalation of infected rodent feces, so it is important to not stir-up dust by sweeping-up or vacuuming-up droppings, urine, or nesting material.
 - a. If rodents or rodent droppings are suspected, use precautions, including wearing face mask, rubber or plastic gloves and spraying dead rodents, urine, or droppings with a disinfectant or a mixture of bleach water. Explain that contaminated gloves must be disinfected with a disinfectant or soap and warm water before taking them off and disposing of the gloves properly.
 - b. If contamination is suspected, thoroughly wet the contaminated areas with a disinfectant to deactivate the virus. The most general purpose disinfectants and household detergents are effective. A solution prepared by mixing 1½ cups of household bleach in 1 gallon of water may be used in place of commercial disinfectant. Remove contaminated materials with a damp towel, then mop or sponge the area with disinfectant. Dispose of towels, mops, or sponges properly.
4. Discuss that when going into outbuildings that have been closed for a while (during winter), they should be opened and aired before cleaning due to the high probability of rodent infestation and the possibility of droppings and/or urine.

HPS-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.

HPS-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

HPS-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be available for hantavirus pulmonary syndrome.

STANDARDS:

1. Explain that treatment is supportive care and may include:
 - a. BiPAP or CPAP
 - b. Nebulizer
 - c. Oxygen
 - d. Intubation
 - e. Mechanical ventilation
 - f. Tracheostomy
2. Explain the criteria for discontinuing certain therapies, e.g. mechanical ventilation.
3. Explain that if the infected individuals are recognized early and admitted to intensive care, the chance for recovery is better.

HA - Headaches

HA-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to this patient's headache type.

STANDARDS:

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

HA-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with headaches as a life-altering illness that requires a change in lifestyle (**refer to [HA-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with headaches, 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.

HA-C COMPLICATIONS

OUTCOME: The patient/family will understand the possible consequences of headaches, failure to manage headaches, or as a result of treatment.

STANDARDS:

1. Discuss the possible complications, including:
 - a. Depression or other mood disorders
 - b. Suicidal behaviors
 - c. Domestic violence
 - d. Substance abuse
 - e. Employment problems
 - f. Relationship problems
 - g. Cognitive difficulties
 - h. Appetite change
 - i. Sensitivity to light and noise
 - j. Alteration in sleep patterns

HA-DP DISEASE PROCESS

OUTCOME: The patient/family will understand headache 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, frequency of headache pain, and the measures that bring relief.
2. Discuss the current knowledge of this patient's type of headache. Different types of headache include migraine, tension, sinus, or cluster.
3. Emphasize the importance of communicating information about the headache to the provider.
4. Discuss that the patient's presentation of symptoms is a unique combination of the type of pain, individual experiences, and sociocultural adaptive responses.
5. Explain that headache pain may act as a warning sign of some problems in the body, including:
 - a. Sinus problems
 - b. Dehydration
 - c. Decayed teeth
 - d. Problems with eyes, ears, nose or throat
 - e. Infections and fever
 - f. Injury to the head
 - g. Physical or emotional fatigue

- h. Exposure to toxic chemicals
 - i. High blood pressure
 - j. Sleep apnea
 - k. Mood disorders
 - l. Caffeine withdrawal (e.g., coffee, chocolate, tea, soft drinks)
 - m. Hangovers
 - n. Tumor (extremely rare)
6. Emphasize that influencing factors from internal and external changes are present. Keeping a headache journal may be helpful in determining triggers. Some of these factors include:
- a. **Internal Factors:** hormonal changes, stress, change in sleep habits
 - b. **External Factors:** weather changes, alcohol, bright/flickering light, foods and beverages
 - c. **Physical Exertion,** such as exercise, physical work, or sexual intercourse.

HA-EX EXERCISE

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

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.

HA-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.

4. Discuss the important warning signs that would indicate earlier follow up is needed, including the presence of:
 - a. headache restricting usual activities
 - b. headache lasting more than one day
 - c. fever, stiff neck, nausea, or vomiting
 - d. unusual drowsiness
 - e. a recent head injury
 - f. eye pain, blurred vision, or trouble seeing
 - g. persistent headaches despite being seen by doctor
 - h. difficulty speaking
 - i. numbness or weakness of the arms or legs
 - j. an increase in intensity or frequency over time
 - k. acute onset of a severe headache
 - l. headaches that require the daily use of pain-relieving medications
 - m. headaches experienced by very young children (preschool age)
 - n. new onset of headaches in middle-aged people

HA-HELP HELP LINE

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

STANDARDS:

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

HA-L LITERATURE

OUTCOME: The patient/family will receive literature about headache pain.

STANDARDS:

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

HA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle changes to optimize performance of everyday activities and promote well-being.

STANDARDS:

1. Explain that treatment of headache pain is very individualized and may involve lifestyle adaptation, e.g., medication, avoidance of triggers, rest and relaxation, exercise, stress- reduction, and/or internal or external changes.
2. Explain that exercise and social involvement (e.g., familial, traditional, cultural) may decrease the sense of pain and the depression and anger associated with pain.
3. Review the lifestyle areas that may require adaptations, e.g., foods and beverages, substance use, rest and sleep patterns, physical activity, sexual activity, role changes, communication skills, and interpersonal relationships.
4. Discuss the lifestyle changes in relation to the headache type.
5. Discuss the techniques that may reduce stress and depression, such as meditation, maintaining regular sleep patterns, exercise program, hobbies and crafts, acupuncture, spiritual and cultural activities, or biofeedback training.
6. Refer to community resources as appropriate.

HA-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.

HA-MNT MEDICAL NUTRITION THERAPY

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

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.

HA-N NUTRITION

OUTCOME: The patient/family will understand the important contribution of healthy food choices and an adequate fluid intake in the treatment of headaches. They will be able to identify some dietary factors that may affect the headaches.

STANDARDS:

1. Assess the patient's eating habits.
2. Stress that eating regularly and not skipping meals is important.
3. Emphasize the necessary component—water—in a healthy diet.
4. Explain that constipation is a common side effect of some pain medications. Dietary measures such as increased water, increased fiber, increased fruit, and modified intake of milk products may be helpful.
5. Discuss the role of food and beverage journals in determining possible triggers.
6. Refer to dietitian or other local resources as indicated.

HA-P PREVENTION

OUTCOME: The patient/family will understand that headaches have varying etiologies and the mechanisms are not known for many headaches. The patient/family will identify the precipitating factors, if known, and will develop a plan to maximize prevention strategies.

STANDARDS:

1. Discuss the strategies for identifying headache triggers (e.g., journal, activity, and food log).
2. Stress the importance of avoiding any known triggers.

3. Discuss that prophylactic medications must be taken as directed to be effective.
4. Emphasize that headaches seem to be more common during stressful times. **Refer to [HA-SM](#).**

HA-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.

HA-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress may exacerbate the symptoms of headache. This can set up a cycle of pain-stress which becomes self-sustaining and may escalate.
2. Discuss that in chronic headaches, uncontrolled stress may lead to depression or other mood disorders.
3. Explain that effective stress management may reduce the severity of symptoms the patient experiences, as well as help improve the health and well-being of the patient.
4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as inappropriate eating, all which can increase the severity of pain.
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.

HA-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

HA-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be available based on the specific history, test results, and individual preferences.

STANDARDS:

1. Discuss the possible appropriate noninvasive pain relief measures, e.g., massage, heat, cold, rest, over-the-counter medications, books, or tapes for relaxation.

2. Discuss the possible alternative pain relief measures, when appropriate, e.g., meditation, imagery, acupuncture, healing touch, traditional healer, biofeedback, hypnosis.
3. Discuss the possible appropriate pharmacotherapy. **Refer to [HA-M](#).**
4. Discuss other possible approaches, e.g., lifestyle changes, physical therapy, nutritional changes, stress management, or psychotherapy.
5. Emphasize the importance of the patient's/family's active involvement in the development of a treatment plan.

HPDP - Health Promotion, Disease Prevention

HPDP-ADL ACTIVITIES 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 ADL (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, moving from a bed to a chair (also called transferring), toileting, and walking) and discuss how the patient's ability to perform ADL affects the patient's ability to live independently.
2. Assist the patient/family in assessing the patient's ability to perform activities of daily living.
3. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with ADLs.

HPDP-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components of health and well-being.

STANDARDS:

1. Discuss that wellness incorporates traditional medical, spiritual, mental/emotional, and cultural components..
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
3. Refer to a mental health agency or provider.

HPDP-CAR AUTOMOBILE SAFETY

OUTCOME: The patient/family will understand measures that will improve car safety.

STANDARDS:

1. Discuss the importance of always using a seat belt when traveling in a vehicle.
2. Explain that the youngest child should be restrained in a car seat in the middle of the back seat of the vehicle. Discuss current car seat laws as appropriate.

PATIENT EDUCATION PROTOCOLS:**HEALTH PROMOTION, DISEASE PREVENTION**

3. Explain the dangers posed by things that might divert attention from driving, such as smoking, cell phone use, eating, CDs and radios, etc.
4. Emphasize the importance of never driving while under the influence of alcohol, sedatives, and/or street drugs.
5. Discuss the dangers in riding on the outside of the vehicle, such as in the back of a pick-up truck, on the hood of the vehicle, or on running boards of a vehicle.
6. Emphasize not to leave sibling/infant/child/elder unattended in a vehicle (motor running, not running, keys in car) due to potential incidents; e.g., vehicle gears shifted and the car goes in motion, electric windows cause injury to child, keys locked in vehicle with child, heat/cold exposure, abduction, or child wandering away.

HPDP-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.

HPDP-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased 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 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. Encourage the patient to increase the intensity and duration of the activity when becoming more fit.
5. Refer to community resources as appropriate.

PATIENT EDUCATION PROTOCOLS:**HEALTH PROMOTION, DISEASE PREVENTION**

HPDP-FU FOLLOW-UP

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

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.

HPDP-HY HYGIENE

OUTCOME: The patient/family will recognize personal routine hygiene as an important part 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.

HPDP-L LITERATURE

OUTCOME: The patient/family will receive literature about health promotion and disease prevention.

PATIENT EDUCATION PROTOCOLS:**HEALTH PROMOTION, DISEASE PREVENTION**

STANDARDS:

1. Provide the patient/family with literature on health promotion and disease prevention.
2. Discuss the content of the literature.

HPDP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary to improve mental or physical health.

STANDARDS:

1. Review the concept that health or wellness refers to the whole person (mind, body, and spirit) and is a positive state of health which results from appropriate habits and lifestyle.
2. Review lifestyle aspects/changes that the patient has control over: diet, exercise, safety and injury prevention, and avoidance of high-risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners).
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. practice new knowledge
 - d. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

HPDP-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.

PATIENT EDUCATION PROTOCOLS:**HEALTH PROMOTION, DISEASE PREVENTION**

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. Identify and discuss any medication security issues.

HPDP-N NUTRITION

OUTCOME: The patient/family will understand health and nutrition.

STANDARDS:

1. Discuss the importance of eating a variety of foods and regular meals.
2. Review the relationship of calories to energy balance and body weight.
3. Emphasize the importance of limiting snack foods, fatty foods, red meats, reducing sodium consumption, and adding more fresh fruits, fresh vegetables, and fiber to the diet.
4. Emphasize the necessary component—WATER—in a healthy diet. Reduce the use of colas, coffee, and alcohol.
5. Review which community resources exist to assist with diet modification and weight control.
6. Stress the importance of being a smart shopper.

HPDP-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

PATIENT EDUCATION PROTOCOLS:**HEALTH PROMOTION, DISEASE PREVENTION**

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.

HPDP-S SAFETY

OUTCOME: The patient/family will understand the role of safety and injury prevention in maintaining health.

STANDARDS:

1. Discuss the importance of vehicle safety. Some examples are:
 - a. Always use seat belts and children's car seats, obey the speed limit, and avoid the use of alcohol while in a vehicle.
 - b. Wear personal protective equipment when operating recreational vehicles (e.g., boats, snow mobiles, sea dos, ATVs, skateboards, bicycles.), and horses.
 - c. Never leave children or elders unattended in a vehicle.
 - d. **Never** ride on the hood, bumper, or in the cargo compartment of any vehicle.
2. Discuss the importance of poison prevention. Some examples are:
 - a. Discuss poison prevention: e.g., proper storage and safe use of medicines, cleaners, auto products, paints.
 - b. Do not use ipecac syrup unless specifically told to do so by poison control or a physician.
 - c. Discuss common poisonous plants.
 - d. Provide the patient with the telephone number of poison control, Mr. Yuk or 1-8000-222-1222.

PATIENT EDUCATION PROTOCOLS:**HEALTH PROMOTION, DISEASE PREVENTION**

3. Discuss the importance of fire safety and burn prevention. Some examples are:
 - a. Review the dangers inherent in the use of wood-burning stoves, “charcoal pans,” kerosene heaters, and other open flames.
 - b. Encourage the use and proper maintenance of smoke detectors, carbon monoxide detectors, and fire suppression systems.
 - c. Encourage routine practices of fire escape plans, chimney cleaning, and fireworks safety.
 - d. Review the safe use of electricity and natural gas.
 - e. Encourage hot water heater no hotter than 120°F to avoid scalding.
 - f. Cook on the backburners of the stove and turn panhandles toward the back of the stove.
 - g. Avoid the use of kerosene or gasoline when burning debris piles.
 - h. Discuss calling 911 for house fires and other emergencies.
4. Discuss the proper handling, storage, and disposal of hazardous items and materials. Some examples are:
 - a. Firearms and other potentially hazardous tools.
 - b. Waste, including sharps and hazardous materials.
 - c. Chemicals, including antifreeze.
 - d. Lead based materials, e.g., pre-1970 paint, pottery, smelting, pre-1993 window blinds, solder, old plumbing.
 - e. Never store hazardous chemicals in food containers.
5. Discuss the importance of water safety. Some examples are:
 - a. Never swim alone.
 - b. When under the influence of alcohol or other drugs, never swim, boat, or use other recreational vehicles.
 - c. Never leave a child unattended in a bathtub, swimming pool, lake, river, or other water source.
 - d. Always close toilets, mop buckets, and other water containers to avoid toddler drowning.
6. Discuss the importance of food and drinking water safety. Some examples are:
 - a. Proper handling, storage, and preparation of food, e.g., original preparation, reheating to a proper temperature (165°F).
 - b. Importance of uncontaminated water sources. Discuss the importance of purifying any suspect water by boiling or chemical purification.
 - c. Prevention of botulism, salmonella, shigella, giardia, listeria, E-coli, etc.

PATIENT EDUCATION PROTOCOLS:**HEALTH PROMOTION, DISEASE PREVENTION**

HPDP-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in overall health and well-being.

STANDARDS:

1. Explain that uncontrolled stress may cause release of stress hormones that interfere with general health and well-being.
2. Explain that effective stress management may help prevent progression of many disease states, 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, as well as, overeating, all of which can increase the risk of morbidity and mortality from many disease states.
4. Emphasize the importance of seeking professional help as needed to reduce stress.
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.

HPDP-SX SEXUALITY

OUTCOME: The patient/family will understand how sexuality relates to wellness.

STANDARDS:

1. Review sexuality as an integral part of emotional and physical health.
2. Discuss how sexual feelings play a part in each person's personal identity.

PATIENT EDUCATION PROTOCOLS:**HEALTH PROMOTION, DISEASE PREVENTION**

3. Discuss sexual feelings as an important part of interpersonal relationships.
4. Discuss how sexuality varies with gender, age, life-stage, and relationship status.
5. Explain the preventive measures for STIs (**refer to STI-P** in Volume V of this manual set), including abstinence and monogamy.
6. Review the community resources available for sexual counseling or examination.

HPDP-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.

HRA - Hearing Aids

HRA-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

HRA-EQ EQUIPMENT

OUTCOME: The patient/family will understand the types and features of hearing aids.

STANDARDS:

1. Explain the types and sizes of hearing aids available.
2. Explain the features available on hearing aids.
3. Discuss the specific recommendations for the patient.
4. Explain the parts of the hearing aids and have the patient/family practice operation of the hearing aids.
5. Explain the care and maintenance of the hearing aids.

HRA-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the use of hearing aids for the treatment of hearing loss.

STANDARDS:

1. Emphasize the importance of follow-up care, including the importance of assessing the effectiveness of hearing aids and correcting problems that may develop.
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 signs/symptoms that should prompt immediate follow-up.

HRA-HY HYGIENE

OUTCOME: The patient/family will recognize good personal hygiene with regard to hearing aid usage.

STANDARDS:

1. Discuss the importance of hand-hygiene.
2. Review the importance of maintaining good personal hygiene to avoid ear canal infection.
3. Emphasize that prior to baths and showers, the hearing aid must be removed and that the ear canal should be dry before re-inserting the hearing aid.

HRA-L LITERATURE

OUTCOME: The patient/family will receive literature about hearing loss, hearing aid use, or communication strategies.

