

INDIAN HEALTH SERVICE



Volume II Patient and Family Education Protocols and Codes (PEPC) A - E

21st Edition
effective date October 2014

About This Document

Volume 2 of the Patient Education manual consists of the protocols and codes for patient education, protocols starting with the letters A – E 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.

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New Codes for 2014, A - E

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

ABD ABDOMINAL PAIN

ABD-M
ABD-MNT
ADB-SM

ABNG ABUSE AND NEGLECT (CHILD OR ELDER)

ABNG-ED
ABNG-P

ADJ ADJUSTMENT DISORDERS

ADJ-C
ADJ-DP
ADJ-EX
ADJ-FU
ADJ-HPDP
ADJ-L
ADL-LA
ADL-M
ADJ-P
ADJ-S
ADJ-SM
ADJ-TX
Inactivate PSY

AF ADMINISTRATIVE FUNCTIONS

AF-IB

ADM ADMISSION to HOSPITAL

ADM-IB

AOD ALCOHOL and OTHER DRUGS

AOD-BNI
AOD-EC
AOD-EX
AOD-HY

AOD-M
AOD-MNT
AOD-SM

AL ALLERGIES

AL-M
AL-MNT

ALZ ALZHEIMER'S DISEASE

ALZ-ALD
ALZ-AP
ALZ-C
ALZ-DP
ALZ-FU
ALZ-HELP
ALZ-HM
ALZ-HPDP
ALZ-HY
ALZ-LA
ALZ-M
ALZ-MNT
ALZ-S
ALZ-SM

AMP AMPUTATIONS

AMP-ADL
AMP-BH
AMP-M
AMP-MNT
AMP-SM

AN ANEMIA

AN-M
AN-MNT

ANS ANESTHESIA

ANS-EQ
ANS-IS
ANS-M

ANS-TCB

**ABXD ANTIBIOTIC ASSOCIATED
DIARRHEA**

ABXD-M

ABX ANTIBIOTIC RESISTANCE

ABX-C

ABX-DP

ACC ANTICOAGULATION

ACC-LA

ACC-M

ACC-N

ACC-PCC

ASLT ASSAULT, SEXUAL

ASLT-EC

ASLT-M

ASM ASTHMA

ASM-EQ

ASM-EX

ASM-M

ASM-MNT

ASM-N

ASM-SMP

ASM-TE

**ADHD ATTENTION-
DEFICIT/HYPERACTIVITY
DISORDER**

ADHD-C

ADHD-LA

ADHD-MNT

ATO AUTOIMMUNE DISORDERS

ATO-HY

ATO-M

ATO-MNT

ATO-SM

BARI BARIATRIC SURGERY

BARI-EX

BARI-FU

BARI-M

BARI-MNT

BARI-SM

**BH BEHAVIORAL AND SOCIAL
HEALTH**

BH-ADL

BH-EQ

BH-EX

BH-HY

BH-M

BH-SM

BELL BELL'S PALSY

BELL-AP

BELL-C

BELL-DP

BELL-FU

BELL-HELP

BELL-M

BELL-TX

BD BIPOLAR DISORDERS

BD-M

BD-MNT

BD-SM

BITE BITES, ANIMAL and HUMAN

BITE-C

BITE-DP

BITE-FU

BITE-HY

BITE-L

BITE-M

BITE-TX

BITE-WC

BURN Burns

BURN-INF

BURN-M

BURN-MNT

CA CANCER

CA-AP
 CA-EQ
 CA-EX
 CA-FU
 CA-HY
 CA-INF
 CA-M
 CA-MNT
 CA-SM

CELIAC CELIAC DISEASE

CELIAC-M
 CELIAC-MNT

CERP CEREBRAL PALSY

CERP-ADL
 CERP-AP
 CERP-EQ
 CERP-EX
 CERP-FU
 CERP-GD
 CERP-HPDP
 CERP-LA
 CERP-M
 CERP-MNT
 CERP-P
 CERP-S
 CERP-SM
 CERP-TX

**CVA CEREBROVASCULAR
 DISEASE**

CVA-AP
 CVA-C
 CVA-DP
 CVA-EQ
 CVA-EX
 CVA-HPDP
 CVA-HY
 CVA-L
 CVA-LA
 CVA-M
 CVA-MNT
 CVA-N

CVA-P
 CVA-PRO
 CVA-SM
 CVA-TX

**CBRN CHEM., BIO., RADIOLOG., &
 NUCLR. EVENTS**

CBRN M

CP CHEST PAIN

CP-LA
 CP-M

**CHN CHILD HEALTH NEWBORN
 (0-60 DAYS)**

CHN-CAR
 CHN-MNT
 CHN-NJ

**CHI CHILD HEALTH INFANT (2-12
 MONTHS)**

CHI-CAR
 CHI-MNT
 CHI-S

**CHT CHILD HEALTH toddler (1-3
 YEARS)**

CHT-CAR
 CHT-MNT
 CHT-N

**CHP CHILD HEALTH PRESCHOOL
 (3-5 YEARS)**

CHP-CAR
 CHP-ECC
 CHP-FU
 CHP-GD
 CHP-HPDP
 CHP-HY
 CHP-MNT
 CHP-PA
 CHP-S

**CHS CHILD HEALTH SCHOOL
AGE (5-12 YEARS)**

CHS-CAR
CHS-EX
CHS-HY
CHS-MNT
CHS-S
CHS-SX

**CHA CHILD HEALTH
ADOLESCENT (12-18 YEARS)**

CHA-BH
CHA-CAR
CHA-EX
CHA-HY
CHA-MNT
CHA-S
CHA-SM
CHA-SX

CKD CHRONIC KIDNEY DISEASE

CKD-EQ
CKD-INF
CKD-MNT
CKD-TX

**COPD CHRONIC OBSTRUCTIVE
PULMONARY DISEASE**

COPD-EQ
COPD-EX
COPD-IS
COPD-M
COPD-MNT

CPM CHRONIC PAIN

CPM-DP
CPM-EQ
CPM-EX
CPM-M
CPM-MNT
CPM-P
CPM-S
CPM-SM

COG COGNITIVE DISORDER

COG-ADL
COG-AP
COG-C
COG-DP
COG-FU
COG-HM
COG-HPDP
COG-LA
COG-M
COG-MNT
COG-S
COG-SM
COG-TX

CDC COMMUNICABLE DISEASES

CDC-EQ
CDC-HY
CDC-INF
CDC-M
CDC-MNT

**SPEAK COMMUNICATION
DISORDERS**

SPEAK-SM

COND CONDUCT DISORDER

COND-C
COND-M
COND-SM

CO CONSTIPATION

CO-AP
CO-C
CO-DP
CO-EX
CO-FU
CO-HPDP
CO-HY
CO-L
CO-LA
CO-M
CO-MNT
CO-P

CP-TX	DEH-HPDP
CAD CORONARY ARTERY DISEASE	DEH-L
CAD-LA	DEH-MNT
CAD-M	DEH-M
	DEH-TX
CRIT CRITICAL CARE	DEL DELIRIUM
CRIT-EQ	DEL-EX
CRIT-INF	DEL-FU
CRIT-IS	DEL-HY
CRIT-M	DEL-L
CRIT-MNT	DEL-M
CRIT-SM	DEL-MNT
	DEL-P
CRN CROHN'S DISEASE	DEM-SM
CRN-EX	DEL-TX
CRN-M	DEM DEMENTIA
CRN-MNT	DEM-ADL
CRN-N	DEM-EX
CRN-SM	DEM-FU
	DEM-HY
CRP CROUP	DEM-LA
CRP-INF	DEM-M
CRP-M	DEL-MNT
	DEL-N
CF CYSTIC FIBROSIS	DEL-S
CF-EX	DEL-SM
CF-INF	DEL-TX
CF-M	DC DENTAL CARIES
CF-MNT	DC-M
CF-SM	DEP DEPRESSIVE DISORDERS
DVT DEEP VEIN THROMBOSIS	DEP-DP
DVT-EX	DEP-EX
DVT-M	DEP-FU
DVT-MNT	DEP-HPDP
	DEP-LA
DEH DEHYDRATION	DEP-M
DEH-AP	DEP-MNT
DEH-DP	DEP-S
DEH-EX	DEP-SM
DEH-FU	DEP-TX
	Inactivate IR, PSY

DM DIABETES MELLITUS

DM-LA
DM-M

DIA DIALYSIS

DIA-EQ
DIA-EX
DIA-HY
DIA-INF
DIA-MNT
DIA-TX

DIAR DIARRHEA

DIAR-C
DIAR-M
DIAR-MNT
DIAR-TE

DCH DISCHARGE from HOSPITAL

DCH-EQ
DCH-EX
DCH-IB
DCH-L
DCH-LA
DCH-M
DCH-MNT
DCH-N
DCH-POC
DCH-PRO
DCH-TX
Inactivate RIF

DISSD DISSOCIATIVE DISORDER

DISSD-C
DISSD-DP
DISSD-EX
DISSD-FU
DISSD-HPDP
DISSD-L
DISSD-LA
DISSD-M
DISSD-SM
DISSD-TX
Inactivate PSY

**DIV DIVERTICULITIS
/DIVERTICULOSIS**

DIV-M
DIV-MNT

DV DOMESTIC VIOLENCE

DV-SM

DYS DYSRHYTHMIAS

DYS-EQ
DYS-EX
DYS-M
DYS-MNT

ECC EARLY CHILDHOOD CARIES

ECC-HY
ECC-M
ECC-MNT
ECC-PRO
ECC-TX

EAT EATING DISORDER

EAT-C
EAT-DP
EAT-EX
EAT-M
EAT-MNT
EAT-SM
EAT-TX

**ECZ ECZEMA/ATOPIC
DERMATITIS**

ECZ-AP
ECZ-FU
ECZ-HPDP
ECZ-HY
ECZ-M
ECZ-MNT
ECZ-SM
ECZ-WC

ELD ELDER CARE

ELD-ANA

ELD-DP
ELD-EQ
ELD-EX
ELD-FU
ELD-HPDP
ELD-HY
ELD-LA
ELD-M
ELD-MNT
ELD-S
ELD-SM

ELEC ELECTROLYTE IMBALANCE

ELEC-EX
ELEC-FU
ELEC-L
ELEC-LA
ELEC-M
ELEC-MNT
ELEC-TX

ENC ENCEPHALITIS

ENC-EQ
ENC-EX
ENC-INF
ENC-M
ENC-MNT
ENC-SM

ENCOPENCOPRESIS

ENCOP-C
ENCOP-EX
ENCOP-M
ENCOP-MNT

EOL END OF LIFE

EOL-LA
EOL-M

ENU ENURESIS

ENU-AP
ENU-C
ENU-DP
ENU-EX

ENU-FU
ENU-HPDP
ENU-HY
ENU-L
ENU-LA
ENU-M
ENU-MNT
ENU-SM
ENU-TX
Inactivate PSY

ED ERECTILE DYSFUNCTION

ED-EQ
ED-EX
ED-M
ED-SM

EYE EYE CONDITIONS

EYE-AP
EYE-C
EYE-FU
EYE-LA
EYE-M
EYE-P
EYE-PRO
EYE-TLH

A

ABD – Abdominal Pain

ABD-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the pertinent abdominal organs. Generally, they can be categorized as the hollow digestive organs (stomach, intestines, appendix, gallbladder), solid digestive organs (liver, pancreas), reproductive organs (uterus/ovaries, prostate), urologic organs (kidneys, bladder), spleen, peritoneum, muscles of the abdominal wall (hernias), blood vessels (aorta).
2. Discuss the changes to anatomy and physiology as a result of abdominal pain.
3. Discuss the impact of these changes on the patient's health or well-being.

ABD-C COMPLICATIONS

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

STANDARDS:

1. Explain that some possible complications are acute hemorrhage, sustained hypotension and shock, perforation of an organ, and infections.
2. Advise the patient/family that complications may be prevented with prompt treatment. Increasing-pain, persistent fever, bleeding, or altered level of consciousness should prompt immediate follow-up.

ABD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand some possible etiologies of abdominal pain.

STANDARDS:

1. Discuss various etiologies for abdominal pain, e.g., gastritis or peptic ulcer, constipation, appendicitis, diverticulitis, pancreatitis, peritonitis, gastroenteritis, bowel obstruction, ruptured aneurysm, ectopic pregnancy, and inflammatory bowel disease, as appropriate.

2. Discuss the causes, course, and expected outcome as it pertains to the patient's particular abdominal pain.

ABD-FU FOLLOW-UP

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

STANDARDS:

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

ABD-L LITERATURE

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

STANDARDS:

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

ABD-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.

ABD-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

ABD-N NUTRITION

OUTCOME: The patient/family will understand nutrition in abdominal pain.

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. Discuss as appropriate:
 - a. Avoid possible foods that may exacerbate abdominal pain.
 - b. Omit possible offenders such as alcohol, caffeine, and aspirin.
 - c. Explain the benefits of keeping a food diary to identify foods that may be associated with pain.
6. Refer to a registered dietitian for MNT.

ABD-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand pain management in abdominal pain.

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 fluids, non-pharmacologic measures, and 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, as appropriate, that some foods might exacerbate abdominal pain. **Refer to [ABD-N](#)**.
6. Explain that administration of fluids, narcotics, other medications and non-pharmacologic measures may be helpful in managing pain and associated symptoms.

ABD-SM STRESS MANAGEMENT

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

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.

ABD-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

ABD-TX TREATMENT

OUTCOME: The patient/family will understand the treatments that may be prescribed including the risk and benefits of the treatments or the risk of non-treatment.

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.

ABNG – Abuse and Neglect (child or elder)

ABNG-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of abuse and neglect, which may require a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in abuse and neglect, 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.

ABNG-C COMPLICATIONS

OUTCOME: The patient/family will understand the effects and consequences of abuse and neglect.

STANDARDS:

1. Discuss that abuse and neglect may result in death, serious physical, or emotional harm to the victim.
2. Explain that abuse and neglect are actions punishable by law.

ABNG-CM CASE MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the importance of integrated case management in cases of suspected abuse and neglect.

STANDARDS:

1. Discuss the roles and responsibilities of each member of the care team including the patient, family/caregiver, and providers in the case management plan.

2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.
3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to [AF-CON](#).**

ABNG-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.

ABNG-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.

ABNG-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in abuse and neglect cases.

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.

ABNG-HELP HELP LINE

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

STANDARDS:

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

ABNG-L LITERATURE

OUTCOME: The patient/family will receive literature about abuse and neglect.

STANDARDS:

1. Provide the patient/family with literature on abuse and neglect, which may include safety procedures (**refer to [ABNG-S](#)**), and a list of private and public treatment programs.
2. Discuss the content of the literature.

ABNG-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to abuse and neglect.

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 use of food as a coping mechanism and its role in eating disorders.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

ABNG-P PREVENTION

OUTCOME: The patient/family will understand ways of preventing abuse and neglect.

STANDARDS:

1. Explain that education about abuse and neglect to potential victims (child and elders and caretakers) is an essential part of prevention.
2. Explain that parenting classes may help develop skills for preventing emotional and behavioral complications (**refer to [ABNG-PA](#)**).
3. Refer to behavioral health or social services for caretaker skills, as needed.

ABNG-PA PARENTING

OUTCOME: The parent(s)/family will understand parenting skills necessary to meet the physical and emotional needs of children, thereby reducing the risk of child abuse/neglect.

STANDARDS:

1. Discuss methods for appropriate parenting at home.
2. Emphasize the importance of communicating in a way that the child understands.
3. Discuss the importance of providing emotional support and unconditional assistance to the child.
4. Refer the family to mental health services/family counseling if the family is becoming overwhelmed.

ABNG-RI PATIENT RIGHTS AND RESPONSIBILITIES

OUTCOME: The patient/family will understand the rights and responsibilities of victims, reporters, and potential assailants.

STANDARDS:

1. Discuss patient rights to privacy and confidentiality as it relates to patient/family safety and mandatory reporting laws for providers, as appropriate.
2. Discuss that all persons have the right to a life free of abuse and neglect.
3. Identify methods and resources to enhance patient safety. For elder abuse, find ways of maintaining the patient's autonomy and independence as appropriate.

ABNG-RP MANDATORY REPORTING

OUTCOME: The patient/family will understand the process of mandatory reporting.

STANDARDS:

1. Emphasize the importance of reporting suspected abuse and neglect to the proper law enforcement and child welfare/protective agencies and the patient's healthcare provider.
2. Explain that mandatory reporting is necessary to ensure the safety of all children and adults.
3. Explain that requirements for mandatory reporting vary by state. Some states require reporting for "reasonable cause to believe" while others require reported for "known or suspected" abuse or neglect.
4. Explain that states require healthcare provider, mental healthcare providers, teachers, social workers, day care providers, and law enforcement personnel to report suspected abuse or neglect.
5. Explain that failure to report such information may result in criminal or civil liability for the provider.

ABNG-S SAFETY

OUTCOME: The patient/family will understand safety as it relates with abuse and neglect situations.

STANDARDS:

1. Discuss the behaviors that constitute abuse and neglect, and help define safe and healthy ways of intervening with victim(s).
2. Emphasize the importance of reporting suspected abuse and neglect. **Refer to [ABNG-RP](#).**
3. Assist to develop a plan of action that will ensure safety of all people in the environment of violence.
4. Explain the need for the family to develop a safety plan for the victim(s).

ACNE – Acne

ACNE-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the skin, particularly the follicle-sebaceous gland unit.
2. Discuss the changes to anatomy and physiology as a result of excess sebum production and proliferation of bacteria.
3. Discuss the impact of these changes on the patient's health or well-being.

ACNE-C COMPLICATIONS

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

STANDARDS:

1. Explain that uncontrolled acne may result in scarring.
2. Discuss that picking at acne lesions will increase the risk of skin infections and scars.
3. Explain that the following characteristics are common in persons with acne (especially severe acne):
 - a. Low self esteem
 - b. Social withdrawal
 - c. Reduced self-confidence
 - d. Poor body image
 - e. Embarrassment
 - f. Depression
 - g. Anger
 - h. Preoccupation with body image
 - i. Frustration
 - j. Higher rates of unemployment than persons without acne

ACNE-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the basics of acne.

STANDARDS:

1. Explain that there are three major components that lead to acne:
 - a. Sebum (dead skin cells, hair, etc.)
 - b. Bacteria
 - c. Increased oil production as a result of testosterone
2. Explain that the above factors combine to plug the pore and result in acne.
3. Explain that acne is common in adolescence due to increased levels of hormones but may occur in adults as well and may be related to hormonal influences such as the menstrual cycle, childbirth, menopause, or stopping hormone therapies such as birth control pills.
4. Explain that the lesions of acne can range in severity from open and closed comedones (blackheads and whiteheads) to pustules and nodules. Discuss that the most common distribution of acne is the face, neck, chest, back, shoulders, and upper arms.
5. Discuss that some people are more prone to develop acne because of hereditary factors.
6. Explain that the role of stress in acne is not elucidated.

ACNE-FU FOLLOW-UP

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

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.

ACNE-HELP HELP LINE

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

STANDARDS:

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

ACNE-HY HYGIENE

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

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Discuss that harsh or frequent washing of the skin can make acne worse. Explain that the best way to wash acne-prone areas is gentle washing with a mild soap followed by patting to dry the skin.
3. Discuss that cosmetics may worsen acne. If cosmetics are to be worn, they should be non-acneogenic and not applied heavily. Cosmetics should be removed nightly with a gentle cleanser and water.
4. Explain that hairsprays and gels can make acne worse, and the face should be shielded from these products.
5. Discuss that shaving lightly after thoroughly softening the beard with soap and water before applying shaving cream will decrease the likelihood of nicking blemishes.
6. Explain to not pick at the acne lesions.

ACNE-L LITERATURE

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

STANDARDS:

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

ACNE-M MEDICATIONS

OUTCOME: The patient/family will understand the use of medication in the treatment of acne.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.
6. Discuss that acne treatments may be topical, oral, or a combination of the two.
 - a. Explain that many medications may take several weeks to work and often make acne worse before getting better. Many medications may take several weeks to work and often make acne worse before getting better.
 - b. Discuss the requirements for participation in isotretinoin therapy.

ACNE-N NUTRITION

OUTCOME: The patient/family will understand the role of diet in acne.

STANDARDS:

1. Explain that no food has been linked with worsening acne.
2. Discuss and dispel common myths related to diet and acne, such as fatty foods (chocolate, French fries, and pizza), cause acne.

ACNE-TX TREATMENT

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

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.

- a. Explain that mild acne will usually go away on its own after a few years.
 - b. Discuss that treatment of acne is an ongoing process and that all acne treatments work by preventing new breakouts.
 - c. Explain that existing lesions heal on their own and not as a result of the acne treatment.
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.

ADJ – Adjustment Disorders

ADJ-C COMPLICATIONS

OUTCOME: The patient/family will understand any complications that may result from adjustment disorders.

STANDARDS:

1. Explain that the presence of an adjustment disorder may complicate the course of a general medical condition or illness, e.g., decreased compliance with medical recommendations or increased length of hospital stays.
2. Explain that an adjustment disorder may worsen and develop into another major axis I or axis II disorder, including depressive disorders (**refer to [DEP](#)**), anxiety disorders, alcohol or drug addiction (**refer to [AOD](#)**), Posttraumatic stress disorder (**refer to [PTSD](#)** (in Volume IV of this manual set).), or personality disorders (**refer to [PERSD](#)** (in Volume IV of this manual set).).
3. Explain that teenagers with adjustment disorder, especially those with chronic stressors and symptoms, are at risk for developing long-term serious mental illnesses, such as bipolar disorder (**refer to [BD](#)**), schizophrenia (**refer to [PSYD](#)** (in Volume IV of this manual set).), or antisocial personality disorder (**refer to [PERSD](#)** (in Volume IV of this manual set).).
4. Explain that adjustment disorders are associated with the increased risk of suicide, especially if left untreated.

ADJ-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.

ADJ-DP DISEASE PROCESS

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

STANDARDS:

1. Explain the essential symptoms and features of adjustment disorders, including:
 - a. The development of emotional and behavioral symptoms in response to an identifiable stressor(s).
 - b. These symptoms or behaviors are in excess of what would be expected from exposure to the stressor.
2. Discuss the stressor(s) are at the root of the illness or disorder, which may be a single event (e.g. the termination of a romantic relationship), or may be multiple stressors (e.g. marked marital and business difficulties).
3. Discuss the associated features of adjustment disorders frequently manifested, such as decreased work performance or temporary changes in social relationships.
4. Explain that the course of an adjustment disorder always begins within three months of the onset of the stressor(s) and may last indefinitely depending on the duration of the presence of the stressor(s).
5. Explain that adjustment disorders could be present cyclically with those suffering from exacerbations of other chronic illnesses.

ADJ-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in alleviating stress and symptoms of adjustment 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.

ADJ-FU FOLLOW-UP

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

ADJ-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding the specific stressor(s).

STANDARDS:

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

ADJ-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.

ADJ-L LITERATURE

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

STANDARDS:

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

ADJ-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to prevent further complications or exacerbations.

STANDARDS:

1. Discuss the lifestyle adaptations specific to stressor(s) raised by the patient, as well as coping strategies to prevent future stress or exacerbations (**refer to [ADJ-SM](#)**).
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.

ADJ-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.

ADJ-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to coping with stressful life events.

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.

ADJ-P PREVENTION

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

STANDARDS:

1. Explain and discuss ways of developing and enhancing specific internal coping strategies, resiliency, and stress management techniques (**refer to [ADJ-SM](#)**), which may include seeking out humor or laughter, living a healthy lifestyle (i.e., appropriate exercise, diet, meditation), and thinking positively about oneself.
2. Discuss the importance of developing and enhancing appropriate external support systems and resources.
3. Discuss ways of avoiding stressful situations that may lead to significant distress.

ADJ-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to problems or issues and the potential for them to worsen.

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and the emergency procedures should the condition worsen, suicidal or homicidal ideation arise, and/or urges to engage in risky/dangerous behavior arise.
2. 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.

ADJ-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with the stressor(s) and preventing complications.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with the stressor(s) and preventing complications.
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.

ADJ-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).

ADJ-TX TREATMENT

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

STANDARDS:

1. Explain that individual psychotherapy is the treatment of choice for adjustment disorders because the symptoms are an understandable reaction to a specific stress:
 - a. Explain that most people recover completely from adjustment disorders, especially if they have had no previous history of mental illness, and have a stable home life with a strong support system.
 - b. Explain that couples or marital therapy may be helpful for those whose symptoms are caused or exacerbated by the relationship.
 - c. Explain that self-help groups aimed at specific problems, e.g. recovering from job loss or divorce, can be extremely helpful to people suffering from adjustment disorders.
2. Explain that medication interventions are not usually prescribed for adjustment disorders, although anti-depressants or anti-anxiety medications may be prescribed in conjunction to therapy for short periods to improve sleep or overall functioning.
3. Explain that therapists have different styles and orientations for treating adjustment disorders, 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 effected 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 the treatment for adjustment disorders may vary according to the patient's life circumstances, the severity of the condition, and the available resources.

AF - Administrative Functions

AF-B BENEFITS OF UPDATING CHARTS

OUTCOME: The patient will be able to identify some benefits to the patient and to the clinic/hospital as the result of keeping charts updated.

STANDARDS:

1. Identify benefits to the patient, e.g., insurance deductible without co-payment, increased services at this facility.
2. Identify benefits to the hospital/clinic, e.g., increase of services through third party collections.
3. Refer the patient to benefits coordinator or other resources as appropriate.

AF-CON CONFIDENTIALITY

OUTCOME: The patient/family will the patient's health information will be kept confidential.

STANDARDS:

4. Briefly explain the institution's policies regarding confidentiality and privacy of protected health information under the current regulations.
5. 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.
6. 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.
7. Explain that information will not be provided to others, including family and friends, without written permission from the patient.
8. As indicated, emphasize the importance of respecting the right to confidentiality and privacy of other patients.

AF-FU FOLLOW-UP

OUTCOME: The patient/family will keep the business office updated regarding their demographic data at every visit.

STANDARDS:

1. Discuss the importance of maintaining updated information in order to enable the physician or other provider to contact the patient in case of emergency or lab results that need immediate attention.
 - a. Address
 - b. Telephone number
 - c. Emergency contact
 - d. Third party payers, if any
 - e. Name changes
2. Discuss the procedure for providing updated and current information as soon as it becomes available.
3. Explain that updated information will improve the delivery of care and treatment at the Indian Health System.
4. Explain that no discrimination will occur based on availability of third party payment resources.
5. Discuss the importance of follow-up care and the requirement to notify contract health services of any future appointments and procedures in the private sector. Referrals are for one visit only.

AF-IB INSURANCE AND BENEFITS

OUTCOME: The patient/family will understand healthcare services and resources available as it relates to insurance and benefits.

STANDARDS:

1. Explain that many individuals qualify for direct payments and/or reimbursement for health care and related costs from certain programs.
2. Explain that direct payments include services that:
 - a. Are provided at the health care facility at no cost to the patient.
 - b. Are provided at other health care facilities through contract health services.
 - iv. Contract services are services that Indian Health Systems facilities cannot always provide.
 - v. They may require a referral to non-Indian Health Systems facilities.
3. Explain that in addition to Indian Health Systems, the other available programs include:
 - a. Medicare: a national healthcare program that covers people 65 years of age and older, individuals younger than 65 who are disabled or with end stage renal disease, and retired railroad employees.

- i. Medicare Part A: Inpatient hospital services, skilled nursing facilities, home health and hospice care.
 - ii. Medicare Part B: Outpatient hospital services, doctors, certain medical equipment and other items not covered under Part A.
 - iii. Medicare Part D: Prescription medication and Medication Therapy Management (MTM) service coverage.
 - b. Social Security Disability Insurance
 - c. State Children's Health Insurance Programs (SCHIP)
 - d. Supplemental Security Income (SSI)
 - e. Veterans Administration (VA)
 - f. Medicaid that provides resources to help pay for medical and long-term care assistance
 - g. Private Health Plans
 - h. Women, Infants, and Children (WIC)
 - i. State/federal aid for disabled children
 - j. Temporary Assistance for Needy Families (TANF)
4. Explain that a Benefits Coordinator is knowledgeable about federal and state programs and is a resource to help a patients determine program eligibility.
 5. Review and explain applications for identifiable services.
 6. Explain that Indian Health Systems services can be enhanced due to revenue collected when a patient enrolls in additional health care resource.

AF-ISEC INFANT SECURITY

OUTCOME: The patient/family will understand the necessary infant security measures.

STANDARDS:

1. Explain the infant security measures that have been implemented to decrease the chances of infant abduction from this facility.
2. Explain the role and responsibilities parents and visitors have for maintaining infant security.

AF-PHR PERSONAL HEALTH RECORD

OUTCOME: The patient/family will understand the process of accessing their personal health record.

STANDARDS:

1. Discuss some of the benefits of using a personal health record.
 - a. View information from the patient's medical record when wanted or needed
 - b. Identify any potential errors or mistakes in the personal or health information and make corrections
 - c. Share information with other healthcare providers and caregivers
 - d. Send and receive secure messages with the healthcare team
2. Discuss the process of registering for a personal health record:
 - a. provide the Internet address of the personal health record
 - b. explain the steps required for creating a PHR account and gaining access to the medical record information
 - c. identify the staff members who can assist the patient in creating a PHR account
 - d. discuss the information that the patient may or may not see in the personal health record
3. Provide literature explaining the registration process as appropriate.

AF-RI PATIENT RIGHTS AND RESPONSIBILITIES

OUTCOME: The patient/family will understand the patient's rights and responsibilities.

STANDARDS:

1. Explain to the patient/family of the patient's rights and responsibilities.
2. Discuss the patient's rights to privacy and confidentiality with exceptions for patient safety and harm to self/harm to others as appropriate.
3. Explain to the patient/family the process for addressing conflict resolution and grievance.

AF-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).

ADM – Admission to Hospital

ADM-ADV ADVANCE DIRECTIVE

OUTCOME: The patient/family will understand the process of developing an advance directive and its role in guiding medical care and decision making to best serve the patient's care preferences.

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.
6. Refer to [ADV](#).

ADM-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.

ADM-EQ EQUIPMENT

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

STANDARDS:

1. Identify and discuss the indications for and benefits of the specific hospital equipment.
2. Discuss the types and features of the hospital equipment as appropriate.
3. Instruct the patient regarding necessary involvement and cooperation in the use of the equipment, as appropriate.
4. Emphasize the safe use of the equipment, e.g., no smoking around O₂, use of gloves, electrical cord safety. Discuss proper disposal of associated medical supplies as appropriate.
5. Emphasize the importance of not tampering with the patient care equipment.
6. Explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

ADM-IB INSURANCE AND BENEFITS

OUTCOME: The patient/family will understand healthcare services and resources available as it relates to insurance and benefits.

STANDARDS:

1. Explain that many individuals qualify for direct payments and/or reimbursement for health care and related costs from certain programs.
2. Explain that direct payments include services that:
 - a. Are provided at the health care facility at no cost to the patient.
 - b. Are provided at other health care facilities through purchased/referred care.
3. Explain that in addition to Indian Health Systems, the other available programs include:
 - a. Medicare: a national healthcare program that covers people 65 years of age and older, individuals younger than 65 who are disabled or with end stage renal disease, and retired railroad employees.
 - i. Medicare Part A: Inpatient hospital services, skilled nursing facilities, home health and hospice care.
 - ii. Medicare Part B: Outpatient hospital services, doctors, certain medical equipment and other items not covered under Part A.

- iii. Medicare Part D: Prescription medication and Medication Therapy Management (MTM) service coverage.
- b. Social Security Disability Insurance
- c. State Children's Health Insurance Programs (SCHIP)
- d. Supplemental Security Income (SSI)
- e. Veterans Administration (VA)
- f. Medicaid that provides resources to help pay for medical and long-term care assistance
- g. Private Health Plans
- h. Women, Infants, and Children (WIC)
- i. State/federal aid for disabled children
- j. Temporary Assistance for Needy Families (TANF)
4. Explain that a Benefits Coordinator is knowledgeable about federal and state programs and is a resource to help a patients determine program eligibility.
5. Review and explain applications for identifiable services.
6. Explain that Indian Health Systems services can be enhanced due to revenue collected when a patient enrolls in additional health care resource.

ADM-INF INFECTION CONTROL

OUTCOME: The patient/family will understand the importance of infection control in the hospital.

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](#)**.
 - 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

ADM-OR ORIENTATION

OUTCOME: The patient/family will understand the unit policies and the immediate environment.

STANDARDS:

1. Provide information regarding the patient's room, including the location of the room, the location and operation of toilet facilities, televisions, radios, etc. and any special information about the room as applicable.
2. Identify the call light or other method for requesting assistance, and explain how and when to use it. Demonstrate how the bed controls work.
3. Identify the telephone (if available) and explain how to place calls and how incoming calls will be received. Explain any restrictions on telephone use.
4. Explain the reason for and use of bed side rails in the hospital setting. Discuss the hospital policy regarding side rails as appropriate.
5. Explain the unit visiting policies, including any restrictions to visitation.
 - a. The patient has a right to have an individual chosen by the patient to be present for emotional support during the hospital stay unless the presence of that individual infringes on rights of others or is medically or therapeutically contraindicated.
 - b. The support person chosen by the patient must not be prohibited on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression.
6. Discuss the hospital policy regarding home medications/supplements brought to the hospital.

ADM-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the rights and responsibilities regarding 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.

ADM-POC PLAN OF CARE

OUTCOME: The patient/family understand the plan of care.

STANDARDS:

1. Explain the basic plan of care for the patient, including the following, as appropriate:
 - a. Probable length of stay and discharge planning.
 - b. Anticipated assessments.
 - c. Tests to be performed, including laboratory tests, x-rays, and others.
 - d. Therapy to be provided, e.g., medication, physical therapy, dressing changes.
 - e. Advance directives. **Refer to [ADV](#).**
 - f. Plan for pain management.
 - g. Nutrition and dietary plan including restrictions, if any.
 - h. Restraint policy and conditions for release from restraints as applicable.
2. Discuss the expected outcome of the plan.

ADM-RI PATIENT RIGHTS AND RESPONSIBILITIES

OUTCOME: The patient/family will understand the rights and responsibilities as well as the process for conflict resolution.

STANDARDS:

1. Review the facility's Bill of Rights and Responsibilities with the patient. Provide a copy of this Bill of Rights to the patient/family.
2. Briefly explain the process for resolving conflicts if the patient/family believes that the patient's rights have been violated.
3. Discuss the availability of cultural/spiritual/psychosocial services as appropriate.

ADM-RRT RAPID RESPONSE TEAM

OUTCOME: The patient/family will understand how and when to summon the rapid response team.

STANDARDS:

1. Inform the patient/family of the availability of the rapid response team that will respond, assess, and initiate treatment, as necessary, if the patient's condition rapidly deteriorates.

2. Instruct the patient/family regarding the appropriate criteria for summoning the rapid response team and the mechanism for making the notification.

ADM-S SAFETY

OUTCOME: The patient/family will understand the necessary precautions to prevent injury during the hospitalization.

STANDARDS:

1. Discuss this patient's plan of care for safety based on the patient-specific risk assessment. **Refer to FALL** (in Volume III of this manual set).
2. Provide orientation to the environment with regards to safety.

ADV – Advance Directives

ADV-I INFORMATION

OUTCOME: The patient/family will understand that an advance directive is either a living will or a Durable Power of Attorney for Health Care.

STANDARDS:

1. Explain that an advance directive is a written statement that is completed by the patient prior to being incapacitated, regarding how the patient wants medical decisions to be made.
2. Discuss the two most common forms of advance directives:
 - a. Living will
 - b. Durable Power of Attorney for Health Care
3. Explain that a patient may have both a living will and a durable power of attorney for healthcare.
4. Explain that the patient must be at least 18 years of age and of sound mind to create either document.
5. Explain that the patient can change the advance directive at any time.
6. Explain that if a patient chooses not to have an advance directive and becomes incapacitated, the healthcare providers may have to seek guidance from the judicial system. The court will deliberate and appoint a conservator to make medical and financial decisions on behalf of the patient.

ADV-L LITERATURE

OUTCOME: The patient/family will receive literature about advance directives.

STANDARDS:

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

ADV-LW LIVING WILL

OUTCOME: The patient/family will understand living wills.

STANDARDS:

1. Explain that a living will is a document that generally states the kind of medical care a patient wants or does not want in the event the patient becomes unable to make medical care decisions.
2. Discuss that the essential function of a living will is to provide instructions to the healthcare providers expressing preferences at the end of life regarding life support, resuscitation, DNR request.
3. Explain that the living will may be changed or revoked at any time the patient wishes, while the patient is competent.
4. Explain that the living will is a legal document and a current copy should be given to the healthcare provider who cares for the patient.

ADV-POA DURABLE POWER OF ATTORNEY FOR HEALTH CARE

OUTCOME: The patient/family will understand Durable Power of Attorney for Health Care.

STANDARDS:

1. Explain that in most states, a Durable Power of Attorney for Health Care is a signed, dated, witnessed document naming another person, such as a husband, wife, adult child, or friend, as the agent or proxy to make medical decisions in the event that the patient is unable to make them.
2. Explain that a regular POA is only authorized to make decisions on a patient's behalf while the patient is competent, and is void once the patient is legally incompetent or incapacitated. Since many of the choices that patients make in a POA document concern that exact circumstance, most patients chose to make their POA durable.
3. Explain that instructions can be included regarding ANY treatment/procedure that is wanted or not wanted, such as surgery, a respirator, resuscitative efforts or artificial feeding.
4. Explain that, if the patient's wishes change, the Durable Power of Attorney for Health Care can be changed in the same manner it was originated. Explain that a Durable Power of Attorney for Health Care may be prepared by an attorney, but this may not be required in some states.
5. Explain that a Durable Power of Attorney for Health Care pre-empts any other advance directive. Example: The Durable Power of Attorney for Health Care can authorize the person named in the document to make the decision to apply full resuscitation measures even in the presence of a living will if the patient is incapable of making a decision at the time.

ADV-RI PATIENT RIGHTS AND RESPONSIBILITIES

OUTCOME: The patient/family will understand their rights and responsibilities regarding advance directives.

STANDARDS:

1. Explain the patient's right to accept, refuse, or withdraw from treatment, and the consequences of such actions.
2. Explain the patient's right to formulate an advance directive and appoint a surrogate to make healthcare decisions on the patient's behalf.
3. Explain that if a patient chooses not to have an advance directive and becomes incapacitated, the healthcare providers may have to seek guidance from the judicial system. The court will deliberate and appoint a conservator to make medical and financial decisions on behalf of the patient.
4. Explain that an advance directive may be changed or canceled by the patient at any time unless the patient has been declared legally incompetent. Any changes should be written, signed, and dated in accordance with state law, and copies should be given to the physician and others who received the original document.
5. Explain that it is the patient's/family's responsibility to give a copy of the advance directive to the proxy, the healthcare provider, and to keep a copy in a safe place. An advance directive may be part of the patient's permanent medical record.

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 (**refer to [AOD-LA](#)**).
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:

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:
 - iv. A standard drink is 12 oz. of beer, 1.5 oz. spirits, or 5 oz. of wine.
 - v. Men should not drink more than fourteen drinks in any week and not more than four drinks in any given day.
 - vi. Women should not drink more than seven drinks in any week and not more than three drinks in any given day.
 - vii. 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 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.

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 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.

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 awareness of the 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 which may help maintain a healthy alcohol and other drug-free lifestyle. 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 and meaningful 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 the 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.

AL – Allergies

AL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the physiology of allergic response.

STANDARDS:

1. Review anatomy and physiology as it relates to the patient's disease process and its relationship to the patient's activities of daily living.
2. Explain that allergic response is a collection of symptoms caused by an immune response to substances that do not trigger an immune response in most people, e.g., food allergies; hay fever; allergy to mold, dander, and dust; drug allergies.
3. Explain that allergies are common. Heredity, environmental conditions, numbers and types of exposures, emotional factors (stress and emotional upset can increase the sensitivity of the immune system), and many other factors indicate a predisposition to allergies.
4. Explain that allergies may get better or worse over time and that new allergies may appear at any time.

AL-FU FOLLOW-UP

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

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.

AL-HELP HELP LINE

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

STANDARDS:

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

AL-L LITERATURE

OUTCOME: The patient/family will receive literature about allergy reactions.

STANDARDS:

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

AL-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand what lifestyle adaptations are necessary to cope with the patient's allergies.

STANDARDS:

1. Assess the patient and family's level of acceptance of the disorder.
2. Review the lifestyle areas that may require adaptations, e.g., diet, physical activity, avoidance of environmental allergens/triggers.
3. Explain that treatment varies with the severity and type of symptom.
4. Emphasize that avoidance of the allergen is the best long-term treatment, particularly with allergic reaction to foods or medications.

AL-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.

AL-MNT MEDICAL NUTRITION THERAPY

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

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.

AL-N NUTRITION

OUTCOME: The patient/family will understand that a true food allergy is an immune response with a reaction usually within two hours.

STANDARDS:

1. Discuss the importance of avoiding known food allergens. If the allergen is not known, the patient/family can use the elimination diet to discover what is causing the reaction.
2. Encourage the patient/family to keep a food diary to record reactions.
3. Emphasize the importance of reading all food labels. Instruct the patient/family as necessary.
4. Refer to a dietitian for assessment of nutritional needs and for appropriate treatment as indicated.

AL-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

AL-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.

ALZ – Alzheimer's Disease

ALZ-ADL ACTIVITIES OF DAILY LIVING

OUTCOME: The family will understand how the patient's decline in the ability to perform activities of daily living (ADL) impact the care plan including in-home and out-of-home care.

STANDARDS:

1. Discuss the importance of supervising the patient's activities of daily living (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), or learning to assume responsibility of ADL on behalf of the patient.
2. Assist the 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 activities of daily living.

ALZ-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 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.

6. Refer to [ADV](#).

ALZ-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

ALZ-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to Alzheimer's disease.

STANDARDS:

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

ALZ-C COMPLICATIONS

OUTCOME: The patient/family will understand the effects and possible consequences as a result of Alzheimer's.

STANDARDS:

1. Discuss the common or significant complications that may be prevented by full participation with the treatment regimen.
2. Discuss the common or significant complications which may result from treatment(s).
3. Explain that patients may often develop comorbid conditions, such as depression (**refer to DEP**), delirium (**refer to DEL**), suicidal behavior (**refer to SI** in Volume IV of this manual set), psychosis, or aggressive behavior.
4. Explain that patients typically demonstrate disinhibited behavior, including disregard for social conventions, such as inappropriate jokes, undue familiarity with strangers, and neglecting personal hygiene.
5. Explain that patients have poor judgment and insight, leading to underestimation of risks involved in activities, which may result in injuries or deaths.
6. Explain that individuals with dementia are at risk for malnutrition, falls, and physical debility.

ALZ-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.

ALZ-DP DISEASE PROCESS

OUTCOME: The patient/family/caregiver will understand Alzheimer's and the treatment options available.

STANDARDS:

1. Explain that Alzheimer's disease is a degenerative brain disorder that destroys the chemical acetylcholine that is responsible for memory and cognitive skills. It is more common in older adults.
2. Explain that as the disease progresses, nerve cells in several brain areas shrink and die and the brain itself shrinks as the wrinkles along its surface become smoother.

3. Discuss the essential features of Alzheimer's disease involving the development of multiple cognitive deficits that include both:
 - a. Memory impairment (impaired ability to learn new information or to recall previously learned information)
 - b. One or more of the following cognitive disturbances:
 - i. Aphasia (language disturbance)
 - ii. Apraxia (impaired ability to carry out motor activities despite intact motor function)
 - iii. Agnosia (failure to recognize or identify objects or faces despite intact sensory function)
 - iv. Disturbance in executive functioning (i.e., planning, organization, sequencing, abstracting, reasoning)
4. Discuss the signs and symptoms and usual progression of the disease due to dementia (include any or all of the following as appropriate):
 - a. Impaired memory and thinking
 - b. Disorientation and confusion
 - c. Misplacement of things
 - d. Impaired abstract thinking
 - e. Trouble performing familiar tasks
 - f. Change in personality and behavior
 - g. Poor or decreased judgment
 - h. Inability to follow directions
 - i. Problems with language or communication
 - j. Impaired visual and spatial skills
 - k. Loss of motivation or initiative
 - l. Loss of normal sleep patterns
 - m. Increasing agitation
 - n. Irrational violent behavior and lashing out
 - o. Late stage loss of ability to swallow
5. Explain that the cause is unknown and nothing can be done to prevent the disease. Encourage a healthy lifestyle and habits that prevent dementia (limit alcohol intake, stop smoking, eat well, exercise).
6. Discuss the importance of maintaining a positive mental attitude.

ALZ-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of Alzheimer's disease.

STANDARDS:

1. Explain the importance of obtaining referrals for contract health services when appropriate.
2. Explain that test(s) required by private outside providers need coordination with Indian Health physicians.
3. Discuss the process for making follow up appointments with internal and external providers.
4. Discuss that the patient/family is responsibility for participation in the medical plan and for seeking and obtaining third party resources.
5. Discuss the importance of keeping follow up appointments.
6. Discuss the possible need for a patient advocate to maintain follow-up activities.

ALZ-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding Alzheimer's disease and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001767/>

ALZ-HM HOME MANAGEMENT

OUTCOME: The patient/family/caregiver will understand home management of Alzheimer's and develop a plan for implementation, as well as, the coordination of home healthcare services to ensure the patient receives comprehensive care.

STANDARDS:

1. Explain the home management techniques necessary based on the status of the patient. Explain that these home management techniques may change as the disease progresses. Discuss ways to minimize confusion:
 - a. Limit changes to the physical surroundings.
 - b. Encourage full participation in daily routines.

- c. Maintain orientation by reviewing the events of the day, date, and time.
 - d. Simplify or reword statements.
 - e. Label familiar items/photos.
 - f. Follow simple routines.
 - g. Avoid situations that require decision making.
 - h. Encourage the patient to exercise the mind by reading, puzzles, writing, etc. as appropriate. Avoid challenging to the point of frustration.
2. Explain that medications must be given as prescribed.
 3. Explain the importance of being patient and supportive.
 4. Discuss ways of providing a safe environment. Explain the importance of supervising the patient during bathing and eating. Discourage leaving the patient alone for extended periods. **Refer to [ALZ-S](#).**
 5. Explain that over the course of the disease, home management will require frequent adjustments.
 6. Encourage assistance with activities of daily living as appropriate. Explain the benefits of increased physical activity (strength, endurance, heart fitness, increased energy, improvement in sleep, and mood and mental functioning). Advise the family/caregiver to consult with a healthcare provider prior to beginning an exercise program for the patient. Explain that factors such as bone disease, heart condition, or balance problems that may limit or restrict activities.

ALZ-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.

ALZ-HY HYGIENE

OUTCOME: The family will understand personal routine hygiene as it relates to Alzheimer's disease and the patient's decline in the ability to tend to own hygiene.

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.

ALZ-L LITERATURE

OUTCOME: The patient/family/caregiver will receive literature about Alzheimer's disease.

STANDARDS:

1. Provide the patient/family/caregiver with literature on Alzheimer's disease.
2. Discuss the content of the literature.
3. Advise of any agency or organization that can provide assistance and further education, such as support groups.

ALZ-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living for Alzheimer's disease.

STANDARDS:

1. Discuss the lifestyle behaviors that the caregiver may be able to help the patient with, such as diet, increased physical activity, mental stimulation and habits related to the risks of the disease.
2. Encourage full participation in the treatment plan.
3. Explain the importance of the patient adapting to a lower risk, healthier lifestyle.
4. Review community resources available to assist the patient in making changes. Refer as appropriate.
5. Explain that over the course of the disease, lifestyle adaptations will require frequent adjustments.

ALZ-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.

ALZ-MNT MEDICAL NUTRITION THERAPY

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

ALZ-N NUTRITION

OUTCOME: The patient/family/caregiver will understand the need for optimal nutrition and feeding methods in Alzheimer's disease.

STANDARDS:

1. Review normal nutritional needs for optimum health.
2. Explain the importance of serving small, frequent meals and snacks offering a variety of food textures, colors, and temperatures. Explain the importance of serving high calorie foods first. Offer favorite foods. Discourage force feeding the patient.
3. Encourage offering finger foods that are easy for the patient to handle.
4. Discourage the use of caffeine or foods with little or no nutritional value, e.g., potato chips, candy bars, cola.
5. Encourage walking or light exercise to stimulate appetite.
6. Explain that as the disease progresses, the patient will often lose the ability or forget to eat, tube feeding may be an option. Refer to registered dietitian for MNT as appropriate.

ALZ-PLC PLACEMENT

OUTCOME: The patient/family/caregiver will understand the recommended level of care/placement as a treatment option.

STANDARDS:

1. Explain the rationale for the recommended placement based on patient/family/caregiver preference, level of need, involuntary placement, safety, eligibility, availability, and funding.
2. Explain that the purpose of placement is to ensure a safe and supportive environment for continued care.

3. Discuss alternative placement or treatment options if recommended placement is declined or unavailable.
4. Discuss patient/family/caregiver fears and concerns regarding placement and provide advocacy and support.

ALZ-S SAFETY

OUTCOME: The patient/family/caregiver will understand the importance of injury prevention and will make a plan to implement safety measures.

STANDARDS:

1. Discuss ways to adapt the home to improve safety and to prevent injuries, e.g., remove throw rugs, install bars in tub/shower, secure electrical cords, install ramps.
2. Discuss possible dangers as appropriate:
 - a. the current/potential abuse of alcohol or drugs
 - b. the need to secure medications and other potentially hazardous items
 - c. fire hazards such as cooking, smoking in bed, or smoking unsupervised
 - d. patients may wander; alarms on doors, windows, and beds may be necessary
3. Discuss whether or not driving is safe.
4. Discuss the potential for elder abuse/neglect (including financial exploitation) and ways to identify abuse/neglect. Refer as appropriate.
5. Discuss that as the disease progresses, constant supervision will be necessary. 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.
6. Discuss/review the safety plan with the family, including emergency procedures, should the condition worsen, if suicidal or homicidal ideation arises, or if aggressive or dangerous behavior arises.

ALZ-SM STRESS MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the importance of stress management in the management of Alzheimer's disease.

STANDARDS:

1. Explain that uncontrolled stress can result in a worsened outcome for the patient, as well as, the caregiver.
2. Explain that effective stress management may help improve the patient's sense of health and well-being.

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

ALZ-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

ALZ-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).

ALZ-TX TREATMENT

OUTCOME: The patient/family/caregiver will understand that the focus of the treatment plan will be on quality of life.

STANDARDS:

1. Explain that there is no cure and it is important to maintain a positive mental attitude.
2. Explain the treatment plan. Emphasize the importance of active participation by the patient/family/caregiver in the development of the treatment plan. Explain that regular visits to a healthcare provider are a crucial part of the treatment plan and the importance of starting treatment early to delay progression.
3. Explain that physical activity, good nutrition, a calm, safe, and structured environment, and social interaction are important for keeping Alzheimer's patients as functional as possible.
4. Explain that an appropriate drug regimen can sooth agitation, anxiety, depression, and sleeplessness and may help boost participation in daily activities.
5. Emphasize the importance of reassessing the level of daily functioning, mental status, mood, and emotional state of the patient. Discuss the importance of assessing the status of the caregiver(s).
6. **Refer to [EOL](#).**

AMP – Amputations

AMP-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 activities of daily living (ADL) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient’s ability to perform ADL affects the ability to live independently.
2. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, avoiding risky behavior, structuring leisure time, keeping clean, and using transportation.

AMP-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

3. Explain the normal anatomy and physiology of the affected body part.
4. Discuss the changes to anatomy and physiology as a result of the amputation.
5. Discuss the impact of these changes on the patient’s health or well-being.

AMP-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of amputations and requires a change in lifestyle (**refer to [AMP-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, changes in self-image, and/or other emotional reactions that are common in with amputations, and the danger of further complications or mental health diagnoses (such as depression, suicidal ideation, and risky behavior) 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-medicating emotional disturbance with tobacco, alcohol, food, or other drugs. **Refer to [AOD](#).**
6. Refer to a mental health or social services agency or provider.

AMP-C COMPLICATIONS

OUTCOME: The patient/family will understand common complications of amputations and their management.

STANDARDS:

1. Review the common physical complications associated with amputations, e.g., thromboembolism, phantom limb pain flexion contracture, pressure sores, increased mortality rate, trauma to residual limb, and ischemia in residual limb.
2. Review the physical limitations that may be imposed by amputations, such as altered gait and balance, changes in body mechanics.
3. Review the common psychological complications associated with amputations, e.g., grieving, ineffective coping leading to mood and anxiety disorders.

AMP-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.

AMP-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the indications for and benefits of the prescribed medical equipment.
2. Discuss the types and features of the assistive medical devices/equipment as appropriate.
3. Discuss and/or demonstrate the proper use, care, and cleaning of the assistive medical devices/equipment.
4. Explain that the patient/family/caregiver will demonstrate the proper use of the assistive medical devices/equipment.
5. Discuss the signs of assistive medical devices/equipment malfunction and the proper action in case of malfunction as appropriate.

AMP-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity, based on the amputation, for optimal health.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Explain some of the benefits of exercise, including:
 - a. preventing joint stiffness
 - b. increasing muscle strength around the joints
 - c. improving joint alignment and flexibility
 - d. reducing pain
 - e. maintaining strong and healthy bone and cartilage tissue
 - f. helping to achieve or maintain a healthy weight
 - g. improving overall emotional and physical fitness
3. Refer to a physical therapist or community resource, as appropriate.

AMP-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.

AMP-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.

AMP-L LITERATURE

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

STANDARDS:

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

AMP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to optimize performance of everyday activities.

STANDARDS:

1. Discuss that treatment for amputations usually involves a combination of rest and relaxation, exercise, proper diet, medication, joint protection, and ways to conserve energy. Discuss the ways to manage pain. Refer to [AMP-PM](#) and [HPDP](#).
2. Discuss Activity of Daily Living (ADL) aids. Make a referral to physical therapy, occupational therapy, social services, as appropriate, for assistance in procuring such devices. **Refer to [AMP-ADL](#).**
3. Assess the level of acceptance and offer support and referral to social services and community resources as appropriate.

AMP-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.

AMP-MNT MEDICAL NUTRITION THERAPY

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

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.

AMP-N NUTRITION

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

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.

AMP-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 narcotics and other 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.

AMP-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.

AMP-S SAFETY AND INJURY PREVENTION

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

STANDARDS:

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

AMP-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress is linked with disability that can impact self-image, self-care, mobility, and can interfere with rehabilitation. **Refer to [AMP-ADL](#).**
2. Explain the role of effective stress management can improve the patient's health and well-being.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use, all of which can increase the risk of morbidity and mortality from an amputation. **Refer to [AMP-BH](#).**

4. Explain that stress may cause inappropriate eating which can increase the likelihood of a sedentary lifestyle increasing the risk of disease related complications, e.g. cardiovascular disease, hypertension, and diabetes.
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.

AMP-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

AMP-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.

AMP-TX TREATMENT

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

STANDARDS:

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

AMP-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.

AN – Anemia

AN-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of red blood cells as they relate to anemia.
2. Discuss the changes to anatomy and physiology as a result of anemia.
3. Discuss the impact of these changes on the patient’s health or well-being.

AN-C COMPLICATIONS

OUTCOME: The patient/family will understand the complication of untreated anemia.

STANDARDS:

1. Explain that untreated anemia will result in a chronic lack of oxygen, producing signs and symptoms such as:
 - a. chronic or severe fatigue
 - b. chronic dyspnea
 - c. inability to concentrate
 - d. irritability
 - e. depression
 - f. anxiety
 - g. tachycardia
 - h. susceptibility to infection
2. Explain that in children anemia may result in impaired brain growth/development.
3. Explain that if tissues don’t receive enough oxygen, the body will compensate by increasing heart rate and cardiac output.

AN-DP DISEASE PROCESS

OUTCOME: The patient/family will understand anemia.

STANDARDS:

1. Explain that anemia describes a condition in which the concentration of hemoglobin is too low.
2. Explain that the kidneys, bone marrow, hormones and nutrients within the body work in cooperation to maintain the normal red blood cell count.
3. Explain that there are several categories of abnormal conditions that cause anemia: (Discuss those that pertain to this patient.)
 - a. Lack of dietary iron, vitamin B12, or folic acid.
 - b. Hereditary disorders of the red blood cells, such as Sickle Cell Anemia or thalassemia.
 - c. Disorders involving the bone marrow or spleen which inhibit red blood cell formation or destroy red blood cells.
 - d. Blood loss from the GI tract or other organs as a result of disease or trauma.
 - e. Kidney disease which may result in decreased production of red blood cells.
 - f. Thyroid or other hormonal diseases.
 - g. Cancer and/or the treatment of cancer.
 - h. Medications.
 - i. Anemia of chronic disease.
 - j. Exposure to lead or other toxins. **Refer to LEAD** (in Volume III of this manual set).
4. Explain that when the body's demand for nutrients, including iron, vitamin B12, vitamin C, or folic acid, isn't met, the body's reserves can be rapidly depleted and the nutrients will not be available to produce red blood cells.
5. Explain that the body's demand for iron will increase after blood loss, with certain medications and at certain life stages, such as infancy, adolescence, and during pregnancy.
6. Explain that symptoms of anemia may include fatigue, headache, lightheadedness, tachycardia, anxiety, depression, exertional dyspnea, angina, and pica (craving of non-food substances, such as dirt, ice, detergent, ashes).

AN-FU FOLLOW-UP

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

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.

AN-L LITERATURE

OUTCOME: The patient/family will receive literature about anemia and its treatment.

STANDARDS:

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

AN-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. Emphasize the importance of keeping iron out of the reach of children because an overdose of iron can be lethal.
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.

AN-MNT MEDICAL NUTRITION THERAPY

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

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.

AN-N NUTRITION

OUTCOME: The patient/family will understand nutrition in treating anemia.

STANDARDS:

1. Encourage the patient to include foods rich in iron, such as lean meats, poultry, eggs, dried beans and peas, leafy green vegetables, in the diet.
2. Explain that vitamin C helps the body absorb iron. Examples of vitamin C include citrus fruits, strawberries, broccoli, red and green peppers, tomatoes, and potatoes. If vitamin C supplementation is desirable, vitamin C and iron should be taken at the same time.
3. Explain that anorexia and sore mouth often accompany anemia. If this is a problem, suggest frequent, small meals of easily digested food and the avoidance of hot spicy foods. Refer to a registered dietitian for MNT as appropriate.
4. Discuss that pica (the ingestion of dirt or other non-food substances) may be both a symptom and a cause of anemia.
5. Discuss that breast-fed babies and diets that exclude animal proteins may require iron supplementation.

AN-PRO PROCEDURES

OUTCOME: The patient/family will understand the proposed procedure(s), including the indications, complications, and alternatives, as well as, the proposed procedure(s).

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.

AN-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

AN-TX TREATMENT

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

STANDARDS:

1. Discuss the treatment for this patient's anemia. Explain that the treatment of severe anemia may include transfusions of red blood cells. **Refer to [BL](#).**

2. Explain that once the hemoglobin levels return to normal, therapy for iron-deficiency anemia should continue for the prescribed duration to replenish the body's depleted iron stores.
3. Explain that some anemia cases require long-term or lifelong treatment and others may not be treatable.

ANS – Anesthesia

ANS-C **COMPLICATIONS**

OUTCOME: The patient/family will understand the common and important complications of anesthesia and the symptoms that should be reported.

STANDARDS:

4. Discuss the common and important complications of anesthesia, e.g., potential for death, disability, drug reaction, pain, nausea and vomiting, disorientation, as appropriate.
5. Advise the patient/family to report any unexpected symptoms, e.g., shortness of breath, dizziness, nausea, chest pain, numbness.

ANS-EQ **EQUIPMENT**

OUTCOME: The patient/family will understand and demonstrate when appropriate, the use of equipment to be used post-operatively. The patient/family will further understand, as appropriate, the equipment to be used during anesthesia.

STANDARDS:

1. Discuss the equipment to be used during anesthesia, including the monitoring and treatment devices.
2. Discuss the function and use of any equipment that will be used postoperatively for monitoring or continued analgesia, e.g., cardiac and apnea monitors, pulse oximeter, and PCA pumps, as appropriate.
3. 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
4. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.

5. 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.

ANS-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up care and will plan to keep appointments.

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.

ANS-INT INTUBATION

OUTCOME: The patient/family will understand endotracheal intubation, as well as, the risks, benefits, alternatives to endotracheal intubation and associated factors affecting the patient.

STANDARDS:

1. Explain the basic procedure for endotracheal intubation, including the risks and benefits of endotracheal intubation and the adverse events which might result from refusal.
2. Discuss the alternatives to endotracheal intubation, including expectant management, as appropriate.
3. Explain that the patient will be unable to speak or eat while intubated.

ANS-IS INCENTIVE SPIROMETRY

OUTCOME: The patient will understand the reason for use of the incentive spirometer and will demonstrate the appropriate use.

STANDARDS:

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.
2. Explain that the optimal body position for incentive spirometry is the semi-Fowler's position, which allows for free movement of the diaphragm.

3. Instruct the patient to exhale normally and evenly inhale maximally through the spirometer mouthpiece.
4. Encourage the patient to hold the maximal inspiration for a minimum of three seconds to allow for redistributing the gas and opening the atelectatic areas.
5. Instruct the patient to exhale slowly and breathe normally between maneuvers.
6. Instruct the patient to repeat this maneuver as frequently as prescribed.

ANS-L LITERATURE

OUTCOME: The patient/family will receive literature about anesthesia or anesthetics.

STANDARDS:

1. Provide the patient/family with literature on anesthesia or anesthetics.
2. Discuss the content of the literature.

ANS-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.

ANS-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.

ANS-PO POSTOPERATIVE

OUTCOME: The patient/family will understand some post-anesthesia sequelae.

STANDARDS:

1. Review the expected post-operative course with the patient/family.
2. Discuss with the patient/family common or important post-anesthetic side effects.
3. Explain some causes of post-anesthetic side effects and what courses of action might be required.

ANS-PR PREOPERATIVE

OUTCOME: The patient/family will be prepared for the specific type of anesthetic to be used during a procedure or surgery.

STANDARDS:

1. Explain pre-anesthetic preparation, including NPO (nothing by mouth) requirements and the medication(s) to take prior to the procedure.
2. Explain the type of anesthetic that is medically suggested. Discuss the risks and benefits to the patient and unborn infant, if applicable.
3. Explain the alternative type(s) of anesthetic as appropriate.
4. Discuss the common and important complications of anesthesia.
5. Discuss the role of the anesthetic care provider during a surgical/procedure case.
6. Explain the effects of anesthesia on the patient after the procedure is completed.

ANS-PRO PROCEDURES

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

STANDARDS:

1. Explain the proposed procedure (such as spinals, epidurals, intrathecal, and regional blocks) and how it relates to effective anesthesia.
2. Explain the specific procedure(s) to be performed, including the risks and benefits of performing the procedure, as well as, the risks and benefits of refusing the procedure.
3. Discuss alternatives to the proposed procedure(s), including expectant management, as appropriate.
4. Discuss the expected patient/family involvement in the care required following the proposed procedure(s).
5. 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
6. Discuss pain management as appropriate.

ANS-TCB TURN, COUGH, DEEP BREATH

OUTCOME: The patient/family will understand why it is important to turn, cough, and deep breath, and the patient will be able to demonstrate appropriate deep breathing and coughing.

STANDARDS:

1. Explain that it is important to frequently (every 1 to 2 hours) turn, cough, and breathe deeply to prevent complications such as pneumonia after a surgical procedure. Explain that turning prevents stasis of secretions and that breathing deeply and coughing helps to mobilize and clear secretions and keep small airways open.
2. Describe appropriate deep breathing and coughing (take a large breath and hold it for 3-5 seconds, exhale, and cough shortly 2 to 3 times).
3. Demonstrate appropriate splinting techniques (e.g., using a pillow held tightly to the abdomen over the surgical site).
4. Have the patient return a demonstration of appropriate deep breathing, coughing, and splinting.

ABXD - Antibiotic Associated Diarrhea

(includes *C. difficile*)

ABXD-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

5. Explain the normal anatomy and physiology of the colon and its normal flora.
6. Discuss the changes to anatomy and physiology as a result of antibiotic associated diarrhea.
7. Discuss the impact of these changes on the patient's health or well-being.

ABXD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of antibiotic associated diarrhea.

STANDARDS:

1. Discuss the common complications of antibiotic associated diarrhea (e.g. prolonged diarrhea, perianal skin excoriation, pseudomembranous colitis, and dehydration).
2. Describe the signs/symptoms of common complications of antibiotic associated diarrhea (e.g. severe diarrhea, abdominal pain, and fever).
3. Explain that the use of over-the-counter anti-diarrheals may increase bacterial/toxin exposure and lead to more tissue damage in the colon.

ABXD-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.

ABXD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand antibiotic associated diarrhea.

STANDARDS:

1. Discuss that antibiotic associated diarrhea results from a disruption in the balance of normal intestinal flora. This provides the ideal environment for bacteria to multiply and/or secrete toxins. This can happen as a result of broad-spectrum antibiotic therapy. Other causes of bacterial disruption may include gastrointestinal surgery, parenteral nutrition, chemotherapy or other immunosuppression.
2. Explain that symptoms may include frequent loose stools, abdominal pain and cramps, nausea, fever, dehydration, fatigue and leukocytosis.
3. Explain that the risk of being affected increases with age, hospitalization or residence at a nursing home.
4. Explain that antibiotic associated diarrhea may be transmitted to others. Hand hygiene may help reduce this risk. Alcohol-based hand sanitizers are not effective against *C. diff*. (Refer to [ABXD-HY](#).)

ABXD-FU FOLLOW-UP

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

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. Refer as appropriate.

ABXD-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of antibiotic associated diarrhea.

STANDARDS:

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

ABXD-HY HYGIENE

OUTCOME: The patient/family will understand personal hygiene as it relates to antibiotic associated diarrhea.

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 for at least 30 seconds. Alcohol-based hand sanitizers are not effective against *C. diff*.
 - 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.
4. 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.

ABXD-INF INFECTION CONTROL

OUTCOME: The patient/family will receive information regarding the importance of infection control as it relates to antibiotic associated diarrhea.

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 for at least 30 seconds. Alcohol-based hand sanitizers are not effective against *C. diff*.
 - 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. **Refer to [ABXD-HY](#)** for personal hygiene.
2. 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. **Refer to [ABXD-ISO](#)**.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
3. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate:
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea
 - d. **refer to [ABX](#)**

ABXD-ISO ISOLATION

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

STANDARDS:

1. Explain that isolation of the patient prevents the spread of infection to healthcare providers, other patients, and family members.
2. Describe the type of isolation being implemented and associated precautions.
3. Explain/demonstrate how to use protective precautions.

ABXD-L LITERATURE

OUTCOME: The patient/family will receive literature about antibiotic associated diarrhea.

STANDARDS:

1. Provide the patient/family with literature on antibiotic associated diarrhea.
2. Discuss the content of the literature.

ABXD-M MEDICATIONS

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

STANDARDS:

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

ABXD-MNT MEDICAL NUTRITION THERAPY

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

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.

ABXD-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to antibiotic associated diarrhea.

STANDARDS:

1. Discuss the importance of adequate fluid intake.
2. Discuss what foods may be better tolerated during times of illness such as the BRAT diet (bananas, rice, applesauce and toast).
3. Refer to a registered dietitian, as appropriate.

ABXD-P PREVENTION

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

STANDARDS:

1. Discuss that most cases of antibiotic associated diarrhea occur in people who have been taking broad spectrum antibiotics. Appropriate use of antibiotics can reduce the incidence.
2. Explain there may be a role in taking probiotics (i.e., *lactobacillus*) in preventing antibiotic associated diarrhea.
3. Explain that it is possible to be a carrier of the bacteria that causes antibiotic associated diarrhea without having symptoms. Thorough hand hygiene following the handling of all human waste can help minimize transmission to others. Alcohol-based hand sanitizers are not effective against *C. diff*.

ABXD-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. time out for patient identification and procedure review
5. Discuss pain management as appropriate.

ABXD-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

ABXD-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. Explain that the use of over the counter anti-diarrheals may increase bacterial/toxin exposure and lead to more tissue damage in the colon.

ABX – Antibiotic Resistance

ABX-C COMPLICATIONS

OUTCOME: The patient/family will understand that antibiotics are reserved for bacterial infections and may have deleterious effects if used when treating non-bacterial infections.

STANDARDS:

1. Discuss the term antibiotic resistance as bacteria developing methods to survive exposure to antibiotics. Explain why antibiotics are only effective in treating bacterial infections.
2. Discuss the potential to create resistant bacteria every time an antibiotic is used.
3. Discuss the following ways to minimize antibiotic resistance:
 - a. Restrict antibiotic use to bacterial infections and not for non-bacterial infections
 - b. Educate patients why “saving” or “sharing” antibiotics can cause resistance:
 - i. Medications may be expired and have questionable efficacy
 - ii. Antibiotics for one type of infection may not treat another type of infection due to resistance
 - iii. When medications are saved or shared, the original infection needing antibiotic did not receive a full course and may reoccur resistant to the antibiotic
4. Advise patients to take their antibiotics as prescribed for the full course of therapy even when feeling better after a few days. The duration of therapy can keep infections from coming back and can keep bacteria from developing resistance. Discuss the implications of taking an antibiotic that is not needed:
 - a. Creating antibiotic resistant bacteria
 - b. Side effects such as nausea, vomiting, and diarrhea
 - c. Allergic reactions
 - d. Secondary infections, e.g., yeast infections, diarrhea
 - e. Cost
5. Discuss the impact of resistant bacteria on the course of therapy and the limitations it provides in treatment.
 - a. Resistance limits treatment options to antibiotics that may be more expensive, have more side effects, or require hospitalization for administration.

- b. There is a risk of developing bacteria in the body that is completely resistant to all known antibiotics and may be fatal.

ABX-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss that antibiotic resistance occurs when bacteria develop ways to survive antibiotics that were meant to kill them.
2. Discuss how antibiotic resistance may develop:
 - a. by the bacteria developing a way to block the antibiotic, deactivate the antibiotic, or pump the antibiotic out of the bacteria.
 - b. from exposure to an antibiotic when:
 - i. Antibiotics are given to patients for non-bacterial infections.
 - ii. The antibiotic is not taken for the full duration of treatment.
 - iii. Skipping doses that results in the bacteria being exposed to sub-therapeutic concentrations, allowing for the bacteria to survive and for resistance to occur.
 - iv. Food-producing animals are given antibiotic drugs for therapeutic reasons, disease prevention, or production reasons. These drugs have the downside of potentially causing microbes to become resistant to drugs used to treat human illness.
3. Discuss illnesses that are commonly caused by viruses and do not require antibiotics.

ABX-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up if symptoms do not resolve.

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:
 - a. if symptoms significantly worsen, last longer than 10 days, or fever lasts longer than 72 hours.

- b. a full course of antibiotics was taken and symptoms return, symptoms worsen while taking antibiotics, or symptoms do not improve as soon as expected.

ABX-L LITERATURE

OUTCOME: The patient/family will receive literature about antibiotic resistance.

STANDARDS:

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

ABX-M MEDICATIONS

OUTCOME: The patient/family will understand the role of appropriate antibiotic choice to minimize antibiotic resistance and to treat antibiotic resistant bacteria.

STANDARDS:

1. Discuss with the patient/family the appropriate empiric therapy for the bacterial infection that is suspected.
2. Discuss the potential need to change the antibiotic after sensitivity testing due to antibiotic resistance of the infection.
3. Discuss the need to exactly follow the directions for duration of therapy and doses per day to prevent the development of antibiotic resistance and to prevent reoccurrence of the infection or development of super infection.
4. Encourage the patient not to insist on antibiotics if the infection is not bacterial.

ABX-P PREVENTION

OUTCOME: The patient/family will understand the actions that may be taken to prevent the development of antibiotic resistant bacteria.

STANDARDS:

1. Instruct to complete the full course of antibiotics at the proper dosing and duration.
2. Advise not to share or save antibiotics for the use by others or for future use.
3. Discuss the importance of evaluating whether an infection is viral or bacterial. Encourage the patient not to insist on antibiotics if the infection is not bacterial.

ACC – Anticoagulation

ACC-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the condition being treated.

STANDARDS:

1. Explain the normal anatomy and physiology of the condition being treated. This should include blood vessel structure, platelet function, and cell death due to ischemia.
2. Discuss the changes to anatomy and physiology as a result of anticoagulation therapy.
3. Discuss the impact of these changes on the patient's health or well-being.

ACC-C COMPLICATIONS

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

STANDARDS:

1. Discuss that failure to follow medical advice in anticoagulation therapy may result in a blood clot or uncontrollable bleeding.
2. Explain that even with correct dosing, disease processes that cause the problems with clotting may not be completely controllable.
3. Emphasize the importance of immediately seeking medical attention for unexplained bruising or bleeding, pain in the legs or chest, severe headache, confusion, dizziness, or changes in vision, etc.

ACC-DP DISEASE PROCESS

OUTCOME: The patient/family will understand anticoagulation therapy.

STANDARDS:

1. Review the causative factors as appropriate to the patient.
2. Review lifestyle factors which may put the patient at risk of developing a blood clot.
3. Discuss the patient's specific condition, including anatomy and pathophysiology, as appropriate.

- a. what causes a blood clot
 - b. the risks of developing blood clots
 - c. the methods to prevent the formation of blood clots
4. Discuss the signs and symptoms of active clotting or over-anticoagulation.

ACC-EMS ACTIVATING THE EMERGENCY RESPONSE SYSTEM

OUTCOME: The patient/family will know the basic information needed to obtain medical help.

STANDARDS:

1. Emphasize the importance of evaluating the situation to ensure it is safe before acting. Rushing into an unsafe situation could result in the caregiver becoming a victim.
2. Emphasize the importance of not moving the patient's body unless it is an emergency because there could be injuries that are not visible which could be worsened with movement.
3. Explain the importance of calling for help or identifying someone to call for help.
4. Discuss the importance of maintaining a list of phone numbers that may be needed in an emergency.

ACC-ETE EMERGENCY TREATMENT EDUCATION

OUTCOME: The patient/family will know the basic information needed to administer emergency treatment.

STANDARDS:

1. Emphasize the importance of calling for help or identifying someone to call for help in the event of an emergency. (**Refer to [ACC-EMS](#).**)
2. Discuss the appropriate treatments related to the emergency or patient's condition(s) (e.g., medications, foods, or supplies).
3. Discuss the importance of having immediate availability to emergency supplies as appropriate.
4. Discuss the importance of storage of emergency supplies as appropriate.
5. Explain the role of assessing the CABs (circulation , airway, and breathing), the role of CPR, and automatic defibrillators as appropriate.

ACC-FU FOLLOW-UP

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

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.

ACC-L LITERATURE

OUTCOME: The patient/family will receive literature regarding anticoagulation therapy.

STANDARDS:

1. Provide the patient/family with literature on anticoagulation therapy, which will include:
 - a. emphasis on the importance of fully participating in the treatment plan to prevent adverse outcomes.
 - b. information on nutrition and the effects of vitamin K containing food on therapy as appropriate (**refer to [ACC-N](#)**).
 - c. reason and dates for follow up monitoring.
 - d. potential for adverse reactions and interactions with foods and medications.
 - e. risk of increased bleeding.
2. Discuss the content of the literature.

ACC-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Emphasize the importance of avoiding activities that increase the risk of trauma or bleeding while receiving anticoagulation therapy.

2. Review the lifestyle behaviors that may require adaptation:
 - a. intake of vitamin K and omega-3 containing foods must be consistent
 - b. physical activity routine may require modification to avoid the risk of trauma or bleeding
 - c. use additional protective equipment, such as a helmet
3. 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.
4. 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.

ACC-M MEDICATIONS

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

STANDARDS:

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

ACC-MNT MEDICAL NUTRITION THERAPY

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

ACC-N NUTRITION

OUTCOME: The patient/family will understand the effect of various foods in relation to anticoagulation therapy.

STANDARDS:

1. Explain the importance of a consistent diet while receiving anticoagulation therapy.
2. Explain how foods high in vitamin K and omega-3 fatty acids may alter the anticoagulation therapy.
3. Discuss that herbs and supplements, including vitamin E and omega-3 fatty acids, may interfere with anticoagulants. Consult with a provider before using any of these products.
4. Refer to a registered dietitian, as appropriate.

ACC-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. limit exposure to occupational hazards
- 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.

ACC-S SAFETY

OUTCOME: The patient/family will understand the risks associated with anticoagulation therapy and the measures that must be taken to avoid serious adverse effects.

STANDARDS:

- 1. Discuss the risks associated with anticoagulation therapy, e.g., bleeding, stroke, adverse drug reactions.
- 2. Inform the patient/family to seek immediate medical attention in the event of bleeding, clot, or trauma.
- 3. Discuss the importance of informing all healthcare workers of anticoagulation therapy.
- 4. Emphasize the importance of avoiding activities that increase the risk of trauma or bleeding while receiving anticoagulation therapy.
- 5. Discuss the use of medical alert identifiers.

ACC-SMP SELF MANAGEMENT PLAN

OUTCOME: The patient/family will understand home monitoring and managing the results.

STANDARDS:

1. Discuss equipment use for home monitoring.
2. Develop an action plan based on results.
3. Discuss when medical consultation is needed.

ACC-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

ACC-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 the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
3. 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.

4. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
5. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

ASLT – Assault, Sexual

ASLT-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

ASLT-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the impact of sexual assault.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in sexual assault, 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.

ASLT-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications that can result from sexual assault.

STANDARDS:

1. Discuss the common complications which may include flashbacks, shock and disbelief, shame, self-blame, anger, isolation and loss of control.

2. Discuss the possibility that many patients develop acute or chronic psychological disorders, eating disorders, and suicidality as well as nonspecific somatic complaints including headaches, abdominal pain, and sleep disturbances.
3. Discuss the physical complications secondary to the assault.
4. Discuss the possibilities of infection and pregnancy and medications that can help prevent these complications.

ASLT-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.

ASLT-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of adequate and early psychological follow up.
2. Discuss medical follow-up.
3. Inform patients about legal follow up provided by law enforcement and advocate consultation.
4. Provide a list of any private and public community agencies that can provide or arrange for assessment and care of individuals involved in sexual assault.