STANDARDS:

1. Provide the patient/family with literature on hearing loss, hearing aid use, or communication strategies.
2. Discuss the content of the literature.

HRA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living to using hearing aids.

STANDARDS:

1. Discuss the importance of adjusting to the hearing aid, maintaining hygiene, and keeping the hearing aid in optimal working order.
2. Discuss the importance of gradually increasing the daily time the hearing aid(s) are worn. The patient may notice some tenderness in the ear initially but this should resolve with continued wear. Any persistent soreness should be reported.
3. Discuss the role of hearing aids, speech-reading, speech characteristics, and control of environmental factors in the communication process.
4. Define activities of daily living (ADLs) (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 ADLs affects the ability to live independently.
5. 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.

HRA-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to hearing aid use.

STANDARDS:

1. Discuss the importance of having extra batteries available.
2. Discuss the dangers of driving, crossing streets, etc. when not wearing the hearing aid.
3. Recommend a medical alert identifier for hearing impairment/hearing aid use.

HL - Hearing Loss

HL-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

HL-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with hearing loss as a life-altering illness that requires a change in lifestyle (**refer to [HL-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common when diagnosed with hearing loss.
3. Discuss that the coping 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, as appropriate.

HL-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications related to hearing loss.

STANDARDS:

1. Explain that the ability to hear is necessary to develop speech/language skills and the inability to hear may be a barrier to learning.

2. Discuss that profound hearing loss may result in increased risk of accidents due to the inability to hear warning noises.
3. Explain that social withdrawal and isolation may occur.
4. Refer to the local public school or other community resources as appropriate.

HL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand hearing loss.

STANDARDS:

1. Explain the basic anatomy/physiology of hearing as appropriate.
2. Explain the type of hearing loss that applies to this patient:
 - a. Conductive hearing loss occur when sound is not conducted efficiently through the outer ear canal to the ear drum, e.g., fluid in the middle ear, ear infections (otitis media), poor eustachian tube function, impacted ear wax, presence of foreign bodies.
 - b. Sensorineural hearing loss occurs when there is damage to the inner ear (cochlea) or to the nerve pathways. Sensorineural hearing loss is permanent and cannot be medically or surgically corrected (noise induced hearing loss is a type of sensorineural hearing loss).
 - c. Mixed hearing loss is a combination of the above.

HL-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
 - 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.

HL-FU FOLLOW-UP

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

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 service, community resources and support services. Refer as appropriate.

HL-HELP HELP LINE

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

STANDARDS:

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

HL-L LITERATURE

OUTCOME: The patient/family will receive literature about hearing loss.

STANDARDS:

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

HL-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living related to hearing loss.

STANDARDS:

1. Discuss the importance of wearing hearing aids as prescribed.

2. Discuss other assistive devices that may be part of life as a result of profound hearing loss.
3. Discuss sign language and lip reading as appropriate.
4. Discuss vanity and social stigmata as appropriate.
5. Define activities of daily living (ADLs) (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 ADLs 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.

HL-P PREVENTION

OUTCOME: The patient/family will understand measures that may prevent hearing loss.

STANDARDS:

1. Discuss that hearing loss may not be preventable and may be the result of congenital anomalies, use of ototoxic medications, infections, etc.
2. Explain that Noise-Induced Hearing Loss (NIHL) is preventable. Discuss noises which can cause damage (those above 85 decibels). Examples include lawn mowers, chain saws, snowmobiles, motorcycles, firecrackers, hair dryers, firearms, and loud music, especially from head phones.
3. Encourage the use of earplugs or other hearing protective devices. Explain the importance of using hearing protection for children who are too young to protect themselves.

HL-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to hearing loss.

STANDARDS:

1. Discuss the dangers of driving, crossing streets, etc. as applicable.
2. Recommend a medical alert identifier for hearing impairment/hearing aid use.

HL-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, 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 and benefits 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

HL-TX TREATMENT

OUTCOME: The patient/family will understand the various treatment options.

STANDARDS:

1. Explain that treatment depends on the cause of hearing loss. Emphasize that not all hearing loss is treatable and that while there is no cure for age-related hearing loss, hearing aids may improve age-related hearing loss.
2. Discuss treatment for reversible hearing loss.
3. Explain that a cochlear implant may help when a hearing aid does not give sufficient amplification.

HF - Heart Failure

HF-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.

HF-AP **ANATOMY AND PHYSIOLOGY**

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

STANDARDS:

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

HF-BH **BEHAVIORAL AND EMOTIONAL HEALTH**

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with heart failure as a life-altering illness that requires a change in lifestyle (**refer to [HF-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with heart failure, 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.

HF-C COMPLICATIONS

OUTCOME: The patient/family will understand how to prevent the complications of heart failure.

STANDARDS:

1. Discuss the common complications of heart failure, e.g., pulmonary or peripheral edema, MI, death, inability to perform activities of daily living.
2. Discuss the importance of following a treatment plan including diet, exercise, and medications to prevent complications.
3. Emphasize early medical intervention for signs and symptoms of complications.

HF-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.

HF-DCHL DISCHARGE LITERATURE

OUTCOME: The patient/family will receive discharge literature specific to heart failure.

STANDARDS:

1. Provide the patient/family with specific written patient information literature about heart failure.
2. Review the literature to include all the following:
 - a. Smoking cessation advice/counseling if the patient has smoked any time during the year prior to hospitalization.
 - b. All discharge medications.
 - c. Diet and fluid intake/limitations.
 - d. Activity level after discharge.
 - e. Follow-up with a provider after discharge.
 - f. Weight monitoring.
 - g. What to do if heart failure symptoms worsen.

HF-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the causes and symptoms of heart failure.

STANDARDS:

1. Explain that heart failure results from the heart not pumping as efficiently as it should. As a result, fluids back up in the extremities (edema) and in the lungs (pulmonary congestion). This back up of fluids causes weight gain. Weight gain should be reported.
2. Explain the cause of heart failure as it relates to the patient's condition, e.g., previous MI, long-standing hypertension.
3. Review signs and symptoms of heart failure, e.g., swelling, fatigue, shortness of breath, weight gain.

HF-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.

HF-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased 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. Explain the importance of not exercising on days when weight is increased or illness is present.
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.

HF-FU FOLLOW-UP

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

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.

HF-HELP HELP LINE

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

STANDARDS:

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

HF-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of heart failure and make a plan for implementation.

STANDARDS:

1. Explain the home management plan and methods for implementation of the plan. (Attain or maintain a healthy weight, monitor daily weight and blood pressure, follow prescribed diet, eliminate tobacco use, control alcohol intake, elevate feet to reduce edema, etc.)
2. Explain the importance of following a home management plan, e.g., fewer emergency room visits, fewer hospitalizations and fewer complications, as well as a healthier life.
3. Explain the relationship between heart failure and the increased risk of a MI, PE, and/or stroke.
4. Discuss the importance of avoiding communicable diseases by avoiding contact with ill persons, and by obtaining vaccination for vaccine preventable diseases.
5. Review how to balance activity and rest.

HF-L LITERATURE

OUTCOME: The patient/family will receive literature about heart failure.

STANDARDS:

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

HF-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adjustments necessary to maintain control of heart failure and formulate an adaptive plan with assistance of the provider.

STANDARDS:

1. Discuss lifestyle changes that may reduce the symptoms of heart failure and improve the quality of life. (Attain or maintain a healthy weight, monitor daily weight and blood pressure, follow prescribed diet, cook at home more instead of eating out, eliminate tobacco use, control alcohol intake, elevate feet to reduce edema, etc.)
2. Discuss the importance of avoiding communicable diseases by avoiding contact with ill persons, and by obtaining vaccination for vaccine preventable diseases.
3. Review how to balance activity and rest.

HF-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.

HF-MNT MEDICAL NUTRITION THERAPY

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

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.

HF-N NUTRITION

OUTCOME: The patient/family will develop a plan to control heart failure through weight control and reduced sodium intake.

STANDARDS:

1. Assess current nutritional habits.
2. Review the relationship between sodium and fluid retention.
3. Emphasize the importance of a sodium-restricted diet.
4. Provide a list of foods high in sodium and emphasize the importance of reducing sodium intake. Refer to registered dietitian or other local resources as available.
5. Assist in developing appropriate diet plan to achieve optimal weight and sodium control.

HF-P PREVENTION

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

STANDARDS:

1. Discuss causative factors of health failure such as uncontrolled hypertension, pulmonary hypertension, or viral illnesses.
2. Explain that limiting sodium intake, maintaining a healthy body weight and controlling blood pressure can reduce the risks of developing heart failure.

HF-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.

HF-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.

HF-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can increase the severity of heart failure.
2. Explain that uncontrolled stress can interfere with the treatment of heart failure.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use as well as overeating, all which can increase the risk of morbidity and mortality from heart failure.
4. Explain that effective stress management may help reduce the severity of heart failure, help prevent progression of cardiovascular disease, as well as help improve the health and well-being of the patient.
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.

HF-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

HF-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).

HF-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.

HF-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.

HEAT - Heatstroke

HEAT-C COMPLICATIONS

OUTCOME: The patient/family will understand will understand the consequences of heat stroke and the complications associated with heatstroke.

STANDARDS:

1. Explain that the body tissues and cells breakdown (denaturation of enzymes, destabilization of cells and breakdown of metabolic pathways) when the body's temperature increases above 105.8°F (41°C).
2. Discuss the complications of multisystem failure and the risks of morbidity and mortality that can occur as a result of heatstroke.
3. Discuss the possibility of circulatory collapse, that may precede permanent brain damage or death.

HEAT-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.
3. Explain the potential effects of saunas, sweathouses, and sun dances may have on the hydration of the body.

HEAT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand how heatstroke occurs and the signs and symptoms of heatstroke.

STANDARDS:

1. Discuss that heatstroke is an emergency.
2. Discuss signs and symptoms of heatstroke with the patient:

- a. headache
 - b. vertigo
 - c. fatigue
 - d. decreased sweating
 - e. skin warm to touch
 - f. flushing
 - g. increased heart rate
 - h. increased respiratory rate
3. Discuss the pathophysiology of heatstroke: inadequacy or failure of the heat loss mechanism.
 4. Explain factors that may predispose to heatstroke:
 - a. disease status or conditions, such as diabetes, anhidrosis, or previous episodes of heatstroke.
 - b. environmental conditions such as high humidity, extremely high temperatures
 - c. clothing that is tight or made of spandex or rubber

HEAT-EX EXERCISE

OUTCOME: The patient/family will understand how heatstroke can be influenced by exercise.

STANDARDS:

1. Discuss how exercising in a warm environment, excessive exercising and prolonged exercise and exertion can lead to heatstroke.
2. Discuss the importance of frequent hydration and rest when exercising in a warm environment.
3. Discuss the medical clearance issues for physical activity.
4. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
5. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles.
6. Discuss the appropriate frequency, intensity, time, and type of activity.

HEAT-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of heatstroke and to determine if there is permanent or ongoing damage.

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.

HEAT-L LITERATURE

OUTCOME: The patient/family will receive literature about heatstroke and important preventive measures.

STANDARDS:

1. Provide the patient/family with literature on heatstroke and important preventive measures.
2. Discuss the content of the literature.

HEAT-M MEDICATIONS

OUTCOME: The patient/family will understand the use of medications in the emergency room to manage heatstroke.

STANDARDS:

1. Discuss that pharmacological therapy may not be required.
2. Discuss that signs/symptoms such as dysrhythmia and shivering may occur as a complication of heatstroke and may require medication therapy.
3. Discuss that once the patient leaves the hospital, medications may be required to treat the complication that have occurred from the heatstroke.
4. Discuss the importance of following the instructions in regards to the medications.
5. Discuss the common and important side effects and drug interactions of the prescribed medications.

HEAT-MNT MEDICAL NUTRITION THERAPY

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

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.

HEAT-N NUTRITION

OUTCOME: The patient/family will understand the importance of adequate hydration and that water is the beverage of choice.

STANDARDS:

1. Explain that water is the beverage that best hydrates the body.
2. Discuss that caffeinated beverages and alcohol are especially dangerous and may predispose to dehydration and heatstroke.

HEAT-P PREVENTION

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

STANDARDS:

1. Discuss that it is easier to prevent heatstroke than to treat it. Heatstroke usually happens in the summer months.
2. Explain that avoiding extremely hot/humid environments, inadequately ventilated spaces, inadequate fluid intake and heavy clothing in warm conditions can prevent heatstroke. Take frequent showers, wear light weight clothing, and avoid direct sunlight.
3. Explain when heat exposure cannot be avoided: reduce or eliminate strenuous activities, stay adequately hydrated.
4. Discuss that generous amounts of water may be required to prevent dehydration and heatstroke. For example, adults should consume one liter per hour. Explain that water is the beverage that best hydrates the body.
5. Discuss the risk factors such as increased age, debility, low fluid intake, excessive exercise, alcohol and drug use, chronic disease, living conditions with no air-conditioning, travel to warmer climates, and prolonged outdoor activities.

HEAT-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to heatstroke.

STANDARDS:

1. Discuss avoidance of hot/humid environments, inadequately ventilated spaces, inadequate fluid intake and heavy clothing in warm conditions.
2. Discuss the risk factors such as increased age, debility, low fluid intake, excessive exercise, alcohol and drug use, chronic disease, living conditions with no air-conditioning, travel to warmer climate, certain medications, and prolonged outdoor activities.

HEAT-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

HEAT-TX TREATMENT

OUTCOME: The patient/family will understand the management and treatment of heatstroke.

STANDARDS:

1. Discuss the importance of seeking emergency care if heatstroke is suspected.

2. Discuss the importance of slowly decreasing the temperature of the person.
3. Discuss the management of heatstroke in the emergency department: protection of airway, intravenous administration of fluids, monitoring of temperature, decreasing of temperature, and monitoring of cardiorespiratory status.
4. Discuss the goal of treatment with the patient: prevention of further heat loss, decrease in the core body temperature, and management and prevention of complications.
5. Discuss the importance of seeking emergency help as soon as possible in the incidence of a heatstroke.
6. Discuss the probability that the person experiencing a heatstroke may be admitted to an intensive care unit for extensive monitoring.

HEM - Hemorrhoids

HEM-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the anus and anal canal.
2. Discuss the changes to anatomy and physiology as a result of hemorrhoids that have become swollen and inflamed.
3. Discuss the impact of these changes on the patient's health or well-being.

HEM-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of hemorrhoids and the symptoms associated with complications.

STANDARDS:

1. Discuss the common complications of hemorrhoids including:
 - a. anemia: due to chronic blood loss
 - b. strangulation: blood supply to an internal hemorrhoid is cut off
 - c. thrombosis: a blood clot forms in the hemorrhoid
2. Describe the signs/symptoms of the common complications of hemorrhoids:
 - a. extreme pain or swelling
 - b. heavy rectal bleeding
 - c. fatigue and weakness

HEM-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.

HEM-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that hemorrhoids are swollen and inflamed veins under the skin around the anus (external) or inside the lower rectum (internal) caused by pressure on the veins.
2. Discuss the factors that can cause increased vein pressure in the rectal and anal areas:
 - a. straining during bowel movements
 - b. chronic diarrhea or constipation
 - c. obesity
 - d. pregnancy
 - e. sitting or standing for prolonged periods
 - f. injury to the anus
 - g. blood on toilet tissue or in the toiler after a bowel movement
 - h. a lump near the anus, which may be sensitive or painful
 - i. leakage of feces

HEM-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in prevention of hemorrhoids and hemorrhoid outbreaks.

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.

- a. exercise for hemorrhoid prevention and hemorrhoid outbreaks include toning, stretching and walking exercises; these activities increase blood flow, enhance muscle tone and stimulate bowel function (i.e., walking, running, swimming, yoga, daily stretching, moderate aerobics, Kegel exercises)
 - b. when hemorrhoids are present, avoid activities that cause pain or discomfort or place extra pressure on sensitive areas (i.e., horseback riding, cycling, rowing, weightlifting)
5. Refer to community resources as appropriate.

HEM-FU FOLLOW-UP

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

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.

HEM-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain the home management techniques to relieve symptoms of hemorrhoids:
 - a. use a warm bath or sitz bath to relieve discomfort and promote healing
 - b. apply ice packs or cold compresses to relieve swelling
 - c. wear cotton underwear to prevent moisture buildup
 - d. apply over-the-counter treatments to protect hemorrhoids and reduce anal symptoms such as itching and discomfort
2. Discuss the implementation of hygiene and infection control measures:
 - a. bathe or shower daily to keep area clean; gently pat dry the area after bathing
 - b. use scent-free moisture towelettes or wet toilet paper to clean the area after each bowel movement

HEM-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.

HEM-HY HYGIENE

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

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 risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

HEM-L LITERATURE

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

STANDARDS:

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

HEM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations in the management or prevention of hemorrhoids.