ASLT-HELP HELP LINE

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

STANDARDS:

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

ASLT-L LITERATURE

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

STANDARDS:

1. Provide the patient/family with literature on sexual assault, including a list of any private and public community agencies that can provide assessment and care.
2. Discuss the content of the literature.

ASLT-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.

ASLT-P PREVENTION

OUTCOME: The patient/family will understand behaviors that reduce the risk of sexual assault.

STANDARDS:

1. Discuss information about sexual assault, appropriate consent for sexual relationships, and importance of a safe environment.
2. Discuss behaviors or situations that can decrease the chances of being sexually assaulted, e.g., avoidance of alcohol and drugs, use of a “buddy system.”

ASLT-PRO PROCEDURES

OUTCOME: The patient/family will understand the procedures and examinations for sexual assault.

STANDARDS:

1. Explain the process of forensic examination and what to expect.
2. Explain the different parts of the examination (e.g., oral, anogenital, entire body) for signs of trauma, evidence collection, and serologic testing.
3. Discuss that clothing may be collected as part of the examination and may not be returned to the patient.
4. Discuss post-procedure management, mandatory reporting requirements, and follow-up.

ASLT-RI PATIENT RIGHTS AND RESPONSIBILITIES

OUTCOME: The patient/family will understand personal rights associated with sexual assault.

STANDARDS:

1. Explain the right to decline any portion of the exam and the ability to stop the exam at any point.
2. Encourage communication about any discomfort or questions to the examiner and to ask for a break from the exam if needed.
3. Offer the opportunity to have a family member, friend, or patient advocate in the room during all parts of the examination.

ASLT-RP MANDATORY REPORTING

OUTCOME: The patient/family will understand the process of mandatory reporting.

STANDARDS:

1. Emphasize the importance of reporting suspected sexual assault to the proper law enforcement and child welfare/protective agencies and the patient's healthcare provider.
2. Explain that mandatory reporting is necessary to ensure the safety of all victims.
3. Explain that requirements for mandatory reporting vary by state. Some states require reporting for "reasonable cause to believe" while others require reported for "known or suspected" sexual assault.
4. Explain that states may require healthcare providers, mental healthcare providers, teachers, social workers, day care providers, and law enforcement personnel to report suspected sexual assault.
5. Explain that failure to report such information may result in criminal or civil liability for the provider.

ASLT-S SAFETY

OUTCOME: The patient/family will understand the safety issues as they relate to sexual assault.

STANDARDS:

1. Be sure victims and family members are aware of shelters and other support options available in their area. Offer a list of resources and make referrals as appropriate.
2. Assist to develop a plan of action that will ensure safety of all people in the environment of violence.

ASLT-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

ASLT-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan, including
 - a. the use of antibiotics, antivirals, vaccination and emergency contraception in the prevention of complications. **Refer to [ASLT-EC](#).**
 - b. the importance of timely psychological and medical treatment.
2. Discuss referral to community resources as appropriate.

ASM – Asthma

ASM-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the lungs and airways.
2. Discuss the changes to anatomy and physiology as a result of asthma. Explain the various aspects of an asthma attack, including airway inflammation (swelling), mucus production, and constriction of airway muscles.
3. Discuss the impact of these changes on the patient's health, growth & development or well-being.

ASM-C COMPLICATIONS

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

STANDARDS:

1. Discuss the most common complications of asthma are exacerbation or infection. These complications often result from exposure to environmental triggers, infections, or failure to fully participate with the treatment plan (e.g., medications, peak flows).
2. Emphasize early medical intervention for respiratory illnesses can reduce the risk of complications, hospitalizations and ER visits.

ASM-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.

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

ASM-DP DISEASE PROCESS

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

STANDARDS:

1. Review the anatomy and physiology of the respiratory system.
2. Discuss the common triggers of asthma attacks, e.g., smoke, animal dander, cold air, exercise.
3. Explain that asthma is a chronic inflammatory disease and must be treated on a long-term ongoing basis.
4. Explain the various aspects of an asthma attack, including airway inflammation (swelling), mucus production, and constriction of airway muscles.
5. Explain that asthma is an atopic condition and may occur in combination with other atopic illnesses, e.g., nasal allergy, eczema. Explain that control of these concomitant illnesses may be necessary to control the asthma.

ASM-EQ EQUIPMENT

OUTCOME: The patient/family will understand the medical equipment and will demonstrate 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.
4. **Refer to [ASM-NEB](#), [PF](#), [MDI](#), and [SPA](#) as appropriate.**

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

ASM-EX EXERCISE

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

STANDARDS:

1. Discuss the benefits of physical activity such as improvement in well-being, stress reduction, sleep, weight management, and bowel regulation.
2. 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)
3. Discuss the medical clearance issues for physical activity.
4. Discuss that exercise is a common trigger of asthma attacks and that inhalers or other medications may be necessary before engaging in athletic activities. Explain that for persons with severe asthma, exercise may need to be limited until the asthma is under better control.
5. Discuss barriers to a personal physical activity plan. Explore solutions to those barriers. Assist the patient in developing a personal physical activity plan.
6. 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

ASM-FU FOLLOW-UP

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

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.

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

6. Emphasize the importance of consistent peak flow measurement and charting of these measurements. Emphasize the importance of bringing peak flow charts to clinic visits as they assist in management of the asthma.

ASM-HELP HELP LINE

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

STANDARDS:

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

ASM-HM HOME MANAGEMENT

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

STANDARDS:

1. Discuss the home management plan and methods for implementation of the plan.
2. Explain the importance of following a home management plan, e.g., fewer emergency room visits and fewer hospitalizations.
3. Emphasize the importance of consistent peak flow measurement and charting of these measurements. Emphasize the importance of bringing peak flow charts to clinic visits as they assist in management of the asthma.
4. Identify and avoid/remove environmental triggers (e.g., cigarette smoke, stress, environmental smoke, pollen, mold, dust, roaches, insecticides, paint fumes, perfumes, animal dander, cold air, sulfites, and NSAIDs) as appropriate.

ASM-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.

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

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.

ASM-L LITERATURE

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

STANDARDS:

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

ASM-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.

ASM-MDI METERED-DOSE INHALERS

OUTCOME: The patient/family will be able to demonstrate the correct technique for use of metered dose inhalers and understand their role in the management of asthma.

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

STANDARDS:

1. Instruct and demonstrate the steps for standard or alternate use procedure for metered-dose inhalers and the ways to clean and store the unit properly.
2. Review the importance of using consistent inhalation technique. **Refer to [ASM-SPA](#).**

ASM-MNT MEDICAL NUTRITION THERAPY

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

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.

ASM-N NUTRITION

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

STANDARDS:

1. Discuss that some foods may affect asthma. Common triggers are milk products, egg products, wheat products, and sulfates (red wine, sausages, salad bars).
2. Emphasize that healthy eating includes:
 - a. meal planning
 - b. careful shopping and the reading of food labels
 - c. appropriate food preparation methods
 - d. portion control
 - e. avoidance of foods and beverages with little nutritional value
3. Discuss the importance of regular meals and adequate fluid intake.
4. Identify strategies for eating out, social events, traditional eating practices, and family meals.
5. Discuss the benefits and risks of nutritional supplements.
6. Refer to a registered dietitian or other local resources as appropriate.

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

ASM-NEB NEBULIZER

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

STANDARDS:

1. Describe the proper use of the nebulizer including when to use, preparation of the inhalation mixture, and inhalation technique.
2. Describe the proper care of the nebulizer equipment and tubing.

ASM-PF PEAK-FLOW METER

OUTCOME: The patient/family will be able to demonstrate the correct use of the peak-flow meter.

STANDARDS:

1. Discuss the use and care of the peak flow meter as a tool for measurement of the peak expiratory flow rate (PEFR) and the degree of airway obstruction.
2. Discuss peak flow zones as an objective way to determine the current respiratory function and to manage airway disease.
3. Emphasize that regular monitoring can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate a more active lifestyle.
4. Explain that daily charting of the peak flow values and bringing the chart to clinic visits will assist the provider in assessing the patient's current asthma control and in adjusting the medications.

ASM-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.

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

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.

ASM-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress may exacerbate asthma.
2. 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
3. Provide referrals as appropriate.

ASM-SMP SELF MANAGEMENT PLAN

OUTCOME: The patient/family will understand the importance of an asthma self-management plan.

STANDARDS:

1. Explain that an asthma management plan helps to treat asthma symptoms promptly when used in combination with routine peak flow monitoring.

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

2. Explain that an asthma management plan provides the patient/family with instructions on how to manage asthma based upon peak flow meter results and symptoms.
 - a. Green Zone (80-100% personal best peak flow): represents times when the patient is breathing well, not coughing or wheezing, and can work/play normally. Instruct the patient to continue the current treatment plan.
 - b. Yellow Zone (50-80% personal best peak flow): represents times when the patient is coughing or wheezing, having difficulty breathing, or is waking up at night from asthma symptoms. Patients should receive instructions on appropriate therapy.
 - c. Red Zone (< 50% personal best peak flow): represents times when the patient is breathing hard and fast, cannot talk/walk well, and is not receiving relief from the current treatment plan. Patients should receive instructions on appropriate therapy and advice to seek medical attention immediately.
3. Provide the patient/family with a copy and discuss the appropriate use of the asthma management plan.

ASM-SPA SPACERS

OUTCOME: The patient/family will be able to demonstrate the correct use of spacers and understand their importance in delivery of medications.

STANDARDS:

1. Instruct and demonstrate proper technique for spacer use.
2. Discuss proper care and cleaning of spacers.
3. Explain how spacers improve the delivery of inhaled medications.

ASM-TE TESTS

OUTCOME: The patient/family will understand the test(s) or test result(s).

STANDARDS:

1. Explain the recommended test(s):
 - a. method of testing (lab, radiology, or procedure)
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal
 - 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 test results

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

2. Explain the test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. recommendations based on the test results

ASM-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.

ASM-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 community resources as appropriate.

ADHD – Attention Deficit/Hyperactivity Disorder

ADHD-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of attention-deficit/hyperactivity disorder.

STANDARDS:

1. Explain that ADHD is part of a spectrum of, and may co-exist with other psychiatric diagnoses, including oppositional defiant disorder and conduct disorder.
2. Discuss that dysfunctional family dynamics often exists in the homes of persons with ADHD, and that usual disciplinary measures are often not effective with children with ADHD.
3. Discuss that growth delay is often a problem with treated and untreated ADHD and may require intervention by a registered dietitian. **Refer to [ADHD-N](#).**
4. Discuss that persons with ADHD are at increased risk of injuries.
5. Discuss that persons with ADHD often have problems with learning and behavior at school and other organized activities.

ADHD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the nature and course of attention-deficit/hyperactivity disorder.

STANDARDS:

1. Discuss the pattern of symptoms present in ADHD, some of which must have been present before the age of 7, but may be diagnosed in adulthood:
 - a. Inattention
 - i. Makes careless mistakes or fails to pay close attention.
 - ii. Has difficulty sustaining attention.
 - iii. Appears not to listen.
 - iv. Does not follow through on instruction, or fails to complete tasks.
 - v. Often loses things.
 - vi. Is forgetful.
 - b. Hyperactivity
 - i. Fidgets with hands and feet, or squirms in seat.

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- ii. Leaves seat when remaining in seat is expected.
- iii. Often runs about or climbs excessively when it is inappropriate.
- iv. Restlessness in adults and adolescents.
- v. Has difficulty playing or engaging in leisure activities quietly.
- vi. Talks excessively.
- c. Impulsivity
 - i. Blurts out answers before questions have been completed.
 - ii. Has difficulty awaiting turn.
 - iii. Often interrupts or intrudes on others.
- d. Associated Features
 - i. Has low frustration tolerance, temper outbursts, bossiness, stubbornness, mood lability, demoralization, dysphoria.
 - ii. Has rejection by peers and teachers as well as poor self-esteem.
- 2. Discuss that the persistent pattern of inattention and/or hyperactivity/impulsivity is due to a central nervous dysfunction, and must be present in more than one area of functioning (e.g., home, school, and work).
- 3. Explain that ADHD is categorized into three subtypes: Predominantly Inattentive Type, Predominantly Hyperactive-Impulsive Type, and Combined Type.
- 4. Discuss the current theories of the causes of ADHD:
 - a. Neurological: Central Nervous System Dysfunction
 - b. Environmental toxins: lead, prenatal exposure to cigarette smoke and alcohol
 - c. Genetics
 - d. Environmental Factors: Parenting and social variables
- 5. Discuss the problems associated with ADHD: impaired academic achievement, learning disabilities, health problems, social problems, family conflicts, oppositional behavior, and sleep problems.
- 6. Discuss the prognosis for ADHD; most people with ADHD learn to compensate for their deficiencies and no longer need medication into adulthood.

ADHD-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care.

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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. Discuss prescription medications and how follow-up relates to the ability of the patient to get refills of medications.

ADHD-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding attention-deficit/hyperactivity disorder.

STANDARDS:

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

ADHD-L LITERATURE

OUTCOME: The patient/family will receive literature about attention-deficit/hyperactivity disorder.

STANDARDS:

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

ADHD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the factors that contribute to better outcomes for attention-deficit/hyperactivity disorder in children and adults.

STANDARDS:

1. Explain that the treatment of ADHD requires family involvement in an ongoing fashion.
2. Discuss that effective therapy often requires restructuring the home, community, and school environments.
3. Explain that the use of multiple, consistent, persistent interventions in all areas of functioning (including school and home) are necessary for a good outcome.

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4. Discuss the need to advocate for, not against, the child.
5. Discuss the importance of positive reinforcement for good behaviors and support of self-esteem.
6. Discuss the effects of parental stress and marital problems on children. Further discuss that ADHD may exacerbate parental stress and marital problems. Explain that these problems should not be ignored and that appropriate help should be sought as soon as the problem is identified.

ADHD-M MEDICATIONS

OUTCOME: The patient/family will understand the importance of fully participating with a prescribed medication regimen, if applicable.

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.

ADHD-MNT MEDICAL NUTRITION THERAPY

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

PATIENT EDUCATION PROTOCOLS:**ATTENTION DEFICIT/HYPERACTIVITY DISORDER**

ADHD-N NUTRITION

OUTCOME: The patient/family will understand the nutritional requirements for the child with attention-deficit/hyperactivity disorder and will plan for adequate nutritional support.

STANDARDS:

1. Explain that the hyperactive child will often burn more calories than age-matched peers and will require additional caloric intake for adequate growth.
2. Discuss that many medications used for ADHD suppress appetite. Timing of the medication may need to be adjusted to optimize hunger at mealtimes.
3. Explain that children with ADHD are distractible and may need to be reminded to eat.
4. Discuss that academic performance and behavioral compliance may improve with opportunities for calorie intake in mid-morning and mid-afternoon.

ADHD-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed to diagnose attention-deficit/hyperactivity disorder.

STANDARDS:

1. Discuss the test(s) to be performed to diagnose ADHD. Answer the patient/family questions regarding the testing process.
2. Refer to Behavioral Health or other community resources as appropriate.

ADHD-TX TREATMENT

OUTCOME: The patient/family will understand the components of treatment for attention-deficit/hyperactivity disorder symptoms.

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 the therapy for ADHD is multi-factorial and may consist of:
 - a. Parent Education
 - b. Behavior Management and Behavior Therapy (consistent in the school and home)
 - c. Educational Management
 - d. Play therapy/psychotherapy

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e. Medication Therapy

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.

ATO - Autoimmune Disorders

ATO-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.

ATO-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the immune system and organs affected by the autoimmune disorder.

STANDARDS:

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

ATO-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

ATO-C COMPLICATIONS

OUTCOME: The patient/family will understand how to lessen the complications of the patient's particular autoimmune disorder.

STANDARDS:

1. Discuss the common complications associated with the autoimmune disorder.
2. Review the treatment plan with the patient/family. Explain that complications are worsened by non-participation in the treatment plan.

ATO-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the patient's particular autoimmune disorder.

STANDARDS:

1. Discuss the causes and effects of the autoimmune disorder.
2. Describe autoimmune disorders as a spectrum of disorders caused by inappropriate activation of the immune system against the rest of the body.
3. Explain that diagnosis is difficult and treatments are highly individualized and may vary over the course of the particular autoimmune disorder.

4. Explain that outcome varies with the specific disorder. Most are chronic, but many can be controlled with treatment.
5. Explain that symptoms of autoimmune disorders vary widely depending on the type of disorder. A group of non-specific symptoms often accompany the autoimmune disorder. Review these symptoms with the patient:
 - a. tires easily
 - b. fatigue
 - c. dizziness
 - d. malaise
 - e. low grade temperature elevations

ATO-FU FOLLOW-UP

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

ATO-HELP HELP LINE

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

STANDARDS:

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

ATO-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of the particular autoimmune disorder.

STANDARDS:

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures.

ATO-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.

ATO-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to the particular autoimmune disorder.

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.

ATO-L LITERATURE

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

STANDARDS:

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

ATO-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to the autoimmune disorder, such as diet, physical activity, sexual activity, role changes, communication skills, and interpersonal relationships.
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.

ATO-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.

ATO-MNT MEDICAL NUTRITION THERAPY

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

ATO-N NUTRITION

OUTCOME: The patient/family will understand the role of appropriate nutrition in the management of the particular autoimmune disorder.

STANDARDS:

1. Explain that keeping a food diary is beneficial to determine nutritional habits and intake.
2. Explain that some autoimmune disorders may improve or worsen with changes in diet.
3. Explain that many patients with autoimmune disorders will have altered nutritional requirements and will require a nutritional plan. Refer to a registered dietitian for MNT as appropriate.

ATO-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.

ATO-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.

ATO-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.

ATO-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain that uncontrolled stress can interfere with the treatment of autoimmune 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.

ATO-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

ATO-TX TREATMENT

OUTCOME: The patient/family will understand the available treatments.

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. Refer to community resources as appropriate.

B**BARI - Bariatric Surgery****BARI-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.

BARI-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the digestive tract and normal process of digestion.
2. Discuss the changes to anatomy and physiology as a result of this patient's bariatric surgery.

3. Discuss the impact of these changes on the patient's health or well-being. Bariatric surgery has several emotional components to it. It provides long-term metabolic control of diabetes and hypertension.
4. Discuss the several types of bariatric surgery available:
 - a. **Roux-en-Y.** This is a non-reversible gastric bypass surgery. It decreases the amount of food and liquids that can be eaten at one sitting and reduces the absorption of nutrients. Food bypasses most of the stomach and the first section of the small intestine, and instead enters directly into the middle part of the small intestine.
 - b. **Biliopancreatic diversion with duodenal switch.** A type of gastric bypass where 80 percent of the stomach is removed. This surgery bypasses the majority of the intestine by connecting the end portion of the intestine to the duodenum near the stomach. This surgery both limits how much you can eat and reduces the absorption of nutrients. Risks include malnutrition and vitamin deficiencies and is generally reserved for people who have a body mass index greater than 50.
 - c. **Laparoscopic adjustable gastric banding (LAGB).** A surgical procedure where an inflatable band is placed around the uppermost part of the stomach. When the band is inflated, it compresses the stomach, acting like a belt that tightens. The band can be adjusted so that it restricts more or less food. It may lead to less weight loss than other procedures, and may need band adjustment periodically.
 - d. **Vertical banded gastroplasty.** This procedure, also called stomach stapling, divides the stomach into two parts, restricting how much food can be eaten. The upper pouch is small and empties into the lower pouch of the stomach. Generally, this procedure results in smaller weight loss.
 - e. **Sleeve gastrectomy.** A sleeve gastrectomy changes the shape of the stomach into a tube, which restricts the amount of calories the body absorbs.

BARI-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with bariatric surgery that requires a change in lifestyle. Changes to eating patterns can be emotionally and culturally difficult to manage.

2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in bariatric surgery. Bariatric surgery is a life altering procedure. Many times intensive psychological counseling is required prior to consideration for the surgery. Inability to comply with significant lifestyle change can lead to emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
5. Refer to a mental health agency or provider.

BARI-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common complications of complications of bariatric surgery, both in the short term and long term including:
 - a. Excessive bleeding or clotting
 - b. Dehydration
 - c. Infection
 - d. Adverse reactions to anesthesia
 - e. Lung or breathing problems
 - f. Leaks to the gastrointestinal system and stomach perforation
 - g. Malnutrition, anemia
 - h. Bowel obstruction
 - i. Dumping syndrome, causing diarrhea, nausea, or vomiting
 - j. Gallstones
 - k. Hernia
 - l. Dysphagia/band slippage, Band Deflation, Band Erosion, Anastomotic leak, Anastomotic stricture
 - m. Death
2. Discuss the complications of not following medically necessary lifestyle adaptations. This may include regaining weight lost, emotional disturbances, and return of pre-surgery conditions (i.e., diabetes).
3. Discuss the psychological components of bariatric surgery.

4. Discuss that excessive loose skin folds from weight loss are common and may be undesirable. Surgery to fix skin folds may be at the patient's own expense.

BARI-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 that cultural food and fluid practices may need to be significantly altered following bariatric surgery.

BARI-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity as it relates to bariatric surgery.

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. Discuss that pre-surgery physical activity counseling that may be required, as well as the expectations for physical activity following surgery.
6. Refer to community resources as appropriate.

BARI-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that patient participation in the follow-up portion of the post-surgical program is an essential part of staying healthy after bariatric surgery and is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up. These include severe abdominal surgery, fever, vomiting, bleeding, and trouble breathing.
5. Discuss the availability of community resources and support services and refer as appropriate.

BARI-HELP HELP LINE

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

STANDARDS:

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

BARI-L LITERATURE

OUTCOME: The patient/family will receive literature about bariatric surgery.

STANDARDS:

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

BARI-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to bariatric surgery. Bariatric surgery requires significant adaptation because of drastic food and liquid restrictions.

2. Discuss that the family may also require lifestyle adaptations. This will affect family eating patterns, celebrations, holiday observances, social gatherings, eating out, work place, and traveling.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

BARI-M MEDICATIONS

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

STANDARDS:

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

BARI-MNT MEDICAL NUTRITION THERAPY

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

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.

BARI-N NUTRITION

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

STANDARDS:

1. Discuss the intensive nutrition counseling for bariatric surgery that begins well before surgery and continues well after surgery to help monitor health and behaviors. Bariatric surgery requires significant adaptation because of drastic food and liquid restrictions and changes.
 - a. Discuss that dietary changes are lifelong commitments.
 - b. Discuss that following surgery the individual may be required to have no foods by mouth and after several days increased to a clear liquid, full liquid, and then pureed diet. Discuss that enteral feedings may be useful.
 - c. Discuss that semisolid food should only be added in small amounts. The stomach capacity may be as small as 30 ml (2 tablespoons). Discuss the importance of complying with medical provider's and registered dietitian's recommendations.
 - d. Discuss the changes in food and fluid intake. Some individuals experience vomiting from chewing too rapidly, improperly chewing and consuming fluids immediately after eating. Individuals are recommended to eat slowly and consume fluids separately from meals.
 - e. Discuss that foods high in fat and high in carbohydrates may need to be limited.
 - f. Discuss the need for a high protein diet.
2. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss how to prevent nutritional deficiencies and risks of anemia. Because the stomach structure, size and functions have been changed, the body may not be able to receive enough nutrients from food. Vitamin supplementation will be needed for the rest of life, especially vitamin D, B12, folic acid, calcium and iron.
4. Discuss the importance of meeting with a registered dietitian for MNT or other local resources as appropriate.

BARI-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.

BARI-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. Refer to [BARI-AP](#).
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.

BARI-SM STRESS MANAGEMENT

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

STANDARDS:

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

BARI-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

BARI-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).

BARI-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.

BARI-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.

BH – Behavioral and Social Health

BH-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 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. 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 activities of daily living.

BH-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.

BH-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.

BH-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss the common difficulty in coping with the diagnosis that may require a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, or other emotional reactions that are common with the diagnosis, 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.

BH-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.

BH-EX EXERCISE

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

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. 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.

BH-FU FOLLOW-UP

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

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.

BH-GP GRIEVING PROCESS

OUTCOME: The patient/family will understand the grieving process as it relates to the specific issue or problem.

STANDARDS:

1. Explore any feelings and losses that affect the patient and the patient's loved ones.
2. Discuss the importance of keeping open communication and promoting social interaction in preserving the dignity of the patient.
3. Explore how separation and mourning are aspects of the bereavement process.
4. Explain that the need to repeatedly verbalize feelings is a normal part of grieving.
5. **Refer to GRIEF** (in Volume III of this manual set).

BH-HELP HELP LINE

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

STANDARDS:

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

BH-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management skills and procedures.

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.

BH-HOU HOUSING

OUTCOME: The patient/family will understand the relationship between adequate and safe housing and optimal health.

STANDARDS:

1. Provide the patient/family with current information on the availability of shelter services and/or affordable housing or housing assistance (e.g., subsidized housing, emergency rental assistance).
2. Provide the patient/family with assistance and advocacy as needed when attempting to:
 - a. secure shelter or housing services.
 - b. secure utilities, e.g., running water, electricity.
 - c. understand the options available for emergency shelter and/or affordable housing.
3. Explain information pertaining to proper utilization of federal, state, county, and Tribal resources, e.g., home site leases, and archeological and aerial surveys.

BH-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.

BH-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene.

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.

BH-IB INSURANCE/BENEFITS

OUTCOME: The patient/family will understand the differences among various financial and insurance programs and benefits.

STANDARDS:

1. Explain the process for completing the applications for SSI, Social Security, or other needs assistance, e.g., TANF, food stamps, etc.
2. Provide assistance to patients/families in completing the appropriate applications for identifiable services.

BH-L LITERATURE

OUTCOME: The patient/family will receive literature about behavioral health issue(s)

STANDARDS:

1. Provide the patient/family with appropriate literature and/or Website addresses to facilitate understanding and knowledge of behavioral health issues.
2. Discuss the content of the literature.

BH-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for the condition or illness.

STANDARDS:

1. Discuss the lifestyle adaptations specific to the condition or illness.
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.

BH-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.

BH-PA PARENTING

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

STANDARDS:

1. Discuss the methods for appropriate parenting at home, including the appropriate use of rewards and consequences, and methods for improving the adult-child relationship.

2. Discuss the physical, emotional, and cognitive needs of the child based on age and level of development.
3. Emphasize the importance communicating in a way that the child understands.
4. Discuss the methods for providing emotional support and unconditional assistance to the child.
5. Refer the family to mental health services/family counseling if the family/child(ren) are becoming overwhelmed.

BH-PLC PLACEMENT

OUTCOME: The patient/family will understand the recommended level of care/placement as a treatment option.

STANDARDS:

1. Explain the rationale for the recommended placement based on patient/family preference, level of need, involuntary placement, safety, eligibility, availability and funding.
2. Explain that the purpose of placement is to improve mental or physical health and to ensure a safe and supportive environment for continued healing.
3. Discuss alternative placement or treatment options if recommended placement is declined or unavailable.
4. Discuss patient/family fears and concerns regarding placement and provide advocacy and support.

BH-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.

BH-RI PATIENT RIGHTS AND RESPONSIBILITIES

OUTCOME: The patient/family will understand patient rights and responsibilities.

STANDARDS:

1. Explain to the patient/family their rights and responsibilities.
2. Discuss patient's rights to privacy and confidentiality with exceptions for danger to harm self and others or inability to care for self, as appropriate.
3. Explain to the patient/family the process for addressing conflict resolution and grievance.

BH-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to the condition or illness.

STANDARDS:

1. Discuss the safety plan/contract with the patient, including no-harm contract and local resources and phone numbers, in case the condition worsens.
2. Discuss the process of hospitalization should the patient have difficulties staying safe.
3. Explain that local police may also be available to assist in transportation and safety compliance.

BH-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with the particular problem or issue.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with the particular problem or issue.
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.

BH-TE TESTS/SCREENING

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

BH-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).

BH-TR TRANSPORTATION

OUTCOME: The patient/family will understand the options available to them in securing reliable, affordable and accessible transportation in order to keep healthcare and other appointments.

STANDARDS:

1. Provide the patient/family with information regarding transportation options which may include transportation covered by insurance, public, handicap accessible, and tribal or other community transportation services.
2. Assist the patient/family in determining eligibility requirements, obtaining and completing applications and securing documentation as needed to attain transportation services.

BELL – Bell's Palsy

BELL-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to Bell's palsy.

STANDARDS:

1. Explain that Bell's palsy is a form of facial paralysis resulting from damage or disease of the 7th (facial) cranial nerve.
2. Explain that the mechanism of Bell's palsy involves swelling of the nerve due to immune or viral disease, with ischemia and compression of the nerve in the confines of the temporal bone.

BELL-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of Bell's palsy.

STANDARDS:

1. Explain that damage to the cornea can occur if the eyelid does not close, blinking is impaired, or lacrimation does not occur.
2. Discuss that the frequent use of artificial tears, saline drops, or lubricant eye ointment in the eyes may be helpful.
3. Explain that the healthcare provider may recommend the use of tape or an eye patch to help close the eye.
4. Explain that the recovery for complete paralysis takes longer and that there is an increased incidence of residual symptoms. During the recovery period, regrowth of nerve fibers may result in tearing while eating and unexpected muscle contractions during voluntary facial movements.

BELL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the possible causes and disease process of Bell's palsy.

STANDARDS:

1. Explain that Bell's palsy can strike almost anyone at any age, but it is less common before age 15 and after age 60. Explain that it is more common in persons with diabetes, influenza, a cold or upper respiratory ailment, and pregnancy.

2. Explain that the common cold sore virus, herpes simplex, and other herpes viruses cause many cases of Bell's palsy, but Bell's palsy can also be caused by other infections especially tick fevers.
3. Explain that facial paralysis may cause a drooping eyelid, inability to blink, drooping mouth, drooling, dryness of the eye or mouth, impaired taste, and excessive tearing. Explain that in severe cases the eye may not close and that salivation, taste and lacrimation may be affected.
4. Discuss that the prognosis for Bell's palsy is generally very good and usually complete. Some of the symptoms may last longer and may never completely disappear.

BELL-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of Bell's palsy.

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.

BELL-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding Bell's palsy and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as <http://www.ninds.nih.gov/disorders/bells/bells.htm>

BELL-L LITERATURE

OUTCOME: The patient/family will receive literature regarding Bell's palsy and its treatment.

STANDARDS:

1. Provide the patient/family with literature on Bell's palsy and its treatment.
2. Discuss the content of the literature.

BELL-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.

BELL-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.

BELL-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

BELL-TX TREATMENT

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

STANDARDS:

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

BD – Bipolar Disorders

BD-C COMPLICATIONS

OUTCOME: The patient/family will understand the possible complications related to bipolar disorders.

STANDARDS:

1. Explain that child abuse, spousal abuse, school truancy, school failures, occupational failure, divorce, legal problems, or episodic antisocial behavior may occur during manic or psychotic episodes.
2. Explain that individuals diagnosed with any of the bipolar disorders often have other associated problems, including Anorexia Nervosa, Bulimia Nervosa, Attention-Deficit Hyperactivity Disorder (**refer to [ADHD](#)**), Panic Disorder (**refer to PANIC** of Volume IV of this manual set), social phobia (**refer to PHOB** of Volume IV of this manual set), and substance-related disorders (**refer to [AOD](#)**).
3. Discuss that individuals diagnosed with bipolar disorder have completed suicides at higher rates than the national average, especially during manic episodes.

BD-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.

BD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of the bipolar disorder under consideration.

STANDARDS:

1. Explain that bipolar disorder is a chronic condition that has a biological component that often runs in families, but which can be managed with medication and therapy.
2. Explain that bipolar disorder includes either manic, hypomanic, or mixed episodes and almost always includes depressive episodes (**refer to [DEP](#)**):
 - a. Discuss the symptoms and course of **Manic Episodes**:
 - i. A distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting at least one week
 - ii. Inflated self-esteem or grandiosity
 - iii. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
 - iv. More talkative than usual or pressure to keep talking
 - v. Flight of ideas or subjective experience that thoughts are racing
 - vi. Distractibility
 - vii. Increase in goal-directed activity (e.g., sexually or socially, at work or school) or psychomotor agitation.
 - viii. Excessive involvement in pleasurable activities that have high potential for painful consequences (e.g., unrestrained buying sprees, sexual indiscretions, or foolish business investments)
 - ix. Delusions or hallucinations are possible
 - b. Discuss the symptoms and course of **Mixed Episodes**:
 - i. Explain that in Mixed Episodes, the criteria are met both for a Manic Episode and for a Major Depressive Episode (except for duration) nearly every day for at least one week.
 - ii. Explain that the individual experiences rapidly alternating moods (sadness, irritability, euphoria) and is more likely to seek help due to increased dysphoria.
 - c. Discuss the symptoms and course of **Hypomanic Episodes**, which are less severe in intensity and duration than Manic Episodes:
 - i. The distinct period of elevated, expansive, and irritable mood usually lasts at least four days.
 - ii. The list of additional symptoms are identical to those found in manic episodes above (# 2a), but hallucinations and delusions cannot be present.
 - iii. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic, and may require collateral information from significant others to confirm observable changes from normal functioning.

- d. The symptoms for all of these episodes are not due to a general medical condition (e.g., hypothyroidism) or the direct physiological effects of a substance, including drug of abuse, medication, or other treatment.
 - e. The disturbance is sufficiently severe to cause marked impairment in social or occupational functioning, except in hypomanic episodes wherein the disturbance is less severe.
3. Explain that all the bipolar disorders have similar courses of development:
 - a. The first Manic/Hypomanic episode will usually occur before the age of 40.
 - b. Most will have recurrent episodes.
 - c. Most manic episodes occur immediately before or after depressive episodes, and the episodes tend to decrease as the individual ages.
 - d. The majority of individuals will return to fully functional levels between episodes, although some may continue to experience mood lability and interpersonal/occupational difficulties.

BD-FU FOLLOW-UP

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

BD-HELP HELP LINE

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

STANDARDS:

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

BD-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.

BD-L LITERATURE

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

STANDARDS:

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

BD-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to bipolar disorder, which due to its chronic nature, includes a commitment to continuous mental health treatment and a medication regime.

2. Discuss that the family members may also require lifestyle adaptations to care for the patient, including safety measures should a patient become manic and/or potentially dangerous to self or others.
3. Discuss the ways that the individual can help manage depressive or manic episodes:
 - a. Eat a balanced diet
 - b. Exercise daily
 - c. Avoid extensive travel into other time zones
 - d. Sleep approximately the same number of hours each night
 - e. Avoid alcohol or illegal drugs
 - f. Reduce stress at work and at home
 - g. Limit caffeine and nicotine during manic episodes
4. Refer to community services, resources, or support groups, as available.

BD-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.

BD-MNT MEDICAL NUTRITION THERAPY

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

BD-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to bipolar 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 diet adaptations that will be necessary due to the nature of mood stabilizing medications that can cause sedation and cravings for sweet food.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

BD-S SAFETY

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

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures for worsening conditions, e.g., suicidal or homicidal ideation, decompensation, and/or urges to engage in risky/dangerous behavior arise.
2. Discuss the importance of psychiatric hospitalization during crises to ensure patient safety.
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.

BD-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect on the condition and precipitate depressive or manic episodes.
2. Explain the role of effective stress management in preventing and/or abating depressive or manic episodes.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of one's reactions to stress
 - b. recognizing and accepting limits
 - c. talking with trusted people about one's 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.

BD-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).

BD-TX TREATMENT

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

STANDARDS:

1. Explain that both psychotherapy and medication are recommended for bipolar disorder because of its lifelong nature, and that the patient's active participation in the treatment decisions is critical to a good outcome.
2. Explain that medication intervention is the crucial factor for maintaining mood stability in bipolar disorder. Psychotherapy may be supportive for chronic conditions or expressive and insight oriented.
3. Explain that medication and psychotherapy may also be useful in treating co-morbid conditions that exacerbate the course of bipolar disorder and may help improve quality of life.
4. Explain that therapists have different styles and orientations of therapy, and that no one approach has been shown to be more effective than others, although some styles may suit the patient better.
5. Explain that psychiatric hospitalization is sometimes necessary when depressive or manic episodes worsens, and suicidal thoughts or risky behaviors arise.
6. Discuss the importance of managing symptoms of bipolar disorder with alternative measures during pre-conception and pregnancy when medications are contra-indicated in women in childbearing age, as appropriate.

BITE – Bites, Animal and Human

BITE-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to animal and/or human bites.

STANDARDS:

1. Explain the normal anatomy and physiology of the affected body part(s).
2. Discuss the changes to anatomy and physiology as a result of bite injury as applicable.
3. Discuss the impact of these changes on the patient's health or well-being.

BITE-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of animal and/or human bite.

STANDARDS:

1. Discuss the common complications associated with this bite.
 - a. Infection
 - i. Cellulitis
 - ii. Osteomyelitis
 - iii. Viral, such as Rabies. Highest risk: bat, skunk, raccoon, fox, wild or unvaccinated dog
 - b. Mutilation
 - c. Loss of function
 - d. Phobias
 - e. Death
2. Explain that tetanus may be a complication of the bite if immunizations are not current.

BITE-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.

BITE-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss that bites can cause ripping and tearing of tissues, dislocation of joints, nerve damage, and breaking of bones.
2. Explain that bites can cause inoculation of bacteria, viruses, and debris into the wound site.

BITE-FU FOLLOW-UP

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

STANDARDS:

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

BITE-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to the animal/human bite.

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

BITE-L LITERATURE

OUTCOME: The patient/family will receive literature about animal and human bites.

STANDARDS:

1. Provide the patient/family with literature on animal and human bites.
2. Discuss the content of the literature.

BITE-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.

BITE-P PREVENTION

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

STANDARDS:

1. Discuss the importance of supervising children around animals as well as avoiding and not feeding wild or stray animals.
2. Explain that animals need to be handled gently and never teased.
3. Discuss animal behaviors suggestive of rabies, e.g., aggression, foaming of mouth, nocturnal animals encountered during the day, loss of fear of humans.
4. Explain that aggressive, domesticated animals should be eliminated from the home.
5. Discuss the importance of rabies vaccination for pets.

BITE-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.

BITE-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

BITE-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. Explain that counseling by a mental health professional should be sought if symptoms of anxiety or depression arises, .e.g., phobias, PTSD.

BITE-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.

BL – Blood Transfusions

BL-C **COMPLICATIONS**

OUTCOME: The patient/family will understand the potential complications of blood transfusions.

STANDARDS:

1. Explain that blood transfusions are very safe but complications can occur. These complications can range from mild (most common) to life-threatening (rarely occurs).
2. Explain that symptoms of most transfusion reactions may occur either during or soon after the transfusion. Explain that the following symptoms should be reported to the nurse immediately:
 - a. fever, chills, headaches
 - b. hives, rash
 - c. sick to the stomach
 - d. short of breath, coughing wheezing
 - e. anxiety, uneasy feeling, rapid heart beat
 - f. back, flank, or chest pain
 - g. heat, pain, or swelling at the IV site
 - h. passing dark or red urine
 - i. headaches
3. Explain that thoroughly testing the donated blood reduces the risk of contracting infectious diseases such as HIV, hepatitis, or bacterial infection. The risk of contracting an infection from a blood transfusion is extremely low.
4. Explain the importance of alerting the nurse of any change in condition during the transfusion, even if it seems minor. Emphasize that serious complications can be prevented by early recognition.

BL-FU **FOLLOW-UP**

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

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.

BL-L LITERATURE

OUTCOME: The patient/family will receive literature about blood transfusions.

STANDARDS:

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

BL-S SAFETY

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

STANDARDS:

1. Explain that safeguards are in place to ensure that donated blood is safe. Donors must pass a physical and health history examination before they donate blood. Donated blood is thoroughly tested to make sure it is free from disease or infection.
2. Explain that before a blood product is prepared for transfusion, the donated blood and the patient's blood are tested to make sure that they are compatible.
3. Explain that prior to transfusion, two nurses will verify that the correct blood product is given to the correct patient and that it has been properly tested for compatibility.
4. Explain that during the transfusion the patient will be monitored at regular intervals so that any complications or reactions will be identified and treated immediately.
5. Explain that it is very important to call the nurse right away to report any suspected reactions.

BL-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

BL-TX TREATMENT

OUTCOME: The patient/family will understand the necessity for the blood transfusion.

STANDARDS:

1. Explain that a blood transfusion is the transference of blood from one person to another.
2. Explain that blood transfusions are used in a variety of medical conditions to replace lost components of the blood. Common reasons include: blood loss related to surgery, injury, disease; anemia, or blood disorders. Discuss the specific reason that the patient requires a transfusion.
3. Explain that there are a variety of blood components available. The most common components given by transfusion are red cells, plasma, and platelets. Describe the blood component that will be administered and explain the necessity as related to the specific injury or disease process.
4. Explain that blood transfusions have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of transfusion as well as for not receiving the transfusion.
5. Explain that medications may be administered prior to the blood transfusion to reduce the risk of developing a transfusion reaction.

BF - Breastfeeding

BF-AOD ALCOHOL AND OTHER DRUGS

OUTCOME: The mother/family will understand the dangers of alcohol and other drugs while breastfeeding.

STANDARDS:

1. Discuss the potentially lethal effects for the baby if a breastfeeding mother uses recreational/street drugs (e.g., opioids, cocaine, amphetamines, and prescription narcotics).
2. Discuss that it is likely to take 2 hours for a nursing mother's body to eliminate the alcohol from the breastmilk if she has a standard serving of an alcohol containing beverage. A standard serving is typically 12 ounces of beer, one shot of liquor, or 4-5 ounces of wine. Encourage the abstinence from alcohol.
3. Discuss the dangers of tobacco use or exposure to a nursing infant. This includes increased risk of sudden infant death syndrome (SIDS), cardiovascular effects, and respiratory problems.

BF-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The mother/family will understand anatomy and physiology as they relate to breastfeeding.

STANDARDS:

1. Explain the external anatomy of the breast, including the areola and nipple.
2. Explain the internal anatomy of the breast, including the milk glands, ducts, and milk sinuses.
3. Explain the physiology of breastfeeding, including:
 - a. production of colostrum
 - b. onset of white mature milk within 3-5 days postpartum
 - c. let down/milk ejection reflex
 - d. uterine cramps
4. Explain that breast implants should not impede breastfeeding.

BF-BB BENEFITS OF BREASTFEEDING

OUTCOME: The mother/family will understand the benefits of exclusive breastfeeding for at least the first six months.

STANDARDS:

1. Explain that exclusive breastfeeding means no food or drink other than breast milk for the first six months, unless medically indicated.
2. Explain the benefits of exclusive breastfeeding for mother including:
 - a. decreased risk of postpartum hemorrhage and enhanced uterine involution
 - b. decreased risk of some cancers and diabetes
 - c. decreased risk of post-delivery depression
 - d. delayed return of menses
 - e. improved postpartum weight loss
 - f. improved bonding
 - g. reduced cost
3. Explain the benefits of exclusive breastfeeding for the baby, including:
 - a. improved bonding
 - b. right balance of nutrients for growth and always at the right temperature
 - c. easier to digest
 - d. decreased diarrhea and constipation
 - e. enhanced immunity, decreased respiratory and ear infections
 - f. decreased risk of obesity and diabetes
 - g. decreased risk of SIDS

BF-BC BREAST CARE

OUTCOME: The mother/family will understand how to care for the breasts and manage common breast conditions.

STANDARDS:

1. Explain that engorgement is caused by congestion of the blood vessels in the breast. The breasts become swollen, hard, and painful. The nipples may not stick out enough to allow the baby to latch-on correctly. Breast engorgement can be relieved by:
 - a. nursing more often (8 times or more in 24 hours) at least 15 minutes at each feeding
 - b. expressing milk manually or using a breast pump
 - c. using gentle massage and applying compresses (warm or cold based on personal references)

2. Explain that cracked or nipple soreness can be caused by wrong position of the baby when breastfeeding and not taking care of nipples. Some techniques for preventing and treating sore nipples:
 - a. Ensuring the correct position for latch-on with most of the areola in the baby's mouth.
 - b. Applying olive oil, expressed milk, or ointments containing lanolin to help soothe dry or cracked nipples.
 - c. Choosing a proper-fitting, cotton nursing bra.
 - d. **Refer to [BF-ON](#).**
3. Explain that a breast infection (mastitis) can cause aching muscles, fever, and a red, hot, tender area on the breast. Seek medical care for treatment. Other techniques for treating breast infection include:
 - a. continue frequent breastfeeding despite infection and antibiotic treatment and reassure mother that the baby can continue to safely breastfeed
 - b. wear a comfortable bra between feedings
 - c. rest and apply warm compresses over the infected area
4. Explain that thrush (candida) is a common yeast infection that can be passed between mother and baby during breastfeeding. The techniques for treating and recognizing signs of infection include:
 - a. Keeping the nipples dry helps prevent thrush (e.g., change breast pads often, let nipples air dry).
 - b. Recognizing the symptoms of thrush (candida), including red painful nipples, with characteristic cracking at the base of the nipple. Symptoms for baby are white patches and increased redness in the mouth. Emphasize the need for medical treatment for both mother and baby to eliminate thrush.
 - c. Emphasizing the need to aggressively clean all items that come in contact with the mother's nipple or the baby's mouth with hot soapy water.
5. Explain that a sore breast lump and decreased milk flow without fever or other symptoms (seen with infection) may be a clogged milk duct usually caused by infrequent nursing, incomplete emptying of breast or engorgement. Apply warm compress and massage before breastfeeding to help dislodge the clog.
6. Explain that in most cases, pierced nipples do not interfere with breastfeeding, but rings should be removed prior to a breastfeeding to prevent choking. Discourage new piercing during breastfeeding. Any scarring that may have occurred can make nursing more difficult. While breastfeeding, some of the milk may leak through the pierced hole.

BF-BP BREASTFEEDING POSITIONS

OUTCOME: The mother/family will understand all four breastfeeding positions and provide a demonstration as appropriate.

STANDARDS:

1. Demonstrate the four common breastfeeding positions: cradle, cross-cradle, football, and side-lying.
 - a. **Cradle Hold:** The cradle hold uses the crook of the arm to support the baby's head. This position often works well for the full-term babies who were delivered vaginally. Women who have had a cesarean section may find it puts too much pressure on their abdomen.
 - b. **Cross-Cradle Hold:** The cross-cradle hold uses the opposite hand to support the baby's head. This hold may work well for small babies and for infants who have trouble latching on.
 - c. **Football Hold:** This hold is helpful following cesarean section, for small babies, or if the baby has trouble latching on. This hold allows the mother to guide the baby's head to the nipple. It also works well for women who have large breasts or flat nipples.
 - d. **Side-Lying:** This position is helpful following cesarean section or difficult delivery, when sitting up is uncomfortable, or for a mother who prefers to breastfeed in bed.
2. Discuss positions that are best suited after C-section or for nursing more than one baby.

BF-CS COLLECTION & STORAGE OF BREASTMILK

OUTCOME: The mother/family will understand the collection and storage of breastmilk.

STANDARDS:

1. Explain the role of manual pumps for occasional use and hospital grade electric pumps for long term use. These can be used to maintain lactation when infant and mother are separated and for instances when the infant will not be exclusively breastfeeding after discharge. **Refer to [BF-EQ](#).**
2. Explain hand expression as another method of expressing breastmilk. It requires using the hand to massage and compress the breast to express milk.
3. Explain that expressed breastmilk may have variable appearances and will separate if left standing. Remix by gently swirling the container to mix the cream part with the rest of the milk. Shaking the milk is not recommended - this can cause a breakdown of some of the milk's components.

4. Explain the proper collection and handling of expressed breastmilk:
 - a. Be sure to wash hands before handling breastmilk.
 - b. When collecting milk, be sure to store it in clean, BPA-free containers, such as screw cap bottles, hard plastic cups with tight caps, or heavy-duty bags that fit directly into the nursery bottles. Avoid using ordinary plastic storage bags or formula bottle bags, because these could easily leak or spill.
 - c. If delivering breastmilk to a child care provider, clearly label the container with the child's name and date.
 - d. Clearly label the milk with the date and time it was expressed to facilitate using the oldest milk first.
 - e. Do not add fresh milk to already frozen milk within a storage container. It is best not to mix the two.
 - f. Do not save milk from a used bottle for use at another feeding.
5. Explain the proper storage recommendations for expressed breastmilk:
 - a. Store milk in the back of the main body of the refrigerator. It is best to keep up to 72 hours (3 days) and no longer than 5 days. Do not store breastmilk in the door of the refrigerator.
 - b. Store milk toward the back of the freezer, where temperature is most constant. Keep no longer than 2 weeks (longer freeze time results in degradation of milk fats).
 - c. Do not thaw or warm breastmilk in a microwave.
 - d. Frozen or refrigerated breastmilk can be brought to appropriate temperature by placing it in warm water.

BF-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The mother/family will understand the influence that cultural traditions and spiritual beliefs have on breastfeeding.

STANDARDS:

1. Discuss that breastfeeding is a traditional practice.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions while breastfeeding.
3. Discuss the potential role of cultural/spiritual traditions, practices, and beliefs on:
 - a. Excluding or adding food or beverage that a mother should eat or drink while breastfeeding.
 - b. Introducing foods, beverages, pacifiers or other sucking devices to the baby before the age of 6 months.

4. Refer to clergy services, traditional healers, or other culturally appropriate resources.

BF-EQ EQUIPMENT

OUTCOME: The mother/family will understand the instructions for effective use of breast pumps and other breastfeeding equipment.

STANDARDS:

1. Explain the role of manual pumps for occasional use and hospital grade electric pumps for long term use and demonstrate the effective use of pumps as appropriate. These can be used to maintain lactation when infant and mother are separated and for instances when the infant will not be exclusively breastfeeding after discharge.
 - a. Manual pump requires practice, skill, and coordination and is useful for occasional pumping when away from the baby once in a while.
 - b. Automatic, electric breast pump is easier to use and can pump one breast at a time or both breasts at the same time. This is useful for working mothers.
2. Discuss the resources for manual and hospital grade electric pumps, including hospital, clinic, WIC, and community programs.
3. Emphasize the proper use and care and cleaning of the equipment.
4. Discuss any other breastfeeding equipment as appropriate.

BF-FP FAMILY PLANNING

OUTCOME: The mother/family will understand the effective use of birth control while breastfeeding.

STANDARDS:

1. Discuss how breastfeeding can affect ovulation and may inhibit a breastfeeding mother's ability to become pregnant while breastfeeding. This should never be used as the sole form of birth control and additional options should be used.
2. Discuss other forms of birth control that can be safely used while breastfeeding.
3. Discuss the effects of estrogen-containing birth controls on milk production.

BF-FU FOLLOW-UP

OUTCOME: The mother/family will understand the importance of follow-up while breastfeeding.

STANDARDS:

1. Emphasize the importance of follow-up care and exclusive breastfeeding for 6 months.
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.

BF-GD GROWTH AND DEVELOPMENT

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

STANDARDS:

1. Discuss the changes in a baby's growth and development as they relate to breastfeeding.
2. Explain growth and development stages common in a nursing baby, such as:
 - a. bonding behaviors
 - b. frequent nursing due to growth spurts
 - c. eye contact with baby while nursing
 - d. baby showing interest in surroundings while nursing
 - e. baby gaining independence by crawling and walking
 - f. reduced interest in nursing as development progresses
3. Refer to [CHN](#) and [CHI](#) for more detailed age-specific growth and development.

BF-HC HUNGER CUES

OUTCOME: The mother/family will understand feeding on demand is based on early and late hunger cues, and the benefit of responding to early hunger cues.

STANDARDS:

1. Explain the importance of breastfeeding on demand is based on the baby's hunger cues. A baby usually requires feeding a minimum of 8 times in 24 hours and no restriction should be placed on the frequency or length of feeding.

2. Explain early hunger cues, e.g., low intensity cry, small body movements, smacking. During the first month, breastfed babies indicate interest in feeding when they begin to root (reflexively turn toward the breast) or sucking on their fist.
3. Explain late hunger cues, e.g., high intensity cry, large body movements, arched back, and distressed behavior.
4. Explain that feedings are usually more effectively accomplished at the stage when early hunger cues are being expressed.
5. Emphasize the importance of avoiding pacifiers or artificial teats when the baby displays hunger cues. Preferred methods for soothing include breastfeeding, cuddling, talking to baby, and stroking.
6. Explain that when a baby is done feeding, signs include pushing away, turning head, or falling asleep.

BF-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a breastfeeding help line.

STANDARDS:

1. Explain that a breastfeeding help line may assist in answering questions regarding breastfeeding and dealing with immediate issues.
2. Provide the help line phone number and hours of operation. IHS Breastfeeding Hotline 1-877-868-9473.
3. Explain how the help line works and what can be expected from calling and/or participating in the services.

BF-L LITERATURE

OUTCOME: The mother/family will receive literature about breastfeeding.

STANDARDS:

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

BF-LA LIFESTYLE ADAPTATIONS

OUTCOME: The mother/family will understand the necessary adaptations to lifestyle for breastfeeding.

STANDARDS:

1. Discuss the options for continuing to breastfeed while separated from the baby, (i.e. work, school, and hospitalization).
2. Discuss the importance of taking naps when the baby is sleeping.
3. Encourage active participation from family members in caring for the child and assisting with household and child care activities.
4. Identify community resources available for breastfeeding support (e.g., La Leche League, WIC, lactation consultants, community health nursing breastfeeding educators, IHS Breastfeeding Hotline 1-877-868-9473).

BF-M MATERNAL MEDICATIONS

OUTCOME: The mother/family will understand that most medications are safe during breastfeeding but that some medications are detrimental to breastfed infants.

STANDARDS:

1. Discuss that the breastfeeding mother should consult a healthcare provider before starting any new prescribed or OTC medications and/or herbal/traditional therapies. Always ask the pharmacist about the safety of any medicine while breastfeeding.
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. Explain that most OTC and prescribed medications are safe in breastfeeding, but some medications might pass through the breastmilk and be harmful to the baby.
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.

BF-MK MILK INTAKE

OUTCOME: The mother/family will understand the signs of adequate milk intake for the baby.

STANDARDS:

1. Explain that the feeding duration should be at least 15 minutes on each side, encouraging the baby to nurse longer as the baby desires. Feeding will take less time as the baby grows.
2. Explain the physiology of breastfeeding, including:
 - a. production of colostrum
 - b. onset of white mature milk within 3-5 days postpartum
 - c. let down/milk ejection reflex
3. Explain that the feeding frequency should be a minimum of 8 times within 24 hours. Avoid going more than 4 hours between feedings. Steady weight gain in the first week after birth and softening of the breast after a feeding are signs of adequate milk intake.
4. Explain that diaper change patterns in the first week beginning with a few diapers each day to at least 6-8 diaper changes in 24 hours by 1 week of age. Discuss that the absorbent qualities of some of the stay-dry disposable diapers can make it hard to tell if the baby has urinated. It may be best to avoid these types of diapers for the first few weeks until a feeding routine has been established.
5. Explain that the transition from meconium stool to transitional stool (brown, mushy) to breastfed stool (yellow with white seeds) when the white, mature milk comes in.
6. Explain that in certain circumstances, a supplement or rehydration fluid by bottle may be necessary. **Refer to [BF-CS](#)** for safe bottle preparation.

BF-MNT MEDICAL NUTRITION THERAPY

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

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.

BF-N NUTRITION

OUTCOME: The mother/family will understand nutrition, as it relates to breastfeeding.

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 between meal snacks to meet the higher calorie and increased fluid demands while breastfeeding.
4. Explain the benefits of taking prenatal vitamins and calcium supplements while breastfeeding.
5. Review foods that may need to be limited to reduce GI discomfort to infant such as chocolate, caffeinated beverages, spicy or gas forming foods, as appropriate.

BF-NJ NEONATAL JAUNDICE

OUTCOME: The mother/family will understand the importance of monitoring for jaundice and the complications of unrecognized jaundice.

STANDARDS:

1. Explain that jaundice is the yellow color seen in the skin of many newborns that is caused by buildup of bilirubin in the blood. Explain that mild jaundice is harmless but high levels of bilirubin may cause brain damage.
2. Explain that brain damage can be prevented by treatment of the jaundice before the bilirubin level gets too high. The treatment options may include medical phototherapy or exchange transfusion.
3. Emphasize that parents should watch closely for jaundice and seek medical attention if jaundice is noticed.
4. Explain that medical personnel can check the level of bilirubin in the blood by blood tests or occasionally by a skin test.
5. Explain that all bilirubin levels must be interpreted in light of the infant's age and that term infants and older infants can tolerate higher levels of bilirubin than preterm infants and younger infants.
6. Explain that jaundice is more common in breastfed infants especially when the infant is not nursing well. Encourage nursing the infant a minimum of 8-12 times a day for the first week of life to increase milk production and keep bilirubin levels down. Emphasize that breastmilk is the ideal food for infants and to avoid pacifiers or artificial teats.

BF-ON LATCH ON

OUTCOME: The mother/family will understand the characteristics of effective latch-on.

STANDARDS:

1. Identify the cues that indicate readiness to feed, e.g., wakefulness, lip smacking, and rooting (turning toward breast).
2. Explain that effective latch-on will be more successful if the baby's mouth is open wide. Some breastfeeding holds such as cradle or football may also facilitate breastfeeding. **Refer to [BF-BP](#).**
3. Explain the physical traits of an effective latch-on:
 - a. Both of the baby's lips should cover at least part of the areola.
 - b. The baby should not need to chomp, and the mother should not experience prolonged pain.
4. Explain how inverted nipples or flat nipples can create a problem during breastfeeding by making it more difficult for the baby to properly latch to the breast. However, this should not prevent most women from successfully breastfeeding their children.

BF-PTERM PRETERM BABY

OUTCOME: The mother/family will understand the recommendations and management of breastfeeding a preterm baby.

STANDARDS:

1. Explain that breastmilk should be the primary diet for all preterm infants.
 - a. Breastmilk should be supplemented with protein, minerals and vitamins to ensure optimal nutrient intake for infants weighing <1500 g at birth.
 - b. Pasteurized donor breastmilk, appropriately supplemented, should be used if the mother's own milk is unavailable or its use is contraindicated.
2. Explain methods for manual and mechanical milk expression.
3. Explain that neonatal intensive care units should have protocols for safe collection, storage, and labeling of breastmilk.
4. Explain that feeding breastmilk to preterm babies results in fewer hospital readmissions for illness in the year after NICU discharge.

BF-ROOM ROOMING IN

OUTCOME: The patient/family will understand the importance of rooming in for a newborn.

STANDARDS:

1. Explain that rooming in means allowing mothers and infants to remain together twenty-four hours a day.

2. Discuss the benefits of rooming in. These include:
 - a. Mother and baby bond more strongly.
 - b. Baby can breastfeed on demand, which allows for more frequent breast feeding and optimal milk production.
 - c. Baby feels safer when hearing mom's heart beat and voice, smelling mom's smell, and feeling mom's warmth.
3. Explain that for the first few hours, the diapered baby should be held directly against the mother's skin. When mother is sleeping, put the baby in a bassinette next to mother's bed.
4. Explain that some procedures will be done at the bedside, as appropriate, to minimize separation of mother and infant.
5. Discourage things that can disrupt smell and sense recognition between baby and mother.
 - a. Discourage the mother from leaving the room.
 - b. Discourage the use of tobacco to prevent disruptive smells, separation, as well as other health implications.
6. Explain that if the baby is kept in the nursery for medical reasons, the mother can request to feed her baby at any time.

BF-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 be exclusively breastfeed for about 6 months, followed by continued breastfeeding as solid foods are introduced with continuation of breastfeeding for 1 year or longer as mutually desired by mother and baby. Do not give any fluids such as water, glucose/sugar water, or commercial infant formulas unless medically indicated. Emphasize that, for some time after the introduction of solid foods, breastmilk will still be the baby's primary source of nutrition.
 - b. 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.
 - c. Beyond 6 months, pureed fruits, vegetables, and other cereals may be introduced. Emphasize the need to wait 3-5 days between the addition of new foods to watch for adverse reactions. New foods might be rejected, but may be accepted at a later time.

- d. At 7 to 10 months, offer strained or mashed fruits, vegetables, and some textured table foods, and finely chopped meat and poultry.
 - e. At 9 to 12 months, introduce soft combination foods, i.e., casseroles, macaroni and cheese, yogurt, and beans.
 - f. Emphasize that pureed foods should never be given from a bottle or infant feeder, but must always be fed from a spoon. Make sure all foods are room temperature.
 - g. Discuss foods that should be introduced at the appropriate age. 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 old.
 - h. Explain that honey and syrups may contain botulism toxin and should not be fed before one year old.
 - i. Foods that are choking hazards should be avoided until 4 years old, e.g., nuts, hard candies, gum, carrot sticks, meat on a bone, grapes, popcorn, hot dogs, unpeeled apples, slices of orange.
2. Discuss the importance of offering foods at the appropriate ages and in appropriate amounts:
 - 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.
 3. Explain how to assess an infant'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.
 4. Explain the need for vitamin and mineral supplementation when breastfeeding:
 - a. Vitamin K should be administered to all babies on the first day of birth to reduce the risk of hemorrhagic disease.
 - b. Vitamin D is given orally to protect the baby from bone abnormalities such as rickets due to decrease exposure to sunlight.
 - c. Fluoride should be provided after 6 months of age and should be limited to babies residing in communities that do not have fluorinated water.
 - d. Explain that premature infants should receive a multivitamin as well as iron supplementation until they are ingesting a completely mixed diet.

BF-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

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

BF-SKIN SKIN TO SKIN

OUTCOME: The patient/family will understand the importance of skin to skin contact with the newborn.

STANDARDS:

1. Discuss that skin to skin means holding the baby uninterrupted with continuous skin-to-skin contact immediately after birth and until the completion of the first feeding or at least one hour if not breastfeeding. This should happen regardless of method of delivery or feeding method.
2. Explain that routine procedures should not interrupt skin to skin contact unless medically indicated.
3. Discuss the benefits of skin to skin contact. These include:
 - a. Baby is more likely to breastfeed and latches on better. The first feeding should occur within the first hour.
 - b. Bonding between mother and baby is enhanced.
 - c. Calms the baby and regulates heart rate, body temperature, and breathing rate.
 - d. Baby is less likely to cry.
 - e. Enhances the lactation production in the mother.
4. Discuss the implications of disruption of skin to skin contact:

- a. Baby may become sleepy, confused, or withdrawn
- b. When separated from mother, babies may show signs of physical stress and emotional confusion
- c. Interferes with bonding
- d. Swaddling in blankets immediately after birth is discouraged because it disrupts skin to skin contact and all the benefits associated with it

BF-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress may result in problems with milk let-down and reduced milk supply. Effective stress management may increase the success of breastfeeding.
2. Explain that difficulty with breastfeeding may result in feelings of inadequacy, low self-esteem, or failure as a mother.
3. Emphasize the importance of seeking help (e.g., lactation consultant, public health nurse or other nurse, WIC) as needed to improve breastfeeding success and reduce stress. Provide referrals as appropriate.
4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use which may reduce the ability to breastfeed successfully.
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. recruiting other family members or friends to help with child care
 - d. talking with people you trust about your worries or problems
 - e. setting realistic goals
 - f. getting enough sleep (e.g., sleeping when the baby sleeps if possible)
 - g. maintaining a healthy diet
 - h. exercising regularly
 - 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

BF-T TEETHING

OUTCOME: The mother/family will understand teething behaviors and ways to prevent biting while breastfeeding.

STANDARDS:

1. Explain the normal stages of teething, e.g., sore swollen gums and the baby's tendency to nurse to ease discomfort.
2. Identify ways to anticipate and prevent biting in a teething baby (e.g., closely observing the baby while nursing to interrupt potential biting).
3. Explain the variety of techniques to discourage persistent biting (e.g., keeping finger poised near the baby's mouth to interrupt chomping, briefly stopping the feeding, firmly say "no" and break the latch).

BF-TO TOBACCO

OUTCOME: The mother/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.

BF-W WEANING

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

STANDARDS:

1. Discuss the reasons for weaning (e.g., including infant/child readiness, separation from mother, eating solids and able to drink from a cup, medication needed for mother that is contraindicated in breastfeeding).
2. Explain the process of weaning, including replacing one feeding at a time with solids or milk from a cup.

3. Explain ways to manage abrupt weaning to prevent/reduce the risk of breast infections. Options include, pumping and expressing milk.
4. Explain that having mixed emotions about weaning the baby is common. While weaning means more freedom and flexibility, women find it difficult to stop breastfeeding 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.
5. Refer to community resources as appropriate.

BURN - Burns

BURN-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of burns 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 burns, 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.

BURN-C COMPLICATIONS

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

STANDARDS:

1. Explain that burned 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 burn or wound infections (e.g., cellulitis) or generalized infection, e.g., loss of limb, need for fasciotomy and skin grafting, multi-organ failure, death.
4. Explain that scarring and/or tissue discoloration is common after healing of a burn.
5. Emphasize the importance of early treatment to prevent complications.
6. Explain that third degree or large body surface area burns are particularly prone to infection, dehydration, and other metabolic derangement that can be fatal.

BURN-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.

BURN-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology and staging of burns.

STANDARDS:

1. Explain that burns may be the result of various causes such as fire, heat, steam, sunburns, chemical or electrical burns.
2. Explain the importance of assessing the degree and extent of damage to the injured tissues:
 - a. First-degree burns are those in which only the outer layer of skin (epidermis) is burned. The skin may show symptoms of redness, swelling and pain. The outer layer of skin hasn't been permeated. Treat a first degree burn as a minor burn unless it involves substantial portions of the large areas of the body.
 - b. Second-degree burns are when the first layer of skin has been burned through and the second layer of skin (dermis) also is burned. Blisters develop and the skin takes on an intensely reddened, splotchy appearance. Second-degree burns produce severe pain and swelling.
 - c. Third-degree burns are the most serious and are painless and involve all layers of the skin and may affect fat, muscle, and even bone. Areas may be charred black or appear dry and white. Difficulty with inhaling, exhaling, carbon monoxide poisoning, or other toxic effects may occur if smoke inhalation accompanies the burn.
3. Chemical burns are injuries to the body as a result of chemicals (e.g., cleaning materials, gasoline).
4. Explain that electrical burns involve the skin or body coming in contact with electricity and while an electrical burn may appear minor, the damage can extend deep into the tissues beneath the skin. If a strong electrical current passes through

the body, internal damage such as heart rhythm disturbance or cardiac arrest can occur. Explain that electrical burns should be evaluated by a healthcare provider.

5. Explain that sunburn is the result of overexposure to the sun's ultraviolet (UV) radiation. Repeated exposure to UV radiation both tans and damages your skin. The signs and symptoms of sunburn usually appear within a few hours of exposure, and may result in pain, redness, swelling, and blistering. Because sun burn often affects a large area of the skin, sunburn can cause headache, fever, fatigue, and dehydration. **Refer to SUN** (in Volume V of this manual set).

BURN-FU FOLLOW-UP

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

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.

BURN-INF INFECTION CONTROL

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

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 [BURN-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](#).**
 - 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

BURN-L LITERATURE

OUTCOME: The patient/family will receive literature appropriate to the type and degree of the burn.

STANDARDS:

1. Provide the patient/family with literature on first-, second-, third-degree burns, chemical or electrical burns, or sunburn.
2. Discuss the content of the literature.

BURN-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.

BURN-MNT MEDICAL NUTRITION THERAPY

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

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.

BURN-N NUTRITION

OUTCOME: The patient/family will understand the role of adequate nutrition and hydration for the healing of burns.

STANDARDS:

1. Review the nutritional needs of optimal health.
2. Discuss the importance of adequate nutrition and hydration in the repair of tissue. Emphasize the importance of full participation in the nutrition plan.
3. Discuss the current nutritional habits. Assist the patient in identifying unhealthy nutritional habits.
4. Refer to a registered dietitian as appropriate.

BURN-P PREVENTION

OUTCOME: The patient/family will understand the factors associated with an increased risk of burns and how to lower the risk of burns.

STANDARDS:

1. Explain that all homes should have smoke detectors, carbon monoxide detectors, fire suppression systems, and ABC fire extinguishers in several locations throughout the home. Explain the use and proper maintenance of these devices.
2. Encourage the routine practices of fire escape plan, chimney cleaning, and fireworks safety. Explain the importance of having fire escape ladders in multi-story homes.
3. Discuss the need to abstain from alcohol, tobacco, and other drugs when starting a fire.
4. Explain the importance of not smoking or use of open flames close to oxygen or flammable substances, such as gasoline.
5. Discuss the following safety issues as appropriate:
 - a. To prevent fire burns:
 - i. Don't smoke in bed and avoid leaving candles unattended.
 - ii. Practice home fire drills and "stop, drop, and roll" and install smoke detectors.

- iii. Discuss the danger of playing with matches, lighters, flames, or fireworks with children and family.
- iv. Ensure that heat lamps and other sources of heat have timers or appropriate safety devices.
- v. Ensure that electrical wiring, outlets, and electrical devices are safe.
- vi. Avoid the use of kerosene or gasoline as fire starters when burning debris piles.
- b. To prevent chemical burns:
 - i. Child-proof cabinets and store chemicals out of the reach of children
 - ii. Use caution with storage and usage of cleaning materials
 - iii. Wear appropriate gloves and other protective clothing when using chemicals
- c. To prevent heat/steam burns:
 - i. Set the water heater no higher than 120°F.
 - ii. Test the water temperature before entering or putting children into bathtubs/showers.
 - iii. Use cool water humidifiers not steam vaporizers.
 - iv. Before putting a child into a car seat, touch the seat to check how hot it is. It is a good idea to keep a towel covering the car seat in summer months.
 - v. When cooking, turn the handles of pots toward the side or rear of the stove, avoid loose clothing, always use the back burners first.
 - vi. Use extreme caution when lifting lids from pots because steam may suddenly be released.
 - vii. Use caution when removing items in a microwave because they may be very hot. Use only microwave approved dishware.
 - viii. Discuss the use of ceremonial sweats with the healthcare provider.
- d. To prevent electrical burns:
 - i. Put covers on any electrical outlets not currently in use.
 - ii. Don't use items with frayed or damaged electrical cords.
 - iii. Keep electrical devices away from water and use ground fault circuit interrupter outlets near water sources.
 - iv. Don't modify electrical cords, outlets, and plugs.
 - v. Use power surge protectors.
- 6. Review the safe use of electricity and natural gas.

BURN-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.

BURN-TX TREATMENT

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

STANDARDS:

1. Explain that treatment of burns varies according to the degree, size, and location of the burn. Discuss this individual's specific burn treatment plan.
2. Explain and urge caution:
 - a. Don't use butter, grease, or oil on a burn. Avoid the use of petroleum jelly or lotions.
 - b. Don't use ice, because putting ice on a burn can cause frostbite, further damaging your skin. Cooling the skin with running water is best.
 - c. Don't break blisters because fluid-filled blisters protect against infection. If blisters break, wash the area with mild soap and water, then apply an antibiotic ointment and a gauze bandage. Clean and change dressings as directed by a healthcare provider. Antibiotic ointments don't make the burn heal faster but they can help prevent infection.
 - d. Don't remove any burnt clothing that is "stuck" to the skin as a result of the burn. The victim should be taken immediately to an emergency room. Until arriving at the emergency room, cover the area of the burn with a cool, moist sterile bandage/gauze or clean cloth.
3. **Refer to PM** (in Volume IV of this manual set).

BURN-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. **Refer to [BURN-INF](#).**
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.

C**CA – Cancer****CA-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.
6. Refer to [ADV](#).

CA-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the organ(s)/site(s) being affected by the cancer.

STANDARDS:

1. Explain the normal anatomy and physiology of the system involved and the cancer.
2. Discuss the changes caused by the cancer and the potential impact on health and well-being.

CA-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

CA-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with cancer and cancer therapy and that these may or may not be treatable.

STANDARDS:

1. Discuss the complications of the cancer and its treatment pertaining to this patient.
2. Explain that many therapies for cancer depress the immune system and that infection is a major risk.
3. Discuss that nausea and vomiting are frequent side effects of many cancer therapies and that these can often be successfully medically managed.
4. Discuss other significant complications of treatment.
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).

CA-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.

CA-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the specific cancer and its disease process.

STANDARDS:

1. Explain the specific type/site and causative/risk factors of the cancer and staging of the tumor, as appropriate.
2. Discuss the signs and symptoms and the usual progression of the specific cancer.
3. Discuss the prognosis of the specific cancer.

CA-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.

CA-EX EXERCISE

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

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.
6. Discuss the importance of self-advocacy in obtaining services.

CA-FU FOLLOW-UP

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

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. Discuss the importance of self-advocacy in obtaining services.

CA-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding cancer 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

CA-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of cancer and develop a plan for comprehensive care.

STANDARDS:

1. Explain the home management techniques necessary based on the status of the patient. Explain that these home management techniques may change frequently.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

CA-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.

CA-HY HYGIENE

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

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

CA-INF INFECTION CONTROL

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

STANDARDS:

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

3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to UCATH and VENT-VAP** (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](#)**.
 - 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

CA-L LITERATURE

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

STANDARDS:

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

CA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to improve overall quality of life.

STANDARDS:

1. Discuss the lifestyle adaptations that may be required, such as diet, physical activity, sexual activity, role changes, communication skills and interpersonal relationships.
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 resources available to assist the patient in making changes. Refer as appropriate.

CA-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.

CA-MNT MEDICAL NUTRITION THERAPY

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

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.

CA-N NUTRITION

OUTCOME: The patient/family will understand the nutritional care in cancer.

STANDARDS:

1. Explain 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.

CA-P PREVENTION

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

STANDARDS:

1. Discuss ways to reduce the risk of cancer:
 - a. tobacco cessation (**refer to TO-QT** of Volume V of this manual set))

- b. use of sunscreens and/or reduction of sun exposure
 - c. reduce exposure to chemicals
 - d. protected sex (condoms, abstinence, or monogamy)
 - e. other preventive strategies as currently determined by the American Cancer Society (**refer to WH refer to WH** (of Volume V of this manual set) and **MH** (of Volume IV of this manual set))
2. Discuss the importance of health surveillance, recommended screening and routine health maintenance for a patient of this age/sex, e.g., stool hemoccult testing, mammography, PSA. **Refer to WH-CRC, WH-MAM, WH-PAP, WH-BE** (in Volume V of this manual set), **MH-CRC, MH-PRS, MH-TSE** (in Volume IV of this manual set).
 3. 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).

CA-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.

CA-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 narcotics and other 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.

CA-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.

CA-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress can result in a worsened prognosis in cancer patients.
2. Explain that effective stress management may help reduce the morbidity and mortality associated with cancer, as well as, help improve the patient's sense of health and well-being.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

CA-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

CA-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.

CA-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 or curing the disease process.
3. Discuss the therapies that may be utilized, including chemotherapy, surgery, and radiation therapy 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.

CELIAC – Celiac Disease

CELIAC-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the digestive system.
2. Discuss the changes to anatomy and physiology as a result of celiac disease.
 - a. Celiac disease is a lifelong inflammatory condition of the GI tract that affects the small intestine.
 - b. Villi are tiny finger-like intrusion lining the small intestine and are responsible for absorption of nutrients from food. Gluten causes the immune system to damage and destroy villi. Without healthy villi the person becomes malnourished no matter how much food one eats.
 - c. Celiac disease may affect genetically predisposed individuals.
3. Discuss the impact of these changes on the patient's health or well-being. Discuss the need for dietary changes related to celiac disease (**refer to [CELIAC-N](#)**).

CELIAC-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

CELIAC-C COMPLICATIONS

OUTCOME: The patient/family will understand the common complications and management of celiac disease.

STANDARDS:

1. Discuss the common complications associated with celiac disease e.g., malabsorption of nutrients, diarrhea, anemia, short stature, osteoporosis, lymphoma, Type 1 diabetes, and a variety of neurological disorders and other autoimmune diseases.
2. Explain that complications are worsened by not strictly following the gluten-free diet.
3. Explain that untreated celiac disease may result in infertility or miscarriages.

CELIAC-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that celiac disease is a genetic, chronic, malabsorption disease.
2. Discuss some common symptoms of celiac disease, e.g., chronic or intermittent diarrhea, dumping syndrome, abdominal pain, weight loss, failure to thrive (children), loss of appetite. Symptoms can be corrected with strict adherence to a gluten-free lifestyle.
3. Review the disease process of celiac disease. Emphasize that the destructive process can be halted and healing will take place with strict adherence to gluten-free lifestyle. Indicate that complications caused by long term malabsorption may require medication and/or supplements.
4. Explain that the onset of celiac disease may occur at any age after introduction of grains (WBRO). After onset, celiac disease lasts a lifetime, making long-term management of diet and symptoms of the disease very important.

CELIAC-FU FOLLOW-UP

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

CELIAC-HELP HELP LINE

OUTCOME: The patient/family will understand some sources of information and support in living with celiac disease.

STANDARDS:

1. Refer to a registered dietitian and national support groups and local support groups, as well as providing information about gluten-free manufacturers and producers, websites of celiac information, recipes, and references.
2. Explain that national support groups include:

Celiac Sprue Association
PO Box 31700
Omaha, NE 68131-0700
www.csaceliacs.org
toll free phone: 877-272-4272

This is the largest patient based non-profit with chapters and contacts throughout the United States

Gluten Intolerance Group
31214 124th Ave SE
Auburn, WA 98092-3667
Phone: 253-833-6655
www.gluten.net

Celiac Disease Foundation
13251 Ventura Blvd #1
Studio City, CA 91604
Phone 818-990-2354
www.celiac.org

American Celiac Society
PO Box 23455
New Orleans, LA 70183-0455
Phone: 504-737-3293
www.americanceliciacsociety.org

CELIAC-L LITERATURE

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

STANDARDS:

1. Provide the patient/family with literature on celiac disease.
2. Discuss the content of the literature.
3. Discuss creditable resources for celiac disease.

CELIAC-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to optimize performance of everyday activities.

STANDARDS:

1. Discuss that the mandatory treatment for celiac disease is always a gluten-free diet.
2. Explain how exercise and social involvement may decrease the depression and anger that may be associated with celiac disease.
3. Discuss that, in some cases, patients may need to be on long-term nutrition support, which may include nutritional supplementation, TPN, or enteral feedings.