STANDARDS:

1. Discuss the lifestyle changes specific to hemorrhoids including:
 - a. implement recommended dietary change (foods high in fiber)
 - b. increase water intake
 - c. employ bowel habit modification; do not put off having a bowel movement
 - d. exercise regularly; avoid sedentary life style
 - e. if job requires prolunger sitting, stand and walk around once every hour
 - f. if job required prolonged standing, schedule a break to sit and relax
 - g. avoid excessive heavy lifting; use proper lifting techniques
 - h. reduce stress
 - i. take off excess weight
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.

HEM-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.

HEM-MNT MEDICAL NUTRITION THERAPY

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

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.

HEM-N NUTRITION

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

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Review the need to eat high-fiber foods (i.e., fruits, vegetables, whole grains) to maintain regular, soft bowel movements.
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.

HEM-P PREVENTION

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

STANDARDS:

1. Explain that the best way to prevent hemorrhoids is to keep stools soft so they pass easily.
2. Discuss the diet and lifestyle choices that may help prevent hemorrhoids:
 - a. eat high-fiber foods
 - b. drink plenty of fluids
 - c. exercise regularly
 - d. lose excess weight
 - e. have regular bowel movements and don't strain
 - f. do not postpone having a bowel movement
 - g. avoid long periods of sitting or standing
 - h. avoid excessive heavy lifting; use proper lifting techniques
 - i. reduce stress

HEM-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.

HEM-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 (i.e., rubber band ligation hemorrhoidectomy).
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.

HEM-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in hemorrhoids.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in hemorrhoid treatment.
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.

HEM-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) (i.e., fecal occult blood test, digital rectal exam test, anoscope exam, colonoscopy):
 - 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

HEM-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.

HEP - Hepatitis A,B,C

HEP-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand the basic function of the liver and its relationship to hepatitis.

STANDARDS:

1. Briefly identify and explain the function of the liver.
2. Discuss the liver's role in detoxifying and cleansing the body.
3. Explain the word "hepatitis" means inflammation of the liver.
4. Explain that common viral infections that affect the liver include hepatitis A, hepatitis B, and hepatitis C.

HEP-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with hepatitis as a life-altering illness that requires a change in lifestyle (refer to [HEP-LA](#)).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with hepatitis, 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.

HEP-C COMPLICATIONS

OUTCOME: The patient/family/caregiver will understand the long term consequences of viral infections with hepatitis A, B, and C.

STANDARDS:

1. Explain that most persons who get HCV carry the virus the rest of their lives and most of these have some liver damage. Some may develop cirrhosis (scarring) of the liver or liver failure.
2. Discuss that complications may include: cirrhosis (scarring of the liver), liver failure, or liver cancer.

HEP-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. Explain that the outcome of hepatitis A, B, and C may be influenced by choices related to lifestyles.
2. Discuss the potential role of cultural/spiritual traditions, practices, and beliefs in achieving and maintaining health and wellness.
3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment.

HEP-DPA DISEASE PROCESS HEPATITIS A

OUTCOME: The patient/family will understand that hepatitis A is an inflammation of the liver caused by hepatitis A virus (HAV).

STANDARDS:

1. Explain that HAV infection is most commonly spread through food when the food preparer is infected with hepatitis A.
2. Discuss that the patient's symptoms may include fever, nausea, vomiting, jaundice, diarrhea, fatigue, abdominal pain, dark urine, and appetite loss. It will usually last for about 3 weeks.
3. Emphasize that other symptoms such as respiratory symptoms, rash, and joint pain may also develop.
4. Explain that in the early stages of infection the virus is easily transmitted to others by contact with body fluids and excrements (usually fecal/oral route).
5. Explain that in children the disease is usually mild and may even be asymptomatic.

HEP-DPB DISEASE PROCESS HEPATITIS B

OUTCOME: The patient/family will understand that hepatitis B is an inflammation of the liver caused by infection with hepatitis B virus (HBV).

STANDARDS:

1. Review the transmission modes, known risk groups, and child exposure.
2. Discuss the symptoms of acute HBV: nausea, vomiting, jaundice, rash, abdominal pain, malaise, fever may be absent or mild.
3. Discuss that following acute infection with HBV one may become a carrier, resolve the disease, or develop chronic hepatitis B.
4. Discuss the symptoms of chronic HBV: including malaise, anorexia, weight loss, fatigue, cirrhosis, and predisposition to liver cancer.
5. Explain that HBV is a blood born pathogen and is spread by contact with contaminated blood or other body fluids. The most common ways to get it are through unprotected sex, sharing needles, sharing personal items, or by perinatal transmission.

HEP-DPC DISEASE PROCESS HEPATITIS C

OUTCOME: The patient/family will understand that hepatitis C is a liver disease caused by infection with hepatitis C virus (HCV) which is found in the blood of persons with the disease.

STANDARDS:

1. Explain that hepatitis C is an infection transmitted primarily by blood. Explain that most persons infected with HCV cannot clear the infection and the virus continues to multiply in the body. As a result, chronic infection occurs and may be contagious.
2. Discuss the primary risk factors associated with HCV, e.g., sharing needles when injecting drugs and exposure to blood in the healthcare setting. Sexual transmission may occur but is low. Blood transfusion associated cases are rare.
3. Discuss the signs and symptoms of HCV: jaundice, fatigue, abdominal pain, loss of appetite, and bouts of nausea and vomiting. (1 in 10 people will have symptoms when initially infected.)
4. Differentiate between acute and chronic infection. Note that it could be years before patients with chronic infection may experience symptoms serious enough to prompt seeking medical care. Consequences may appear 10–20 years after infection.
5. Discuss that chronic HCV may result in cirrhosis and/or liver cancer.

HEP-FU FOLLOW-UP

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

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.

HEP-HELP HELP LINE

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

STANDARDS:

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

HEP-HM HOME MANAGEMENT

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

STANDARDS:

1. Emphasize the importance of avoiding alcohol, acetaminophen, aspirin, and herbal supplements, unless otherwise directed by the provider.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

HEP-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

1. Explain how to obtain Hep A and Hep B vaccines as appropriate.
2. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
3. 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.
4. 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
5. Review the community resources available for help in achieving behavior changes.

HEP-HY HYGIENE

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

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.

HEP-INF INFECTION CONTROL

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

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** (in Volume V of this manual set).
 - 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

HEP-L LITERATURE

OUTCOME: The patient/family will receive literature about hepatitis, vaccine information, or preventive measures.

STANDARDS:

1. Provide the patient/family with literature on hepatitis, vaccine information, or preventive measures.
2. Discuss the content of the literature.

HEP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for healing and performance of daily living activities.

STANDARDS:

1. Discuss lifestyle areas that may require adaptations such as:

- a. having sexual activity
 - b. traveling
 - c. avoiding alcohol use and illegal drug use
 - d. avoiding the intake of foods that may be at high risk for transmission of hepatitis A
2. Discuss that persons with Hep B or Hep C should not donate blood or organs.
 3. Discuss that the family may also require lifestyle adaptations to care for the patient.
 4. Discuss ways to optimize the quality of life.
 5. Refer to community services, resources, or support groups, as available.

HEP-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.

HEP-MNT MEDICAL NUTRITION THERAPY

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

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.

HEP-N NUTRITION

OUTCOME: The patient/family will understand the importance of a nutritionally balanced diet in the treatment of the disease. They will be able to identify foods and a meal plan that will promote the healing process if applicable.

STANDARDS:

1. Discuss current nutritional habits and needs. Address anorexia and weight loss as appropriate.
2. Emphasize the necessary component, water, in a healthy diet.
3. Review the patient's prescribed diet if applicable.
4. Refer to registered dietitian or other local resources as indicated.

HEP-P PREVENTION

OUTCOME: The patient/family will understand the modes of transmission and ways to prevent acquiring the virus.

STANDARDS:

1. Explain that hepatitis A is generally spread by fecal - oral route therefore, careful hand washing is paramount. The best way to prevent exposure to the virus is by careful hand washing. Review the standard precautions for use by child care workers, healthcare workers, corrections officers, and food service workers.
2. Discuss immunization against hepatitis A and B as methods of prevention and that there is no vaccine for preventing hepatitis C; the use of immunoglobulin may be used against Hep A and B for post exposure prophylaxis.
3. Explain that hepatitis B and C are spread by blood contact. Standard precautions are paramount. Do not share personal items such as toothbrushes, razors, or needles.
4. Discuss that hepatitis B can be spread by sexual transmission. Adequate protective barriers are important.
5. Discuss that persons with hepatitis should not donate plasma, blood, sperm, or organs because this may spread the virus to others.

HEP-PCC PRE-CONCEPTION CARE

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

STANDARDS:

1. Discuss that Hep B and Hep C can be transmitted from the mother to the child during pregnancy and child birth but not through breastfeeding.
2. 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
3. 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.
4. 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.
5. 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
6. Refer to medical and psychosocial support services for any risk factor identified.

HEP-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.

HEP-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

HEP-TX TREATMENT

OUTCOME: The patient/family will understand treatment for hepatitis A, B, or C.

STANDARDS:

1. Explain that some antiviral medications may be helpful in the treatment of hepatitis.
2. Discuss current treatment options, including transplant for liver failure.
3. Emphasize the importance of rest and proper nutrition in recovery from hepatitis.
4. Discuss ways to protect the liver from harm:
 - a. avoid alcohol beverages
 - b. inform the provider of all the medications, even over-the-counter and herbal medication
 - c. have regular doctor visits
 - d. get vaccinated against hepatitis A and B
5. Discuss the need for screening for liver cancer with blood test and ultrasound, once or twice a year.

IV - Home IV Therapy

IV-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to this specific IV site.

STANDARDS:

1. Explain the normal anatomy and physiology of the venous system where this IV has been placed.
2. Discuss the changes to anatomy and physiology as a result of this IV site.
3. Discuss the impact of these changes on the patient's health or well-being.

IV-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of this specific type IV used for home therapy.

STANDARDS:

1. Discuss the common complications of home IV therapy for this type IV, e.g., infection, phlebitis, air embolus.
2. Describe the signs/symptoms of common/important complications of home IV therapy and the importance of seeking medical attention immediately.

IV-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.

IV-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.

IV-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the management of this specific IV site.

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.

IV-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of this specific IV site.

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.

IV-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.

IV-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to this specific IV site.

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.

IV-L LITERATURE

OUTCOME: The patient/family will receive literature about this specific IV site.

STANDARDS:

1. Provide the patient/family with literature on this specific IV site.
2. Discuss the content of the literature.

IV-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for this specific IV site.

STANDARDS:

1. Discuss the lifestyle changes to this specific IV site.
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.

IV-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.

IV-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) related to this specific IV therapy.

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.

IV-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.

IV-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.
6. Discuss the procedures for home care, including:
 - a. infusion rate calculation and using a drip regulator device
 - b. flushing the IV device
 - c. appropriate tubing changes
 - d. inspecting the solutions for infusion to make sure they are correct and not cloudy or discolored

IV-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to this specific IV site.

STANDARDS:

1. Explain the importance of meticulous cleanliness of the hands, skin around, dressings, etc. in relation to using the IV catheter, tubing, or containers.
2. Discuss the importance of removing all air from the IV tubing before attaching it to the IV and removing the air from syringes before injecting.

3. Discuss arranging IV tubing to prevent disconnection and/or accidental dislodgement of the IV catheter or tripping over the tubing.

IV-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in home IV therapy.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in dealing with home IV therapy.
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.

IV-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

IV-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).

IV-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.

IV-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures for this specific IV site.

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 specific IV site 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 IV site, including aseptic technique and the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary IV site care techniques.
4. Detail the supplies necessary for care of this IV site (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 at the site, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's IV site.

HIV - Human Immunodeficiency Virus

HIV-ADV ADVANCE DIRECTIVE

OUTCOME: The patient/family/caregiver 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 patients may lose the ability to make their own decisions and an advance directive will be able to express the patient's desires prior to the loss of decision-making abilities.
2. Review the option of Advanced Directives/Living Will with the patient and the patient's family. Explain treatment options and answer questions in a manner the patient/family will understand.
3. Refer to appropriate services to assist the patient in making a living will, e.g., Social Services, Clergy, Lawyer.
4. **Refer to ADV** (in Volume II of this manual set).

HIV-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with HIV as a life-altering illness that requires a change in lifestyle (**refer to [HIV-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with HIV, 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.

HIV-C COMPLICATIONS

OUTCOME: The patient/family will understand the effects and consequences possible as a result of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), failure to manage this disease state/condition, or as a result of adverse events related to the treatment.

STANDARDS:

1. Discuss the common or significant complications associated with HIV/AIDS:
 - a. bacterial infections
 - b. viral infections
 - c. fungal infections
 - d. parasitic infections
 - e. cancers
 - f. depression, anxiety, or other mental health issues
2. Discuss the common or significant complications that may be prevented by full participation in the treatment regimen including how treatment adherence may prolong healthy years of life.
3. Discuss the common or significant complications or adverse events that may result from treatment(s).

HIV-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 if the overall wellness of the patient involves both traditional medicines/treatments and western medicines, they should be reviewed with the healthcare provider to determine any potential effects of combined treatment.
3. Discuss the role and importance of support infrastructure (family, friends, partners, traditionalists) in addressing the many potential psychosocial effects of diagnosis including:
 - a. family identity overriding individual identity and needs
 - b. social isolation
 - c. guilt

- d. stigma and discrimination
- e. normalization of the disease (treat like other chronic disease, e.g., hypertension)
- f. follow-up, support, and access to medical care

HIV-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the risk factors, methods of transmission and prevention of HIV (Human Immunodeficiency Virus), and the progression from HIV positive status to AIDS (acquired immunodeficiency syndrome).

STANDARDS:

1. Explain the methods of HIV transmissions, e.g., semen, blood and blood product transfusions, needle sharing, accidental needle sticks, vaginal fluids, mother to fetus/infant, and in rare cases, organ or tissue transplants, and unsterilized dental or surgical equipment.
2. Discuss that sexual preference does not affect acquisition or transmission of the virus. The virus is non-selective and a risk to all.
3. Explain that HIV is a virus that attacks the immune system resulting in increased susceptibility to infections and cancers. There is no current vaccine to prevent its occurrence.
4. Explain the difference between HIV infection and AIDS. Explain that it is currently believed that all HIV infections will progress to AIDS if untreated. Some of the effects of AIDS may include acquiring unusual or more frequent infections that are especially difficult to treat.
5. Explain that early treatment and strict adherence to the care plan may slow the progression from HIV infection to AIDS and help decrease transmission potential of the virus.

HIV-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the indications for and benefits of the prescribed medical equipment. Emphasize the importance of proper use of any medical device.
2. Discuss the types and features of the medical equipment as appropriate.
3. Discuss and/or demonstrate the proper use, care, and cleaning of the medical equipment. Discuss the proper disposal of associated medical supplies.
4. Participate in a return demonstration by the patient/family.

5. Discuss the signs of equipment malfunction and the proper action in case of malfunction as appropriate.
6. 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.

HIV-FU FOLLOW-UP

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

STANDARDS:

1. Discuss the importance of follow-up care with referral resources, assistance from HIV case managers, and the patient's healthcare team.
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 in partnership with the healthcare team.
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.

HIV-HELP HELP LINE

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

STANDARDS:

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

HIV-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand how to manage human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) at home.

STANDARDS:

1. Discuss the risks and benefits of the use of over the counter medications for relief of any symptoms. Explain that communication of these symptoms to a provider is critical.
2. Discuss the use of alternative therapies or complimentary medicines that may be useful in symptom relief.

3. Help the patient/family to identify appropriate resources for managing HIV/AIDS at home.
4. Discuss the identification and confirmation of continuous familial (or other) support structure.

HIV-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, unprotected sex with multiple partners, etc.) and their effects on HIV and AIDS. 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.

HIV-HY HYGIENE

OUTCOME: The patient/family will recognize good personal hygiene as an important component of preventing complications.

STANDARDS:

1. Discuss hygiene as part of a positive self-image.
2. Review bathing and daily dental hygiene habits, e.g., don't share razors and toothbrushes.
3. Discuss the importance of hand washing in infection control.
4. If using IV drugs, discuss the importance and implications of not sharing needles and discuss the proper disposal of used needles. Offer assistance or referral to address this high-risk behavior of IV drug use.

5. Discuss the importance and implications of preventing unprotected sexual activity:
 - a. Use a new latex or polyurethane condom every time during vaginal or anal sex. Condoms other than latex or polyurethane are not effective in the prevention of HIV.
 - b. During oral sex use a condom, dental dam, or plastic wrap.
 - c. If sexual devices are used, don't share them.
6. Discuss any hygiene habits that are specifically pertinent to this disease state or condition.

HIV-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to human immunodeficiency 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** (in Volume V of this manual set).
 - 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

HIV-L LITERATURE

OUTCOME: The patient/family will receive literature about human immunodeficiency virus and other sexually transmitted infections (STIs).

STANDARDS:

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

3. Caution the patient that information found on the Internet is not necessarily screened for accuracy and may not be correct. Emphasize the importance of using reliable sources of information.

HIV-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient will understand lifestyle adaptations necessary to prevent complications of the disease state or condition or to improve mental or physical health.

STANDARDS:

1. Review lifestyle aspects/changes that the patient has control over - diet, exercise, safety and injury prevention, avoidance of high-risk behaviors, and full participation in the treatment plan:
 - a. follow safer sex practices
 - b. tell the sexual partner(s) that about having HIV
 - c. if the partner is pregnant, tell her about having HIV
 - d. tell others who need to know, e.g., family, friends, health providers
 - e. don't share needles, syringes, or lancing devices
 - f. don't donate blood or organs
 - g. if the patient is pregnant, get medical care right away
2. Emphasize that an important component in the prevention or treatment of disease is the patient's adaptation to a healthier, lower risk lifestyle.
3. Emphasize the negative effects of smoking, use of illegal drugs, or use of alcohol because these further weaken the body.
4. Review the community resources available to assist the patient in making lifestyle changes. Refer as appropriate.
5. Discuss availability or access to involvement/support from another person living with HIV/AIDS of similar demographics/culture/location, etc.

HIV-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.

HIV-MNT MEDICAL NUTRITION THERAPY

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

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.

HIV-N NUTRITION

OUTCOME: The patient/family will understand the importance of maintaining optimal nutrition status.

STANDARDS:

1. Explain the role of immunocompetence and the need for hand washing and safe food handling techniques to reduce exposure to infections.
2. Explain the importance of maintaining a balanced nutritious diet. High fat diets can contribute to suppression of immune function.
3. Discuss the benefit of oral supplements in patients with appetite changes, anorexia, or weight loss. Rest periods before and after meals are suggested.
4. Explain the importance of hydration, 9-12 cups/day recommended.
5. Emphasize that herbs and botanical supplements should not be used without discussing with a physician, RD, or pharmacist.
6. Refer to a registered dietitian for MNT as appropriate.

HIV-P PREVENTION

OUTCOME: The patient/family will develop a healthy behavior plan, which will prevent/reduce the exposure to human immunodeficiency virus infections.

STANDARDS:

1. List the circumstances/behaviors that increase the risk of HIV infection:
 - a. IV drug use and sharing needles
 - b. multiple sexual partners
 - c. unprotected sex, e.g., sex without latex or polyurethane condoms or other protective agents, dental dams, plastic wrap
 - d. unprotected anal intercourse
 - e. breastfeeding by an HIV infected mother
 - f. being born to an HIV infected mother
 - g. presence or history of another sexually transmitted infections
 - h. victims of rape
 - i. involvement in an abusive relationship
2. Describe behavior changes that prevent/reduce the transmission of the HIV virus.
3. Discuss/demonstrate the proper application of condom with model if available. Discuss the proper lubricant type (o oil-based lubricants).
4. Describe how alcohol/substance use can impair judgment, increase risky behavior, and reduce the ability to use protective measures.
5. Explain ways to reduce the exposure to infected persons.
6. Explain that the best way to prevent exposure to HIV is to abstain from risky sexual behavior and from recreational drug use.

HIV-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.

HIV-PN PRENATAL

OUTCOME: The patient/family will understand the risk factors for human immunodeficiency virus (mother and child).

STANDARDS:

1. Discuss the risk factors and indications for HIV testing (mother and child). Explain that HIV testing is a routine part of prenatal care.
2. Explain that early detection, early treatment, and full participation with the medication regimen as well as maintaining a healthy lifestyle can result in a better quality of life, slow the progression of the disease, and may have beneficial effects upon the delivery and longevity of the child.

HIV-S SAFETY

OUTCOME: The patient/family/caregiver will understand principles of planning and living within a safe environment.

STANDARDS:

1. Explain that opportunistic infections are a major cause of death.
2. Discuss the need to prevent opportunistic infections through creating and living within a safe environment.
3. Assist the patient/family/caregiver in identifying ways to adapt the home to improve safety and prevent injury, illness and disease transmission appropriate to the patient's age, disease state and condition.
4. Identify which community resources promote a safe living environment.

HIV-SM STRESS MANAGEMENT

OUTCOME: The patient will understand the role of stress management in human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

STANDARDS:

1. Explain that uncontrolled stress can contribute to a suppressed immune response and can increase the complications from HIV/AIDS.
2. Explain that effective stress management may help to reduce the adverse consequences of HIV/AIDS, as well as, 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 abuse, all which can increase the risk of morbidity and mortality from HIV/AIDS.
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. Discuss suggestions for dealing with the emotional toll of living with HIV/AIDS:
 - a. learn as much as possible about HIV/AIDS
 - b. be proactive and take an active role in the treatment
 - c. maintain a strong support system
 - d. take time to make important decisions concerning the future
 - e. come to terms with the illness
6. Provide referrals as appropriate.

HIV-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 (emphasize the importance of using only approved test kits for HIV)
 - 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 that identification of all partners is necessary to facilitate the testing of those persons and limit further spread of the infection.
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

HIV-TX TREATMENT

OUTCOME: The patient/family will understand the importance of a chronic treatment plan.

STANDARDS:

1. Discuss importance and primary causes of treatment failure including continuous access to medical care and adherence to treatment plans.
2. Discuss or identify other barriers to treatment failure:
 - a. familial support
 - b. geography
 - c. migratory nature
 - d. sociocultural influence
 - e. stigma and/or discrimination
3. Explain that according to current guidelines, treatment should focus on achieving the maximum suppression of symptoms for as long as possible. This aggressive approach is known as Highly Active Antiretroviral Therapy (HAART). The aim of HAART is to reduce the amount of virus in the blood to very low levels, although this doesn't mean the virus is gone.
4. Discuss the process for developing a comprehensive treatment plan that includes identifying the appropriate resources to support a comprehensive treatment plan, e.g., health and risk assessment, referral to mental health for associated depression or mental illness, common lab tests, disease staging, prophylaxis therapy, immunizations, social and insurance needs, plus follow up.
5. Explain that identification of all partners is necessary to facilitate the treatment of those persons and limit further spread of the infection.

LIP - Hyperlipidemia/Dyslipidemias

LIP-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

LIP-C COMPLICATIONS

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

STANDARDS:

1. Explain that heart attacks may result due to blocked arteries in the heart.
2. Explain that strokes may result due to blocked arteries in the neck or brain.
3. Explain that blocked arteries can cause leg pain and lead to the loss of use of legs.

LIP-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.

LIP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the potential causes of hyperlipidemia/dyslipidemia and the possible progression to cardiovascular disease.

STANDARDS:

1. Review the causative factors of hyperlipidemia/dyslipidemia (e.g., genetic, DM, thyroid disease, liver disease, kidney disease, drugs) as appropriate to the patient.
2. Explain that lipids are fractionated into HDL (good cholesterol) and LDL (bad cholesterol) and triglycerides.
3. Review the lifestyle factors that may worsen hyperlipidemia/dyslipidemia (e.g., obesity, high saturated or trans-fats, high carbohydrate intake, lack of physical activity, stress levels, tobacco use, alcohol intake).
4. Emphasize that hyperlipidemia/dyslipidemias in combination with other risk factors greatly increase the risk of other vascular diseases including heart attacks and strokes.

LIP-EX EXERCISE

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

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, weight loss, and cardiovascular health.
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.

LIP-FU FOLLOW-UP

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

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.

LIP-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.

LIP-L LITERATURE

OUTCOME: The patient/family will receive literature about hyperlipidemia /dyslipidemia.

STANDARDS:

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

LIP-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to hyperlipidemia/dyslipidemia.
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.

LIP-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.

LIP-MNT MEDICAL NUTRITION THERAPY

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

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.

LIP-N NUTRITION

OUTCOME: The patient/family will understand the relationship between nutrition and lipid levels.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Explain how carbohydrates and alcohol use can contribute to elevated triglycerides levels.
3. Discuss the importance of decreasing saturated fats and eliminating trans fats in the diet. Encourage reading food labels including how to identify various ingredients on the labels.
4. Discuss the benefits of adding soluble fiber (apples, legumes, oat, and bran) and omega-3 fatty acids such as fish oils and flax seed to the diet as appropriate.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

LIP-P PREVENTION

OUTCOME: The patient/family will understand the ways to prevent hyperlipidemia/dyslipidemia.

STANDARDS:

1. Emphasize that an important component in the prevention and treatment of hyperlipidemia/dyslipidemia is a healthier, lower risk lifestyle (nutrition, physical activity, tobacco cessation, and stress reduction).
2. Review the nationally accepted, current lipid reduction goals and assist the patient in establishing a personal plan for lipid control, including regular screening.

LIP-SCR SCREENING

OUTCOME: The patient/family will understand the proposed screening including indications.

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., blood pressure, cholesterol, blood sugars, BMI, weight.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

LIP-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress can raise lipids and interfere with the treatment of lipid disorders, increase the severity of coronary artery disease, and decrease overall health and well-being.
2. 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 risk of morbidity and mortality from arterial disease.
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.
5. Explain non-pharmacologic measures that may be helpful with pain control.

LIP-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

LIP-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).

LIP-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.

LIP-TX TREATMENT

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

STANDARDS:

1. Discuss that different medications/therapies are used for different forms of hyperlipidemia/dyslipidemia and that development of a treatment plan will involve the patient and the medical team.
2. Discuss the treatment plan including pharmacologic therapy, nutrition, exercise and psychosocial aspects of the treatment plan.
3. Discuss the importance of adhering to the treatment plan, including scheduled follow-up.
4. Refer to community resources as appropriate.

HTN - Hypertension

HTN-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

HTN-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with hypertension as a life-altering illness that requires a change in lifestyle (**refer to [HTN-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with hypertension, 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.

HTN-C COMPLICATIONS

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

STANDARDS:

1. Explain that hypertension reduces oxygen delivery to major body organs.
2. Explain that high blood pressure can reduce blood flow and oxygen to the heart which can cause chest pain and heart attacks.
3. Explain that blindness may result from injured blood vessels in the eye.
4. Explain that high blood pressure may cause blood vessels to the brain to more easily burst or become clogged by blood clots, resulting in a stroke.
5. Explain that circulatory complications eventually impair the ability of the kidneys to filter out toxins.
6. Explain that high blood pressure can affect the circulation to other organ systems and might cause damage, such as PAD or ED.

HTN-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.

HTN-DP DISEASE PROCESS

OUTCOME: The patient will understand hypertension and summarize its causes.

STANDARDS:

1. Explain the difference between systolic and diastolic pressure. Define the normal ranges.
2. Review causative factors:
 - a. Lifestyle Factors: Obesity, high sodium intake, high fat and cholesterol intake, lack of regular exercise
 - b. Special Conditions: Pregnancy, oral contraceptives
 - c. Disease States: Diabetes, hyperthyroidism
 - d. Personal Factors: Family history, sex, race

3. Discuss that most hypertension is asymptomatic, but some patients may experience headache, dizziness, faintness, nosebleed, or ringing in the ears and any of these symptoms should prompt immediate re-evaluation by a physician.

HTN-EQ EQUIPMENT

OUTCOME: The patient/family will receive information on the use of home blood pressure monitors.

STANDARDS:

1. Provide the patient/family with information on the use of the specific home blood pressure monitor.
2. Discuss the use of blood pressure monitoring equipment in public places, e.g., stores.
3. Discuss when to contact a healthcare provider for a blood pressure value which is outside the patient's personal goal.

HTN-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased 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 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. 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.

HTN-FU FOLLOW-UP

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

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.
6. Encourage regular blood pressure and weight checks.

HTN-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding hypertension and dealing with issues.
2. Provide the help line phone number or Internet address (URL).
 - a. http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html
 - b. http://www.nhlbi.nih.gov/health/dci/Diseases/dash/dash_what.html

HTN-L LITERATURE

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

STANDARDS:

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

HTN-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adjustments necessary to maintain control of blood pressure and will develop a plan to modify the patient's risk factors.

STANDARDS:

1. Emphasize the importance of weight control.
2. Discuss the importance of a program of regular exercise.
3. Discuss the relationship of stress to hypertension. Suggest ways of reducing stress—napping, meditation, exercise and “just relaxing.”
4. Explain that use of tobacco, either smoking or use of smokeless tobacco, can worsen hypertension and increase the risk of complications.

HTN-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. As appropriate, explain that hypertension is caused by multiple mechanisms and more than one medication may be required to lower blood pressure to the patient's personal goals.
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.

HTN-MNT MEDICAL NUTRITION THERAPY

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

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.

HTN-N NUTRITION

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

STANDARDS:

1. Explain the role of salt intake in hypertension. Methods to decrease salt intake are by removing the salt shaker from the table, tasting food before salting, reading food labels, using other seasonings to flavor foods.
2. Explain that the use of herbs and supplements and salt substitutes that contain potassium may be contraindicated with other medications.
3. Discuss caffeine and alcohol in hypertension.
4. Encourage adequate intake of fruits, vegetables, water, and fiber.
5. Discuss the importance of weight loss and exercise in controlling hypertension.
Refer to [HPDP-N](#).

HTN-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.

HTN-SCR SCREENING

OUTCOME: The patient/family will understand the proposed screening including indications.

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., guaiac, blood pressure, hearing, vision, development, mental health.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

HTN-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.

HTN-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress can worsen hypertension and increase risk factors of cardiovascular disease.
2. Explain that uncontrolled stress can interfere with the treatment of hypertension.
3. Explain that effective stress management may reduce the adverse consequences of hypertension, as well as help improve the health and well-being of the patient.
4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use as well as overeating, all which can increase the risk of morbidity and mortality from hypertension.
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.

HTN-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

HTN-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).

HTN-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.

HTN-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.

HTH - Hyperthyroidism

HTH-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the pituitary-thyroid axis.

STANDARDS:

1. Explain the normal location, function, and feedback mechanism of the pituitary-thyroid axis (heart rate, muscle strength, bowel function, fat metabolism, energy level, hair growth, and mood).
2. Discuss the changes to the thyroid gland and the body's metabolic state as a result of hyperthyroidism.
3. Discuss the impact of these changes on the patient's health or well-being.

HTH-C COMPLICATIONS

OUTCOME: The patient/family will understand the effects and consequences possible as a result of hyperthyroidism, failure to manage hyperthyroidism, or as a result of treatment.

STANDARDS:

1. Discuss the significant complications associated with hyperthyroidism (atrial fibrillation, heart failure, angina, myocardial infarction, osteoporosis, depression, personality changes, proptosis).
2. Explain that taking medications as prescribed may prevent most or all significant complications.
3. Discuss the common or significant complications which may result from treatment, e.g., subsequent hypothyroidism and the need to take lifelong medication.

HTH-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.

HTH-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that hyperthyroidism occurs when the amount of thyroid hormone in the blood is too high. It affects over 2½ million Americans. More women have this problem than men.
2. Explain that hyperthyroidism leads to an overall increase in a person's metabolism, which can cause a number of problems.
3. Review the patient-specific cause and expected course of hyperthyroidism, e.g., "increased production" due to the hypersecretory state of the thyroid gland (e.g., Grave's disease, toxic nodule, toxic multinodular goiter, or overproduction of TSH from the pituitary), "leakage" of stored hormone due to thyroid damage (as in thyroiditis), or too much supplement.
4. Review the symptoms of hyperthyroidism:
 - a. feelings of excessive warmth and sweating
 - b. palpitations
 - c. tremors
 - d. weight loss despite having an increased appetite
 - e. more frequent bowel movements
 - f. weakness
 - g. limited endurance
 - h. difficulty concentrating
 - i. memory impairment
 - j. nervousness
 - k. tiredness
 - l. difficulty sleeping
 - m. depression
 - n. personality changes
 - o. enlarged thyroid—usually non-tender

HTH-FU FOLLOW-UP

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

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 (both symptoms of hyperthyroidism and hypothyroidism).
5. Discuss the availability of community resources and support services and refer as appropriate.

HTH-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding hyperthyroidism and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as <http://endocrine.niddk.nih.gov/pubs/Hyperthyroidism/>

HTH-L LITERATURE

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

STANDARDS:

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

HTH-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.

HTH-MNT MEDICAL NUTRITION THERAPY

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

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.

HTH-N NUTRITION

OUTCOME: The patient/family will understand the importance of adequate nutrition to promote healing.

STANDARDS:

1. Discuss the relationship between making healthy food choices and the healing process.
2. Refer to a registered dietitian for MNT as appropriate.

HTH-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.

HTH-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

HTH-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be performed based on the test results.

STANDARDS:

1. List the patient-specific possible therapies that might be utilized to treat hyperthyroidism (beta-blocker, anti-thyroid drugs, radioactive iodine, surgery).
2. Briefly explain each of the possible applicable treatments.
3. Explain that the patient and medical team will make the treatment decision after reviewing the results of diagnostic tests.
4. Explain the implications that treatment would have on current or potential pregnancy.

HPTH - Hypothermia

HPTH-C COMPLICATIONS

OUTCOME: The patient/family will understand the common or serious complications of hypothermia.