CELIAC-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 keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.
5. Explain the importance of consulting with a healthcare provider prior to using OTC medications, or other non-prescribed or illicit drugs, due to:
 - a. Some medications may contain Wheat, Bran, Rye, Oats (WBRO) and milk products. WBRO in the medications of a newly diagnosed celiac patient may reduce effectiveness of the medication and delay response to diet and return to health.

- b. Medication containing iodine may be an irritant for those with the dermatitis herpetiformis manifestation of celiac disease.

CELIAC-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of celiac 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.
6. Refer to a support group for people with celiac disease.

CELIAC-N NUTRITION

OUTCOME: The patient/family will understand that maintaining a healthy weight and a gluten-free lifestyle is essential.

STANDARDS:

1. Explain that eating a variety of gluten-free foods is important to maintaining a healthy weight and providing essential nutrients.
2. Explain that even though gluten rarely appears on a food label or in the ingredients listing, the product may include gluten. Avoid foods that contain wheat, bran, rye, or oats. **Refer to [CELIAC-L](#).**
3. Discuss the importance of adequate intake of water to maintain hydration.
4. Discuss avoidance alcoholic beverages made from wheat, bran, rye, or oats.
5. Refer to registered dietitian.

CELIAC-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.

CELIAC-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

CELIAC-TX TREATMENT

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

STANDARDS:

- 1. Explain the treatment for celiac disease is a gluten-free diet. Improvement can begin within a few days of starting a gluten-free diet. The small intestine usually heals in 3 to 6 months in children but may take several years in adults to stay well. People with celiac disease must avoid gluten for the rest of their lives. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
- 2. Explain the risk/benefit of treatment and non-treatment.
- 3. Discuss the importance of maintaining a positive mental attitude.

CVC – Central Line Catheter

CVC-C **COMPLICATIONS**

OUTCOME: The patient/family will understand the complications of central venous catheters.

STANDARDS:

1. Explain that complications may occur during insertion or treatment regardless of the care taken.
2. Discuss the most common complications and measures that will be taken to prevent them, for example:
 - a. Hemo/pneumothorax
 - b. Central line associated bloodstream infections
 - c. Nerve damage
 - d. Thrombosis (clotting) of the catheter or the blood vessel

CVC-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.

CVC-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the use of the central venous catheter.

STANDARDS:

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

CVC-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of the central venous catheter.

STANDARDS:

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

CVC-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to the central venous catheter.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of 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.

CVC-INF INFECTION CONTROL

OUTCOME: The patient/family will receive information regarding the importance of infection control as it relates to the central venous catheter.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
 - d. Describe or demonstrate ways to protect the site from moisture while bathing. **Refer to [CVC-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. **Refer to [CVC-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.
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Review prevention and control principles, including proper disposal of medical supplies.
 - e. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
4. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate:
- a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea
 - d. refer to [ABX](#)

CVC-L LITERATURE

OUTCOME: The patient/family will receive literature about the central venous catheter.

STANDARDS:

1. Provide the patient/family with literature on the specific central venous catheter.
2. Discuss the content of the literature.

CVC-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.

CVC-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

CVC-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 catheter insertion site, e.g., decreased infection rate.

2. Emphasize the importance of hand hygiene before and after caring for the catheter insertion 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 catheter insertion site, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary catheter insertion site care techniques.
4. Detail the supplies necessary for care of this catheter insertion 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, purulent discharge, fever, increased heart rate, increased respirations swelling/pain, etc. Explain that an abrupt change in mental status or difficult breathing warrant immediate return to the provider or Emergency Department.
6. Discuss any special recommendations or instructions particular to the patient's catheter insertion site. Refer as appropriate.

CERP – Cerebral Palsy

CERP-ADL ACTIVITES OF DAILY LIVING

OUTCOME: The patient/family will understand how the patient's ability to perform activities of daily living (ADL) impact the care plan including in-home and out-of-home care.

STANDARDS:

1. Define activities of daily living (ADL) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient's ability to perform ADL affects the ability to live independently.
2. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, staying out of trouble, structuring leisure time, keeping clean, and using transportation.

CERP-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The parents/caregivers will understand anatomy and physiology as they relate to cerebral palsy.

STANDARDS:

1. Explain that cerebral palsy is neurological dysfunction resulting from brain damage to motor centers before, during, or after birth. Cerebral palsy is not caused by problems with the muscles or nerves, but with the brain's ability to adequately control the body
2. Discuss the appropriate type of palsy:
 - a. Spastic Paralysis (difficult, stiff movement)
 - b. Ataxic (loss of depth perception and balance)
 - c. Athetoid/Dyskinetic (uncontrolled or involuntary movements)
 - d. Mixed (a mix of two or more of the above)
3. Discuss the impact of these changes on the patient's health or well-being.

CERP-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The parents/caregivers will understand the behavioral, emotional, and psychological components to cerebral palsy.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of learning a child has been diagnosed with cerebral palsy as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions. Explain the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the emotional 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.

CERP-C COMPLICATIONS

OUTCOME: The patient/family will understand the common complications of cerebral palsy.

STANDARDS:

1. Explain that the complications occur in the part of the body affected by muscle weakness:
 - a. problems with breathing because of postural difficulties
 - b. spasticity and contractures
 - c. skin disorders because of pressure sores
 - d. bladder problems
 - e. seizures (refer to SZ in Volume V of this manual set)
 - f. communication difficulties
 - g. osteopenia
 - h. osteoporosis
 - i. fractures
 - j. functional gastrointestinal abnormalities contributing to bowel obstruction, vomiting, and constipation
2. Discuss the possibility of learning disabilities.
3. Discuss that difficulties in feeding may result in malnutrition and may require nutrition support interventions. **Refer for [CERP-MNT](#).**

4. Discuss that adult morbidity and mortality from ischemic heart disease, cerebrovascular disease, cancer, and trauma are higher in patients with cerebral palsy than in the general population.

CERP-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The parents/caregivers 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.
3. Explain that the medical treatment plan must be followed as prescribed to be effective.

CERP-DP DISEASE PROCESS

OUTCOME: The parents/caregivers will understand the disease process of cerebral palsy.

STANDARDS:

1. Explain that cerebral palsy is a group of chronic conditions affecting body movement and muscle coordination.
2. Explain that the brain injury or problem that causes cerebral palsy is not progressive. However, as the child ages, and would be expected to reach new milestones, failure to achieve these milestones would make the child appear to develop new symptoms or have worsening of existing symptoms. This is why some babies born with cerebral palsy do not show clear signs of it right away.
3. Explain that the signs/symptoms can range from mild to severe. Pay close attention to the presence of the following problems with:
 - a. fine motor skills, including handling scissors, using crayons, buttoning a shirt, and any other movement that requires fingers and hands
 - b. gross motor skills, including walking, riding a tricycle, kicking a ball, and other movements that require legs and trunk stability
 - c. sitting upright, which requires normal muscle tone
 - d. shaking, tremors, or uncontrollable jerking of arms or legs
 - e. moving from one position to another

- f. weak muscles
- g. drooling, weakened facial muscles in the face, loss of tongue control
- h. sucking, chewing, or swallowing

CERP-EQ EQUIPMENT

OUTCOME: The parents/caregivers 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.

CERP-EX EXERCISE

OUTCOME: The parents/caregivers will understand the role of physical activity in cerebral palsy.

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.

CERP-FU FOLLOW-UP

OUTCOME: The parents/caregivers will understand the importance of follow-up in the treatment of cerebral palsy.

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.

CERP-GD GROWTH AND DEVELOPMENT

OUTCOME: The parents/caregivers will understand the factors that contribute to the growth and development for children, adolescents, and adults with cerebral palsy.

STANDARDS:

1. Discuss the 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 the factors affecting development:
 - a. Cerebral palsy deficits are fixed, and not progressive.
 - b. There is no cure for cerebral palsy, but research shows that early intervention treatment services can improve a child's development.
 - c. Early intervention services help children from birth to 3 years of age (36 months) learn important skills.
 - d. Services include therapy to help the child talk, walk, and interact with others.

CERP-HELP HELP LINE

OUTCOME: The parents/caregivers will understand how to access and benefit from a help line or Internet website regarding cerebral palsy.

STANDARDS:

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

CERP-HM HOME MANAGEMENT

OUTCOME: The parents/caregivers will understand the home management of cerebral palsy.

STANDARDS:

1. Explain the home management techniques, especially with regards to physical changes in the home and alterations for handicap accessibility.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

CERP-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The parents/caregivers 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.

CERP-L LITERATURE

OUTCOME: The parents/caregivers will receive literature about cerebral palsy.

STANDARDS:

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

CERP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The parents/caregivers will understand the factors that contribute to better outcomes for children, adolescent, and adults with cerebral palsy.

STANDARDS:

1. Review the lifestyle areas that may require adaptations (e.g., home, school, job, physical activity, recreational/leisure activity, communication, social skills, and driving, etc.). Discuss that effective intervention for individuals with cerebral palsy often requires restructuring the home, community, and school environments.
2. Explain that the interventions for cerebral palsy 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 the behavioral and developmental problems associated with cerebral palsy 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.

CERP-M MEDICATIONS

OUTCOME: The parents/caregivers 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.

CERP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The parents/caregivers will understand the specific nutritional intervention(s) needed for cerebral palsy.

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.

CERP-N NUTRITION

OUTCOME: The parents/caregivers will understand nutrition, as it relates to cerebral palsy.

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 oral supplements are beneficial to boost calories if oral intake is less than optimal.
4. Review food consistency. Emphasis that foods should be easy to chew and swallow as appropriate. Discuss the appropriate use of liquid thickeners to minimize choking.
5. Discuss the need for nutrition support or use of high elemental formulas to correct malnutrition and to meet energy needs. Refer to registered dietitian for MNT as appropriate.

CERP-P PREVENTION

OUTCOME: The parents/caregivers will understand ways to prevent cerebral palsy.

STANDARDS:

1. Describe some ways to alter the risk factors:
 - a. To reduce the risk of premature birth and low birth weight, obtain early prenatal care, avoid tobacco, avoid alcohol and other drugs. **Refer to PN** (in Volume IV of this manual set).
 - b. To reduce the risk of infection of the mother with Rubella or other viral diseases in early pregnancy, obtain appropriate immunizations. **Refer to PN** (in Volume IV of this manual set).
 - c. To reduce the bacterial meningitis from Group B Strep, get tested as part of prenatal care. **Refer to PN** (in Volume IV of this manual set).
 - d. To reduce the complication from neonatal jaundice, seek immediate care. **Refer to NJ** (in Volume IV of this manual set).
2. Discuss the prevention of trauma to the brain, e.g., from motor vehicle collisions, falls, or child abuse.

CERP-PM PAIN MANAGEMENT

OUTCOME: The parents/caregivers 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.

CERP-PRO PROCEDURE

OUTCOME: The parents/caregivers 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.

CERP-S SAFETY

OUTCOME: The parents/caregivers will understand safety as it relates to cerebral palsy.

STANDARDS:

1. Discuss the use of a properly secured car seat every time the child rides in a vehicle. Children not requiring a car seat or booster seat should be secured with a seat belt. Children under the age of 12 should not ride in the front seat of the car.
2. Emphasize not to leave infant/children 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 the child, keys locked in vehicle with child, heat/cold exposure, abduction or child wandering away.
3. Provide information on how to reduce the risk of falls. Some ideas include:
 - a. wearing non-skid slippers when out of bed may prevent slipping and falling
 - b. using side rails in a safe manner, as appropriate
 - c. removing obstacles, such as throw rugs, wires/cords across the floor, objects on the floor, non-level floors, wet or moist floors, uneven carpeting, pets in the home, small children playing on the floor
4. Discuss that persons with cerebral palsy are at higher risk for being exploited, abused, and neglected. **Refer to [ABNG](#).**

CERP-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The parents/caregivers 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.

CERP-SM STRESS MANAGEMENT

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

STANDARDS:

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

CERP-TE TESTS

OUTCOME: The parents/caregivers 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

CERP-TX TREATMENT

OUTCOME: The parents/caregivers 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. Discuss any special recommendations or instructions particular to the patient's wound.

CVA – Cerebrovascular Disease

CVA-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.

CVA-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

CVA-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

CVA-C COMPLICATIONS

OUTCOME: The patient/family will understand how to prevent the complications of cerebrovascular disease.

STANDARDS:

1. Discuss the common complications of cerebrovascular disease, e.g., loss of function, loss of speech, confusion, loss of independence.
2. Describe the signs/symptoms of common complications of cerebrovascular disease.
3. Discuss the importance of following the prescribed treatment plan including physical therapy, medications and rehabilitation in maximizing potential.
4. Discuss the importance of following the prescribed treatment plan including physical therapy, medications, and rehabilitation in maximizing potential.

CVA-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.

CVA-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss the cerebrovascular disease process and the types strokes.
2. Explain the risk factors related to the development of cerebrovascular disease.
3. Discuss the signs and symptoms of cerebrovascular disease.

CVA-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 use of 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.

CVA-EX EXERCISE

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

CVA-FU FOLLOW-UP

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

CVA-HELP HELP LINE

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

STANDARDS:

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

CVA-HM HOME MANAGEMENT

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

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.

CVA-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.

CVA-HY HYGIENE

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

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.

CVA-L LITERATURE

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

STANDARDS:

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

CVA-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to cerebrovascular disease.
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.

CVA-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.

CVA-MNT MEDICAL NUTRITION THERAPY

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

CVA-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to cerebrovascular 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. Discuss the ways to prevent future strokes: linolenic acid from walnuts, canola, and soybean oils may be protective, increased fruit and vegetable intake.
4. Review the disease process of cerebrovascular disease related to uncontrolled diabetes, uncontrolled hypertension, uncontrolled dyslipidemia.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

CVA-P PREVENTION

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

STANDARDS:

1. Discuss the prevention of cerebrovascular disease as related to risk factors.
2. Explain that consuming a diet low in fat, and controlling weight, lipid levels and blood pressure will help to prevent CVA.

CVA-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.

CVA-S SAFETY

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

STANDARDS:

1. Discuss the importance and proper use of mobility devices.
2. Explain importance of body mechanics and proper lifting techniques to avoid injury.

CVA-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.

CVA-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management to decrease high blood pressure and that increased stress can interfere with the treatment of cerebrovascular 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.

CVA-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

CVA-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.

CBRN - Chem., Bio., Radiolog., & Nuclr. Events

CBRN-ALLH ALL HAZARD

OUTCOME: The patient/family will understand the basic public health instructions for chemical, biological, radiological, and nuclear events.

STANDARDS:

1. Discuss where a patient can access information.
2. Discuss what public announcement sources to rely on.

CBRN-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to chemical, biological, radiological, and nuclear events.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being exposed to CBRN agents.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common when being exposed to CBRN agents, 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, as appropriate.

CBRN-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential for health complications.

STANDARDS:

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

PATIENT EDUCATION PROTOCOLS:**CHEM., BIO., RADIOLOG., & NUCLR. EVENTS**

CBRN-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.

CBRN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the management of exposure to chemical, biological, radiological, and nuclear events.

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.

CBRN-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding chemical, biological, radiological, and nuclear events.

PATIENT EDUCATION PROTOCOLS:**CHEM., BIO., RADIOLOG., & NUCLR. EVENTS**

STANDARDS:

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

CBRN-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of chemical, biological, radiological, and nuclear events or exposure.

STANDARDS:

1. Explain how to Shelter in Place.
2. Discuss quarantine and isolation.
3. Discuss use of an emergency preparedness kit.
4. Discuss as appropriate issues related to safe water.
5. Refer to community resources for Emergency Alert Systems.

CBRN-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to chemical, biological, radiological, and nuclear events or exposure.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control for CBRN events and/or exposure.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management as it relates to CBRN exposure and/or events.
 - b. Explain that this can be a new and different procedure with a CBRN exposure and/or event.
 - 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 daily hygiene. Changes may be required with CBRN exposure and/or events.
3. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
4. Review how to maintain a clean environment, as appropriate.

PATIENT EDUCATION PROTOCOLS:**CHEM., BIO., RADIOLOG., & NUCLR. EVENTS**

CBRN-L LITERATURE

OUTCOME: The patient/family literature about pertinent chemical, biological, radiological, and nuclear events.

STANDARDS:

1. Provide the patient/family with literature on CBRN event and/or exposure.
2. Discuss the content of the literature.

CBRN-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.

CBRN-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for chemical, biological, radiological, and nuclear events.

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.

PATIENT EDUCATION PROTOCOLS:**CHEM., BIO., RADIOLOG., & NUCLR. EVENTS**

CBRN-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to chemical, biological, radiological, and nuclear events.

STANDARDS:

1. Emphasize that nutritional management including meal planning, careful shopping, appropriate food preparation, and food availability may change during a CBRN event and/or exposure.
2. Describe safe food preparation methods.
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 changes in nutrition in a CBRN exposure.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

CBRN-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.

CBRN-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.

PATIENT EDUCATION PROTOCOLS:**CHEM., BIO., RADIOLOG., & NUCLR. EVENTS**

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.

CBRN-S SAFETY

OUTCOME: The patient/family will understand safety as relates to chemical, biological, radiological, and nuclear events.

STANDARDS:

1. Discuss safety measures that have been established or approved from the agency or resource.
2. Explain the approved agency or resources safety measures as it relates to the exposure and/or event.

CBRN-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 of exposure to the particular CBRN. The screening measures will be set by the agency or the authority in charge of post exposure management.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

CBRN-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in chemical, biological, radiological, and nuclear events.

STANDARDS:

1. Explain that stress is common or normal after exposure to CBRN. Discuss that unmanaged stress can have an adverse effect.

PATIENT EDUCATION PROTOCOLS:**CHEM., BIO., RADIOLOG., & NUCLR. EVENTS**

2. Explain the role of effective stress management in exposure and/or events.
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. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - h. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

CBRN-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

CBRN-TLH TELE-HEALTH

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

PATIENT EDUCATION PROTOCOLS:**CHEM., BIO., RADIOLOG., & NUCLR. EVENTS**

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).

CBRN-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.

CBRN-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.

PATIENT EDUCATION PROTOCOLS:**CHEM., BIO., RADIOLOG., & NUCLR. EVENTS**

4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound. Refer as appropriate.

CP – Chest Pain

CP-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the chest cavity.
2. Discuss the pathology that results in chest pain, such as inflammation, spasm, or blockage of the esophagus, stomach, heart, chest wall, or lungs.
3. Discuss the impact of these changes on the patient's health or well-being.

CP-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common complications of chest pain, for various etiologies, e.g., cardiovascular, pulmonary, musculoskeletal, gastrointestinal.
2. Describe the signs/symptoms of common complications of chest pain.

CP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand some possible etiologies of chest pain.

STANDARDS:

1. Discuss various etiologies for chest pain, e.g., cardiovascular, pulmonary, musculoskeletal, gastrointestinal.
2. Explain that it is often very difficult to determine the cause of chest pain and diagnostic testing may be required to determine the etiology.

CP-EMS ACTIVATING THE EMERGENCY RESPONSE SYSTEM

OUTCOME: The patient/family will know the basic information needed to obtain medical help.

STANDARDS:

1. Emphasize the importance of evaluating the situation to ensure it is safe before acting. Rushing into an unsafe situation could result in the caregiver becoming a victim.
2. Emphasize the importance of not moving the patient's body unless it is an emergency because there could be injuries that are not visible which could be worsened with movement.
3. Explain the importance of calling for help or identifying someone to call for help.
4. Discuss the importance of maintaining a list of phone numbers that may be needed in an emergency.

CP-ETE EMERGENCY TREATMENT EDUCATION

OUTCOME: The patient/family will know the basic information needed to administer emergency treatment.

STANDARDS:

1. Emphasize the importance of calling for help or identifying someone to call for help in the event of an emergency. (**Refer to [CP-EMS](#).**)
2. Discuss the appropriate treatments related to the emergency or patient's condition(s) (e.g. medications, foods, or supplies).
3. Discuss the importance of having immediate availability to emergency supplies as appropriate.
4. Discuss the importance of storage of emergency supplies as appropriate.
5. Explain the role of assessing the CABs (circulation , airway, and breathing), the role of CPR, and automatic defibrillators as appropriate.

CP-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity as it relates to chest pain.

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.

CP-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care, including the importance of assessing the effectiveness of treatment 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 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.

CP-L LITERATURE

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

STANDARDS:

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

CP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living for chest pain.

STANDARDS:

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

CP-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.

CP-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

CP-N NUTRITION

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

STANDARDS:

1. Discuss as appropriate that some foods might exacerbate chest pain.
2. Explain that small frequent feedings may be beneficial.
3. Recommend to restrict saturated fats, dietary cholesterol, and sodium as necessary. Increase fiber as tolerated; include an adequate fluid intake.
4. Refer to a registered dietitian for MNT as appropriate.

CP-P PREVENTION

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

STANDARDS:

1. Discuss things that can trigger chest pain, as it pertains to this chest pain.
2. Discuss healthy lifestyles that can help to preserve normal function.

CP-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.

CP-PRO PROCEDURE

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

STANDARDS:

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

CP-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress may cause chest pain or increase the severity of other conditions which cause chest pain. **Refer to [CAD](#), [GAD](#)** (of Volume III of this manual set).
2. 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 contribute to causes of chest pain.
3. Explain that effective stress management may help reduce the frequency of chest pain, as well as, help improve the health and well-being of the patient.
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.

CP-TE TESTS

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

STANDARDS:

1. Explain the specific test ordered and the collection method.
2. Explain the necessary benefits and risks of the tests to be performed. Explain the potential risk of refusal of recommended test(s).
3. Inform the patient of any advance preparation and instructions for the test, e.g., NPO status.

CP-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.

CP-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.

CHN - Child Health - Newborn (0-60 Days)

CHN-BF BREASTFEEDING

OUTCOME: The mother/family will understand the breastfeeding considerations.

STANDARDS:

1. Explain the benefits of breastfeeding and that breastmilk is the optimal method for feeding a baby. **Refer to [BF-BB](#).**
2. Discuss the potential barriers to breastfeeding and assist in making a plan for overcoming these barriers whenever possible.
3. Discuss the importance of continuing to breastfeed when managing a chronic disease as appropriate.
4. Discuss the importance of consulting with a healthcare provider before starting any new prescribed or OTC medications and/or any herbal/traditional therapies when breastfeeding. The mother/family should always ask the pharmacist about the safety of any medicine while breastfeeding.
5. Explain the appropriate methods for collecting and storing breastmilk. Discuss resources for manual and hospital grade electric pumps, including hospital, clinic, WIC, and community programs. **Refer to [BF-CS](#).**

CHN-CAR CAR SEATS AND AUTOMOBILE SAFETY

OUTCOME: The parents/caregiver will understand measures that will improve vehicle safety.

STANDARDS:

1. Emphasize the importance that all occupants in the vehicle use appropriate safety belt or safety seat - allow no exceptions.
 - a. Stress the use of a properly secured, NTSB approved rear facing car seat EVERY TIME the newborn rides in a vehicle.
 - b. Stress the importance of never using a cradle board to secure the newborn in a vehicle.
 - c. The car seat should be in the middle of the back seat of the vehicle.
2. Discuss avoiding behaviors that can divert attention from driving, such as smoking, eating, electronic devices, pets, reading, personal grooming, or unruly children.
3. Emphasize the importance of never driving while under the influence of alcohol, street drugs, sedatives, medications or over-the-counter drugs that can cause

drowsiness. Discuss medications regarding possible side effects with the provider or pharmacist.

4. Discuss the need to secure or remove any loose items in the car that can fly around and hurt the newborn if there is a sudden stop or accident.
5. Discuss the potential dangers of leaving a newborn alone in a vehicle, e.g. vehicle gears shifted and the car goes in motion, injury caused by power windows or sunroof, keys locked in vehicle with newborn, heat or cold exposure, abduction.

CHN-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The parents/caregiver 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 the prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.
3. Dismiss the danger of prolonged exposure of the newborn to sweat lodges or ceremonial practices involving the burning of sweet grass, sage, cedar, and tobacco.
4. Stress the importance of never using a cradle board to secure the newborn in a vehicle.

CHN-ECC EARLY CHILDHOOD CARIES

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

STANDARDS:

1. Discuss that breastmilk-fed newborns have a decreased risk of dental caries.
2. Explain that early childhood caries is caused when liquids containing sugar are left in a newborn's mouth for long or frequent periods of time.
3. Discuss the prevention of tooth decay (early childhood caries):
 - a. Avoid giving bottles when the newborn is lying down. Bottles should never be propped.
 - b. Feed the newborn PRIOR to nap or bedtime.

- c. Clean the newborn's gums after each feeding; wipe and massage the gums with a clean wet gauze, pad or cloth.
4. Explain preventive measures that family members can take to avoid spreading germs that cause cavities in small children:
 - a. Review the oral hygiene habits the whole family should practice.
 - b. Use only clean pacifiers. Don't put anything in the infant's mouth that has been in another person's mouth and do not clean the pacifier with the another person's mouth.

CHN-FU FOLLOW-UP

OUTCOME: The parents/caregiver will understand the importance of keeping routine well child visits.

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, and to monitor and encourage continued breastfeeding.
2. Discuss the procedure and process for obtaining follow-up appointments and well child visits. Inform the parent/caregiver of the timing of the next well child visit.
3. Emphasize that full participation in the treatment plan is the responsibility of the parents/caregiver.
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.

CHN-GD GROWTH AND DEVELOPMENT

OUTCOME: The parents/caregiver will understand a newborn's growth and development.

STANDARDS:

1. Discuss the various newborn reflexes.
2. Explain the limits of neuromuscular control in newborns.
3. Review the communication methods that newborns may use and the importance of the parents/caregiver understanding the newborn's behavior to help care for the newborn in the best way:
 - a. the myriad of "noises" newborns can make and how to differentiate between normal sounds and signs of distress.

- b. facial and body cues that newborns may use to communicate what they want or need. For example:
 - i. when hungry, rooting (turning toward breast), moves fist to mouth, makes sucking sounds
 - ii. when sleepy, yawns and stares off into space
 - iii. when in distress, scrunches up face and makes rigid arm and leg movements
4. Review the limited wants of newborns—to be dry, fed, and comfortable.
5. Discuss the other newborn aspects—sleeps about 20 hours, may have nights and days reversed, colic and fussiness, knows mother better than father, crying patterns, hiccoughs, spits up, thumb sucks.
6. Discuss normal bowel habits of the newborn.
 - a. Explain that breastmilk-fed newborns have the transition from the meconium stool to the transitional stool (brown, mushy) to breastfed stool (yellow with white seeds) when the white, mature milk comes in.
 - b. Discuss that breastmilk-fed newborns have a lower risk of constipation and diarrhea.
 - c. Review constipation. Strongly discourage the use of enemas or homemade preparations to relieve constipation.
 - d. Review diarrhea/vomiting protocols— electrolyte solutions (not water when sick), when to come to the clinic. **Refer to GE** (in Volume III of this manual set).
 - e. Explain that diaper change patterns in the first week beginning with a few diapers each day to at least 6-8 diaper changes in 24 hours by 1 week of age. Discuss that the absorbent qualities of some of the stay-dry disposable diapers can make it hard to tell if the baby has urinated. It may be best to avoid these types of diapers for the first few weeks until a feeding routine has been established.

CHN-HELP HELP LINE

OUTCOME: The parents/family will understand how to access and benefit from a help line or Internet website regarding child health newborn care.

STANDARDS:

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

CHN-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The parents/family will understand the necessary lifestyle changes to promote and sustain healthy living with a newborn.

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 for the newborn.
2. Explain healthy lifestyle choices of the parents/caregiver (e.g., spirituality, social connections, exercise, nutrition) and the parents/caregiver avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of the parents'/caregivers' healthy lifestyle on the newborn.
3. Explain the need to protect the newborn from illness or injury caused by exposure to:
 - a. crowds and unnecessary hospital visits (risk of infection)
 - b. loud noises (risk of hearing damage)
 - c. pets (risk of infection or injury, e.g., smothering, bites)
 - d. temperature extremes (newborns can't control body temperature well)
4. Review the community resources available for help in achieving behavior changes.

CHN-HY HYGIENE

OUTCOME: The parents/caregiver will understand hygiene as it relates to the newborn.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control and prevention.
 - a. Explain the importance of hand washing especially during feeding, diaper changing, and always prior to caring for the newborn.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the parents/caregiver have the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Discuss the care of the circumcised and uncircumcised penis in boys. Discuss the normal vaginal discharge or bleeding that newborn girls may have.
3. Discuss the importance of newborn hygiene, e.g., bathing, cord care, avoidance of powders, skin and nail care, appropriate clothing for the season and environment. Discuss appropriate diapering and diaper-area skin care.

4. Discuss the importance of personal hygiene of the parents/caregiver to prevent transmission of infection to the newborn.
 - a. 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.
 - b. 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 (newborns and elderly) to communicable diseases.
6. Stress the importance of clean bottles, nipples, and pacifiers. **Refer to FF-HY** (in Volume III of this manual set).

CHN-IM IMMUNIZATIONS

OUTCOME: The parents/caregiver will understand the immunizations necessary for preventing communicable diseases. **Refer to IM** (in Volume III of this manual set).

STANDARDS:

1. Discuss the schedule for recommended immunizations and the illnesses they prevent.
2. Discuss the side effects and potential adverse reactions that are common with immunizations.
3. Discuss the potential consequences of vaccine refusal.
4. Explain that scientific studies and reviews have found no relationship between vaccines and autism.
5. Discuss the treatment of side effects and home care after immunizations.

CHN-L LITERATURE

OUTCOME: The parents/family will receive literature about child health issues.

STANDARDS:

1. Provide the patient/family with literature on child health issues.
2. Discuss the content of the literature.

CHN-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The parents/family will understand the specific nutritional intervention(s) needed for the newborn's health.

STANDARDS:

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

CHN-N NUTRITION

OUTCOME: The parents/family will understand the various methods of feeding a newborn in order to ensure good nutrition and adequate growth.

STANDARDS:

1. Emphasize that breastmilk is the healthiest feeding choice for newborns. **Refer to [BF](#).**
2. Explain that newborns grow appropriately on formula when breastmilk is not an option. **Refer to [FF](#)** (in Volume III of this manual set).
3. Explain that newborns need to be fed on demand. Nothing should be given from the bottle except breastmilk, formula, or electrolyte solutions.
4. Discuss the reasons for burping newborns and the methods of burping them.
5. Discuss that solids are not needed until 6 months of age. Discourage adding infant cereals to formula.
6. Discuss that breastfeeding and formula feeding provide adequate fluid to maintain hydration.

CHN-NF NEONATAL FEVER

OUTCOME: The parents/caregiver will understand the importance of identifying neonatal fever.

STANDARDS:

1. Stress the dangers of fever (>100.4° F) in the newborn period, and the importance of seeking immediate medical care. Discuss that rectal temperature is a reliable method of temperature measurement in newborns. **Refer to [NF](#)** (in Volume IV of this manual set).
2. Discuss the signs/symptoms of illness and when to seek medical care, e.g., fever >100.4°F, seizure, certain rashes, irritability, lethargy, failure to eat, vomiting, diarrhea, jaundice, dehydration, apnea, cyanosis. **Refer to [NF](#)** (in Volume IV of this manual set).

3. Discourage the use of medications for newborns.

CHN-NJ NEONATAL JAUNDICE

OUTCOME: The parents/caregiver will understand the importance of monitoring for jaundice and the complications of unrecognized jaundice.

STANDARDS:

1. Explain that jaundice is the yellow color seen in the skin of many newborns that is caused by build-up of bilirubin in the blood. Explain that mild jaundice is harmless but high levels of bilirubin may cause brain damage. **Refer to NJ** (in Volume IV of this manual set).
2. Emphasize that parents should watch closely for jaundice and seek medical attention if jaundice is noticed.
3. Explain that medical personnel can check the level of bilirubin in the blood by blood tests or occasionally by a skin test.
4. Explain that jaundice is more common in breastfed newborns especially when the newborn is not nursing well. Encourage nursing the newborn a minimum of 8-12 times a day for the first week of life to increase milk production and keep bilirubin levels down. Emphasize that breastmilk is the ideal food for newborns.

CHN-PA PARENTING

OUTCOME: The parents/caregiver will cope in a healthy manner to the addition of a new family member.

STANDARDS:

1. Emphasize the importance of bonding and the role of touch in good emotional growth.
2. Emphasize that fatigue, anxiety, and frustration are normal and temporary. Discuss coping strategies. Discuss the signs of depression and encourage parents/caregivers to seek help if depression is suspected. **Refer to PDEP** (in Volume IV of this manual set).
3. Review the sleeping and crying patterns of a newborn and the importance of learning the newborn's temperament. Crying usually peaks at 6 weeks; cuddling and rocking may console the newborn. Encourage the parents to sleep when the newborn sleeps.
4. Discuss sibling rivalry and some techniques to help older siblings feel important. Encourage active participation from family members in caring for the newborn.
5. Discuss community resources (financial, medical, WIC) available for help in coping with a newborn.

CHN-S SAFETY

OUTCOME: The parents/caregiver will understand safety as it relates to newborns.

STANDARDS:

1. Review the dangers of leaving a newborn unattended. Discuss the need to require ID from people presenting themselves in an official capacity. Stress the importance of carefully selecting child-care settings to ensure newborn safety.
2. Stress the use of a properly secured, NTBS approved, rear facing car seat **EVERY TIME** the newborn rides in a vehicle. Refer [CHN-CAR](#).
3. Discuss the dangers posed by—direct sunlight, open flames, closed-up cars, siblings, plastic bags, tossing the newborn in the air, second-hand cigarette smoke, and shaken-baby syndrome. Discuss crib safety.
4. Explain that SIDS is decreased by back-lying and by never smoking around the newborn. Refer to **SIDS-P** (in Volume V of this manual set).
5. Discuss the importance of keeping a hand on the newborn when the newborn is lying on any surface above the floor level to avoid falls.
6. Discuss the dangers posed by hot liquids, too hot bath water, and microwaving baby bottles. (Current recommendation is to set the water heater to <120°F.)

CHN-SCR SCREENING

OUTCOME: The parents/caregiver will understand the proposed screening including indications.

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., phenylketonuria (PKU), hearing screening, development.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

CHN-SF INTRODUCTION TO SOLID FOODS

OUTCOME: The parents/caregiver will understand the appropriate ages to introduce various solid foods.

STANDARDS:

1. Discuss that newborns should be exclusively breastfed for about 6 months, followed by continued breastfeeding as solid foods are introduced with continuation of breastfeeding for 1 year or longer as mutually desired by mother and baby. Do not give any fluids such as water, glucose water, commercial infant formulas unless medically indicated. Emphasize that, for some time after the introduction of solid foods, breastmilk will still be the newborn's primary source of nutrition.
2. Emphasize that pureed foods should never be given from a bottle or infant feeder, but must always be fed from a spoon. Check and make sure all foods are room temperature.
3. Explain the need for vitamin and mineral supplementation when breastfeeding:
 - a. Vitamin K should be administered to all babies on the first day of birth to reduce the risk of hemorrhagic disease.
 - b. Vitamin D is given orally to protect the baby from bone abnormalities such as rickets due to decrease exposure to sunlight.
 - c. Fluoride should be provided after 6 months of age and should be limited to babies residing in communities that do not have fluorinated water.
 - d. Explain that premature infants should receive a multivitamin as well as iron supplementation until they are ingesting a completely mixed diet.

CHN-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The parents/caregiver 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 in newborns when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.

6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume V of this manual set).

CHI - Child Health - Infant (2-12 Months)

CHI-BF BREASTFEEDING

OUTCOME: The mother/family will understand the breastfeeding considerations.

STANDARDS:

1. Explain the benefits of breastfeeding and that breastmilk is the optimal method for feeding a baby. **Refer to [BF-BB](#).**
2. Discuss the potential barriers to breastfeeding and assist in making a plan for overcoming these barriers whenever possible.
3. Discuss the importance of continuing to breastfeed when managing a chronic disease as appropriate.
4. Discuss the importance of consulting with a healthcare provider before starting any new prescribed or OTC medications and/or any herbal/traditional therapies when breastfeeding. The mother/family should always ask the pharmacist about the safety of any medicine while breastfeeding.
5. Explain the appropriate methods for collecting and storing breastmilk. Discuss resources for manual and hospital grade electric pumps, including hospital, clinic, WIC, and community programs. **Refer to [BF-CS](#).**

CHI-CAR CAR SEATS AND AUTOMOBILE SAFETY

OUTCOME: The parents/caregiver will understand measures that will improve vehicle safety.

STANDARDS:

1. Emphasize the importance that all occupants in the vehicle use appropriate safety belt or safety seat - allow no exceptions.
 - a. Stress the use of a properly secured, NTSB approved rear facing car seat EVERY TIME the infant rides in a vehicle.
 - b. Stress the importance of never using a cradle board to secure the infant in a vehicle.
 - c. The car seat should be in the middle of the back seat of the vehicle.
2. Discuss avoiding behaviors that can divert attention from driving, such as smoking, eating, electronic devices, pets, reading, personal grooming, or unruly children.
3. Emphasize the importance of never driving while under the influence of alcohol, street drugs, sedatives, medications or over-the-counter drugs that can cause

drowsiness. Discuss the possible side effects of medications with the provider or pharmacist.

4. Discuss the need to secure or remove any loose items in the car that can fly around and hurt the infant if there is a sudden stop or accident.
5. Discuss the potential dangers of leaving an infant alone in a vehicle, e.g. vehicle gears shifted and the car goes in motion, injury caused by power windows or sunroof, keys locked in vehicle with infant, heat or cold exposure, abduction.

CHI-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The parents/caregiver 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 the prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.
3. Dismiss the danger of prolonged exposure of the infant to sweat lodges or ceremonial practices involving the burning of sweet grass, sage, cedar, and tobacco.
4. Stress the importance of never using a cradle board to secure the infant in a vehicle.

CHI-ECC EARLY CHILDHOOD CARIES

OUTCOME: The parents/caregiver will understand good oral hygiene and the prevention of early childhood caries.

STANDARDS:

1. Discuss that breastmilk-fed infants have a decreased risk of dental caries.
2. Explain that early childhood caries is caused when liquids containing sugar are left in a infant's mouth for long or frequent periods of time.
3. Discuss the prevention of tooth decay (early childhood caries):
 - a. Avoid giving bottles when the infant is lying down. Bottles should never be propped.
 - b. Feed the infant PRIOR to nap or bedtime.

- c. Clean the infant's gums after each feeding; wipe and massage the gums with a clean wet gauze, pad or cloth.
4. Explain the preventive measures that family members can take to avoid spreading germs that cause cavities in small children:
 - a. Review the oral hygiene habits the whole family should practice.
 - b. Use only clean pacifiers. Don't put anything in infant's mouth that has been in another person's mouth and do not clean the pacifier with the another person's mouth.

CHI-ECL EARLY CHILDHOOD LITERACY

OUTCOME: The parents/caregiver will understand the importance of reading aloud to children (2 months to 12 months of age).