STANDARDS:

1. Explain that complications depend on how low and how long the body temperature falls.
2. Explain that the lower the core body temperature, the greater the chance of complications and permanent damage.
3. Discuss the common and important complications of hypothermia, e.g., arrhythmias, dehydration, hyperkalemia, hyperglycemia, hypoglycemia, altered arterial blood gasses, infection, gangrene, amputation, coma, and frostbite. **Refer to [FRST](#).**
4. Emphasize to seek early medical intervention.

HPTH-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.

HPTH-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that a drop in the body's core temperature to 95°F or below is the definition of hypothermia and that body temperature regulation is achieved through precise balancing of heat production, heat conservation, and heat loss.

2. Explain the normal body temperature range is considered to be 36.2° to 37.7°C (96.2° to 99.4°F) but that all parts of the body do not have the same temperature; the extremities are generally cooler than the trunk and the body core is generally warmer than the skin surface.
3. Discuss that hypothermia usually comes on gradually and people aren't aware they need medical attention. Discuss that common behaviors/signs may be a result of changes in motor coordination and levels of consciousness caused by hypothermia. Some common signs are:
 - a. shivering, which is your body's attempt to generate heat through muscle activity
 - b. “umbles” - stumbles, mumbles, fumbles and grumbles
 - c. slurred speech
 - d. abnormally slow rate of breathing
 - e. cold, pale skin
 - f. fatigue, lethargy, or apathy
4. Briefly describe hypothermia causes vasoconstriction, alterations in microcirculation, coagulation, and ischemic tissue damage.
5. Explain that environmental conditions, inadequate clothing, and some disease states or conditions may predispose to hypothermia.

HPTH-EQ EQUIPMENT

OUTCOME: The patient/family will understand the indication for the medical equipment.

STANDARDS:

1. Discuss the indications for and benefits of the prescribed equipment.
2. Discuss the types and features of the medical equipment as appropriate.
3. Discuss the signs of equipment malfunction and the proper action to take in case of malfunction.

HPTH-FU FOLLOW-UP

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

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.

HPTH-L LITERATURE

OUTCOME: The patient/family will receive literature about hypothermia and important preventative measures.

STANDARDS:

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

HPTH-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.

HPTH-P PREVENTION

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

STANDARDS:

1. Explain that it is easier to prevent hypothermia than to treat it.

2. Discuss the risk factors that decrease the risk of hypothermia:
 - a. poor or inadequate insulation from the cold or wind
 - b. impaired circulation from tight clothing or shoes
 - c. fatigue
 - d. altitude
 - e. wind
 - f. immersion
 - g. injuries
 - h. circulatory disease
 - i. poor nutrition
 - j. dehydration
 - k. alcohol or drug use
 - l. tobacco products
 - m. extremes of age
3. Discuss ways that decrease the risk of hypothermia such as:
 - a. using appropriate layered clothing
 - b. avoiding overexertion while outdoors in cold weather
 - c. staying dry as much as possible
 - d. keeping an emergency supply kit in the car that may include blankets, food, matches, candles

HPTH-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain management.

STANDARDS:

1. Explain that pain management may be multifaceted. **Refer to PM** (in Volume IV of this manual set).
2. Explain that short term use of narcotics may be helpful in pain management as appropriate.
3. Explain that other medications may be helpful to control symptoms of pain.
4. Discuss non-pharmacologic measures that may be helpful with pain control.

HPTH-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in recovery from hypothermia.

STANDARDS:

1. Explain that 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. making healthy food choices
 - g. doing regular physical activity
 - 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.

HPTH-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

HPTH-TX TREATMENT

OUTCOME: The patient/family will understand the management and treatment of hypothermia.

STANDARDS:

1. Discuss the importance of seeking emergency medical care if hypothermia is suspected.
2. Explain if medical attention is not readily available then move the person out of the cold, remove wet clothing, insulate the person's body from the cold ground, monitor breathing, share body heat, and if conscious provide warm nonalcoholic beverages.
3. Discuss what not to do if hypothermia is suspected:
 - a. Don't apply direct heat
 - b. Don't massage or rub the person
 - c. Don't provide alcoholic beverages
4. Discuss the importance of slowly increasing the temperature of the person and getting the person into dry clothes when applicable.
5. Discuss the management of hypothermia (e.g., monitoring of vital signs, warming blankets, warm IV fluids, extracorporeal circulation).

LTH - Hypothyroidism

LTH-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the pituitary-thyroid axis.

STANDARDS:

1. Explain the normal location, function, and feedback mechanism of the pituitary-thyroid axis (heart rate, muscle strength, bowel function, fat metabolism, energy level, hair growth, and mood).
2. Discuss the changes to the thyroid gland and the body's metabolic state as a result of hypothyroidism.
3. Discuss the impact of these changes on the patient's health or well-being.

LTH-C COMPLICATIONS

OUTCOME: The patient/family will understand the effects and consequences possible as a result of hypothyroidism, failure to manage hypothyroidism, or as a result of treatment.

STANDARDS:

1. Discuss the significant complications associated with hypothyroidism (depression, excessive weight gain, high blood pressure, high cholesterol levels).
2. Discuss that full participation in the treatment regimen may prevent most or all significant complications.

LTH-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that hypothyroidism occurs when the amount of thyroid hormone in the blood is too low. It is more common in women and in elderly persons.
2. Explain that hypothyroidism leads to an overall decrease in a person's metabolism, which can cause a number of problems.
3. Review the patient-specific cause and expected course of hypothyroidism. In most cases hypothyroidism is a permanent condition that requires life-long treatment with thyroid supplement.
4. Review the symptoms of hypothyroidism, which include:

- a. fatigue
- b. lack of motivation
- c. sleepiness
- d. weight gain
- e. feelings of being constantly cold
- f. constipation
- g. dry skin
- h. hair loss
- i. muscle cramps and muscle weakness
- j. high blood pressure and high cholesterol levels
- k. depression
- l. slowed speech
- m. poor memory
- n. feelings of “being in a fog”

LTH-EX EXERCISE

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

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. Assist the patient in developing a personal exercise plan. Explain that exercise should be consistent and of sufficient duration to obtain the desired outcome.
4. Encourage the patient to increase the intensity of the activity as the patient becomes more fit.
5. Discuss that in hypothyroidism, severe muscle weakness may occur and exercise tolerance is impaired. Explain that exercise is important not only for weight control, but also to reestablish muscle tone and fitness. In general, intense aerobic exercise should only be attempted after thyroid hormone levels have returned to normal. However, the patient can begin walking and modest weight-bearing exercise as treatment is initiated.
6. Refer to community resources as appropriate.

LTH-FU FOLLOW-UP

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

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 (both symptoms of hyperthyroidism and hypothyroidism).
5. Discuss the availability of community resources and support services and refer as appropriate.

LTH-HELP HELP LINE

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

STANDARDS:

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

LTH-L LITERATURE

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

STANDARDS:

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

LTH-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary to maintain optimal health.

STANDARDS:

1. Emphasize that weight gain, high blood pressure, and high cholesterol levels are associated with hypothyroidism.

2. Explain that although most hypothyroid individuals will lose weight after they begin taking a thyroid supplement, significant weight loss will usually require attention to healthy eating habits and exercise. Individuals should avoid setting unrealistic goals.

LTH-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. As appropriate, explain the implications that medications have on the current or potential pregnancy.
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.

LTH-MNT MEDICAL NUTRITION THERAPY

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

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.

LTH-N NUTRITION

OUTCOME: The patient/family will understand the nutritional needs of the patient with hypothyroidism.

STANDARDS:

1. Review normal nutritional needs for optimal health.
2. Discuss the need for the correct combination of nutrients and vitamins, as well as the need for a low-fat diet.
3. Explain that excessive use of soy proteins and the following raw vegetables may increase the risk of developing a goiter or make medications less effective: cabbage, Brussels sprouts, kale, cauliflower, asparagus, broccoli, lettuce, peas, spinach, turnip greens, watercress. Explain that cooking the vegetables reduces this risk.
4. Encourage the use of iodized salt if indicated, adequate fluid intake, and high fiber.
5. Refer to registered dietitian for MNT.

LTH-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.

LTH-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

I**IM - Immunizations****IM-C COMPLICATIONS**

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

STANDARDS:

1. Discuss the common complications of the specific immunization.
2. Describe the signs/symptoms of common complications of this specific immunization.
3. Explain that after live virus vaccine administration, the patient should avoid contact with immunocompromised individuals.
4. Explain that scientific studies and reviews have found no relationship between vaccines and autism.

IM-DEF DEFICIENCY

OUTCOME: The patient/family will understand the importance of fully participating with schedule of prescribed immunizations for protection from vaccine preventable disease.

STANDARDS:

1. Identify the reasons for deficiency and provide education as indicated.
2. Explain that deficiency of immunization(s) may cause serious health problems.
3. Discuss the diseases that have been eradicated due to immunizations.
4. Discuss the patient's particular immunization deficiency.
5. Review complications that could occur if infection develops.

IM-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for immunizations.

STANDARDS:

1. Discuss the importance of receiving immunizations on schedule.

2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.

IM-I IMMUNIZATION INFORMATION

OUTCOME: The patient/family will understand the indication for and benefit of immunization, common and important side effects of vaccination, and post immunization care.

STANDARDS:

1. Explain the indication for immunization including the disease which is to be prevented by immunization. Explain that there is a delay before immunity develops.
2. Explain the contraindications of administering the vaccine.
3. Discuss the appropriate vaccine sites.
4. Explain the important and common side effects of immunizations to be administered.
5. Explain post-immunization care and what to do if serious side effects are observed. Explain that the use of antipyretics may diminish the immune system's response to the vaccine.
6. Explain how family members can assist with comforting immunized persons during and after vaccine administration, as culturally appropriate.

IM-L LITERATURE

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

STANDARDS:

1. Provide the patient/family with literature on the different types of immunizations and schedule for immunizations. Common sources of patient information for immunizations are Vaccine Information Sheets (required with each immunization administration). These can be found at: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>
2. Discuss the content of the literature.

IM-P PREVENTION

OUTCOME: The patient/family will understand communicability and measures to control vaccine preventable disease for children and adults.

STANDARDS:

1. Explain that vaccines are available against certain infections or diseases.
2. Explain that certain infections can be eliminated or avoided through immunizations.
3. Provide information on the types of vaccines available for children and adults.
4. Explain that good hand hygiene, use of tissues and waste receptacles and avoiding touching eyes, nose, and mouth are also important measures in the control of some disease transmission.

IM-SCH SCHEDULE

OUTCOME: The patient/family will understand the importance of fully participating with a schedule of prescribed immunizations for protection from vaccine preventable diseases.

STANDARDS:

1. Explain that some vaccines are prescribed to be given in a series, within certain time frames and may not be counted if given too early and may need to be repeated.
2. Explain that some vaccines are required by law.
3. Provide schedules on the types of vaccines for children and adults.

IMP - Impetigo

IMP-C COMPLICATIONS

OUTCOME: The patient/family will understand common and important complications of impetigo.

STANDARDS:

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

IMP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process, transmission, and causative agent of impetigo.

STANDARDS:

1. Explain that impetigo is a skin infection that may be caused by the streptococcus or staphylococcus germs and can spread from one place to another on the body.
2. Explain that impetigo may follow superficial trauma with a break in the skin; or the infection may be secondary to pediculosis, scabies, fungal infections, or insect bites.
3. Explain that itching is common and scratching may spread the infection.
4. Describe what to look for:
 - a. Lesions with a red base and a honey or golden-colored crust or scab
 - b. Disease may occur anywhere on the skin (arms, legs, and face are the most susceptible)
 - c. Lesions may be itchy
 - d. Lesions may produce pus

IMP-FU FOLLOW-UP

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

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.

IMP-HY HYGIENE

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

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.

IMP-L LITERATURE

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

STANDARDS:

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

IMP-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 completing the full course of antibiotic therapy to prevent antibiotic resistance and to facilitate complete recovery.

IMP-P PREVENTION

OUTCOME: The patient/family will better understand how to prevent skin infections.

STANDARDS:

1. Explain that certain infections can be dependent upon hygiene, social and/or environmental conditions. **Refer to [HPDP-HY](#).**
2. Instruct the patient/family in hygiene to prevent impetigo.
 - a. Wash with soap and water every day.
 - b. Wash hands whenever they are dirty.
 - c. Keep the fingernails cut and clean.
 - d. Take care of cuts, scratches, and scrapes by washing with soap and water.
 - e. Avoid sharing clothes, towels, toys, dishes, etc. with a person who has impetigo.
 - f. Wash all toys of the infected person with soap and water.

IMP-TX TREATMENT

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

STANDARDS:

1. Instruct about keeping the lesions clean and dry. Washing with an antibacterial soap is beneficial.
2. Instruct to use antibiotic ointment each time after washing, or as ordered.
3. Instruct about changing and washing clothes, bedding, towels, and toys.

4. Discourage scratching sores. Inform the patient/family this can make them worse and cause spreading of the infection.
5. Instruct about returning to the clinic in 3 to 4 days or as prescribed by physician if the sores are not getting better.
6. Discuss the signs of a worsening condition, e.g., increasing redness, soreness, high fever.

IMP-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.

IMPLS – Impulse Control Disorders

IMPLS-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications to impulse control disorders.

STANDARDS:

1. Explain that intermittent explosive disorder is most often associated with adverse social consequences, such as loss of a job, school suspension, financial problems, difficulty in interpersonal relationships, divorce, car accidents, injuries, and hospitalizations.
2. Explain that impulse control disorders are usually associated with legal consequences because the individuals are either indifferent to arrest or do not fully take into account the chances of apprehension.
3. Explain that aggressive behavior noted in intermittent explosive disorder may require the use of restraints and seclusion (**refer to RST** in Volume IV of this manual set) in some settings to protect themselves and others, and to prevent further complications.
4. Explain that impulse control problems may sometimes be a complication itself of other medical conditions, such as Parkinson's disease.
5. Explain that impulse control disorders may also be associated with substance abuse (**refer to AOD**) and suicide (**refer to SI** in Volume V of this manual set), if left untreated.

IMPLS-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.

IMPLS-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss the essential feature of impulse control disorders as the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others.
2. Explain the symptoms of the specific impulse control disorder:
 - a. **Intermittent Explosive Disorder** is characterized by discrete episodes of failure to resist aggressive impulses resulting in serious assaults or destruction of property.
 - b. **Kleptomania** is characterized by the recurrent failure to resist impulses to steal objects not needed for personal use or monetary value, nor committed to express anger or vengeance.
 - c. **Pyromania** is characterized by a pattern of fire setting purely for pleasure or gratification.
 - d. **Pathological Gambling** is maladaptive gambling behavior, which resembles addictive patterns.
 - e. **Trichotillomania** is characterized by recurrent pulling out of one's hair for pleasure, gratification, or relief of tension, which results in noticeable hair loss.
 - f. **Impulse Disorder Not Otherwise Specified (NOS)** includes any impulse control disorder that does not meet the criteria for any specific disorder.
3. Explain that for most of the impulse control disorders the individual feels an increasing sense of tension or arousal before committing the act, and feels pleasure, gratification, or relief during and/or after the act.
4. Explain that following the impulsive act, afflicted individuals usually feel a loss of control over the acts, and there may or may not be regret, self-reproach, or guilt.
5. Discuss the differential diagnosis.

IMPLS-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in releasing stress and tension appropriately.

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.

IMPLS-FU FOLLOW-UP

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

IMPLS-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding support for and treatment of impulse control disorders.
2. Provide the help line phone number or Internet address (URL).

IMPLS-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.

IMPLS-L LITERATURE

OUTCOME: The patient/family will receive literature about the specific impulse control disorder.

STANDARDS:

1. Provide the patient/family with literature on impulse control disorder.
2. Discuss the content of the literature.

IMPLS-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to reduce or eliminate the symptoms of impulse control disorders.

STANDARDS:

1. Discuss the necessary lifestyle adaptations to reduce and cope with stress.
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.

IMPLS-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.

IMPLS-MNT MEDICAL NUTRITION THERAPY

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

IMPLS-N NUTRITION

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

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.

IMPLS-S SAFETY

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

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.

IMPLS-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with impulse control disorders.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in reducing tension appropriately.
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.

IMPLS-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).

IMPLS-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options that may be used to treat impulse control disorders.

STANDARDS:

1. Explain that a combination of psychotherapy and medication interventions usually have better results than therapy or medication alone.
2. Explain that therapists have different styles and orientations for treating impulse control disorders, and that some styles may suit the patient better than others, which includes:
 - a. Cognitive Behavior Therapy
 - b. Psychodynamic Psychotherapy
 - c. Group Therapy
3. Explain some of the common medications that have been shown to be effective in reducing impulsive behavior and the associated effects of stress and tension.
Refer to [IMPLS-M](#).
4. Explain that the treatment plan will be made by the patient/family and treatment team after reviewing the available options. Explain that treatment for impulse control disorders may vary according to the patient's life circumstances, severity of the condition, and available resources, which may include referrals to inpatient psychiatric hospitals.

INFERT - Infertility

INFERT-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the reproductive system in both female and male bodies.
2. Discuss the possible changes to anatomy and physiology making conception or pregnancy difficult. These include:
 - a. A fertilized egg or embryo does not survive once it sticks to the lining of the womb (uterus)
 - b. The fertilized egg does not attach to the lining of the uterus
 - c. The eggs cannot move from the ovaries to the womb
 - d. The ovaries have problems producing eggs
 - e. A decrease in sperm count
 - f. Sperm being blocked from being released
 - g. Sperm that do not work properly
3. Discuss female causes of infertility:
 - a. Autoimmune disorders
 - b. Cancers
 - c. Clotting disorders
 - d. Diabetes or Pre Diabetes
 - e. Uterine or cervical fibroids
 - f. Birth defects that affect the reproductive tract
 - g. Use of certain medications
 - h. Drinking too much alcohol
 - i. Older maternal age
 - j. Ovarian cysts and polycystic ovary syndrome (**Refer to PCOS** (in Volume IV of this manual set)
 - k. Overweight or underweight
 - l. Scarring from sexually transmitted infection or endometriosis

- m. Thyroid disease
 - n. Too little or too much hormones
4. Discuss male causes of infertility:
- a. Environmental pollutants
 - b. Being in high heat, hot tubs, or severe fevers for prolonged periods
 - c. Birth defects (i.e., undescended testicles)
 - d. Use of tobacco, alcohol, marijuana, or cocaine
 - e. Too little or too much hormones
 - f. Impotence
 - g. Infection (i.e., mumps)
 - h. Older age
 - i. Use of certain medications
 - j. Scarring from sexually transmitted infections, injury, or surgery
 - k. Retrograde ejaculation
 - l. Tight-fitting underwear

INFERT-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with infertility. Infertility can cause many painful emotions in one or both partners and could potentially lead to relationship problems.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common with infertility, 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.

INFERT-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.

INFERT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the possible causes of infertility.

STANDARDS:

1. Discuss generally accepted fertility expectations. It is recommended that women under 30 try for one year before seeking infertility care. A woman's peak fertility occurs in her early 20s. After age 35, the possibility of becoming pregnant is reduced.
2. Discuss the possible causes of this patient/couple's infertility.
 - a. Primary infertility refers to couples who have not become pregnant after at least 1 year of unprotected sex (intercourse).
 - b. Secondary infertility refers to couples who have been pregnant at least once, but never again.
3. Explain that a wide range of physical and emotional factors can cause infertility. Infertility may be due to problems in the woman, man, or both.
4. Some cases may be reversible. Some have other treatment options and others are irreversible.

INFERT-EX EXERCISE

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

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.

INFERT-FU FOLLOW-UP

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

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.

INFERT-HELP HELP LINE

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

STANDARDS:

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

INFERT-L LITERATURE

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

STANDARDS:

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

INFERT-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.

INFERT-MNT MEDICAL NUTRITION THERAPY

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

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.

INFERT-N NUTRITION

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

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. Review the importance of folic acid intake prior to pregnancy to help minimize miscarriage risk.
6. Refer to registered dietitian for MNT if overweight or underweight or other local resources as appropriate.

INFERT-P PREVENTION

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

STANDARDS:

1. Discuss preventable conditions that affect fertility (i.e., impaired glucose tolerance, diabetes, obesity, untreated STIs).
2. Explain how eating healthy, staying physically active, maintaining a healthy weight, and preventing/treating sexually transmitted infections, and maintaining sexual health can prevent some types of infertility issues.
3. Discuss other lifestyle modifications, as appropriate, e.g., tight-fitting underwear, excessive bike riding, prolonged hot tub use.
4. Explain how taking a prenatal vitamin containing folate before and during pregnancy can lower the risk of miscarriage.

INFERT-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.

INFERT-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in infertility.
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.

INFERT-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

INFERT-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 risk of multiple pregnancies as a result of infertility treatment.
5. Discuss the importance of maintaining a positive mental attitude.

FLU – Influenza

FLU-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the respiratory system and influenza.

STANDARDS:

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

FLU-C COMPLICATIONS

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

STANDARDS:

1. Discuss that one of the most common complications of the flu is pneumonia and may lead to hospitalization. Complications of flu can lead to death.
2. Discuss the groups who are at higher risk for complications from the flu such as the elderly and infants. Also discuss that persons with chronic diseases such as pulmonary disease, cardiac disease, renal disease, cancer, and diabetes are at higher risk for complications from the flu.
3. Discuss the importance of not giving aspirin or products containing aspirin to children (under 16 years of age) with the flu because it may induce a potentially fatal complication of the flu called Reye's Syndrome.

FLU-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.

FLU-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the basic pathophysiology of influenza infection.

STANDARDS:

1. Discuss that the flu is caused by a virus and that antibiotics are not helpful in treating the flu.
2. Explain that the flu virus changes every year so that having had the flu in a previous year will not necessarily make one immune to flu this year.
3. Discuss that the most common symptoms of the flu are muscle aches, head ache, fever, malaise, non-productive cough, and fatigue.
4. Explain that the flu is spread from person to person by inhalation of small particle aerosols, by direct contact, or by contact with objects that have recently been contaminated by secretions from someone who has the flu.
5. In cases of novel flu, explain that influenza is a virus that has subtypes and strains that can affect humans, birds, pigs, or other animals. Sometimes these viruses change to allow person-to-person transmission.
 - a. Discuss characteristics of the novel influenza virus as it relates to:
 - i. Transformational change of the virus that alters its characteristics.
 - ii. Special recommendations for prevention of infection with and or further spread of the novel influenza virus.
 - iii. Special recommendations, if any, regarding contact with animals. Consuming cooked animals does not cause the flu.
 - iv. Severity of the illness caused by the novel influenza virus.
 - b. Discuss with the patient/family the unique risks associated with novel flu.
 - c. Discuss any unique testing or treatment options for novel flu.
 - d. Refer to current CDC recommendations for specific information.

FLU-FU FOLLOW-UP

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

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.

FLU-HM HOME MANAGEMENT

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

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.

FLU-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.

FLU-INF INFECTION CONTROL

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

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** (in Volume V of this manual set).

- 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

FLU-L LITERATURE

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

STANDARDS:

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

FLU-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. Include treatment of symptoms with OTC medications.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss the use of antiviral treatment for influenza and that therapy must be started within 48 hours. Antiviral therapy will not eliminate flu symptoms, but it

may help shorten the course of the illness. It is important to complete the full course of antiviral therapy.

4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate. If appropriate, discuss that aspirin should not be used in patients that are under 16 years of age due to risk of Reye's syndrome.
5. If appropriate, explain that antibiotics are not used for viral illnesses because they are not effective on viruses:
 - a. Antibiotics used for viral infections can cause antibiotic resistance.
 - b. Antibiotics can also cause side effects, allergic reactions, and increased cost with no benefit to treating the viral illness.
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.

FLU-MNT MEDICAL NUTRITION THERAPY

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

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.

FLU-N NUTRITION

OUTCOME: The patient/family will understand how nutrition may impact the management of influenza.

STANDARDS:

1. Explain that influenza causes increased fluid losses and that extra fluid intake is usually required.
2. Explain that small frequent meals or sips of fluid may be better tolerated than larger meals.
3. Discuss that vomiting may be present:

- a. Liquids or food will be better tolerated if the stomach is allowed to “rest” for 30 minutes to one hour after vomiting, before attempts to consume other fluids or foods.
- b. Small frequent intake of fluids will be better tolerated.
- c. One effective strategy is to take 5 to 15 cc’s of clear fluid every 5 to 10 minutes until 8 hours have passed without vomiting.

FLU-P PREVENTION

OUTCOME: The patient/family will understand how to prevent the flu.

STANDARDS:

1. Explain that the most important action to take is to get an annual flu vaccine. The vaccine may make it milder.
2. Explain that avoiding contact with sick people will help reduce getting the flu. If you have the flu stay home from work or school or large gathering to limit contact.

FLU-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand and fully participate in the plan for pain management as it relates to influenza.

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.

FLU-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

FLU-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.

INJ - Injuries

INJ-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the injured organ or body part.
2. Discuss the changes to anatomy and physiology as a result of this specific injury.
3. Discuss the impact of these changes on the patient's health or well-being.

INJ-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with the specific injury as a life-altering condition 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 the specific injury, 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.

INJ-CC CAST CARE

OUTCOME: The patient/family will understand the treatment plan and importance of proper cast care.

STANDARDS:

1. Explain the reasons to care appropriately for the cast to improve healing.
2. Emphasize the importance of not placing foreign objects into the cast.
3. Explain the signs or symptoms that would prompt immediate follow-up, e.g., increased swelling, numbness, discoloration, increased pain.
4. Emphasize the importance of follow-up.

INJ-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the indications for and benefits of the prescribed medical equipment to be used during the hospital stay or at home.
2. Discuss and/or demonstrate the proper use and care of the medical equipment; participate in return demonstration by patient/family.
3. Emphasize the safe use of equipment.

INJ-EX EXERCISE

OUTCOME: The patient/family/caregiver will understand the role of increased 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 the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Assist the patient in developing a personal exercise plan. Explain that exercise should be consistent and of sufficient duration to obtain the desired outcome.
4. Encourage the patient to increase the intensity of the activity as the patient becomes more fit.
5. 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.
6. Refer to community resources as appropriate.

INJ-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for injuries.

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.

INJ-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of injuries and make a plan for implementation.

STANDARDS:

1. Explain the home management plan and methods for implementation of the plan.
2. Explain the importance of following a home management plan, e.g., fewer falls, fewer emergency room visits, fewer hospitalizations, and fewer complications.

INJ-I INFORMATION

OUTCOME: The patient/family will understand the pathophysiology of the patient's specific injury and recognize symptoms indicating a worsening of the condition.

STANDARDS:

1. Discuss the patient's specific injury, including anatomy and pathophysiology as appropriate.
2. Discuss the treatment plan and any indicated home management.
3. Discuss the signs/symptoms of worsening of the condition and when to seek medical care.

INJ-L LITERATURE

OUTCOME: The patient/family will receive literature about the specific injury.

STANDARDS:

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

INJ-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.

INJ-MNT MEDICAL NUTRITION THERAPY

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

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.

INJ-P PREVENTION

OUTCOME: The patient/family will understand the mechanisms to prevent occurrence of similar injuries in the future.

STANDARDS:

1. Discuss the safety measures which may be implemented to prevent the occurrence of a similar injury in the future.
2. **Refer to [HPDP-S](#).**

INJ-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** (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.
5. Explain that administration of fluids may be helpful with pain relief and resolution of symptoms.

INJ-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

INJ-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.

INJ-WC WOUND CARE

OUTCOME: The patient/family will understand the necessity and procedure for proper wound care. As appropriate they will demonstrate the necessary wound care techniques.

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.

J

JRA - Juvenile Rheumatoid Arthritis

JRA-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the joints and other parts of the body.
2. Discuss the changes to anatomy and physiology as a result of JRA. Discuss that JRA is an autoimmune disorder.
3. Discuss the impact of these changes on the patient's health or well-being.

JRA-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with JRA as a life-altering illness that requires a change in lifestyle. **Refer to [JRA-LA](#).**
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with JRA, 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.

JRA-C COMPLICATIONS

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

STANDARDS:

1. Discuss the complications of JRA such as joint destruction and uveitis.
2. Describe the signs/symptoms of the common complications of JRA (increased pain, visual changes).

JRA-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.

JRA-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of juvenile rheumatoid arthritis.

STANDARDS:

1. Discuss that the cause of JRA is currently unknown.
2. Discuss that there are several types of JRA. Explain this patient's type of JRA.

JRA-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.

JRA-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in juvenile rheumatoid arthritis.

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.

JRA-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care including physical therapy and ophthalmology.
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.

JRA-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding JRA and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as <http://www.arthritis.org/how-to-care-for-yourself.php>

JRA-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.

JRA-HY HYGIENE

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

JRA-L LITERATURE

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

STANDARDS:

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

JRA-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle adaptations specific to JRA, including non-weight-bearing activities to rest joints.
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.

JRA-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.

JRA-MNT MEDICAL NUTRITION THERAPY

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

JRA-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to juvenile 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 the benefit of adding omega 3 fatty acids to diet to reduce inflammation.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

JRA-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.

JRA-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.

JRA-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.

JRA-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to juvenile rheumatoid arthritis.

STANDARDS:

1. Discuss the use of safety features to help prevent falls due to joint pain.
 - a. wear flat shoes or socks when out of bed.
 - b. avoid throw rugs, electrical cords, objects on the floor, unlevel or wet floors, and stairs.
 - c. be aware of pets or small children playing on the floor.
 - d. obtain assistance when getting up from bed or seated position.
 - e. obtain and use assistive mobility devices, as recommended.
2. Discuss sports participation and the potential for permanent joint disability.

JRA-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in JRA.

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.

JRA-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

JRA-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).

JRA-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.

K

STONES - Kidney Stones

STONES-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the urinary system that consists of the kidneys, ureters, bladder, and urethra.
2. Discuss the changes to anatomy and physiology as a result of kidney stones that have not been passed.

STONES-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications related to kidney stones.

STANDARDS:

1. Discuss that normally smaller kidney stones will pass through the urinary system causing no serious damage or complications aside from pain and discomfort.
2. Explain that if the kidney stone gets so big that it starts to block the flow of urine, it can cause:
 - a. pressure to build in the affected kidney and ureter
 - b. stretching and spasm, resulting in severe pain
 - c. an increased risk of damage to the kidneys, infections, and bleeding
3. Describe the signs/symptoms of common complications of kidney stones:
 - a. severe pain in the lower back or side
 - b. groin pain
 - c. nausea and vomiting
 - d. blood in the urine
 - e. painful urination
 - f. fever and chills
 - g. urine that smells bad or looks cloudy

4. Explain that stone removing procedures will be considered if the stone is too large to pass on its own, if the stone is blocking the urine flow, or if the stone is causing urinary tract infection or kidney damage. **Refer to [STONES-TX](#).**

STONES-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that kidney stones are hardened mineral deposits that form in the kidney when the components of the urine - fluid and various minerals- are out of balance. Kidney stones can form when:
 - a. there is a decrease in urine volume (e.g., dehydration, UTI)
 - b. there is an excess of stone-forming substance in the urine (e.g., calcium oxalate, uric acid)
 - c. the urine is short of naturally occurring chemicals that keep crystals from sticking together and becoming stones
2. Discuss that kidney stones are very tiny when they form, smaller than a grain of sand, but gradually over time can grow to the size of a pearl or larger. Stones may be smooth or jagged.
3. Explain that once the stone is formed, depending upon its size, it may stay in the kidney or travel down the urinary tract through the ureter and into the bladder where the stone is expelled with stored urine.
4. Explain that if the stone is too large to pass easily:
 - a. pain continues as the muscles in the wall of the narrow ureter try to squeeze the stone into the bladder
 - b. as the stone moves and the body tries to push it out, blood may appear in the urine, making the urine pink
 - c. as the stone moves down the ureter, closer to the bladder, a person may feel the need to urinate more often or feel a burning sensation during urination
5. Explain that once the stone enters the bladder, the obstruction in the ureter is relieved and symptoms of the kidney stone are resolved.

STONES-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.

STONES-FU FOLLOW-UP

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

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.

STONES-HELP HELP LINE

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

STANDARDS:

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

STONES-HM HOME MANAGEMENT

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

STANDARDS:

1. Discuss that most kidney stones are small enough to pass through the urinary tract on their own and managed safely at home until the stone is passed.
2. Explain the home management techniques:
 - a. drink plenty of fluids to keep the urine clear
 - b. walk to help move the stone through
 - c. use prescribed pain medications
 - d. strain urine and collect stone to be analyzed for mineral composition
 - e. discuss when to seek medical care
3. Discuss the implementation of hygiene and infection control measures.

STONES-L LITERATURE

OUTCOME: The patient/family will receive literature about kidney stones.

STANDARDS:

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

STONES-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.

STONES-MNT MEDICAL NUTRITION THERAPY

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

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.

STONES-N NUTRITION

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

STANDARDS:

1. Discuss diet changes that can reduce the risk of forming new stones.
 - a. drink plenty of fluids (water is best) to increase urine volume and keep urine pale yellow to clear
 - b. consume diets low in protein that help to prevent stone formation; (consume 6-8 ounces of beef, pork, poultry, and fish per day)
 - c. consume diets low in sodium that are effective in reducing stone formation (consume less than 2 grams (2,000 mg) of sodium per day)
 - d. consume a moderate amount of calcium in the diet
2. Explain that because different kidney stone types require specific dietary changes, referral to a dietician to help develop an individualized plan may be indicated (e.g., calcium oxalate, uric acid stones).
3. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
4. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
5. Discuss the importance of regular meals and adequate fluid intake.

6. Explain that a person who has a tendency to form kidney stones should consult a doctor or dietitian before taking large doses of vitamin or mineral supplements.