STANDARDS:

1. Discuss that the benefits of reading aloud to children include language development, literacy skills, school readiness, and healthy coping in times of stress, and parent-child bonding.
2. Explain that reading together may promote motor and cognitive skills:
 - a. Motor skills: reaching for book, putting book in mouth, sitting in lap with head steady, turning pages with help
 - b. Cognitive skills: looking at pictures, vocalizing and patting pictures, preferring pictures of faces
3. Discuss what parents can do to help develop these age specific skills.
 - a. Holding the infant comfortably
 - b. Following the infant's cues for "more" and "stop"
 - c. Pointing and naming pictures
 - d. Singing and talking to the infant

CHI-FU FOLLOW-UP

OUTCOME: The parents/caregiver will understand the importance of keeping routine well child visits.

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, and to monitor and encourage continued breastfeeding.

2. Discuss the procedure and process for obtaining follow-up appointments and well child visits. Inform the parent/caregiver of the timing of the next well child visit.
3. Emphasize that full participation in the treatment plan is the responsibility of the parent/caregiver.
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.

CHI-GD GROWTH AND DEVELOPMENT

OUTCOME: The parents/caregiver will understand the biologic and developmental changes and achievements during infancy and will provide a nurturing environment to achieve normal growth and development.

STANDARDS:

1. Review the expected weight and height changes.
2. Discuss the changes in breastfeeding patterns. Discuss age appropriate intake (ounces/day). Discuss that breastfeeding helps avoid overfeeding.
3. Review normal development:
 - a. improvements in neuromuscular control
 - b. improvement in visual acuity
 - c. psycho-social development—prevalence of narcissism and acquisition of trust
 - d. cognitive development—active participation with the environment fosters learning
 - e. language development, i.e., discuss the introduction of books and reading to the infant
 - f. adaptive behaviors and modeling, setting an example for appropriate behavior (**refer to [CHI-PA](#)**)
4. Discuss signs of teething, ages at which teething usually occurs, and the relief for teething pain.
5. Discuss bowel habits of the infant.
 - a. Discuss that breastmilk-fed infants have a lower risk of constipation and diarrhea.
 - b. Review constipation. Strongly discourage the use of enemas or homemade preparations to relieve constipation.
 - c. Review diarrhea/vomiting protocols—electrolyte solutions (not water when sick), when to come to the clinic. **Refer to GE** (in Volume III of this manual set).

- d. Explain that toilet training should be delayed.
- e. Explain that curiosity about genitals is normal and to be expected.
6. Discuss sleep habits and transition objects for sleep.

CHI-HELP HELP LINE

OUTCOME: The parents/caregiver will understand how to access and benefit from a help line or Internet website regarding child health infant care.

STANDARDS:

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

CHI-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The parents/caregiver will understand the necessary lifestyle changes to promote and sustain healthy living with an infant.

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 for the infant.
2. Explain healthy lifestyle choices of the parents/caregiver (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 the parents'/caregivers' healthy lifestyle on the infant.
3. Explain the need to protect the infant from illness or injury caused by exposure to:
 - a. crowds and unnecessary hospital visits (risk of infection)
 - b. loud noises (risk hearing damage)
 - c. pets (risk of infection or injury, e.g., smothering, bites)
 - d. temperature extremes (infants can't control body temperature well)
4. Review the community resources available for help in achieving behavior changes.

CHI-HY HYGIENE

OUTCOME: The parents/caregiver will understand infant hygiene issues.

STANDARDS:

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

- a. Explain the importance of hand washing especially during feeding, diaper changing, toilet use, and always prior to caring for the infant.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the parents/caregiver have the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Discuss infant hygiene, e.g., bathing, avoidance of powders, skin and nail care, vaginal discharge/bleeding. Discuss appropriate diapering and diaper area skin care.
 3. Discuss the importance of the parents/caregiver to prevent transmission of infection to the infant.
 - a. 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.
 - b. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
 4. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
 5. Stress the importance of clean bottles, nipples, and pacifiers. **Refer to FF-HY** (in Volume III of this manual set).

CHI-IM IMMUNIZATIONS

OUTCOME: The parents/caregiver will understand the immunizations necessary for preventing communicable diseases. **Refer to IM** (in Volume III of this manual set).

STANDARDS:

1. Discuss the schedule for recommended immunizations and the illnesses they prevent.
2. Discuss the side effects and potential adverse reactions that are common with immunizations.
3. Discuss the potential consequences of vaccine refusal.
4. Explain that scientific studies and reviews have found no relationship between vaccines and autism.
5. Discuss the treatment of side effects and home care after immunizations.

CHI-L LITERATURE

OUTCOME: The parents/caregiver will receive literature about child health issues.

STANDARDS:

1. Provide the parents/caregiver with literature on child health issues.
2. Discuss the content of the literature.

CHI-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The parents/caregiver will understand the specific nutritional intervention(s) needed for the infant's health.

STANDARDS:

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

CHI-N NUTRITION

OUTCOME: The parents/caregiver will understand the changing nutritional needs of an infant.

STANDARDS:

1. Explain that breastmilk is the healthiest feeding choice for infants. Review breastfeeding (**refer to BF**). Discuss the current information on the use of vitamin and/or iron supplements when breastfeeding.
2. Discuss the introduction of solids/supplements:
 - a. Discuss the schedule for introducing solids and juices at 6 months of age:
 - i. Explain how to accomplish the first spoon feeding.
 - ii. Discuss that each infant is different and that the number of times solid foods should be served varies among each infant.
 - b. Explain that solids, including cereal, should not be fed from a bottle or infant feeder but from a spoon.
 - c. Explain that cow's milk is not recommended prior to 1 year of age. Explain that whole cow's milk protein and fat are more difficult for an infant to digest and absorb. Breastmilk is best.

- d. Discuss waiting 3 days before adding new foods to identify food allergies. Highly allergenic foods such as eggs, peanut butter, cow's or goat's milk. Citrus should not be offered until the infant is 1 year of age. Avoid honey due to the risk of botulism.
 - e. Emphasize the importance of avoiding foods that are easy to choke on, e.g., nuts, hard candy, gum, hot dogs. **Refer to [CHI-S](#).**
 - f. Emphasize the importance of having the infant remain seated and observing the infant while eating to reduce the risk of choking.
 - g. Discuss as appropriate the recommendations for fluoride supplementation in non-fluoridated water areas. (Currently no fluoride supplementation is recommended for infants under 6 months of age.)
3. Explain that infants grow appropriately on formula when breastmilk is not an option. **Refer to FF** (in Volume III of this manual set).
 - a. Review formula preparation and storage and the proper technique and position for bottle feeding.
 - b. Emphasize the importance of bottle feeding with iron-fortified formula.
 - c. Explain that warming bottles in the microwave may result in burns to the mouth.
 - d. Discuss weaning, transition from bottle to cup. Emphasize the effects of "baby bottle tooth decay." Limit juice to 4 oz. per day. Encourage the cup for all fluid intake, as appropriate.
 - e. Discuss age-appropriate intake (ounces/day), appropriate weight gain, and stress the dangers of overfeeding. Breastfeeding helps avoid overfeeding.

CHI-PA PARENTING

OUTCOME: The parents/caregiver will foster the growth and development in the infant.

STANDARDS:

1. Discuss family life:
 - a. Review basic nurturing skills: spending time with the infant, continued importance of touch, involving father in care and nurturing. Encourage active participation from the family members in caring for the infant.
 - b. Encourage stimulation of the infant (hold, cuddle, play, read, talk, sing to the infant, and play age-appropriate games e.g., pat-a-cake, peek-a-boo).
 - c. Emphasize that fatigue, anxiety, and frustration are normal and temporary. Discuss coping strategies. Discuss the signs of depression and encourage parents/caregivers to seek help if depression is suspected. **Refer to PDEP** (in Volume IV of this manual set).
2. Discuss discipline:

- a. Techniques must be age appropriate (distraction, redirecting)
 - b. Praise good behavior
 - c. Encourage consistent parenting
 - d. Discuss the importance of limiting rules and setting routines
 - e. Do not allow hitting, biting, or aggressive behavior
3. Discuss infant behavior:
 - a. Discuss the importance of a bedtime routine and self-consoling of the infant.
 - b. Discuss comfort objects such as stuffed animals or blankets as appropriate to the age of the infant.
 - c. Discuss separation anxiety and selecting safe child care settings as appropriate.
 4. Stress the importance of regular well child care and immunizations.
 5. Review the community resources available to help in coping with an infant. (financial, medical, WIC, social services).

CHI-S SAFETY

OUTCOME: The parents/caregiver will understand principles of injury prevention and the plan for a safe environment.

STANDARDS:

1. Explain that accidents are a major cause of death.
 - a. Emphasize the importance of learning first aid and CPR.
 - b. Review the emergency procedures for home and child care.
 - c. Emphasize the importance of a properly fitting, correctly installed car seat. The placement of the car seat in the vehicle should be correct for the age/size of the infant. **Refer to [CHI-CAR](#).**
2. Discuss that shaking an infant can cause permanent brain damage or death.
3. Explain that SIDS is decreased by lying on back, by not keeping the infant too warm, and by never smoking around the infant. **Refer to SIDS-P** (in Volume V of this manual set).
4. Stress that the infant's increasing mobility requires additional vigilance and child-proof the home. **Refer to HPDP-S** (in Volume III of this manual set).

- a. Burn safety: Keep hot liquids, cigarettes and other hot objects out of the infant's reach, cover outlets, test temperature of bath and set the water heater to <120°F, turn pot handles to the back of the stove and use back burners preferentially, don't leave heavy objects or hot liquids on tablecloths, avoid dangling cords (curling irons, coffee pots, irons, etc.), avoid direct sunlight, limit sun exposure, use sunscreens, hats, and protective clothing.
 - b. Choking safety: Review choking hazards and the importance of keeping small objects out of the infant's reach (anything that will fit into a toilet paper roll), cut food in small pieces, review foods that pose a choking hazard.
 - c. Water safety: Review drowning and the importance of never leaving the infant unattended in the bath, keeping toilet lids down and bathroom doors closed, and emptying buckets.
 - d. Poison safety: Emphasize the importance of child locks on cabinets and keeping potentially dangerous substances, including medications and objects out of the infant's reach. Keep the poison control number handy.
 - e. Electrical safety: Emphasize the importance of keeping electrical cords and other wiring out of the reach of infants. Small children will chew and pull on electrical cords and wiring.
 - f. Fall safety: Lower crib mattress as infant becomes more mobile, keep a hand on the infant when on high places.
 - g. Play safety: Avoid toys that are choking hazards or are sharp. Explain that walkers are a source of serious injury and often delay walking.
 - h. Infection safety: Encourage frequent hand washing and washing of toys to prevent the spread of infections.
 - i. Food safety: Emphasize proper food preparation to protect against foodborne illnesses (which can cause diarrhea, fever, abdominal cramps, nausea, vomiting, and dehydration). Food safety precautions include:
 - i. knowing how to select foods in the grocery store
 - ii. storing them properly
 - iii. cooking them safely
 - iv. cleaning up afterward
5. Emphasize the importance of carefully selecting child-care settings to ensure child safety. Discuss the importance of never leaving the infant alone with young siblings or pets.
 6. Discuss lead hazards as appropriate. **Refer to LEAD** (in Volume III of this manual set).

CHI-SF INTRODUCTION TO SOLID FOODS

OUTCOME: The parents/caregiver will understand the appropriate ages to introduce various solid foods.

STANDARDS:

1. Discuss the recommended introduction of solid foods:
 - a. Infants should be exclusively breastfed for about 6 months, followed by continued breastfeeding as solid foods are introduced with continuation of breastfeeding for 1 year or longer as mutually desired by mother and baby. Do not give any fluids such as water, glucose water, commercial infant formulas unless medically indicated. Emphasize that, for some time after the introduction of solid foods, breastmilk will still be the infant's primary source of nutrition.
 - b. At 6 months, an iron-fortified rice cereal is generally the preferred first solid food. It is normal for an infant to take very small amounts of solid foods for several months. Discard any uneaten foods after each meal.
 - c. Beyond 6 months, pureed fruits, vegetables other cereals may be introduced. Emphasize the need to wait 3–5 days between the addition of new foods to watch for adverse reactions. New foods might be rejected, but may be accepted at a later time.
 - d. At 7 to 10 months, offer strained or mashed fruits, vegetables, and some textured table foods, and finely chopped meat and poultry.
 - e. At 9 to 12 months, introduce soft combination foods, i.e., casseroles, macaroni and cheese, yogurt, and beans.
 - f. Emphasize that pureed foods should never be given from a bottle or infant feeder, but must always be fed from a spoon. Check and make sure all foods are at room temperature.
 - g. Discuss foods that should be introduced at the appropriate age. Highly allergenic food such as peanut butter, chocolate, eggs, cow's or goat's milk. Citrus should not be fed until the infant is one year old.
 - h. Explain that honey and syrups may contain botulism toxin and should not be fed before one year old.
 - i. 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.
2. Discuss the importance of offering foods at the appropriate ages and in appropriate amounts:
 - a. Baby knows how much to eat and will stop when not interested. Do not force feed.

- b. Babies eat more some days than others.
 - c. No two babies eat the same.
3. Explain how to assess an infant'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.
4. Explain the need for vitamin and mineral supplementation when breastfeeding:
 - a. Vitamin K should be administered to all babies on the first day of birth to reduce the risk of hemorrhagic disease.
 - b. Vitamin D is given orally to protect the baby from bone abnormalities such as rickets due to decrease exposure to sunlight.
 - c. Fluoride should be provided after 6 months of age and should be limited to babies residing in communities that do not have fluorinated water.
 - d. Explain that premature infants should receive a multivitamin as well as iron supplementation until they are ingesting a completely mixed diet.

CHI-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

1. Explain that second-hand smoke is known as "passive smoking." Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.

6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume V of this manual set).

CHI-W WEANING

OUTCOME: The parents/caregiver will understand methods to effectively wean the infant from breastfeeding or bottle.

STANDARDS:

1. Discuss the reasons for weaning (e.g., including infant readiness, separation from mother, eating solids and able to drink from a cup, medication needed for mother that is contraindicated in breastfeeding).
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 infant is common. While weaning means more freedom and flexibility, women find it difficult to stop breastfeeding 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.

CHT – Child Health – Toddler (1-3 Years)

CHT-BF BREASTFEEDING

OUTCOME: The mother/family will understand the breastfeeding considerations.

STANDARDS:

1. Explain the benefits of breastfeeding and that breastmilk is the optimal method for feeding a baby. **Refer to [BF-BB](#).**
2. Discuss the potential barriers to breastfeeding and assist in making a plan for overcoming these barriers whenever possible.
3. Discuss the importance of continuing to breastfeed when managing a chronic disease as appropriate.
4. Discuss the importance of consulting with a healthcare provider before starting any new prescribed or OTC medications and/or any herbal/traditional therapies when breastfeeding. The mother/family should always ask the pharmacist about the safety of any medicine while breastfeeding.
5. Explain the appropriate methods for collecting and storing breastmilk. Discuss resources for manual and hospital grade electric pumps, including hospital, clinic, WIC, and community programs. **Refer to [BF-CS](#).**

CHT-CAR CAR SEATS AND AUTOMOBILE SAFETY

OUTCOME: The parents/caregiver will understand measures that will improve vehicle safety.

STANDARDS:

1. Stress the use of a properly fitted, properly secured, NTSB approved car seat EVERY TIME the child rides in a vehicle. The placement of the car seat in the vehicle should be correct for the age/size of the toddler.
2. Explain the dangers posed by things that might divert attention from driving, such as smoking, cell phone use, eating, CDs, radios, texting, etc.
3. Emphasize the importance of never driving while under the influence of alcohol, sedatives, prescription or over-the-counter drugs that can cause drowsiness. Discuss the possible side effects of medications with the provider or pharmacist.
4. Emphasize not to leave toddler/children 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 the toddler, keys locked in vehicle with toddler, heat/cold exposure, abduction or toddler wandering away.

CHT-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The parents/caregiver 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 the prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.
3. Discuss the dangers of prolonged exposure of the toddler to sweat lodges or the ceremonial practice of burning sweet grass, sage, cedar, tobacco.
4. Stress the importance of never using a cradle board to secure the toddler in a vehicle.

CHT-ECC EARLY CHILDHOOD CARIES

OUTCOME: The parents/caregiver will understand the importance of good oral hygiene.

STANDARDS:

1. Explain the relationship of dental carries and the toddler's diet. Example: high sugar drinks and foods.
2. Discuss the prevention of tooth decay (early childhood caries):
 - a. Avoid giving bottles when the toddler is lying down. Encourage weaning of bottles. **Refer to [CHT-W](#).**
 - b. Feed cow's milk or breastmilk **PRIOR** to nap or bedtime. There should be nothing in the bottle except cow's milk, breastmilk, or electrolyte solution.
3. Discuss the importance of regular dental examinations.
4. Discuss, as appropriate, fluoride supplementation and the indications for fluoridated toothpaste and when non-fluoridated tooth paste should be used.
5. Discuss teething as appropriate.
6. Explain the preventive measures that family members can take to avoid spreading the germs that cause cavities in small children:
 - a. Review the oral hygiene habits the whole family should practice.
 - b. Don't put anything in the toddler's mouth that has been in another person's mouth. Explain that by sharing objects with the toddler, the individual may transmit cariogenic bacteria and thus increase the risk for cavities.

CHT-ECL EARLY CHILDHOOD LITERACY

OUTCOME: The parents/caregiver will understand the importance of reading aloud to children (1 to 3 years of age).

STANDARDS:

1. Discuss that the benefits of reading aloud to children include language development, literacy skills, school readiness, and healthy coping in times of stress, and parent-child bonding.
2. Explain that reading together may promote motor and cognitive skills.
3. Explain age specific expectations for 12 to 18 month olds:
 - a. Motor skills: sitting without support, carrying book, holding book with help, turning board book pages several at a time
 - b. Cognitive skills: Pointing at pictures with one finger, making same sounds for a particular picture, pointing when asked, “where’s....?”, turning book right side up, giving book to adult to read
4. Discuss what parents can do to help develop these age specific skills.
 - a. Responding to child’s prompting to read
 - b. Letting the child control the book
 - c. Being comfortable with toddler’s short attention span
 - d. Asking “Where’s the...?” and let the child point
5. Explain age specific skill expectations for 18 to 24 month olds:
 - a. Motor skills: turning board book pages easily, one at a time, carrying book around the house, using book as transitional objects (e.g., at bedtime)
 - b. Cognitive skills: naming familiar pictures, filling in words in familiar stories, “reading” to stuffed animals or dolls, reciting parts of familiar stories, attention span highly variable
6. Discuss what parents can do to help develop these age specific skills.
 - a. Relating books to child’s experiences
 - b. Using books in routines, bedtimes
 - c. Asking “What’s that?” and giving the child time to answer
 - d. Pausing and letting the child complete
7. Explain age specific skill expectations for 24 to 36 month olds:
 - a. Motor skills: Learning to handle paper pages, going back and forth in books to find favorite pictures

- b. Cognitive skills: Reciting whole phrases, sometimes whole stories, coordinating text with picture, protesting when adult gets a word wrong in a familiar story, reading familiar books to self
- 8. Discuss what parents can do to help develop these age specific skills.
 - a. Keep using books in routines
 - b. Reading at bedtime
 - c. Be willing to read the same story over and over
 - d. Asking “what’s that?”
 - e. Relating books to child’s experiences
 - f. Providing crayons and paper

CHT-FU FOLLOW-UP

OUTCOME: The parents/caregiver will understand the importance of keeping routine well child visits.

STANDARDS:

1. Emphasize the importance of follow-up care as a way of tracking growth and development, to screen for disease, and to update immunizations.
2. Discuss the procedure and process for obtaining follow-up appointments. Inform the patient/family of the timing of the next well child visit.
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.

CHT-GD GROWTH AND DEVELOPMENT

OUTCOME: The parents/caregiver will understand the rapidly changing development of the toddler and will plan to support growth and development.

STANDARDS:

1. Explain the toddler’s intense need to explore.
2. Discuss sleep habits and transition object for sleep. Explain that children in this age group typically sleep through the night.
3. Discuss toilet training methods and indicators of toilet training readiness, e.g., the ability to walk, complaining of wet or dirty diapers, asking to go to the toilet. Explain that toilet training should be delayed until the child is showing signs of

toilet training readiness. Explain that curiosity about genitals is normal and to be expected.

CHT-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The parents/caregiver 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 for the toddler.
2. Explain healthy lifestyle choices of the parents/caregiver (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 the parents'/caregiver's healthy lifestyle on the toddler.
3. Discourage the use of medications in the toddler period.

CHT-HY HYGIENE

OUTCOME: The parents/caregiver will understand hygiene issues in the toddler.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control and prevention.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, and toilet use.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the parents/caregiver have the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Discuss the importance of parents/caregiver hygiene.
 - a. 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.
 - b. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
3. Discuss the care of the circumcised and uncircumcised penis in boys. Discuss the need to wipe from front to back. Discuss appropriate diapering and diaper area skin care.

CHT-IM IMMUNIZATIONS

OUTCOME: The parents/caregiver will understand the immunizations necessary for preventing communicable diseases. **Refer to IM** (in Volume III of this manual set).

STANDARDS:

1. Discuss the schedule for recommended immunizations and the illnesses they prevent.
2. Discuss the side effects and potential adverse reactions that are common with immunizations.
3. Discuss the potential consequences of vaccine refusal.
4. Explain that scientific studies and reviews have found no relationship between vaccines and autism.
5. Discuss the treatment of side effects and home care after immunizations.

CHT-L LITERATURE

OUTCOME: The patient/family will receive literature about child health issues.

STANDARDS:

1. Provide the patient/family with literature on child health issues.
2. Discuss the content of the literature.

CHT-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The parents/caregiver will understand the specific nutritional intervention(s) needed for the toddler's health.

STANDARDS:

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

CHT-N NUTRITION

OUTCOME: The parents/caregiver will understand the nutritional needs of the toddler and frustrations that involve mealtimes.

STANDARDS:

1. Discuss feeding and meal time:
 - a. Discuss the varying levels of mastery of cups and utensils.
 - b. Allow the toddler to self-feed; finger foods are suggested.
 - c. Discuss the importance of eating meals as a family and providing 3 nutritious meals and 2-3 nutritious snacks per day.
 - d. Encourage a relaxed mealtime atmosphere.
2. Explain that toddler's growth rate is slower and the nutritional needs decrease. The recommended portion size is 1 tablespoon from each food group, per year of age. Discuss it is normal for toddlers to be fussy eaters and may eat very little for days to weeks. Continue to offer 3 nutritious meals and 2-3 nutritious snacks per day and do not offer junk food to entice the toddler to eat.
3. Discuss the need for whole milk up to 2 years of age and encourage low fat or non-fat milk after the age of 2. Juice should be limited to 4 oz./day.
4. Avoid foods that are choking hazards through age 4 (unpeeled grapes, unpeeled apples, orange slices, nuts, popcorn, pickles, carrot sticks, celery sticks, hard candies and gum, wieners, chicken drum sticks, and peanut butter).
5. Encourage and model healthy choices for meals and snacks and offer a variety of foods (e.g., fruit, veggies, lean meats, and whole grains). Limit foods such as candies, cookies, etc.
6. Explain that the recommendations regarding toddler feedings has changed and advice from family/friends may no longer be appropriate; talk to the healthcare provider.

CHT-PA PARENTING

OUTCOME: The parents/caregiver will understand challenges of parenting a toddler and will continue to provide a nurturing environment for growth and development.

STANDARDS:

1. Discuss the common aspects of the toddler behavior:
 - a. Discuss that the toddler continues to demand much of the parent(s) time. Many toddlers still need to be held and cuddled.
 - b. Discuss that toddlers have an increasing mobility and autonomy independence, and thus an increases the risk of injury and requires increased supervision.
 - c. Discuss that toddlers frequently have an unwillingness to share and frequently say "no."
 - d. Discuss that toddlers frequently seem to have unlimited energy.

- e. Discuss that toddlers have a limited vocabulary that often inhibits expression of emotions.
2. Discuss age-appropriate disciplinary techniques for toddlers,
 - a. Distraction is appropriate for some behaviors, especially in younger toddlers.
 - b. Time-out can be an effective disciplinary technique. Discuss methods of using time-out effectively.
 - c. Encourage the parents/caregivers to set limits and praise good behavior.
 - d. Discuss that hitting, biting, and aggressive behaviors are common in this age group and require consistent parenting and disciplinary techniques.
3. Discuss parental needs:
 - a. Reinforce the need for adult companionship, periodic freedom from child-rearing responsibilities, and nurturing the family relationship.
 - b. Show affection in the family.
 - c. Stress that weariness, frustration, and exasperation with a toddler are normal. Discuss the mechanisms for dealing with frustration.
4. Provide stimulating activities (e.g., reading to the child, coloring with the child) as alternatives to TV watching, which should not exceed one hour per day. The attention span of a toddler is about 5–10 minutes. Encourage at least 30 to 60 minutes of active play daily.
5. Discuss parental/family behaviors:
 - a. Discuss that unruly behaviors (such as drinking, smoking, and drug abuse) in the presence of children may promote this behavior in the child.
 - b. Discuss that children who witness violent or abusive behaviors may mimic these behaviors.

CHT-S SAFETY

OUTCOME: The parents/caregiver will understand the principles of injury prevention and plan to provide a safe environment.

STANDARDS:

1. Review that accidents are the leading cause of death in this age group due to the toddler's increased mobility and lack of awareness of environmental dangers and the importance of child-proofing the home. **Refer to HPDP-S** (in Volume III of this manual set).

- a. Burn safety: Keep hot liquids, cigarettes and other hot objects out of the toddler's reach, cover outlets, test temperature of bath and set the water heater to <120°F, turn pot handles to the back of the stove and use back burners preferentially, don't leave heavy objects or hot liquids on tablecloths, avoid dangling cords (curling irons, coffee pots, irons, etc.), avoid direct sunlight, limit sun exposure, use sunscreens, hats, and protective clothing.
- b. Choking safety: Review choking hazards and the importance of keeping small objects out of the toddler's reach (anything that will fit into a toilet paper roll, balloons, coins), cut food in small pieces, review foods that pose a choking hazard (unpeeled grapes, unpeeled apples, orange slices, nuts, popcorn, pickles, carrot sticks, celery sticks, hard candies and gum, hot dogs, any meat on a bone, and peanut butter). Encourage CPR training.
- c. Water safety: Review drowning and the importance of never leaving the toddler unattended in the bath, keeping toilet lids down and bathroom doors closed, and emptying buckets.
- d. Poison safety: Emphasize the importance of child locks on cabinets and keeping potentially dangerous substances, including medications and objects out of the toddler's reach. Keep the poison control number handy.
- e. Electrical safety: Emphasize the importance of keeping electrical cords and other wiring out of the reach of the toddler. Small children will chew and pull on electrical cords and wiring.
- f. Infection safety: Encourage frequent hand washing and washing of toys to prevent the spread of infections.
- g. Play safety: Discuss street safety and the use of personal protective equipment like bicycle helmets. Avoid toys that are choking hazards or are sharp. Wash hands often; clean toys. Discourage independent operation of any motorized vehicle, including electrical vehicles. Encourage play and safe exploration.
- h. Food safety: Emphasize proper food preparation to protect against foodborne illnesses (which can cause diarrhea, fever, abdominal cramps, nausea, vomiting, and dehydration). Food safety precautions include:
 - i. knowing how to select foods in the grocery store
 - ii. storing them properly
 - iii. cooking them safely
 - iv. cleaning up afterward
- i. Home safety:
 - i. Discuss the need to child-proof the home e.g., safety locks, stair gates, window guards.
 - ii. Check windows and screens to ensure that the toddler cannot push them out, etc.

2. Review the continued need for child safety seats in automobiles. **Refer to [CHT-CAR](#).**
3. Emphasize the importance of carefully selecting child-care settings to ensure toddler safety. Never leave toddlers alone with young children or pets.
4. Discuss lead hazards as appropriate. **Refer to LEAD** (in Volume III of this manual set).

CHT-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The parents/caregiver 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 (cancer causing substances).
3. Explain the increased risk of illness in toddlers when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume V of this manual set).

CHT-W WEANING

OUTCOME: The parents/caregiver will understand methods to effectively wean the toddler from breastfeeding or bottle.

STANDARDS:

1. Discuss the reasons for weaning (e.g., including toddler readiness, separation from mother, eating solids and able to drink from a cup, medication needed for mother that is contraindicated in breastfeeding).
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 toddler is common. While weaning means more freedom and flexibility, women find it difficult to stop breastfeeding 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.

CHP – Child Health – Preschool (3-5 Years)

CHP-CAR CAR SEATS AND AUTOMOBILE SAFETY

OUTCOME: The parents/caregiver will understand the measures that will improve car safety.

STANDARDS:

1. Emphasize the importance that all occupants in the vehicle use appropriate safety belt or safety seat - allow no exceptions.
 - a. Stress the use of a properly fitted and secured, NTSB approved car safety seat or booster seat EVERY TIME the preschooler rides in a vehicle.
 - b. The placement of the car seat in the vehicle should be correct for the age/size of the preschooler.
2. Discuss avoiding behaviors that can divert attention from driving, such as smoking, cell phone use, texting, eating, CDs and radios, or unruly children.
3. Emphasize the importance of never driving while under the influence of alcohol, street drugs, sedatives or over-the-counter drugs that can cause drowsiness.
4. Discuss the need to secure or remove any loose items in the car that can fly around and hurt the preschooler if there is a sudden stop or accident.
5. Discuss the potential dangers of leaving a preschooler alone in a vehicle, e.g., vehicle gears shifted and the car goes in motion, injury caused by power windows or sunroof, keys locked in vehicle with the preschooler, heat or cold exposure, abduction or preschooler wandering away.

CHP-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The parents/caregiver 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 the dangers of prolonged exposure of children to ceremonial practice of burning sweet grass, sage, cedar, or tobacco.

CHP-ECC EARLY CHILDHOOD CARIES

OUTCOME: The parents/caregiver will understand the importance of good oral hygiene.

STANDARDS:

1. Discuss the importance of not using baby bottles or pacifiers at all in this age group.
2. Explain the preventive measures family members can take to avoid spreading germs that cause cavities in small children:
 - a. Review the oral hygiene habits the whole family should practice.
 - b. Don't put anything in the preschooler's mouth that has been in another person's mouth.
3. Explain that the preschooler should brush at least twice daily, eat a healthy diet, and visit the dentist at least twice a year.
4. Discuss, as appropriate, fluoride supplementation and the indications for fluoridated toothpaste and when non fluoridated tooth paste should be used.
5. Explain that dental sealants can be used to prevent cavities. The preschoolers must be old enough to sit still and keep their mouths open while the sealant sets up.

CHP-ECL EARLY CHILDHOOD LITERACY

OUTCOME: The parents/caregiver will understand the importance of reading aloud to children (3 years to 5 years of age).

STANDARDS:

1. Discuss that the benefits of reading aloud to children include language development, literacy skills, school readiness, and healthy coping in times of stress, and parent-child bonding.
2. Explain that reading together may promote motor and cognitive skills.
 - a. Motor skills: Competent book handling, turning paper pages one at a time
 - b. Cognitive skills: Listening to longer stories, retelling familiar stories, reading familiar books to self
3. Discuss what parents can do to help develop these age specific skills.
 - a. Asking "what's happening?"
 - b. Encouraging writing and drawing
 - c. Letting the child tell the story

CHP-FU FOLLOW-UP

OUTCOME: The parents/caregiver will understand the importance of keeping routine well child visits.

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, and to update immunizations.
2. Discuss the procedure and process for obtaining follow-up appointments and well child visits. Inform the patient/family of the timing of the next well child visit.
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.

CHP-GD GROWTH AND DEVELOPMENT

OUTCOME: The parents/caregiver will understand the growth and development of the preschool age child and will plan to provide a nurturing environment.

STANDARDS:

1. Discuss the common characteristics of this age, such as a short attention span, imagination, high mobility and learning through play and peers.
2. Discuss the most common fears of this age: separation from parents, mutilation, immobility, the dark, and pain.
3. Discuss that night terrors are a normal developmental phenomenon, and that they are not indicative of underlying problems.
4. Review age appropriate physical growth and development.

CHP-HELP HELP LINE

OUTCOME: The parents/caregiver will understand how to access and benefit from a help line or Internet website regarding child health preschool age care.

STANDARDS:

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

CHP-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The parents/caregiver 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 of the parents'/caregivers' (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 the parents'/caregivers' healthy lifestyle on the preschool age child.
3. Explain the need to protect the pre-school age child from injury by ensuring parental supervision and making environmental changes such as removing or locking up hazards (e.g. chemicals, medications), fencing the yard.
4. Stress the dangers of fever (>100.4° F) for more than three days or the fever hasn't come down with the use of medications, and the importance of seeking immediate medical care. **Refer to F** (in Volume II of this manual set).
5. Discuss signs/symptoms of illness and when to seek medical care, e.g., seizure, certain rashes, irritability, lethargy, fatigue, vomiting, diarrhea, dehydration, respiratory difficulty. **Refer to F** (in Volume II of this manual set).

CHP-HY HYGIENE

OUTCOME: The parents/caregiver will understand the hygiene issues in the preschool age child.

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. Discuss teaching the preschool child personal hygiene skills such as how to properly wash the hands, take a bath, brush teeth and hair, and follow proper toilet training skills.
2. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

CHP-IM IMMUNIZATIONS

OUTCOME: The parents/caregiver will understand the immunizations necessary for preventing communicable diseases. **Refer to IM** (in Volume III of this manual set).

STANDARDS:

1. Discuss the schedule for recommended immunizations and illness they prevent.
2. Discuss the side effects and potential adverse reactions that are common to this immunization.
3. Discuss the potential consequences of vaccine refusal.
4. Explain that scientific studies and reviews have found no relationship between vaccines and autism.
5. Discuss the treatment of side effects and home care after immunizations.

CHP-L LITERATURE

OUTCOME: The parents/caregiver will receive literature about child health issues.

STANDARDS:

1. Provide the patient/family with literature on child health issues.
2. Discuss the content of the literature.

CHP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The parents/caregiver will understand the specific nutritional intervention(s) needed for the child's health.

STANDARDS:

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

CHP-N NUTRITION

OUTCOME: The parents/caregiver will understand the nutritional needs of the preschooler.

STANDARDS:

1. Review the basics of a healthy meal plan. Explain that serving sizes for children are smaller than for adults. A typical serving size would 1 tablespoon serving from each food group per year of age.
2. Encourage structured family meal times and healthy snacks between meals. Emphasize the importance of healthy snack foods, limit fatty foods and refined carbohydrates, increase fresh fruits, fresh vegetables, and fiber.
3. Discuss the relationships between childhood obesity and adult obesity. Relate the risk of diabetes to obesity. **Refer OBSC.**
4. Explain that this is a critical age when children form their eating habits. Encourage the parents to model eating habits that are essential to developing a healthy weight.

CHP-PA PARENTING

OUTCOME: The parents/caregiver will understand the transition from toddler to school age and will plan to provide nurturing environment for this period of development.

STANDARDS:

1. Discuss age-appropriate disciplinary aspects:
 - a. Emphasize that children at this age are striving for greater independence and that in so doing they often test parental boundaries.
 - b. Discuss that increasing mobility increases the risk of injury.
 - c. Redirection is appropriate for some behaviors, especially in younger children.
 - d. Time-out can be an effective disciplinary technique. Discuss methods of using time-out effectively.
 - e. Encourage the parents/caregivers to set limits and praise good behavior.
 - f. Discuss that hitting, biting, and aggressive behaviors are common in this age group and require consistent parenting and disciplinary techniques.
2. Discuss the common aspects of preschool behavior:
 - a. Explain the need for preschoolers to have group interaction with children of similar age and gender. Explain the importance of teaching children to respect others and to accept their differences. Discourage bullying and belittling behaviors.
 - b. Emphasize that preschoolers grow at a rapid pace. Their rapidly increasing mobility and agility combined with their limited problem solving ability means that they need adult supervision.
 - c. Discuss the common fears of this age and the need for parental support.
3. Discuss parental/family behaviors:

- a. Discuss that drinking and smoking in the presence of children may promote this behavior in the child.
- b. Discuss that children who witness violent or abusive behaviors may mimic these behaviors.
- c. Discuss the need for parental discretion because the child's vocabulary is expanding. Protect children from inappropriate language not to be repeated, e.g., television, music, conversations.

CHP-S SAFETY

OUTCOME: The parents/caregiver will develop a plan for injury prevention.

STANDARDS:

1. Explain that with increasing independence children of this age are at risk for accidents. Continue vigilance to dangers of drowning, open flames, suffocation, poisonings, animal bites, electrocution, and motor vehicle crashes.
2. Emphasize the need for protective equipment, e.g., bike helmets, knee pads, elbow pads. Discourage independent operation of any motorized vehicle, including electrical vehicles.
3. Emphasize the need for a properly fitted and secured, NTSB approved car safety seat. **Refer to [CHP-CAR](#).**
4. Emphasize the importance of carefully selecting child-care settings to ensure child safety. Discuss stranger safety and personal safety, e.g., private parts of the child's body.
5. Emphasize the importance of teaching the child how to safely cross the street.
6. Encourage the participation in child identification programs. Discuss the importance of teaching the child the parent's name, complete address including state, complete telephone number including area code, and emergency phone numbers, e.g., 911.

CHP-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

1. Explain that second-hand smoke is known as "passive smoking." Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.

2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume IV of this manual set).

CHS – Child Health School Age (5-12 Years)

CHS-AOD ALCOHOL AND OTHER DRUGS

OUTCOME: The patient/family will understand the dangers posed by use of tobacco, alcohol, street drugs, or abuse of prescription drugs.

STANDARDS:

1. Explain that adolescence is a high-risk time for using drugs and other risky behaviors. Present ways to resist peer pressure to use drugs, alcohol, and tobacco.
2. Describe some of the possible dangers of illicit drug use, including but not limited to:
 - a. Marijuana is known to interfere with the actions of male hormones and may reduce fertility and male secondary sex characteristics.
 - b. Cocaine, methamphetamine (“speed”), and other stimulant use is often associated with heart attacks, strokes, kidney failure, and preterm delivery of infants.
 - c. Narcotics cause sedation, constipation, and significant impairment of ability to think.
 - d. Inhalants (huffing) can cause permanent brain damage.
 - e. Diet pill use has been known to cause heart attacks and tachycardia with palpitations, impotence, and dizziness.
 - f. Anabolic steroid use can cause severe, long-lasting, and often irreversible negative health consequences. These drugs can stunt the height of growing adolescents, masculinize women, and alter sex characteristics of men. Anabolic steroids can lead to premature heart attacks, strokes, liver tumors, kidney failure and serious psychiatric problems.
 - g. All drugs of abuse impair judgment and dramatically increase the risk of behaviors which lead to AIDS, hepatitis, and other serious infections, many of which are not curable as well as can increase the risk of injury.
 - h. Illicit drug use often results in arrest and imprisonment, creating a criminal record which can seriously limit the offender’s ability to get jobs, education, or participate in government programs.
3. Explain that alcohol use is a major cause of illness and death in the United States and that addiction is common. Some of the risks of alcohol use are:
 - a. significant impairment of judgment and thinking ability leading to behaviors which the patient might not otherwise engage in, such as indiscriminate sex, fighting, and use of other drugs
 - b. liver disease, up to and including complete liver failure and death

- c. arrest and imprisonment for alcohol-related behaviors such as drunken driving or fighting
 - d. loss of employment, destroyed relationships with loved ones, and serious financial problems
4. Discuss resources available if the child/adolescent is currently using drugs or alcohol.