STONES-P PREVENTION

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

STANDARDS:

1. Discuss the importance of a workup (e.g. stone analysis, serum stone profile and 24 hour urine specimen) to assist in identification of fluid and dietary changes or medications to help prevent further stone formation.
2. Explain the factors that can prevent the formation of kidney stones:
 - a. Drinking enough fluids is the most important guideline to prevent the formation of any kidney stone. If on fluid restriction, discuss this with the healthcare provider.
 - b. Dietary changes can lower the concentration of stone-forming chemicals in the urine. Diet changes can be individualized, specific to the type of stone. **Refer to [STONES-N](#), [STONES-MNT](#).**
 - c. Use of some medications can be prescribed to help dissolve stones or prevent new ones from forming. The medication used depends on the type of kidney stone formed.
 - d. Treat and correct, if possible, any underlying conditions known to cause kidney stones (e.g., hyperthyroidism, sarcoidosis, distal tubular acidosis).
3. Explain that sometimes kidney stones cannot be prevented.

STONES-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.

STONES-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.

STONES-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

STONES-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 that most kidney stones can be managed safely at home until the stone is passed. **Refer to [STONES-HM](#).**
3. Explain that other treatment therapies may include:
 - a. using a scope to remove stones
 - b. using sound waves to break up stones
 - c. using surgery to remove very large stones
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. Discuss the importance of maintaining a positive mental attitude.

L**LAB - Laboratory****LAB-DRAW PHLEBOTOMY**

OUTCOME: The patient/family will understand the phlebotomy procedure.

STANDARDS:

1. Discuss the method of phlebotomy to be used for this lab draw.
2. Discuss the side effects or consequences of phlebotomy.
3. Explain after-care management of the phlebotomy site.
4. 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.

LAB-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for the lab results.

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.

LAB-L LITERATURE

OUTCOME: The patient/family will receive literature about the laboratory procedure.

STANDARDS:

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

LAB-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 as appropriate the test(s) that have been ordered:
 - 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

LEAD - Lead Exposure/Lead Toxicity

LEAD-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the organs affected by lead exposure and toxicity, such as the brain and kidneys.
2. Discuss the changes to anatomy and physiology as a result of lead exposure and toxicity.
3. Discuss the impact of these changes on the patient's health or well-being.

LEAD-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with lead exposure or toxicity 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 lead exposure or toxicity, 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.

LEAD-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of lead exposure and lead toxicity.

STANDARDS:

1. Discuss the effects of lead on neurobehavioral systems as per current medical understanding. (As of 5-2003 it is thought that even low levels of lead exposure, e.g., less than 10 μ g/dl can result in subtle neurobehavioral changes such as hyperactivity, lower IQ levels, and poor school performance.)
2. Explain that older children and adults with high bone lead levels may exhibit aggressive behavior and antisocial behaviors.
3. As appropriate, discuss the effects of long term high levels of lead exposure. These may include vomiting, abdominal pain, constipation, ataxia, seizures, papilledema, impaired consciousness and eventually coma. The latter of these symptoms are associated with acute lead encephalopathy.

LEAD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand how humans are exposed to lead and the effects of lead on humans.

STANDARDS:

1. Discuss that lead is most often introduced to humans via hand-to-mouth activity of young children, either as ingested dirt, dust licked off surfaces (including toys), and ingested paint chips. Less common lead may be ingested from water flow through lead pipes or brass fixtures, or from food served or prepared in ceramic bowls which have a lead glaze.
2. Discuss that the nutritional status of the individual impacts the amount of lead that is absorbed, e.g., lead ingested on an empty stomach is more likely to be absorbed than if the stomach is full. Calcium and iron may decrease lead absorption by direct competition for binding sites. Iron and/or calcium deficiency are likely to cause an individual to have enhanced lead absorption.
3. Explain that lead interrupts several chemical systems in the body and can lead to toxic levels of other chemicals in addition to the lead. Lead directly interferes with neurotransmitter release in the brain and may directly affect the developmental structure of the brain in utero and in the first few years of life. This latter effect may be an irreversible effect.

LEAD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of lead exposure and lead toxicity.

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.

LEAD-HELP HELP LINE

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

STANDARDS:

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

LEAD-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures.

LEAD-HY HYGIENE

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

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.

LEAD-L LITERATURE

OUTCOME: The patient/family will receive literature about lead exposure and lead toxicity.

STANDARDS:

1. Provide the patient/family with literature on decreasing lead exposure, lead toxicity, and/or lead abatement programs.
2. Discuss the content of the literature.

LEAD-MNT MEDICAL NUTRITION THERAPY

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

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.

LEAD-N NUTRITION

OUTCOME: The patient/family will understand the importance of proper nutrition in lead toxicity.

STANDARDS:

1. Discuss that the nutritional status of the individual impacts the amount of lead that is absorbed, e.g., lead ingested on an empty stomach is more likely to be absorbed than if the stomach is full. Discuss that calcium and iron may decrease lead absorption by direct competition for binding sites.
2. Discuss that iron and/or calcium deficiency are likely to cause an individual to have enhanced lead absorption.
3. Refer to the registered dietitian for MNT.

LEAD-P PREVENTION

OUTCOME: The patient/family will understand mechanisms to prevent or limit exposure to lead.

STANDARDS:

1. Review nutritional mechanisms to decrease lead absorption. **Refer to [LEAD-N](#).**
2. Discuss mechanisms to decrease lead exposure:
 - a. Wash hands before you eat.
 - b. Take off shoes at the door to avoid tracking in possibly contaminated dust.
 - c. Consult the health department before remodeling homes built before 1978.
 - d. Avoid eating dirt or paint chips.
 - e. Avoid eating out of pottery which may have been glazed with a lead-based glaze.
 - f. Avoid home remedies, especially from foreign lands such as Asia or Mexico. (Azarcon, greta, rueda all may contain lead.)
 - g. Avoid eating candies, syrups, or vanilla manufactured in Mexico or South America.
 - h. Avoid crayons not manufactured in the United States.
 - i. Avoid mini-blinds that do not have a label indicating that they are lead-free.
 - j. Keep current with recalls of toys and other items.
3. Explain the importance of removing lead from clothing, shoes, and your body if you work in an industry where lead exposure is likely.

LEAD-SCR SCREENING

OUTCOME: The patient/family will understand the importance of routine screening for high-risk populations and who is at highest risk for lead exposure.

STANDARDS:

1. Discuss that the following persons are at highest risk for lead exposure:
 - a. Live in or regularly visit a house or day care built before 1950 (especially if there is chipping or peeling paint)
 - b. Live in or regularly visit a house built before 1978 that has been recently remodeled (in the last 6 months)
 - c. Engage in frequent hand-to-mouth activity
 - d. Have iron deficiency or anemia
 - e. Live with an adult with a job or hobby that involves exposure to lead

- i. Pottery or stained glass
- ii. Bridge construction
- iii. Battery recycling
- iv. Paint and body work on cars or equipment
- v. Furniture manufacturing
- vi. Bullet or fishing weight casting
- f. Have siblings or playmates that have or have had lead poisoning
- g. Live in an area that is known to be contaminated with lead
2. Discuss the importance of routine screening for all persons in high-risk populations. Discuss the population groups to be screened:
 - a. infants 6 months of age, and children one year of age through 6 years of age annually (when hand-to-mouth activity generally decreases)
 - b. older children with mental retardation who may have prolonged hand-to-mouth activity
 - c. pregnant women

LEAD-TE TESTS

OUTCOME: The patient/family will understand the type of lead testing to be done and the implication this has for future testing or treatment.

STANDARDS:

1. Explain that lead testing can be done utilizing a variety of specimens.
2. Explain the test to be performed as well as alternative testing mechanisms as appropriate:
 - a. Capillary blood testing - usually a screening method and will need to be confirmed with venous blood analysis if the level is greater than 10 μ g/dl.
 - b. Venous blood testing - used as a confirmatory test upon which future testing or treatment will be based.
 - c. Urinary lead levels - usually used during chelation therapy to determine the response to therapy.
 - d. Hair lead levels - unreliable secondary to likelihood of contamination or lack of standardized interpretation tools.
 - e. Discuss as appropriate the CDCs recommendation for follow-up testing and/or treatment based on venous blood lead levels.
 - i. 10-19 μ g/dl repeat venous level in 3 months, try to identify sources of lead exposure.

- ii. 20-44 μ g/dl repeat venous level in one week to one month, try to identify sources of lead exposure and remove child from the environment or source from child's environment.
- iii. 45-59 μ g/dl repeat venous lead level in 48 hours, try to identify sources of lead exposure and remove child from the environment or source from child's environment. Consult toxicologist for possible chelation therapy.
- iv. 60-69 μ g/dl repeat venous lead level in 24 hours, try to identify sources of lead exposure and remove child from the environment or source from child's environment. Consult toxicologist for possible chelation therapy.
- v. 70 μ g/dl repeat venous lead level immediately, try to identify sources of lead exposure and remove child from the environment or source from child's environment. Consult toxicologist for possible chelation therapy.

LEAD-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be performed based on the test results.

STANDARDS:

1. Discuss the blood lead level that would require chelation therapy and how this relates to this patient and current blood lead level. **Refer to [LEAD-TE](#).**
2. Discuss as appropriate that children with blood lead level 45 μ gC/dl are often candidates for chelation therapy.
3. Explain as appropriate, that chelation therapy for persons with lead encephalopathy can be life-saving and chelation therapy for persons without lead encephalopathy may prevent symptom progression and further toxicity.
4. Discuss the agent to be used for chelation in persons who are to undergo chelation. Discuss the risks and benefits of treatment.
5. Explain that the treatment decision will be made by the patient and medical team after reviewing the results of diagnostic tests.

LD - Learning Disorders/Disabilities

LD-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in adjusting to learning disorders, which will require a change in lifestyle, including the potential need for accommodations for academia and employment (**refer to [LD-LA](#)**).
2. Discuss the potential emotional reactions that are common in being diagnosed with learning disorders, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil. **Refer to [AOD](#)**.
3. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
4. Refer to a mental health agency or provider.

LD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications and common co-morbid conditions of learning disorders.

STANDARDS:

1. Explain that learning disorders are often associated with demoralization, low self-esteem, and deficits in social skills.
2. Explain that individuals with undiagnosed or untreated learning disorders have a higher than average incidence of developmental coordination disorder, school drop-out rates, and difficulties in employment and social adjustment.
3. Explain that many adults with learning disabilities demonstrate autistic traits; and conversely those with a higher number of autistic traits were more likely to be profoundly learning disabled.
4. Explain that many individuals with attention-deficit/hyperactivity disorder (**refer to ADHD** in Volume II of this manual set), conduct disorder (**refer to COND** in Volume II of this manual set), oppositional defiant disorder (**refer to ODD** in Volume IV of this manual set), and depressive disorders (**refer to DEP** in Volume II of this manual set) also have learning disorders.

LD-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. Explain that the current standardized tests of aptitude and achievement do not accurately reflect the Native American population in their standardization sample, and that the discrepancy between aptitude and achievement scores noted in individuals with learning disorders is characteristic of many Native American individuals without learning disabilities.
2. Discuss the efforts made to ensure that interpretation of intelligence test procedures and scores reflect adequate attention to the individual's ethnic or cultural background.
3. Explain 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.
4. 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.

LD-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that learning disorders are a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities.
 - a. Explain that these disorders are intrinsic to the individual and presumed to be due to neurological or central nervous system dysfunctions.
 - b. Explain that individuals can be diagnosed with more than one learning disability, and can range from mild to severe.
2. Discuss the symptoms of the learning disorder under consideration:
 - a. **Reading Disorder** includes difficulty identifying groups of letters, problems relating letters to sounds, reversals, chaotic spelling, failure to recognize words, hesitant oral reading, and word-by-word rather than contextual reading.

- b. **Disorder of Written Expression**, known as dysgraphia, includes problems with letter formation and writing layout on the page, repetitions and omissions, punctuation and capitalization errors, "mirror writing" (writing right to left), and a variety of spelling problems.
 - c. **Mathematics Disorder**, known as dyscalculia, involves difficulty counting, reading and writing numbers, understanding basic math concepts, mastering calculations, and measuring. This type of disability may also involve problems with nonverbal learning, including spatial organization.
 - d. **Learning Disorders Not Otherwise Specified (NOS)** is for disorders in learning that do not meet the criteria for any specific Learning Disorder, which may include problems in all three areas that together interfere with academic achievement.
3. Discuss other specific learning disabilities as listed from professional sources:
 - a. **Dyslexia** involves a reading, writing, and/or speaking dysfunction, such as reading or pronouncing letters or words in reverse order.
 - b. **Dyspraxia** involves difficulty with fine motor skills, such as trouble with scissors or buttons.
 - c. **Auditory Processing Disorder** involves difficulty with language development and reading, such as difficulty anticipating how someone will end a sentence.
 - d. **Visual Processing Disorder** also involves difficulties with reading, writing, and math, such as difficulty distinguishing between "h" and "n."
 - e. **Attention Deficit Hyperactivity Disorder** is also considered a Learning Disorder (**refer to ADHD** in Volume II of this manual set) involving difficulty with concentration, focus, and impulsivity.
4. Discuss the efforts made to ensure that interpretation of intelligence test procedures and scores reflect adequate attention to the individual's ethnic or cultural background.
5. Explain that learning disabilities are usually life-long, although many individuals learn to compensate for their problems (**refer to [LD-TX](#)**).

LD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of learning disorders and their complications.

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.

LD-HELP HELP LINE

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

STANDARDS:

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

LD-L LITERATURE

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

STANDARDS:

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

LD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary for coping with learning disorders and the complications associated with them.

STANDARDS:

1. Discuss lifestyle adaptations necessary to cope with learning disorders, including:
 - a. School-related accommodations, which may include extra time for test-taking, a separate environment free from noise or distractions, or smaller classes or individualized tutoring
 - b. Work-related accommodations
2. Discuss that the family may also require lifestyle adaptations to care for the patient, including extra time for tutoring or mentoring the family member and coping with emotional, behavioral, and cognitive complications.
3. Discuss ways to the optimize quality of life.

4. Refer to community services, resources, or support groups, as available, including mental health professionals/school psychologists, social services, and school representatives.

LD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in the emotional and behavior complications of learning disorders.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in reducing or eliminating emotional complications of learning 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.

LD-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential limitations, the expected benefits, and problems with non-testing in regards to learning disabilities.

STANDARDS:

1. Explain test(s) that have been suggested to diagnose any learning disorders including the specific Intelligence Tests (I.Q. Tests) and achievement tests need to

be conducted by trained psychologists or pediatricians with a specialty in child development:

- 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. interpretation of test results with cultural, social, and spiritual variables factored in
 - 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. Explain that the current standardized tests of aptitude and achievement do not accurately reflect the Native American population in their standardization sample, and that the discrepancy between aptitude and achievement scores noted in individuals with learning disorders is characteristic of many Native American individuals without learning disabilities.
 4. Discuss the efforts made to ensure that interpretation of intelligence test procedures and scores reflect adequate attention to the individual's ethnic or cultural background.

LD-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).

LD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for learning disorders and the associated features.

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 the treatment plan. Emphasize the importance of active participation by the patient/family in the treatment plan.
 - a. Explain that specific educational assistance is the best treatment for individuals with learning disabilities.
 - b. Explain that remedial training in areas where a disabled child is weakest is best managed by trained teachers, reading specialists, or tutors in special classes or schools.
3. Discuss parents' involvement in the treatment of the learning disorders, including:
 - a. Providing gentle understanding, emotional support, and opportunities for the child to experience success in other non-academic activities
 - b. Allowing a child to "burn-off" tensions and frustrations through sports or artistic activities
 - c. Participating in the individualized educational plans (IEP) developed by the school district and other members of the care team
4. Explain the importance of treating any associated conditions or co-occurring disorders, such as depressive disorders (**refer to DEP** in Volume II of this manual set), ADHD (**refer to ADHD** in Volume II of this manual set), social problems, and behavioral problems, such as conduct disorder (**refer to COND** in Volume II of this manual set).
5. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment may vary according to the patient's life circumstances, severity of the condition, the patient's/family's participation in the choices, and available resources.

LICE – Lice (Head, Body, Pubic)

LICE-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common complications of lice. The louse's saliva and feces may sensitize people to the louse's bites, thus exacerbating the irritation and itching.
2. Discuss that excessive scratching can cause a skin infection.

LICE-DP DISEASE PROCESS

OUTCOME: The patient/family will understand lice infestation.