CHS-CAR CAR SEATS AND AUTOMOBILE SAFETY

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

STANDARDS:

1. Emphasize the importance that all occupants in the vehicle use appropriate safety belt or safety seat. Allow no exceptions.
 - a. Children not requiring a car seat or booster seat should be secured with a seat belt.
 - b. Children under the age of 8 or under 80 pounds should use a booster seat. Children under the age of 12 should not ride in the front seat of the car.
 - c. Ideally, the car seat or booster seat should be in the middle of the back seat of the vehicle.
2. Discuss avoiding behaviors that can divert attention from driving, such as smoking, cell phone use, texting, eating, CDs and radios, or unruly kids.
3. Emphasize the importance of never driving while under the influence of alcohol, street drugs, sedatives, or over-the-counter drugs that can cause drowsiness.
4. Discuss the need to secure or remove any loose items in the car that can fly around and hurt the child if there is a sudden stop or if in an accident.
5. Discuss the potential dangers of leaving a child alone in a vehicle, e.g., vehicle gears shifted and the car goes in motion, injury caused by power windows or sunroof, keys locked in vehicle with child, heat or cold exposure, abduction or child wandering away.

CHS-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 the dangers of prolonged exposure of the child to ceremonial practice of burning sweet grass, sage, cedar, or tobacco.

CHS-DC DENTAL CARE

OUTCOME: The patient/family will understand the importance of good oral hygiene.

STANDARDS:

1. Explain that an important factor in the prevention of cavities is the removal of plaque by brushing the teeth and flossing between them daily. Discuss and/or demonstrate the current recommendations and appropriate method for brushing and flossing.
2. Explain that frequent carbohydrate consumption increases the rate of acid attacks, thereby increasing the risk of dental decay. **Refer to [DC-N](#).**
3. Explain that pathogenic oral bacteria may be transmitted from one person to another; therefore, it is especially important that families with small children (ages 6 months to 8 years) control active tooth decay in all family members.
4. Explain that the use of fluoride strengthens teeth and may rebuild the early damage caused by bacteria/acid attacks.
 - a. Explain that the most common source of fluoride is unfiltered, fluoridated tap water. It is also available in toothpastes and rinses, varnishes, or fluoride drops/tablets.
 - b. Consult with an appropriate provider to determine if the drinking water contains adequate fluoride and if supplementation is needed.
5. As appropriate, discuss sealants as an intervention to prevent dental caries.

CHS-ECL EARLY CHILDHOOD LITERACY

OUTCOME: The parents/caregiver will understand the importance of reading aloud to children (5 years to 12 years of age).

STANDARDS:

1. Discuss that the benefits of reading aloud to children include language development, literacy skills, school readiness, and healthy coping in times of stress, and parent-child bonding.
2. Explain that reading together may promote motor and cognitive skills.
 - a. Motor skills: competent book handling, turning paper pages one at a time

- b. Cognitive skills: Listening to longer stories, retelling familiar stories, reading familiar books to self
3. Discuss what parents can do to help develop these age specific skills.
 - a. Asking “what’s happening?”
 - b. Encouraging writing and drawing
 - c. Letting the child tell the story

CHS-EX EXERCISE

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

STANDARDS:

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

CHS-FU FOLLOW-UP

OUTCOME: The parents/caregivers will understand the importance of keeping routine well child visits.

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, and to update immunizations.
2. Discuss the procedure and process for obtaining follow-up appointments and well child visit. Inform the parent/caregiver of the timing of the next well child visit.
3. Emphasize that full participation in the treatment plan is the responsibility of the parent/caregiver.
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.

CHS-GD GROWTH AND DEVELOPMENT

OUTCOME: The patient/family will understand the growth and development of the school-aged child.

STANDARDS:

1. Explain that this is a time of gradual emotional and physical growth. Physical and mental health is generally good.
2. Discuss that coordination and concentration improve. This allows increased participation in sports and household chores. Encourage active participation of the child in time management to get chores, school work, and play accomplished.
3. Discuss school transitions and the need to become responsible for school attendance, homework and as appropriate, course selection. Encourage participation in school activities. Encourage the identification and pursuit of talents.
4. Discuss prepubescent/pubescent body changes and the accompanying emotions. Review the information needed to explain menses and nocturnal emissions, as appropriate. Encourage age-appropriate discussions of sexuality, abstinence, birth control, and sexually transmitted infections. **Refer to [CHS-SX](#).**
5. Discuss ways to resist peer pressure.

CHS-HY HYGIENE

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

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.

CHS-IM IMMUNIZATIONS

OUTCOME: The patient/parents/caregiver will understand the immunizations necessary for preventing communicable diseases. **Refer to IM** (in Volume III of this manual set).

STANDARDS:

1. Discuss the schedule for recommended immunizations and illness they prevent. Explain that HPV vaccine is routinely recommended for girls 11-12 years of age and may be given to girls as young as 9 years of age and up through adulthood.
2. Discuss the side effects and potential adverse reactions that are common to this immunization.
3. Discuss the potential consequences of vaccine refusal.
4. Explain that scientific studies and reviews have found no relationship between vaccines and autism.
5. Discuss the treatment of side effects and home care after immunizations.

CHS-L LITERATURE

OUTCOME: The parents/family will receive literature about child health issues.

STANDARDS:

1. Provide the parents/family with literature on child health issues.
2. Discuss the content of the literature.

CHS-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

CHS-N NUTRITION

OUTCOME: The patient/family will understand the changing nutritional needs of a school-aged child.

STANDARDS:

1. Encourage parents to model healthy eating and meal practices. Educate on healthy food choices, e.g., whole fruits, vegetables, grains, lean meat, chicken, fish, low-fat dairy products.
2. Emphasize that nutritional management includes meal planning, portion control, careful shopping, appropriate food preparation, and eating. Discuss strategies to assist the child in making healthy choices away from home (e.g., at school). **Refer to OBSC** (in Volume IV of this manual set).
3. Explain the use of food label reading in selecting healthier foods.
4. Explain that six to eight small meals at frequent intervals is beneficial in reducing overeating.
5. Explain that intake of sugar-sweetened beverages increases caloric intake. Explain that adequate water intake is necessary in achieving and maintaining a healthy weight. Discuss the role of artificial sweeteners in the management of obesity in children.
6. Discuss the growth and development for appropriate age group, and the contraindications of fad diets. Refer to registered dietitian for weight management.

CHS-PA PARENTING

OUTCOME: The parent(s)/family will understand the “growing away” years and will make a plan to maintain a healthy relationship with the child.

STANDARDS:

1. Discuss how peer influence becomes increasingly important. Anticipate challenges to parental authority. Emphasize the importance of knowing the child’s friends and their families. Discuss monitoring for alcohol, drug, and tobacco use as well as sexual activity.
2. Discuss the importance of listening and communicating. Emphasize that school is very important to children of school age. Encourage parents to show interest in school activities.
3. Review age-specific changes:
 - a. Age 6: Mood changes, need for privacy.
 - b. Age 7–10: Increase in peer involvement. Experimentation with potentially harmful activities and substances may begin.
 - c. Age 11–12: Increase in stormy behavior. Sexual maturation necessitates adequate and accurate sex education.

4. Provide stimulating activities as an alternative to watching TV, playing video games, and other sedentary activities. Sedentary activities should be limited to one hour per day.
5. Discuss that the preteen needs affection and praise for good behavior. Emphasize the importance of establishing realistic expectations, clear limits, and consequences. Discuss that the parent-preteen relationship will likely be better if the parent minimizes criticism, nagging, and negative messages. Emphasize the importance of consistency in parenting.
6. Discuss the influence of parental/family behaviors:
 - a. Discuss that drinking and smoking in the presence of children may promote this behavior in the child.
 - b. Discuss that children who witness violent or abusive behaviors may mimic these behaviors.
 - c. Emphasize the importance of modeling respect, family values, safe driving practices, and healthy behaviors.

CHS-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.

CHS-S SAFETY

OUTCOME: The patient/parent(s)/family will identify safety concerns and will make a plan to prevent injuries as much as is possible.

STANDARDS:

1. Review that motor vehicle crashes are the most common cause of injury and death in this age group. Encourage the use of seat belts. The placement of the car seat/booster in the vehicle should be correct for the age/size of the child. Review traffic safety. **Refer to [CHS-CAR](#).**
2. Review personal safety - approaches by strangers, sexual molestation, chat rooms, sex-texting, bullying, self-strangulation (choking game), etc. Discuss home safety rules.
3. Discuss age-appropriate recreational activities. (Most children in this age group lack the coordination to operate a motor vehicle safely.)
4. Discuss the appropriate use of personal protective equipment when engaging in sports, e.g., helmets, knee and elbow pads; life vests; and protective body gear.
5. Discuss learning to swim to reduce the risk of drowning death and never using drugs or alcohol while swimming.
6. Encourage gun safety programs. Discuss safe storage of guns e.g., gun safes/gun locks or removing guns from the home as appropriate.

CHS-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

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

CHS-SOC SOCIAL HEALTH

OUTCOME: The patient/family will understand factors in developing social competence.

STANDARDS:

1. Encourage the pre-teen to recognize and learn about personal strengths and engage in activities to build upon these. Encourage taking on new challenges to build confidence.
2. Discuss coping mechanisms:
 - a. Discuss the importance of a mentor or trusted adult to discuss feelings and ideas. This is especially true if things do not seem to be going well.
 - b. Discuss mechanisms to recognize and deal with stress. Learn to recognize self-destructive behaviors and to seek help for feelings of hopelessness.
 - c. Discuss the influence of peer pressure and mechanisms for resisting negative peer pressure.
 - d. Discuss the importance of respecting the rights of others.
 - e. Discuss the importance of listening and communicating.
 - f. Discuss increased independence in decision making, and taking on new responsibilities.
3. As appropriate discuss athletic conditioning.
4. Discuss physical/emotional health:

- a. sleep about 8 hours per night
 - b. engage in physical activity at least 60 minutes/day
 - c. drink plenty of fluids (especially water)
 - d. maintain a healthy weight
 - e. avoid loud music
 - f. avoid street drugs, tobacco, and alcohol
5. Discuss the importance of time management to keep all aspects of life balanced:
- a. spiritual/cultural needs
 - b. family activities (including household chores)
 - c. school, social, and community activities
 - d. sports and exercise
 - e. physical/emotional health

CHS-SX SEXUALITY

OUTCOME: The parent(s)/family and preadolescent will understand that children are maturing at an earlier age, necessitating education about sexual safety at an earlier age.

STANDARDS:

1. Discuss the importance of identifying an adult (such as a healthcare professional) who can give accurate information about puberty, sexual development, contraception, and sexually transmitted infections.
2. Explain the physical changes that result from increased hormonal activity.
 - a. Discuss that this is happening at an earlier age and may produce an expectation of a more mature behavior which is often unrealistic and can lead to self-esteem issues.
 - b. Discuss as appropriate the anatomy and physiology of the male/female reproductive tract. Discuss that as a rule girls mature earlier than boys. **Refer to HPDP-SX** (in Volume III of this manual set).
 - c. Explain that as a general rule, menarche occurs within two years of thelarche (breast development). (Discuss as appropriate.)
 - d. Discuss menses and nocturnal emissions as appropriate.
3. Discuss the elements of a positive, nurturing interpersonal relationship versus a potentially abusive relationship. Identify the community resources available for sexuality counseling.
4. Review the physical and emotional benefits of and encourage abstinence (e.g., self-respect, negating the risk of STIs, and pregnancy, dramatically reducing the

risk of cervical cancer, having the first sexual encounter be in the context of a stable, loving relationship).

- a. Explain that it is normal to have sexual feelings but that having sex should be delayed.
 - b. Detail some ways that the teen could say “no” to having sex.
 - c. Discuss abstinence, contraception, and safer sex (including correct use of latex condoms) if sexually active.
5. As appropriate, discuss any concerns about feelings for persons of the same or opposite sex.

CHS-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.

CHA – Child Health Adolescent (12-18 Years)

CHA-AOD ALCOHOL AND OTHER DRUGS

OUTCOME: The patient/family will understand the dangers posed by use of tobacco, alcohol, street drugs, or abuse of prescription drugs.

STANDARDS:

1. Explain that adolescence is a high-risk time for using drugs and other risky behaviors.
2. Describe some of the possible dangers of illicit drug use, including but not limited to:
 - a. Marijuana is known to interfere with the actions of male hormones and may reduce fertility and male secondary sex characteristics.
 - b. Cocaine, methamphetamine (“speed”), and other stimulant use is often associated with heart attacks, strokes, kidney failure, and preterm delivery of infants.
 - c. Narcotics cause sedation, constipation, and significant impairment of ability to think.
 - d. Inhalants (huffing) can cause permanent brain damage.
 - e. Diet pill use has been known to cause heart attacks and tachycardia with palpitations, impotence, and dizziness.
 - f. Anabolic steroid use can cause severe, long-lasting, and often irreversible negative health consequences. These drugs can stunt the height of growing adolescents, masculinize women, and alter sex characteristics of men. Anabolic steroids can lead to premature heart attacks, strokes, liver tumors, kidney failure and serious psychiatric problems.
 - g. All drugs of abuse impair judgment and dramatically increase the risk of behaviors which lead to AIDS, hepatitis, and other serious infections, many of which are not curable. These drugs also increase the risk of injury.
 - h. Illicit drug use often results in arrest and imprisonment, creating a criminal record which can seriously limit the offender’s ability to get jobs, education, or participate in government programs.
3. Explain that nicotine, found in smoke and smokeless tobacco products, is an extremely addictive drug and that almost everyone who uses tobacco for very long will become addicted. Risks of tobacco use include:
 - a. Emphysema and severe shortness of breath which often will limit the patient’s ability to participate in normal activities such as sports, sex, and walking short distances.

- b. Greatly increased risk of heart attacks, strokes, and peripheral vascular disease.
 - c. Significant financial cost. (Smoking one pack of cigarettes per day at \$3.00 per pack will cost almost \$1,100.00 per year. Suggest that there are many things the patient may prefer to do with that much money.)
 - d. Cancer of the lung, bladder, and throat (smoking) as well as of the lip and gum (smokeless tobacco). These tumors are typically very aggressive and often cannot be successfully treated.
4. Explain that alcohol use is a major cause of illness and death in the United States and that addiction is common. Some of the risks of alcohol use are:
- a. significant impairment of judgment and thinking ability leading to behaviors which the patient might not otherwise engage in, such as indiscriminate sex, fighting, and use of other drugs
 - b. liver disease, up to and including complete liver failure and death
 - c. arrest and imprisonment for alcohol-related behaviors such as drunken driving or fighting
 - d. loss of employment, destroyed relationships with loved ones, and serious financial problems

CHA-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components as it relates to adolescence.

STANDARDS:

1. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common during adolescence, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
2. Discuss mechanisms to recognize and deal with stress. Learn to recognize destructive or aggressive thoughts and behaviors, self-injurious behavior, feelings of hopelessness, and how to seek help.
3. Discuss how body image and feelings of self-worth are related.
4. Discuss that peer pressure can predispose to risky behaviors and altered body image.
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 as indicated.

CHA-CAR AUTOMOBILE SAFETY

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

STANDARDS:

1. Discuss the importance of 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 car seats as appropriate.
3. Explain the dangers posed by things that might divert attention from driving, such as smoking, cell phone use, texting, eating, CDs and radios, unruly passengers, 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 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.

CHA-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 the dangers of prolonged exposure of the adolescent to the ceremonial practice of burning sweet grass, sage, cedar, or tobacco.

CHA-DC DENTAL CARE

OUTCOME: The patient/family will understand the importance of good oral hygiene.

STANDARDS:

1. Explain that an important factor in the prevention of cavities is the removal of plaque by brushing the teeth and flossing between them daily. Discuss and/or demonstrate the current recommendations and appropriate method for brushing and flossing.
2. Explain that frequent carbohydrate consumption increases the rate of acid attacks, thereby increasing the risk of dental decay. **Refer to [DC-N](#).**
3. Explain that pathogenic oral bacteria may be transmitted from one person to another; therefore, it is especially important that families with small children (ages 6 months to 8 years) control active tooth decay in all family members.
4. Explain that the use of fluoride strengthens teeth and may rebuild the early damage caused by bacteria/acid attacks. Explain that the most common source of fluoride is unfiltered, fluoridated tap water. It is also available in toothpastes and rinses, varnishes, or fluoride drops/tablets. Consult with an appropriate provider to determine if the drinking water contains adequate fluoride and if supplementation is needed.
5. As appropriate, discuss sealants as an intervention to prevent dental caries.
6. Discuss that tobacco use increases the risk of tooth decay.

CHA-EX EXERCISE

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

STANDARDS:

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

CHA-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well visits.

STANDARDS:

1. Discuss the reasons for well visits.

2. Inform the patient/family of the timing of the next well visit.
3. Discuss the procedure for making appointments.

CHA-GD GROWTH AND DEVELOPMENT

OUTCOME: The patient/family will understand the physical and emotional changes that are a natural part of adolescence.

STANDARDS:

1. Explain that adolescence is a time of rapid body growth. This often results in awkwardness as the brain is adjusting to the new body size.
2. Discuss the natural increase in sex hormones during adolescence. Explain that this often results in an increased interest in members of the opposite sex. Encourage abstinence.
3. Discuss school transitions and the need to become responsible for school attendance, homework and as appropriate, course selection. Encourage participation in school activities. Encourage identification and pursuit of talents.
4. Encourage active participation of the child in time management to get chores, school work, and play accomplished.
5. Review the increasing importance of hygiene.
6. Discuss prepubescent/pubescent body changes and the accompanying emotions:
 - a. Review the information needed to explain menses and nocturnal emissions, as appropriate. Refer [CHA-MS](#).
 - b. Explain that emotional and social maturity often do not keep pace with physical maturity. It is very important to keep open lines of communication between parents and teenagers.
 - c. Explain that puberty and the associated growth spurt begins and ends at an earlier age in girls than in boys.

CHA-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.

CHA-HY HYGIENE

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

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, and toilet use.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Suggest that deodorants may be necessary to control body odor at this age. 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.

CHA-L LITERATURE

OUTCOME: The patient/family will receive literature about adolescent health issues.

STANDARDS:

1. Provide the patient/family with literature on adolescent health issues.
2. Discuss the content of the literature.

CHA-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

CHA-MS MENSES

OUTCOME: The patient will understand the menstrual cycle.

STANDARDS:

1. Discuss comfort measures for dysmenorrhea.
2. Discuss the importance of good menstrual hygiene. Discuss the use and frequent changing of tampons and napkins. Discourage use of super absorbent tampons.
3. Explain that exercise and sex need not be curtailed during menses but that additional hygiene measures should be taken.
4. Explain that it is normal for menstrual cycles to be irregular for several years after menarche.
5. Discuss the non-contraceptive use of oral contraceptives to regulate menses.

CHA-N NUTRITION

OUTCOME: The parent(s)/family and adolescent will relate nutrition to growth and development.

STANDARDS:

1. Stress the importance of reducing fats, sugars, and starch to avoid obesity and diabetes and subsequent self-image problems. Emphasize the role peers play in food intake. Discuss the child's predilection for junk food. Stress ways to improve the diet by replacing empty calories with fresh fruits, nuts and other wholesome snacks. **Refer to HPDP-N** (in Volume III of this manual set).

2. Review the basics of a nutritious meal plan. Teach the teen to make healthy food choices. Emphasize the role peers play in food intake and ways to resist negative peer pressure. Encourage three nutritious meals a day and healthy snacks.
3. Encourage parents to model healthy nutritional habits and to eat as a family as often as possible. Encourage parents/teens to read food and beverage labels and then make healthy choices, e.g., whole fruits, vegetables, grains, lean meat, chicken, fish, low-fat dairy products. Refer to a registered dietitian or other appropriate resource.
4. Emphasize that large portions of sweetened drinks have no nutritional value and increase the risk for obesity. **Refer to OBSC** (in Volume IV of this manual set).
5. Encourage maintenance of a healthy weight with good nutrition and physical activity. Discuss the warning signs and risks of anorexia and bulimia in adolescence. Refer to a registered dietitian. **Refer to [EAT](#)**.
6. Emphasize the importance of not skipping meals, especially breakfast.

CHA-PA PARENTING

OUTCOME: The parent/family and adolescent will understand the transitional phase of adolescence from childhood to adulthood.

STANDARDS:

1. Discuss the teenager's changing self-image and the effect of peer pressure. Explain the importance of teaching adolescents to respect others and accept their differences. Discourage bullying and belittling behaviors.
2. Discuss the parent/teen relationship:
 - a. Stress the importance of communicating (especially LISTENING) and providing a supportive environment.
 - b. Discuss the importance of spending quality time with the teenager.
 - c. Emphasize that teens need praise for good behavior.
 - d. Discuss the importance of establishing realistic expectations, clear limits, and consequences.
 - e. Discuss that the parent/teen relationship will likely be better if the parent minimizes criticism, nagging, and negative messages.
 - f. Emphasize the importance of consistency in parenting.
 - g. Discuss the importance of respecting the teen's need for privacy.
 - h. Provide an environment that allows for increased independence and decision-making.
 - i. Emphasize the importance of knowing the child's friends and their families.

- j. Discuss monitoring for alcohol, drug, and tobacco use as well as sexual activity.
- k. Discuss the destructiveness of parent/teen violence. **Refer to [BH](#).**
- 3. Emphasize that school activities are often very important to teenagers. Encourage parents to show interest in school activities.
- 4. Discuss how fluctuating hormone levels affect emotions. Be alert for significant changes in behavior which may indicate psychosocial stressors or negative peer influences.
- 5. Discuss the parent/family behaviors:
 - a. Discuss that drinking and smoking in the presence of children/teens may promote this behavior in the child.
 - b. Discuss that children/teens who witness violent or abusive behaviors may mimic these behaviors.
 - c. Emphasize the importance of modeling respect, family values, safe driving practices, and healthy behaviors.
 - d. Discuss that guns should be handled responsibly. Encourage gun safes/gun locks or removing guns from the home as appropriate.

CHA-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.

CHA-S SAFETY

OUTCOME: The parent/family and adolescent will understand the principles of injury prevention and avoidance of risky behaviors.

STANDARDS:

1. Review that motor vehicle crashes are the most common cause of injury and death in this age group. Encourage the use of seat belts. Promote driving education courses and the importance of following the speed limit and other rules of the road. **Refer to [CHA-CAR](#).**
2. Promote the safe use of all recreational vehicles (e.g., all-terrain vehicles (ATVs), snow machines, boats, horses), discuss personal protective equipment, e.g., helmets, knee pads, elbow pads, mouth guards. Refer to community resources as appropriate.
3. Discuss learning to swim to reduce the risk of drowning death and never using drugs or alcohol while swimming.
4. Discourage sun tanning or use of tanning beds. Encourage the use of sunscreen to decrease the risk of skin cancer. **Refer to SUN** (in Volume V of this manual set).
5. Review personal safety strategies to prevent incidents, e.g., sexual molestation, date rape, choice of apparel, sex-texting, cyber-bullying, strangers, chat rooms, self-strangulation (Choke Game), etc. Discuss home safety rules.
6. Review self-destructive behaviors (negative peer pressures, suicidal gestures and comments, improper/inappropriate use of firearms, gangs, cults, hazing, alcohol and substance use/abuse). **Refer to [BH](#).**

CHA-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.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume V of this manual set).

CHA-SM STRESS MANAGEMENT

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

STANDARDS:

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

CHA-SOC SOCIAL HEALTH

OUTCOME: The patient/family and adolescent will understand factors in developing social competence.

STANDARDS:

1. Encourage the teen to recognize and learn about personal strengths and engage in activities to build upon these. Encourage taking on new challenges to build confidence.
2. Discuss coping mechanisms:
 - a. Discuss the importance of a mentor or trusted adult with which to discuss feelings and ideas. This is especially true if things do not seem to be going well.
 - b. Discuss mechanisms to recognize and deal with stress. Learn to recognize self-destructive behaviors and to seek help for feelings of hopelessness. Refer to Social Services.
 - c. Discuss the influence of peer pressure and mechanisms for resisting negative peer pressure.
 - d. Discuss the importance of respecting the rights of others.
 - e. Discuss the importance of listening and communicating.
3. Discuss increased independence in decision making and taking on new responsibilities.
4. As appropriate discuss athletic conditioning.
5. Discuss physical/emotional health:
 - a. sleep about 8 hours per night
 - b. engage in physical activity 30-60 min. 3+ times per week
 - c. drink plenty of fluids (especially water)
 - d. maintain a healthy weight
 - e. avoid loud music
6. Discuss the importance of time management to keep all aspects of life balanced:

- a. spiritual/cultural needs
- b. family activities (including household chores)
- c. school, social, and community activities
- d. sports and exercise

CHA-SX SEXUALITY

OUTCOME: The parent(s)/family and adolescent will understand the challenges of adolescent sexual development.

STANDARDS:

1. Discuss the importance of identifying an adult (such as a healthcare professional) who can give accurate information about puberty, sexual development, contraception, and sexually transmitted infections.
2. Explain the physical changes that result from increased hormonal activity.
 - a. Discuss that this is happening at an earlier age and may produce an expectation of a more mature behavior which is often unrealistic and can lead to self-esteem issues.
 - b. Discuss as appropriate the anatomy and physiology of the male/female reproductive tract. Discuss that as a rule girls mature earlier than boys. **Refer to HPDP-SX** (in Volume III of this manual set).
 - c. Explain that as a general rule, menarche occurs within two years of thelarche (breast development). (Discuss as appropriate.)
 - d. Discuss menses and nocturnal emissions as appropriate.
3. Discuss the elements of a positive, nurturing interpersonal relationship versus a potentially abusive relationship. Identify the community resources available for sexuality counseling.
4. Review the physical and emotional benefits of and encourage abstinence (e.g., self-respect, negating the risk of STIs, and pregnancy, dramatically reducing the risk of cervical cancer, having the first sexual encounter be in the context of a stable, loving relationship).
 - a. Explain that it is normal to have sexual feelings but that having sex should be delayed.
 - b. Detail some ways that the teen could say “no” to having sex.
5. Discuss abstinence, contraception, and safer sex (including correct use of latex condoms) if sexually active. Identify community resources available for teenage sexuality counseling. **Refer to FP** (in Volume III of this manual set).
6. As appropriate, discuss any concerns about feelings for persons of the same or opposite sex.

CHA-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.

CB - Childbirth

CB-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family/labor partner will understand the anatomy of the female reproductive system and how it relates to the physiology of labor and delivery.

STANDARDS:

1. Explain the anatomy of the female reproductive system in pregnancy, e.g., labia, vagina, cervix, uterus, placenta, umbilical cord, amniotic sac and fluid, pelvic muscles, and bones.
2. Explain that “labor” is the contraction of the uterine muscles accompanied by progressive dilation and effacement (opening) of the cervix. Explain that contractions may occur without changes to the cervix and that true labor does not take place until the cervix begins to open.
3. Relate the changes that occur in the female reproductive system as labor is initiated and progresses:
 - a. First Stage
 - i. The early or latent phase is characterized by irregular contractions or regular contractions without changes in the cervix. Emphasize that this may last for days or weeks.
 - ii. The active phase is characterized by regular contractions with cervical dilatation.
 - iii. The transition phase is the final part of the first stage of labor during which the cervix becomes fully dilated.
 - b. The Second Stage starts when the cervix is fully dilated and ends at the time of delivery of the baby during which the baby passes through the birth canal.
 - c. The Third Stage of labor is the time between the delivery of the baby to the time of delivery of the placenta.

CB-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of childbearing as a life-altering process that requires a change in lifestyle (**refer to PP-LA** (Volume IV of this manual set), **PDEP-HPDP** (Volume IV of this manual set), [CHN-PA](#)).

2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in childbearing, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil during or after childbirth.
3. Discuss that the normal healing process may incorporate traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the potential dangers of self-medication for emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
5. Refer to a mental health agency or provider, as appropriate.

CB-C COMPLICATIONS

OUTCOME: The patient/family/labor partner will understand that a normal labor and delivery has the potential to become abnormal and complications may occur at any time.

STANDARDS:

1. Explain that complications may necessitate the use of special equipment, medications and possibly cesarean section to facilitate safe and rapid delivery of the baby.
2. Explain that complications may delay skin-to-skin contact between the mother and the newborn, and may delay breastfeeding longer than one hour after birth.
3. Explain that it is impossible to predict who will or will not have a complication during labor.
4. Explain that despite appropriate medical care, not all pregnancies or deliveries result in normal/healthy babies.
5. **Refer to PNL** (in Volume IV of this manual set), if appropriate.

CB-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family/labor partner 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 breastfeeding is a traditional practice.
3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with breastfeeding or prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

CB-DCH DISCHARGE

OUTCOME: The patient/family will understand important information once leaving the hospital following childbirth.

STANDARDS:

1. Discuss or provide information on:
 - a. The infant feeding plan. Provide a written plan.
 - b. The importance of exclusive breastfeeding for the first six months.
 - c. Contact information for culturally specific breastfeeding programs that offer support and guidance should questions arise (i.e. WIC, PHN, breastfeeding consultants/counselors, as appropriate).
2. Ensure that the mother/family understands the follow-up plan for herself and the baby.
3. Discuss any signs or symptoms that warrant prompt follow-up.

CB-EQ EQUIPMENT

OUTCOME: The patient/family/labor partner will understand the equipment utilized to monitor childbirth.

STANDARDS:

1. Discuss the use and benefits of the equipment to monitor labor.
2. Explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.
3. Emphasize, as necessary, that electrodes and sensors must be left in place in order for the equipment to function properly.
4. Encourage the patient/family to ask questions if there are concerns.

CB-EX EXERCISE, RELAXATION & BREATHING

OUTCOME: The patient/family/labor partner will be able to demonstrate the relaxation and breathing exercises to be utilized during the stages of labor and delivery.

STANDARDS:

1. Explain the benefits of using non-pharmacologic pain relief methods for labor.
2. Explain, demonstrate, and supervise the return demonstration of relaxation techniques, e.g., muscle contraction/relaxation, focusing, touching.
3. Explain, demonstrate, and supervise the return demonstration of breathing exercises appropriate to each stage of labor. Examples may include:

- a. Slow-paced (slow/deep chest) for early labor.
- b. Modified-paced breathing (light chest breathing) for active labor.
- c. Pattern-paced breathing (almost no chest breathing) for transition labor to inhibit pushing.
- d. Method of breathing when pushing during delivery.

CB-FU FOLLOW-UP

OUTCOME: The patient/family/labor partner will understand the importance of follow-up for routine postpartum and newborn visits.

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.

CB-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding childbirth, breastfeeding, and dealing with issues.
2. Provide the help line phone number or Internet address (URL) , such as:
<http://www.nlm.nih.gov/medlineplus/childbirth.html>

CB-HY HYGIENE

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

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.

CB-ISEC INFANT SECURITY

OUTCOME: The patient/family/labor partner will understand the necessary infant security measures.

STANDARDS:

1. Explain the infant security measures that have been implemented to decrease the chances of infant abduction from the facility.
2. Explain the role and responsibilities the parents and visitors have for maintaining infant security.

CB-L LITERATURE

OUTCOME: The patient/family/labor partner will receive literature about childbirth.

STANDARDS:

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

CB-LB LABOR SIGNS

OUTCOME: The patient/family/labor partner will understand the signs of true labor and will understand when to come to the hospital.

STANDARDS:

1. Explain the difference between early labor and false labor (Braxton-Hicks contractions). **Refer to [CB-AP](#).**
2. Emphasize the importance of immediate evaluation for any suspected amniotic fluid leak. Explain that prolonged rupture of membranes can be dangerous to the baby and the mother.
3. Discuss the appropriate time for this patient to present to the hospital as related to frequency and duration of contractions, etc. (This will vary with circumstances; for example, a patient who lives far away may need to start for the hospital sooner than one who lives near.)
4. Explain that the patient should come to the hospital immediately for rupture of membranes, heavy bleeding, severe headaches, severe swelling, or decreased fetal movement.

CB-M MEDICATIONS

OUTCOME: The patient/family/labor partner will understand the medications that may be used during labor and/or delivery.

STANDARDS:

1. Explain that there are medications which can be used to make the cervix more ready for labor. Explain the route of administration for the medication to be used.
2. Explain that medication may be given to stimulate or enhance uterine activity. Explain the route of administration of the medication to be used.
3. Discuss the common and important side-effects of the medication to be used or those that may affect breastfeeding. Discuss the side-effects which should be immediately reported to the healthcare provider.

CB-NJ NEONATAL JAUNDICE

OUTCOME: The patient/family/labor partner will understand the importance of monitoring for jaundice and the complications of unrecognized jaundice (**refer to [CHN-NJ](#)**).

STANDARDS:

1. Explain that jaundice is the yellow color seen in the skin of many newborns that is caused by build-up of bilirubin in the blood. Explain that mild jaundice is harmless but high levels of bilirubin may cause brain damage.
2. Explain that brain damage can be prevented by treating the jaundice before the bilirubin level gets too high. Discuss that treatment options may include medical phototherapy or exchange transfusion.
3. Emphasize that parents should watch closely for jaundice and seek medical attention if jaundice is noticed.
4. Explain that medical personnel can check the level of bilirubin in the blood by blood tests or occasionally by a skin test.
5. Explain that all bilirubin levels must be interpreted in light of the infant's age, and that term infants and older infants can tolerate higher levels of bilirubin than preterm infants and younger infants.
6. Explain that jaundice is more common in breastfed infants especially when the infant is not nursing well. Encourage nursing the infant a minimum of 8-12 times a day for the first week of life to increase milk production and to keep the bilirubin levels down. Emphasize that breastmilk is the ideal food for infants and to avoid using pacifiers or artificial teats.

CB-OR ORIENTATION

OUTCOME: The patient/family/labor partner will be familiar with the labor and delivery suite, nursery and postpartum areas of the hospital.

STANDARDS:

1. Familiarize the patient and labor partner with the Obstetrical Department of the hospital.
2. Explain the hospital policy regarding visiting hours and regulations, meal times, assessment times and physician rounds, as appropriate.
3. Review the need for a plan for the patient/labor partner, emphasizing the need to come to the hospital at an appropriate time during labor.
4. Relate the events to be expected immediately after the baby is born.
 - a. Skin-to-skin contact immediately after birth by placing the infant on the mother's belly/chest and initiate breastfeeding within the first 30 to 60 minutes after birth.
 - b. Repair of lacerations/episiotomy and the after-care required.
 - c. Vital signs and monitoring of the uterus, vaginal discharge, and urination, including frequent massage of the mother's uterus.

- d. Assessment and observation of the baby, including vital signs and blood glucose monitoring as indicated.
- e. The policy of rooming-in allowing mothers and infants to remain together 24 hours/day to facilitate exclusive breastfeeding, if available in the institution.
5. Explain the hospital policy for the birth certificate, including how the baby's surname will be recorded.
6. Discuss the items to bring to the hospital: CAR SEAT, toiletries, gown and robe, clothes to wear when discharged, baby clothes, and others as appropriate.

CB-PM PAIN MANAGEMENT

OUTCOME: The patient/family/labor partner will be aware of the modalities and techniques that are available for pain management during labor and delivery, and after delivery.

STANDARDS:

1. Explain the current understanding of the cause of “labor pains.”
2. Review and compare the benefits and risks of “natural” labor (incorporating the use of touch, relaxation, focusing and breathing techniques) with narcotic analgesia during labor, or an epidural, as applicable. Explain that breathing and relaxation techniques may be useful as adjuncts to medications.
3. Explain the use of medications during labor and delivery that may interfere with breastfeeding.
4. Explain that it is not always possible to completely relieve pain during labor.
5. Discuss epidural vs. general anesthesia for C-section.

CB-PRO PROCEDURE, OBSTETRICAL

OUTCOME: The patient/family/labor partner will understand the procedures utilized during labor, delivery, and the immediate postpartum period.

STANDARDS:

1. Discuss the procedure(s) and return demonstration of equipment as appropriate.
 - a. Central monitoring at nurses’ station
 - b. External fetal monitoring
 - c. Internal fetal monitoring with scalp electrodes
 - d. Intrauterine pressure monitoring
 - e. Induction and/or augmentation of labor, including cervical ripening
 - f. Rupture of the amniotic membrane

- g. Amniotic fluid replacement by infusion
 - h. Episiotomy and repair of lacerations
 - i. Forceps and/or vacuum assisted delivery
 - j. Epidural anesthesia
2. Discuss the possibility of Cesarean section, both emergency and planned. Discuss the indications for Cesarean section, preparation, policies regarding labor partner in OR, and potential breastfeeding delay, post-anesthesia recovery, postpartum, length of hospitalization, etc.
3. Discuss the risks of Cesarean section as well as the benefits and alternatives to this procedure. Discuss the possible risks of non-treatment.
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

CB-RO ROLE OF LABOR PARTNER

OUTCOME: The patient and labor partner will understand their role and be able to demonstrate the various techniques taught.

STANDARDS:

1. Explain that the role of the labor partner during the stages of labor is to assist in comfort measures.
2. Explain that birth is to help the mother focus and practice techniques.

CB-ROOM ROOMING IN

OUTCOME: The patient/family will understand the importance of rooming in for a newborn.

STANDARDS:

1. Explain that rooming in means allowing mothers and infants to remain together twenty-four hours a day.
2. Discuss the benefits of rooming in. These include:
 - a. Mother and baby bond more strongly.

- b. Baby can breastfeed on demand, which allows for more frequent breast feeding and optimal milk production.
 - c. Baby feels safer when hearing mom's heart beat and voice, smelling mom's smell, and feeling mom's warmth.
3. Explain that for the first few hours, the diapered baby should be held directly against the mother's skin. When the mother is sleeping, put the baby in a bassinette next to mother's bed.
4. Explain that some procedures will be done at the bedside, as appropriate, to minimize separation of mother and infant.
5. Discourage things that can disrupt smell and sense recognition between baby and mother.
 - a. Discourage the mother from leaving the room.
 - b. Discourage the use of tobacco to prevent disruptive smells, separation, as well as other health implications.
6. Explain that if the baby is kept in the nursery for medical reasons, the mother can request to feed her baby at any time.

CB-SKIN SKIN TO SKIN

OUTCOME: The patient/family will understand the importance of skin to skin contact with the newborn.

STANDARDS:

1. Discuss that skin to skin means holding the baby uninterrupted with continuous skin to skin contact immediately after birth and until the completion of the first feeding or at least one hour if not breastfeeding. This should happen regardless of method of delivery or feeding method.
2. Explain that routine procedures should not interrupt skin to skin contact unless medically indicated.
3. Discuss the benefits of skin to skin contact. These include:
 - a. Baby is more likely to breastfeed and latches on better. The first feeding should occur within the first hour.
 - b. Bonding between mother and baby is enhanced.
 - c. Calms the baby and regulates heart rate, body temperature, and breathing rate.
 - d. Baby is less likely to cry.
 - e. Enhances the lactation production in the mother.
4. Discuss the implications of disruption of skin to skin contact:
 - a. Baby may become sleepy, confused, or withdrawn

- b. When separated from mother, babies may show signs of physical stress and emotional confusion
- c. Interference with bonding
- d. Discourage swaddling in blankets because it disrupts skin to skin contact and all the benefits associated with it

CB-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

CB-TO TOBACCO

OUTCOME: The patient/family/labor partner 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.