STANDARDS:

1. Explain that sometimes people are not aware that they have lice. Discuss the common signs and symptoms of this particular lice infestation:
 - a. Tickling feeling in the hair
 - b. Frequent itching that may begin up to 4 weeks after contact.
 - c. Sores from scratching
 - d. Notification by the school
 - e. Itching of the pubic area that is often worse at night
 - f. Lice or nits found on hair, clothing, or bedding:
 - i. An adult is called a louse and is about the size of a small seed.
 - ii. Nits (white eggs) that are attached to hair and cannot be shaken off. These may be found on the neckline, behind the ears, in the pubic hair, in eyelashes, in clothing seams, or in bedding
2. Discuss that body lice are usually only found in conditions of overcrowding, refugee situations, or homelessness.
3. Discuss that the most important step in treating lice is to treat the person and other family members with medicine to kill the lice. This includes medication and fine tooth combing of hair if applicable.
4. Discuss the transmission of lice. Explain that lice are extremely contagious. Close contact or sharing personal belongings puts people at risk.

- a. Head lice can be transmitted by direct head-to-head contact with an infested person's hair, shared combs/hair brushes, hats, and other hair accessories, bedding, or upholstered furniture.
 - b. Body lice can be transmitted by contact with clothing, bedding or towels of the infested persons.
 - c. Pubic lice can be transmitted through sexual contact, bedding, or shared clothing.
 - d. Human lice are not transmitted by household pets.
5. Explain that lice are dependent on human blood and cannot survive for more than a day or so at room temperature.

LICE-FU FOLLOW-UP

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

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.

LICE-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain the home management techniques, such as 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 20 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.
 - c. If the above are not available, put items in airtight bags for two weeks.
2. Instruct to vacuum carpets mattresses, and any upholstered furniture (in the home or car) because this rids the environment of any hair that might contain the nits and lice.

3. Explain to not use fumigant sprays or fogs; they are not necessary to control-lice and can be toxic if inhaled or absorbed through the skin.
4. Instruct to soak hair-care items like combs, barrettes, hair ties or bands, hats, caps, and other head gear, headbands, and brushes in rubbing alcohol or medicated shampoo for one hour. In addition, they can be washed in hot water (or just throw them away).
5. Explain that personal hygiene is important but lice can quickly spread without a thorough cleaning of the home to rid the home of lice. To prevent re-infestation, stress the importance of not sharing personal items while at school or at home. Each family member should have their own personal grooming items.
6. Refer to community resources, as appropriate.

LICE-HY HYGIENE

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

STANDARDS:

1. Discuss the importance of personal hygiene to eliminate lice from the patient, family, and home.
2. Review the importance of bathing, paying special attention to the head and facial hair (beards, mustaches) and to pubic hair. Discuss hygiene as part of a positive self-image.
3. 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 20 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.
 - c. If the above are not available, put items in airtight bags for two weeks.
4. Instruct to vacuum carpets and any upholstered furniture (in the home or car).
5. Instruct to soak hair-care items like combs, barrettes, hair ties or bands, headbands, and brushes in rubbing alcohol or medicated shampoo for one hour. You can also wash them in hot water or just throw them away.

LICE-L LITERATURE

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

STANDARDS:

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

LICE-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.

LICE-P PREVENTION

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

STANDARDS:

1. Explain that the following are steps that can be taken to help prevent and control the spread of head lice:
 - a. Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties).
 - b. Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
 - c. Do not share combs, brushes, or towels. Disinfect combs and brushes used by an infected person by soaking them in hot water (at least 130°F) for 5-10 minutes.
 - d. Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infected person.
 - e. Machine wash and dry clothing, bed linens, and other items that an infected person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.

- f. Vacuum the floor and furniture, particularly where the infested person sat or laid.
 - g. Do not use fumigant sprays or fog; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.
2. To prevent re-infestation, stress the important of not sharing personal items while at school or at home. The family members should have their own personal grooming items.

LICE-TX TREATMENT

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

STANDARDS:

1. Explain that medication for lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked. Those persons with evidence of an active infestation should be treated. Some experts believe prophylactic treatment is prudent for persons who share the same bed with actively-infested individuals. All infested persons should be treated at the same time.
2. Explain the treatment plan. Retreatment of head lice is often necessary. Discuss the therapies that may be utilized including:
 - a. Use a medicated shampoo, cream, or lotion to kill the lice. Home remedies should be avoided.
 - b. Apply lice medicine according to the instructions contained in the box or printed on the label.
 - c. Have the infested person put on clean clothing after treatment.
 - d. Do not retreat if a few live lice are still found 8-12 hours after treatment, but are moving more slowly than before. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.
 - e. Note that the medicine may not be working when, after 8-12 hours of treatment, no dead lice are found and the lice seem to be active as before. A different lice medicine (pediculicide) may be necessary.
 - f. Use nit (head lice egg) combs, often found in lice medicine packages, to comb nits and lice from the hair shaft.
 - g. Check the hair after each treatment. Combing the hair with a nit comb to remove nits and lice every 2-3 days may decrease the chance of self-re-infestation. Continue to check for 2-3 weeks to be sure all lice and nits are gone.

- h. Retreatment with most prescription and non-prescription (over-the-counter) drugs generally is recommended for day 9 in order to kill any surviving hatched lice before they produce new eggs.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

LIV - Liver Disease

LIV-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.

LIV-AP **ANATOMY AND PHYSIOLOGY**

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

STANDARDS:

1. Explain that the liver is the largest organ in the abdominal cavity, located in the right upper quadrant, partially under the ribs.
2. Discuss that the liver is a vital organ responsible for :
 - a. storing, converting, and synthesizing essential nutrients (albumin)
 - b. metabolizing medications and detoxifying drugs
 - c. producing clotting factors
 - d. making digestive juices (bile)

3. Explain that the liver has some capacity to regenerate or repair. This ability is inhibited or eliminated by continuous exposure to toxic substances such as alcohol, drugs, infections and other unknown factors.

LIV-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with liver disease as a life-altering illness that requires a change in lifestyle (**refer to [LIV-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common when being diagnosed with liver disease, 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.

LIV-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of untreated or progressive liver disease, namely cirrhosis.

STANDARDS:

1. Explain that ascites, defined as a pathological fluid in the peritoneal cavity, is often seen in patients with cirrhosis. Review current findings regarding prognosis for patients with ascites may be poor if not properly managed.
2. Explain that jaundice is a buildup of bile acids and bilirubin. It is a yellowish discoloration of the skin, mucus membranes, and some body fluids maybe a sign of a cirrhotic liver.
3. Explain that end stage liver disease may have as a complication intense uncontrollable itching.
4. Explain that a common complication of liver disease is esophageal varices. Rupture of one of these varices is a life-threatening complication of cirrhosis.

5. Discuss that liver failure has a profound impact on clotting factors and may result in uncontrollable bleeding or abnormal clotting which can result in end organ damage of any part of the body.
6. Explain that another common end stage complication of liver disease is encephalopathy which may lead to a comatose state and death.

LIV-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.

LIV-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the specific liver disease.

STANDARDS:

1. Explain that hepatitis means inflammation. It can be acute or chronic and have different causes:
 - a. Viral
 - b. Autoimmune
 - c. Toxic (medication, drug)
2. Describe the phases of liver injury, as appropriate for the specific liver condition:
 - a. Acute inflammation (manifested by transaminase elevation)
 - b. Steatohepatitis (alcoholic and NASH)
 - c. Cirrhosis
 - d. Hepatocellular carcinoma
 - e. End stage liver failure
3. Discuss the possible origins of liver disease, as appropriate:
 - a. Hereditary biliary disease, benign (Gilbert's)
 - b. Hereditary overload diseases (hemochromatosis, Wilson's)

- c. Viral:
 - i. Hepatitis A which is food borne and transmitted by oral-fecal contamination.
 - ii. Hepatitis B & C which are transmitted through body fluids.
 - iii. **Refer to [HEP](#).**
 - d. Obesity and diabetes (NASH –which can precede the diagnosis of DM)
 - e. Chronic alcohol overuse
 - f. Medications, in therapeutic use and overuse (acetaminophen)
 - g. Autoimmune, including primary biliary cirrhosis
 - h. Cryptogenic, or unknown etiology
4. Explain that for the particular liver disease, the course can be sudden or prolonged, mild or severe, reversible or leading to liver failure.

LIV-FU FOLLOW-UP

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

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.

LIV-HELP HELP LINE

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

STANDARDS:

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

LIV-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.

LIV-L LITERATURE

OUTCOME: The patient/family will receive literature about liver disease.

STANDARDS:

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

LIV-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living for liver disease.

STANDARDS:

1. Review the lifestyle/changes that the patient can control such as diet, exercise, medication regimen, safety and injury prevention, avoidance of high-risk behaviors and full participation in the treatment plan.
2. Emphasis the importance of the patient's adaptation to a healthier and lower risk lifestyle in order to minimize the complications of liver disease.

3. Review the community resources available to assist the patient in making lifestyle changes and make referrals as needed.
4. Discuss that the family may also require lifestyle adaptations to care for the patient. Discuss ways to optimize the quality of life.
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.

LIV-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.

LIV-MNT MEDICAL NUTRITION THERAPY

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

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.

LIV-N NUTRITION

OUTCOME: The patient/family will understand the diet regimen pertaining to liver disease.

STANDARDS:

1. Explain that the appropriate dietary regimen is one of the essential components in the management of liver disease, especially cirrhosis to control complications:
 - a. reducing sodium to control edema and ascites.
 - b. modifying protein intake, either to increase serum albumin, or reduce the risk of encephalopathy. Explain that milk and eggs produce less ammonia than meats as appropriate.
 - c. restricting fluids to reduce fluid retention due to portal hypertension. Large meals increase portal pressure. Encourage smaller meals more frequently.
2. Explain that herbs and supplements should not be used without discussing with the physician.
3. Explain the importance of avoiding all raw shellfish in chronic liver disease.

LIV-P PREVENTION

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

STANDARDS:

1. Discuss the need for immunization against viral hepatitis.
2. Discuss strategies for minimizing exposure to viruses that cause hepatitis, e.g. unprotected sexual intercourse, multiple sexual partners, IV drug abuse, exposure to blood, blood transfusion, contaminated fresh produce.
3. Explain the need to avoid liver toxins, e.g., alcohol, acetaminophen, uncooked seafood.
4. Explain the need to maintain a healthy weight.
5. Discuss as appropriate strategies to reduce complications.

LIV-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.
6. Discuss the possibility of worsening maternal liver disease during pregnancy, or the possibility of transmitting an infection or hereditary condition to the infant.

LIV-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.

LIV-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

LIV-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be available based on the specific disease process, test results, and individual preferences.

STANDARDS:

1. Explain the treatment plan will be made by the patient and medical team after reviewing the available options. Discuss the risks and benefits of treatment as well as the possible consequences of refusing treatment.
2. Discuss the treatment plan including lifestyle adaptations, pharmacologic, surgical, and psychosocial aspects of the treatment plan.
3. Discuss the possibility of a liver transplant, as appropriate.
4. Discuss the importance of adhering to the treatment plan, emphasizing the importance of full participation even if the patient is asymptomatic.
5. Emphasize the importance of keeping scheduled follow-up appointments.
6. Refer to community resources as appropriate.

LYME – Lyme Disease

LYME-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the affected areas (skin, joints).
2. Discuss the changes to anatomy and physiology as a result of Lyme disease.
3. Discuss the impact of these changes on the patient's health or well-being.

LYME-C COMPLICATIONS

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

STANDARDS:

1. Discuss that the common complications of Lyme disease are rare, but they can be serious. Discuss complication that can affect the nervous system, joints, and heart.
2. Explain that prompt treatment usually prevents later heart, nerve, and joint symptoms.

LYME-DP DISEASE PROCESS

OUTCOME: The patient/family/caregiver will understand Lyme disease.

STANDARDS:

1. Explain that Lyme disease is caused by a bacteria from an infected tick and if left untreated, can cause inflammation in many systems of the body.
2. Discuss the symptoms of Lyme disease in each phase:
 - a. Early symptoms include a solid red or bull's-eye rash, swelling of lymph glands near the tick bite, and generalized achiness.
 - b. If untreated, the bacterium may spread through the bloodstream to the rest of the body resulting in multiple skin rashes and flu-like symptoms.
 - c. Late stage symptoms may occur months to even years after the onset of infection and can affect the joints, nerves, heart, and brain.

LYME-FU FOLLOW-UP

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

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.

LYME-HELP HELP LINE

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

STANDARDS:

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

LYME-L LITERATURE

OUTCOME: The patient/family will receive literature about Lyme disease.

STANDARDS:

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

LYME-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.

LYME-MNT MEDICAL NUTRITION THERAPY

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

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.

LYME-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of becoming infected with Lyme disease.

STANDARDS:

1. Discuss the ways of avoiding tick bites by using personal protection:
 - a. wear enclosed shoes and 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. Explain the importance of lawn maintenance to eliminate unused furniture / mattresses, overgrown weeds, and other breeding areas.

4. Discuss the use of pet flea/tick collars and medicines to prevent the spread of ticks inside the home.

LYME-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

LYME-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).

LYME-TX TREATMENT

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

STANDARDS:

1. Explain 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 Lyme disease. Explain that the treatment plan will be based on individual symptoms. Emphasize the importance of active participation by the patient/family in the treatment plan.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

LOMA - Lymphoma

LOMA-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.

LOMA-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the lymphatic system including lymphocytes, lymph nodes, bone marrow, and associated organs.
2. Discuss the changes to anatomy and physiology as a result of lymphoma.
3. Discuss the impact of these changes on the patient's health or well-being.

LOMA-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with lymphoma as a life-altering illness that requires a change in lifestyle (**refer to [LOMA-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with lymphoma, 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.

LOMA-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common complications of lymphoma.
2. Describe the signs/symptoms of common complications of lymphoma.
3. Explain that many therapies for lymphoma depress the immune system and that infection is a major risk.
4. Discuss that nausea and vomiting are frequent side effects of many lymphoma therapies and that these can often be successfully medically managed.
5. Discuss that pain may be a complication of the disease process or the therapy. **Refer to PM** in Volume IV of this manual set.

LOMA-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.

LOMA-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the type of lymphoma and its disease process.

STANDARDS:

1. Explain that there are many different types of lymphoma and provide the specific type/site and causative/risk factors, as appropriate.
2. Discuss the signs and symptoms and the usual progression of the specific lymphoma.
3. Discuss the lymphoma staging and prognosis.

LOMA-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.

LOMA-EX EXERCISE

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

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.

LOMA-FU FOLLOW-UP

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

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.

LOMA-HELP HELP LINE

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

STANDARDS:

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

- a. American Cancer Society: 1-800-ACS-2345
- b. National Cancer Institute, Cancer Information Service: 1-800-4-CANCER [1-800-422-6237]; TTY (for deaf and hard-of-hearing callers) 1-800-332-8615
- c. Leukemia & Lymphoma Society: 1-800-955-4572
- d. Lymphoma Research Foundation: 1-800-500-9976

LOMA-HM HOME MANAGEMENT

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

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.

LOMA-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.

LOMA-INF INFECTION CONTROL

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

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 [LOMA-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** (in Volume V of this manual set).

- 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

LOMA-L LITERATURE

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

STANDARDS:

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

LOMA-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to lymphoma.
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.

LOMA-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.

LOMA-MNT MEDICAL NUTRITION THERAPY

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

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.

LOMA-N NUTRITION

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

STANDARDS:

1. Emphasize that small frequent meals or modified textures can decrease nausea and vomiting, or other complications associated with the therapy or the disease process.

2. Discuss the use of oral supplements or nutrient dense snacks to boost caloric needs as appropriate.
3. Encourage adequate fluid for hydration.
4. Explain that medications may be provided to enhance appetite, decrease adverse effects of therapy, or the disease process to assist in maintenance of proper nutrition.
5. Discuss caloric needs to improve or maintain nutritional status and provide appropriate micronutrients. Refer to registered dietitian for MNT.
6. Discuss the patient's right to decline nutritional support.

LOMA-P PREVENTION

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

STANDARDS:

1. Explain that the etiology of lymphoma is not known, however some potential risks may include:
 - a. viral infection
 - b. immunodeficiency
 - c. drug or chemical exposure
 - d. family history
2. Emphasize the importance of the early cancer detection. Encourage the patient to come in early if signs of cancer are detected (e.g., unexpected weight loss, fatigue, GI bleeding, new lumps or bumps, nagging cough or hoarseness, change in bowel or bladder habits, changes in warts or moles, sores that don't heal).

LOMA-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care and fertility as it relates to lymphoma treatment.

STANDARDS:

1. Discuss the possible effects of lymphoma treatment on fertility and options that might be available.
2. 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
3. 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.
 4. 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.
 5. 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
 6. Refer to medical and psychosocial support services for any risk factor identified.

LOMA-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.

LOMA-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.

LOMA-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.

LOMA-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in lymphoma.
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 routines
 - 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.

LOMA-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

LOMA-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).

LOMA-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 the difference between palliative and curative treatments. Explain that treatments may prolong the patient's life and improve the quality of life by increasing patient comfort during the disease process.
3. Discuss the therapies that may be utilized including watchful waiting, surgery, radiation therapy, and pharmacologic therapy (chemotherapy) as appropriate.
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. Discuss the importance of maintaining a positive mental attitude.

LOMA-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:
 - 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.

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.