CB-VBAC VAGINAL BIRTH AFTER CESAREAN SECTION

OUTCOME: The patient/family/labor partner will understand that vaginal birth after cesarean section is possible in some cases, as well as the processes, risks, and benefits associated with vaginal birth after cesarean section.

STANDARDS:

1. Explain that there are many reasons why a woman may want to consider trial of labor after cesarean section. Compared with a planned cesarean delivery, a VBAC after successful trial of labor after cesarean section is associated with the following benefits:
 - a. No abdominal surgery
 - b. Shorter recovery period
 - c. Lower risk of infection
 - d. Less blood loss

For women planning to have more children, VBAC may help them avoid problems linked to multiple cesarean deliveries. These problems include hysterectomy, bowel or bladder injury, and certain problems with the placenta.

2. Explain that although it is not possible to predict whether trial of labor after cesarean section and VBAC will be successful, several factors have been shown to increase or decrease the likelihood of success:
 - a. There is higher success rate of VBAC among women who have had a prior vaginal delivery.
 - b. The success rate for VBAC is decreased if there is a need to induce labor (use drugs or other means to bring on labor).
 - c. If the previous cesarean delivery was done for a condition that is likely to recur, such as a slowed or stopped labor, trial of labor after cesarean section and VBAC are less likely to be successful than if the previous cesarean delivery was done for a condition that is not likely to recur, such as a breech presentation.
 - d. Other factors that may decrease the chance of a successful trial of labor after cesarean section and VBAC include:
 - i. Increased age of the mother
 - ii. High birth weight of the baby
 - iii. High body mass index of the mother
 - iv. Pregnancy beyond 40 weeks of gestation
 - v. Preeclampsia

- vi. Short time between pregnancies
- 3. Explain that close monitoring of the labor process will be necessary and that if complications arise a C-section may be necessary.
- 4. Explain that significant risks from VBAC include uterine rupture, failure to progress in labor, and C-section.
- 5. Explain that VBAC is not available in all institutions or to all patients.

CKD - Chronic Kidney Disease

CKD-ADV ADVANCE DIRECTIVE

OUTCOME: The patient/family/caregiver will understand the process of developing an advance directive and its role in guiding medical care and decision making to best serve the patient's care preferences.

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.
6. Refer to [ADV](#).

CKD-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand where the kidneys are located in the body and their function.

STANDARDS:

1. Explain that there are two kidneys in the body located on either side of the spine and extend a little below the ribs.
2. Explain that the kidneys are bean-shaped organs and are about the size of a fist.
3. Explain that the kidneys are responsible for performing various roles in maintaining a balance of fluid and chemicals in the body. They have four basic functions:
 - a. Regulation of body fluid.

- b. Balance of chemicals in the body (potassium, calcium, sodium, phosphorus).
- c. Removal of waste products from bloodstream/body (urea, creatinine, phosphorus).
- d. Secretion of three hormones which (a) regulates blood pressure, (b) stimulates the bone marrow to produce red blood cells, and (c) stimulates absorption of calcium by the intestine and bone.

CKD-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

CKD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications/symptoms of untreated or progressive kidney disease.

STANDARDS:

1. Explain that CKD is progressive in nature. Explain how CKD increases the risk for heart/cardiovascular disease.
2. Explain that anemia is a common consequence of chronic kidney failure due to a decrease in erythropoietin production from the kidneys or there may be a lack of iron in the blood.
3. Explain how malnutrition can result from inadequate caloric and protein intake due to loss of appetite or uremia.

4. Explain how bone disease develops from a consequence of phosphorus retention and calcitriol deficiency leading to secondary hyperparathyroidism.
5. Explain that as the kidney function decreases, functional status (e.g., quality of life) may decrease and well-being may be affected. Explain that as toxins build up in the blood, patient may experience symptoms of uremia, e.g., inability to think clearly, nausea, vomiting, itchiness, loss of appetite, altered smell & taste. Explain that as the kidney function declines, a patient may experience weight gain from excess fluids, swollen ankles and feet, puffiness around eyes, including high blood pressure.
6. Explain that as the kidney function declines, a patient with diabetes may have changes in diabetes control and need less diabetes medications, to reduce risk for low blood sugar.

CKD-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.

CKD-DIA DIALYSIS

OUTCOME: The patient/family will understand the process, risks, and benefits of dialysis and events that may result from refusal of dialysis.

STANDARDS:

1. Explain the dialysis procedure to be performed, including the risks and benefits of performing the procedure and the adverse events which might result from refusal of the procedure. **Refer to [DIA](#).**
2. Explain the different types of dialysis. **Refer to [DIA](#).**
3. Explain that the patient should avoid blood draws and IVs on the arm to protect blood vessels for potential dialysis access (fistula).
4. Discuss the expected patient/family involvement in the care required following dialysis.

CKD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the patient's specific type of chronic kidney disease (CKD).

STANDARDS:

1. Explain that chronic kidney disease is irreversible and progressive. CKD can have many causes including:
 - a. Diabetic nephropathy
 - b. Hypertension
 - c. Glomerulonephritis
 - d. Infections, urinary tract abnormalities
2. Explain the basic pathophysiology of the specific type of CKD and its symptoms.

CKD-EQ EQUIPMENT

OUTCOME: The patient/family/caregiver will understand the purpose, use, and care of the equipment associated with the patient's prescribed chronic kidney disease regimen.

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.
4. Create a backup plan for electrical equipment in the event of a power-outage.

CKD-FU FOLLOW-UP

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

CKD-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding chronic kidney disease and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as, <http://kidney.niddk.nih.gov/KUDiseases/pubs/choosingtreatment/index.aspx>

CKD-INF INFECTION CONTROL

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

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](#)**.
- 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

CKD-L LITERATURE

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

STANDARDS:

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

CKD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will strive to make the lifestyle adaptation necessary to deal with and prevent complications of the specific kidney disease and to improve overall health.

STANDARDS:

1. Discuss that kidney disease is different for everyone and may change over time. Explain that they can participate in their own care and ask questions.
2. Review the lifestyle aspects/changes that the patient has control over: food and exercise, taking medications safely, follow-up appointments, tobacco, alcohol. Review the community resources available to assist the patient in making lifestyle changes and make referrals as appropriate.
3. Explain that the patient should avoid blood draws (venipuncture), IVs and blood pressures on the arm with the fistula to protect blood vessels for potential dialysis access.
4. When discussing renal replacement therapy options, explain that people on dialysis or who have had a kidney transplant can often still work. Rehabilitation is preferred.
5. Explain that kidney failure affects not only the patient but, family, and friends as a major crisis. It is not uncommon for patients and their families to have feelings of fear, guilt, denial, anger, depression, and frustration but there is help available.
6. Explain that a mental health assessment might be beneficial, to allow patients to grieve through the emotional aspect (loss of kidney function). The patients may need to assess their own traditional beliefs, as it pertains to dialysis treatment.

CKD-M MEDICATIONS

OUTCOME: The patient/family will understand the medications prescribed in the management of the patient's kidney disease.

STANDARDS:

1. Discuss the proper use, benefits, common side effects and common interactions of prescribed medication including drug/drug and drug/food interactions.
2. Explain to the patient/family that the patient's physician(s) should be contacted before starting, stopping or changing any prescription medications, over-the-counter medications or dietary supplements.
3. Explain that the doctor may tell the patient to avoid certain medications like NSAIDs.
4. Explain that phosphate binding medications are necessary for many people with kidney disease. They serve two purposes: increase calcium in bones and help reduce phosphate levels.
5. Explain the importance of notifying the healthcare team about chronic kidney disease since some medication doses must be adjusted.
6. Emphasize the importance of bringing all medications to medical appointments.

CKD-MNT MEDICAL NUTRITION THERAPY

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

CKD-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and chronic kidney disease.

STANDARDS:

1. Explain that an appropriate dietary regimen is essential in the management and treatment of kidney disease. Explain the importance of maintaining regular appointments with a Registered Dietitian for ongoing medical nutrition therapy.
2. Discuss that the dietary regimen will change as laboratory values and other indices change in conjunction with disease progression and treatment.

3. Discuss the nutritional modifications for end stage kidney disease as appropriate. Typical dietary restriction may include fluids, protein types, potassium, sodium, and phosphorus.
4. Explain that lack of appetite for red meats, fish, poultry, eggs, or other protein foods is common. Work with patient to plan adequate protein and calorie intake.
5. Discuss current nutritional habits. Assist the patient in identifying unhealthy eating behaviors that could interfere with the nutritional plan. Provide information about dining away from home or home delivered meals.

CKD-P PREVENTION

OUTCOME: The patient/family will understand how to prevent or slow the progression of chronic kidney disease (CKD).

STANDARDS:

1. Discuss with the patient/family the importance of treating/controlling other medical conditions associated with CKD such as adequate blood glucose control in diabetic patients, high blood pressure control, and control of elevated cholesterol.
2. Discuss screening family members who are at high risk for chronic kidney disease.

CKD-PCC PRE-CONCEPTION CARE

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

STANDARDS:

1. Discuss how childbearing affects the health of the patient with chronic kidney disease.
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, CKD) 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.

CKD-PRO PROCEDURES

OUTCOME: The patient/family will understand the risks, benefits, and alternatives of the proposed procedure(s) to be performed.

STANDARDS:

1. Explain the specific proposed procedure(s), e.g., biopsy, fistula, graft, central catheter, or peritoneal catheter to be performed, including the risks and benefits.
2. Discuss possible alternative(s) to the proposed procedure(s), e.g., fistula, graft, central catheter, or peritoneal catheter, in the event that the proposed procedure is not recommended.
3. Discuss with patient/family the involvement of required post-operative and maintenance care following the proposed procedure(s).
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.

CKD-TE TESTS

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

STANDARDS:

1. Explain the specific test(s) ordered and collection method, e.g., blood urea nitrogen, creatinine, phosphorus, calcium, albumin, urinalysis, CBC.
2. Explain the necessity, benefits, and risks of the test(s) to be performed and how they relate to the course of treatment.
3. Explain any necessary preparation and instructions for the testing, e.g., fasting.
4. Explain the meaning of the test results and its impact on further treatment, as appropriate.
5. Describe the patient's current estimated GFR as it relates to the stages of CKD developed by the National Kidney Foundation, as it pertains to the patient's quality of life.

CKD-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.

CKD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for chronic kidney disease. The patient/family will understand the various modalities of renal replacement therapy to make an informed decision.

STANDARDS:

1. Discuss the specific treatment plan for CKD including treatment to conserve renal function and eventual need for renal replacement therapy.
2. Emphasize the importance of fully participating in medications, dietary, and lifestyle changes that may impede the rate of progression of chronic kidney disease.
3. Discuss the treatment plan with the patient/family; emphasize the importance of full participation in the therapeutic regimen, even if the patient is asymptomatic.
4. Discuss that even with proper dialysis, patients may experience fluid imbalances; shortness of breath, unusual swelling, dizziness, etc. and should prompt medical evaluation. **Refer to [DIA-TX](#).**
 - a. Hemodialysis
 - b. Peritoneal dialysis
5. Discuss kidney transplant as a treatment option.
 - a. Kidney transplantation is completed in end stage kidney disease when the glomerular filtration rate drops to 10 mL/min.
 - b. Persons older than 50 years of age with poor health or history of cancer often cannot receive a transplant.
 - c. Children must receive an evaluation from a pediatric renal transplant team prior to receiving a transplant or being considered as a donor.
 - d. After a renal transplant, the patient has a functioning donor kidney. Medications and regular medical evaluations will usually be required to prevent rejection.
 - e. It is important for patients to understand that anti-rejection medication must be taken as prescribed throughout their life to prevent kidney rejection. Anti-rejection medications may have very unpleasant side effects.
 - f. Patients with co-morbidities leading to initial kidney failure must be instructed to follow all prescribed regimens to avoid subsequent kidney failure.
 - g. There is a possibility that a donor kidney may fail or be rejected even under ideal conditions.
6. Review with the patient/family the risks and benefits of each renal replacement therapy option and the consequences of refusing treatment.

COPD – Chronic Obstructive Pulmonary Disease

COPD-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. 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](#).**

COPD-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to chronic obstructive pulmonary disease.

STANDARDS:

1. Explain the normal anatomy and physiology of the respiratory system.
2. Discuss the changes to anatomy and physiology as a result of COPD. There are two main forms of COPD, but most people with COPD have a combination of both conditions.
 - a. Chronic bronchitis, defined by a long-term cough with mucus
 - b. Emphysema, defined by destruction of the lungs over time
3. Discuss the impact of these changes on the patient's health or well-being.

COPD-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to chronic obstructive pulmonary disease.

PATIENT EDUCATION PROTOCOLS:**CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

STANDARDS:

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

COPD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of chronic obstructive pulmonary disease.

STANDARDS:

1. Discuss that the most common complications of COPD are difficulty breathing or infection. Other complications may include arrhythmias, heart failure, pneumothorax, or severe weight loss and malnutrition.
2. Emphasize early medical intervention for minor URIs, fever, or a rapid increase in shortness of breath.

COPD-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. Refer to [COPD-TO](#) and [COPD-SHS](#).

PATIENT EDUCATION PROTOCOLS:**CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

COPD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the etiology and pathophysiology of chronic obstructive pulmonary disease.

STANDARDS:

1. Review the anatomy and physiology of the respiratory system.
2. Discuss how the symptoms of COPD develop slowly over time and some people may not even be aware they are sick. Symptoms include: cough with mucus, shortness of breath, fatigue, frequent respiratory infections, and wheezing.
3. Discuss how COPD affects the ability of the respiratory system to exchange O₂/CO₂ and resist infection.
4. Discuss the pathophysiology of the patient's specific disease process. COPD has two main forms, chronic bronchitis and emphysema, which can exist separately or in combination.
5. Explain that COPD is a chronic illness. The disease will get worse much more quickly if one continues to smoke.

COPD-EQ EQUIPMENT

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

STANDARDS:

1. Discuss considerations specific to equipment and understand their role in the management of COPD:
 - a. Bilevel (or continuous) positive airway pressure ventilation:
 - i. BiPAP or CPAP is delivered utilizing a tight-fitting mask over the nose and/or mouth. Improper fit can cause skin breakdown.
 - ii. Patient cooperation is vital to successful BiPAP or CPAP management. Some machines contain memory chips that monitor use and effectiveness.
 - b. Nebulizer: Describe the proper use of the nebulizer including the preparation of the inhalation mixture, the inhalation technique, and the care of the equipment. Discuss the nebulizer treatment as it relates to the medication regimen. **Refer to M-NEB** (in Volume IV of this manual set).
 - c. Oxygen:
 - i. Discuss the how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate management of the COPD.

PATIENT EDUCATION PROTOCOLS:**CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

- ii. Emphasize that O₂ flow rate should not be changed except upon the order of a physician because altering the flow rate may worsen the condition.
 - iii. Emphasize the importance of keeping the oxygen away from flames and not smoking while oxygen is flowing.
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.
5. Create a backup plan for electrical equipment in the event of a power outage.

COPD-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in this patient's disease process and will make a plan for regular activity to an agreed-upon amount.

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 exercise plan. Patients with severe COPD will be short of breath with most activities.
4. Encourage the patient to increase the intensity and duration of the activity as the patient becomes more fit.
5. Refer to pulmonary rehabilitation or community resources as appropriate. Pulmonary rehabilitation can help maintain strength in the legs so less demand is placed on the lungs when walking. It can also be used to teach breathing in a different way so the patient can stay active.

PATIENT EDUCATION PROTOCOLS:**CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

COPD-FU FOLLOW-UP

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

COPD-HM HOME MANAGEMENT

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

STANDARDS:

1. Discuss the plan and the methods for implementation of the plan. Things to do include:
 - a. Avoiding very cold air
 - b. Making sure no one smokes in the home
 - c. Reducing exposure to air pollution and other irritants, such as:
 - i. Wood-burning fireplaces (ensure at least adequate ventilation)
 - ii. Cleaning or replacing the flue and chimney
 - iii. Avoidance of kerosene heaters
 - iv. Replacing filters as recommended
 - v. Spray or aerosol products
2. Identify and avoid/remove environmental triggers (e.g., cigarette smoke, stress, environmental smoke, pollen, mold, dust, roaches, insecticides, paint fumes, perfumes, animal dander, cold air, sulfites, and NSAIDs) as appropriate.
3. Discuss occupational and craft exposures that might occur in the home. These include exposure to certain gases, fumes or cooking gas without proper ventilation.
4. Explain the importance of following a home management plan, e.g., fewer emergency room visits and fewer hospitalizations.

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COPD-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to chronic obstructive pulmonary disease.

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).

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- 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](#).**
- 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

COPD-IS INCENTIVE SPIROMETRY

OUTCOME: The patient/family will understand the reason for use of the incentive spirometer and demonstrate the appropriate use.

STANDARDS:

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.
2. Explain that the optimal body position for incentive spirometry is the semi-Fowler's position (head is elevated 30 to 45 degrees) which allows for free movement of the diaphragm.
3. Instruct the patient to exhale normally and evenly, then inhale maximally through the spirometer mouthpiece.
4. Encourage the patient to hold the maximal inspiration for a minimum of three seconds to allow for redistributing the gas and opening the atelectatic areas.
5. Instruct the patient to exhale slowly and breathe normally between maneuvers.
6. Instruct the patient to repeat this maneuver as frequently as prescribed.

COPD-L LITERATURE

OUTCOME: The patient/family will receive literature about chronic obstructive pulmonary disease.

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STANDARDS:

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

COPD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to prevent complications of chronic obstructive pulmonary disease and to prolong life.

STANDARDS:

1. Discuss the lifestyle changes which the patient has the ability to make, such as: cessation of smoking, dietary modifications, weight control, participation in treatment and exercise.
2. Re-emphasize how complications of COPD can be reduced or eliminated by such changes.
3. Review the community resources available to help the patient in making such lifestyle changes.
4. Identify the environmental triggers to avoid (e.g., cigarette smoke, stress, environmental smoke, pollen, mold, dust, roaches, insecticides, paint fumes, perfumes, animal dander, cold air, sulfites, aspirin), as appropriate.

COPD-M MEDICATIONS

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

STANDARDS:

1. Discuss the difference between bronchodilators and anti-inflammatory medications, and between short-acting relief and long-acting controller medications. Refer to [COPD-MDI](#).
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 the difference between bronchodilator and anti-inflammatory (e.g., short acting relieve and long acting controller) medications.
5. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements.

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Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

COPD-MDI METERED-DOSE INHALERS

OUTCOME: The patient will demonstrate the correct technique for use of metered dose inhalers and understand their role in the management of chronic obstructive pulmonary disease.

STANDARDS:

1. Instruct and demonstrate the steps for standard or alternate use procedure for metered-dose inhalers and ways to clean and store the unit properly.
2. Review the importance of using consistent inhalation technique.
3. Discuss the purpose of a spacer device. Instruct and demonstrate the proper technique for spacer use. Discuss the proper care and cleaning of the spacers.

COPD-MNT MEDICAL NUTRITION THERAPY

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

COPD-N NUTRITION

OUTCOME: The patient/family will understand how to modify the diet to conserve energy and to promote nutritional balance.

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.

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3. Discuss the importance of regular meals and adequate fluid intake. Stress the importance of water intake to aid in thinning sputum.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT as appropriate.

COPD-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing chronic obstructive pulmonary disease or complications.

STANDARDS:

1. Discuss the role of tobacco and the need to avoid it. Continued smoking is the leading cause of COPD complications and disease progression. **Refer to TO** (in Volume V of this manual set).
2. Discuss avoiding exposures to heavy amounts of secondhand smoke and pollution.
3. Discuss occupational and craft exposures. These include exposure to certain gases, fumes or cooking gas without proper ventilation.
4. Explain the importance of vaccinations, especially against Pneumococcus and Influenza, particularly in patients who already have COPD. **Refer to IM and FLU** (in Volume III of this manual set).

COPD-PRO PROCEDURES

OUTCOME: The patient/family will understand the proposed procedure(s), as well as the risks, benefits, alternatives to the proposed procedure(s) and associated factors affecting the patient.

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. **Refer to [COPD-TX](#).**
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

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- 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.

COPD-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

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

COPD-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

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- f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results
3. Discuss common tests including: spirometry, X rays, CT scans, and arterial blood gas tests.

COPD-TO TOBACCO (SMOKING)

OUTCOME: The patient/family will understand the dangers of smoking or exposure of the patient to cigarette smoke and will develop a plan to eliminate exposure.

STANDARDS:

1. Explain the increased risk of illness in the COPD patient when exposed to cigarette smoke either directly or via second-hand smoke.
2. Explain that cigarette smoke gets trapped in carpets and upholstery and still increases the risk of illness even if the pulmonary patient is not in the room at the time that the smoking occurs.
3. Encourage smoking cessation or at least NEVER smoking in the home or car.
4. Develop a quit plan if the patient is ready to make a quit attempt.
5. **Refer to TO** (in Volume V of this manual set).

COPD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for chronic obstructive pulmonary disease.

STANDARDS:

1. Develop a quit plan for tobacco, if patient is ready to make a quit attempt. Quitting smoking is the best way to slow down lung damage.
2. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation with the treatment plan.
3. Discuss specific therapies that may be utilized, their own inherent risks, side effects, and expected benefits:
 - a. BiPAP or CPAP - **Refer to [COPD-EQ](#)**
 - b. Nebulizer - **Refer to [COPD-EQ](#)**

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- c. Oxygen
 - d. Intubation
 - e. Mechanical ventilation
 - f. Tracheostomy
4. Explain the criteria for discontinuing certain therapies, e.g. mechanical ventilation.
 5. Discuss the importance of maintaining a positive mental attitude.

CPM – Chronic Pain

CPM-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

CPM-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

CPM-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.

CPM-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology of the patient's specific condition.

STANDARDS:

1. Review the causative factors as appropriate to the patient.
2. Assess the level of pain. Emphasize that the goal of treatment is to relieve pain. Reassess as needed.
3. Review lifestyle factors which may worsen or aggravate the condition.
4. Discuss the patient's specific condition, including anatomy and pathophysiology as appropriate.
5. Discuss that chronic pain is a multifaceted condition. Explain that control of contributing factors may help to control the pain, e.g., dysfunctional sleep patterns, weight, depression or other psychological disorders, other disease states.

CPM-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.

CPM-EX EXERCISE

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

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.

CPM-FU FOLLOW-UP

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

STANDARDS:

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

CPM-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.

CPM-L LITERATURE

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

STANDARDS:

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

CPM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to cope with the patient's specific disorder.

STANDARDS:

1. Discuss the specific lifestyle changes for the individual's specific 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.
 - a. using heat and cold as appropriate
 - b. getting enough rest and avoiding fatigue
4. Refer to community services, resources, or support groups, as available.

CPM-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.

CPM-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

CPM-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to chronic pain management.

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. Review the importance of weight control.
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.

CPM-P PREVENTION

OUTCOME: The patient/family will understand the prevention or worsening of chronic pain.

STANDARDS:

1. Discuss the importance of fully participating in the treatment plan for an acute injury to reduce the risk of residual chronic pain.
2. Discuss good body mechanics in order to reduce risk of musculoskeletal injuries, such as stretching and warm ups before exercise, lifting techniques, proper ergonomics.

CPM-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.
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.

CPM-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to chronic pain management.

STANDARDS:

1. Explain the importance of body mechanics to avoid injury.
2. Assist the family in identifying ways to improve safety and prevent injuries in the home. e.g., remove throw rugs, install grab bars in the tub/shower.
3. Stress the importance and proper use of mobility devices, e.g., cane, walker, wheel chair.
4. Discuss safety of the family/patient while operating motor vehicles/heavy equipment while on pain medications.

CPM-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress can have adverse effects, may exacerbate the symptoms, and may interfere with the treatment of chronic pain.
2. Discuss that in chronic pain, uncontrolled stress may lead to depression or other mood disorders.
3. Explain the role of effective stress management in chronic pain.
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.

CPM-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

CPM-TX TREATMENT

OUTCOME: The patient/family will understand the individualized treatment plan based on the specific disease process, test results, and individual preferences.

STANDARDS:

1. Discuss the treatments that may be utilized:
 - a. the possible appropriate nonpharmacologic pain relief measures, e.g., TENS units, heat, cold, massage, meditation, imagery, acupuncture, healing touch, traditional healer, hypnosis.
 - b. the possible appropriate procedural or operative pain management techniques, e.g., nerve block, intrathecal narcotics, local anesthesia.
 - c. the possible appropriate pharmacologic pain relief measures. **Refer to [CPM-M](#).**
2. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation 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.
4. Discuss the importance of maintaining a positive mental attitude.
5. As appropriate, discuss the implications of patient-provider contracts for pain medications.

COG – Cognitive Disorders NOS

COG-ADL ACTIVITES OF DAILY LIVING

OUTCOME: The patient/family will understand how the patient’s ability to perform activities of daily living (ADL) impact the care plan including in-home and out-of-home care.

STANDARDS:

1. Discuss the importance of supervising the patient’s activities of daily living (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), or learning to assume responsibility of ADL on behalf of the patient.
2. Assist the 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 activities of daily living.
4. 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.

COG-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology of the brain as they relate to the cognitive dysfunctions.

STANDARDS:

1. Explain the normal anatomy and physiology of the brain, and how they relate to behavior.
2. Discuss the changes to anatomy and physiology as a result of physical trauma or disorder.
3. Discuss the impact of these changes on the patient’s health or well-being.

COG-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

COG-C COMPLICATIONS

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

STANDARDS:

1. Explain that individuals with cognitive may often develop comorbid conditions, such as depression (**refer to [DEP](#)**), delirium (**refer to [DEL](#)**), suicidal behavior (**refer to [SI](#)** in Volume V of this manual set), psychosis, or aggressive behavior.
2. Explain that individuals with cognitive disorders may demonstrate disinhibited behavior, including disregard for social conventions and neglecting personal hygiene.
3. Explain that individuals with cognitive disorder have poor judgment and insight, leading to underestimation of risks involved in activities, which may result in injuries or deaths.

COG-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.

COG-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss the nature of the cognitive disorder under consideration:
 - a. Post-concussional disorder requires a history of a head trauma resulting in a cerebral concussion, difficulty in attention, memory, or learning, and at least 3 of the following:
 - b. Becoming fatigued easily
 - c. Disordered sleep
 - d. Headache
 - e. Vertigo or dizziness
 - f. Irritability and aggressive behavior
 - g. Anxiety, depression, and affective lability
 - h. Changes in personality
 - i. Apathy or lack of spontaneity
 - j. Mild Neurocognitive Disorder includes impairments in cognitive functioning lasting most of the time for a period of at least two weeks, and includes at least two of the following:
 - k. Memory impairment as indicated by reduced ability to learn or recall information.
 - l. Disturbance in executive functioning (i.e., planning, organizing, abstracting, sequencing)
 - m. Disturbance in attention or speed of information processing
 - n. Impairment in perceptual-motor abilities
 - o. Impairment in language (e.g., comprehension, word finding)
2. Explain that this disorder causes significant impairment in functioning, and represents a significant decline from previous levels of functioning.
3. Explain that these disturbances do not meet the criteria for delirium, dementia, or another amnesic disorder, and are not better accounted for by another mental disorder, such as substance-related disorder or a psychotic disorder.

COG-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the care of the individual with a cognitive 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.

COG-HELP HELP LINE

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

STANDARDS:

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

COG-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of the individual with a cognitive 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.

COG-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.

COG-L LITERATURE

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

STANDARDS:

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

COG-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand some of the necessary lifestyle adaptations to improve overall quality of life.

STANDARDS:

1. Discuss the lifestyle behaviors that the caregiver may be able to help the patient with, such as diet, increased physical activity, mental stimulation and habits related to the risks of the disease.
2. Encourage full participation in the treatment plan.
3. Explain the importance of the patient adapting to a lower risk, healthier lifestyle.
4. Review community resources available to assist the patient in making changes. Refer as appropriate.

5. Explain that over the course of the disease, lifestyle adaptations will require frequent adjustments.

COG-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.

COG-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for addressing the conditions related to cognitive 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.

COG-N NUTRITION

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

COG-S SAFETY

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

STANDARDS:

1. Explain the potential dangers related to the patient's inability to care for self:
 - a. wandering out of the home
 - b. handling electrical or gas appliances, for example, leaving the food cooking on the stove
 - c. poor driving ability
 - d. other activities that require memory and good judgment
 - e. the current/potential abuse of alcohol or drugs
 - f. the need to secure medications and other potentially hazardous items
2. Discuss/review the safety plan with the family, including emergency procedures should the condition worsen, if suicidal or homicidal ideation arises, or if aggressive or dangerous behavior arises.
3. Discuss the safety precautions needed to prevent injuries. Discuss ways to adapt the home to improve safety and prevent injuries, e.g., remove throw rugs, install grab bars in tub/shower, secure electrical cords, install ramps.
4. 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.
5. Discuss the potential for elder abuse/neglect (including financial exploitation) and ways to identify abuse/neglect. Refer as appropriate.

COG-SM STRESS MANAGEMENT

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

STANDARDS:

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

COG-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

COG-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).

COG-TX TREATMENT

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

STANDARDS:

1. Explain that some forms of cognitive disorders can be treated to partially or fully restore mental function, depending on the underlying medical condition, e.g., removing a brain tumor. Explain that when it cannot be restored, the treatment is to make life as easy as possible for the patient and caregivers.
2. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan. Explain that regular visits to a healthcare provider are a crucial part of the treatment plan and the importance of starting treatment early to delay progression.
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.
 - a. Explain that physical activity, good nutrition, a calm, safe, and structured environment, and social interaction are important for keeping patients with cognitive disorder as functional as possible.

- b. Explain that an appropriate drug regimen can soothe agitation, anxiety, depression, and sleeplessness and may help boost participation in daily activities.

CDC - Communicable Diseases

CDC-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the system(s) involved.
2. Discuss the changes to anatomy and physiology as a result of this communicable disease process or condition, as appropriate.
3. Discuss the impact of these changes on the patient's health or well-being.

CDC-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications of this communicable disease.

STANDARDS:

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

CDC-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of communicable disease, transmission, and causative agent(s), as identified by the provider.

STANDARDS:

1. Discuss whether the infection is vaccine preventable. **Refer to IM** in Volume III of this manual set (as appropriate).
2. Describe how the body is affected, the symptoms of the disease, and how long it may take for symptoms to appear.

CDC-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.

CDC-FU FOLLOW-UP

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

CDC-HM HOME MANAGEMENT

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

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.

CDC-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as an aspect of wellness and the prevention of communicable diseases.

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.

CDC-INF INFECTION CONTROL

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

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 [CDC-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](#).**
 - 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

CDC-L LITERATURE

OUTCOME: The patient/family will receive literature about communicable diseases.

STANDARDS:

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

CDC-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.

CDC-MNT MEDICAL NUTRITION THERAPY

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

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.

CDC-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in this communicable disease.

STANDARDS:

1. Review adequate fluid intake.
2. Discuss nutritional modifications as related to the specific communicable disease.
3. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
4. Discuss the use of supplements to boost calorie intake, as appropriate.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

CDC-P PREVENTION

OUTCOME: The patient/family will understand the preventive measures for disease spread.

STANDARDS:

1. Explain that there are vaccines or immunity against certain infections and/or diseases. **Refer to IM** in Volume III of this manual set (as appropriate)
2. Explain that certain infections can be dependent upon hygiene, social, and/or environmental conditions. **Refer to HPDP-HY** (in Volume III of this manual set).
3. Discuss the importance of hand washing in infection control in relation to food preparation/consumption, childcare, and toilet use.
4. List the mode of transmission and the precautions to prevent disease spread.

CDC-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 narcotics and 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.

CDC-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, 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.

CDC-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

CDC-TX TREATMENT

OUTCOME: The patient/family will understand the treatment(s) proposed for the communicable disease.

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.

CDC-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.

SPEAK - Communication Disorders

SPEAK-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

SPEAK-C COMPLICATIONS

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

STANDARDS:

1. Explain that stuttering may lead to impairment in social functioning from anxiety, frustration, or low self-esteem. Explain that stuttering could lead to teasing and bullying.
2. Explain that stuttering in adults may limit occupational choice or advancement. Phonological Disorder and Expressive Language Disorder occur at higher frequency in individuals with stuttering than in the general population.

SPEAK-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.

SPEAK-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that a variety of disorders or conditions may impair a person's/child's ability to communicate in a number of ways, including problems with speech, language, hearing, and development.
2. Discuss the symptoms and course of the specific communication disorder:
 - a. **Expressive Language Disorder:** a disturbance that manifests by a marked limited vocabulary, errors in tense, or having difficulty recalling words or producing sentences with developmentally appropriate length and complexity.
 - b. **Mixed Receptive-Expressive Language Disorder:** a disturbance that manifests by difficulty understanding words, sentences, or specific types of words, in addition to symptoms of expressive language disorder.
 - c. **Phonological Disorder:** failure to use developmentally expected speech sounds that are appropriate for age and dialect, and in excess than those usually associated with the comorbid conditions (e.g., mental retardation).
 - d. **Stuttering:** a disturbance in the normal fluency and time patterning of speech, characterized by frequent occurrences of potential speech problems, including sound and syllable repetitions, sound prolongations, interjections, broken words, circumlocutions, etc.
 - e. **Communication Disorder Not Otherwise Specified:** may include disorders in communication that do not meet criteria for any specific communication disorder, i.e., an abnormality in vocal pitch, loudness, quality, tone, or resonance.
3. Discuss that diagnosis is made based on scores obtained from standardized tests in which the measures for the language skill sets are found to be substantially lower than the developmentally appropriate or expected levels or the scores obtained for non-verbal measures.
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 risk factors for a communication disorder include anatomic defects, neurological disease or dysfunction, brain stem injury, premature or traumatic birth, hearing loss or deafness, and other medical problems.

6. Explain the co-morbid conditions associated with communication disorders, such as mental retardation (**refer to MR** in Volume IV of this manual set) or other neurological conditions.

SPEAK-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of communication disorders and associated conditions.

STANDARDS:

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

SPEAK-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.

SPEAK-L LITERATURE

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

STANDARDS:

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

SPEAK-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for coping with communication disorders and associated conditions.

STANDARDS:

1. Discuss lifestyle adaptations for the child and family specific to communication disorders.
2. Explain that the family may also require lifestyle adaptations to aid the child/patient in the treatment process, and that parents are the most important teachers for their child in early years, including:
 - a. Offering the child lots of opportunities to listen to speech and to talk
 - b. Pointing out and naming important people, places, and things
 - c. Reading and talking to the child throughout the day, especially during daily routines and favorite activities
 - d. Giving the child models of words and sentences to repeat
 - e. Listening to music, singing songs, and sharing nursery rhymes and finger play
 - f. Obtaining additional services
 - g. Coping with emotional, behavioral, and cognitive complications
3. Discuss the potential need for mental health services to cope with the emotional and social complications of communication disorders to address social skills difficulties, low self-esteem, and demoralization/ depression.
4. Discuss ways to optimize the quality of life.
5. Refer to community services, resources, or support groups, as available.

SPEAK-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with communication disorders and preventing exacerbation of stuttering and other communication 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.

SPEAK-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 tests that have been suggested to diagnose communication disorders include 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. 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

SPEAK-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).

SPEAK-TX TREATMENT

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

STANDARDS:

- 1. Explain that early intervention is very important for children with communication disorders. Treatment usually includes speech therapy and is best started during preschool years, before strong speech habits have been formed.
 - a. Even between 2 and 4 years old, the speech-language pathologist works with the parents on stimulating speech and language development in the home
 - b. Active treatment in the form of individual therapy is usually begun between the ages of 2 and 4
- 2. Explain that parents are a vital part of the treatment process (**refer to [SPEAK-LA](#)**).
 - a. Explain that psychotherapy may be beneficial for associated conditions, such as low self-esteem, depression, and anxiety.

- b. Explain that therapists have different styles and orientations for treating depression and anxiety, and that some styles may suit the patient better than others.
3. Explain that medication intervention is often used in combination with psychotherapy to reduce symptoms.
4. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for Communication Disorders may vary according to the patient's life circumstances, severity of the condition, and available resources.

COND – Conduct Disorder

COND-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications related to conduct disorder.

STANDARDS:

1. Explain that conduct disorder behaviors may lead to school suspension or expulsion, problems in work adjustment, problems at home, legal difficulties, sexually transmitted infections (**refer to STI** in Volume V of this manual set), unplanned pregnancy, and physical injury from accidents and fights.
2. Explain that suicidal ideation, attempts, and completions occur at a higher than expected rate.
3. Explain that those diagnosed with conduct disorder often have lower than average academic achievement and intelligence.
4. Explain that individuals diagnosed with conduct disorder are also at risk for developing learning or communication disorders, attention deficit hyperactivity disorder (**refer to ADHD**), posttraumatic stress disorder (**refer to PTSD** in Volume IV of this manual set), other anxiety and mood disorders, personality disorders (**refer to PERSD** in Volume IV of this manual set), and substance-related disorders (**refer to AOD**).

COND-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.

COND-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss that conduct disorder is a persistent pattern of behavior in which the basic rights of others or age appropriate societal norms or rules are violated. It is present and usually diagnosed only in childhood or adolescence, as characterized by:
 - a. Aggression to people and animals, including bullying, threatening, initiating fights, and forcing sexual activity
 - b. Destruction of property, including setting fires
 - c. Deceitfulness or theft, including breaking into cars or homes, and breaking commitments
 - d. Serious violation of rules, including running away and truancy from school
2. Explain the associated features of conduct disorder, including little empathy or concern for others, poor frustration tolerance, low self-esteem, temper outbursts, recklessness, irresponsibility and blaming others for one's own misdeeds, and feigned remorse to reduce punishment.
3. Explain that conduct disorder is often associated with early onset of sexual behavior, drinking, smoking, use of illegal substances, and risk-taking acts.
4. Discuss the course of conduct disorder:
 - a. It may occur as early as 5 or 6 years old, and is rarely diagnosed after the age of 16 years old.
 - b. The course is variable, but early onset predicts a worse prognosis and increased risk of other disorders (**refer to [COND-C](#)**).
 - c. In a majority of individuals, the disorder remits in adulthood, although a substantial proportion continue to show behaviors that meet the criteria for Antisocial or Borderline Personality Disorder.
5. Explain that the disturbance causes clinically significant impairment in social, academic, or occupational functioning and must be present in two or more settings, e.g., school, home, and community.

COND-FU FOLLOW-UP

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

COND-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.

COND-L LITERATURE

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

STANDARDS:

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

COND-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the specific lifestyle changes for conduct disorder, such as following rules, being respectful of self and others, avoiding risky behavior, and taking responsibility for one's own feelings and actions.
2. Discuss that the family may also require lifestyle adaptations to care for the patient, including creating greater structure in the home, being more involved with the child, taking responsibility for keeping the child's behavioral health appointments, and enforcing rules (**refer to [COND-PA](#)**).
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

COND-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.

COND-PA PARENTING

OUTCOME: The patient/family will understand the parenting issues related to conduct disorder.

STANDARDS:

1. Discuss the appropriate and consistent methods for applying rewards and consequences to the patient with conduct disorder.
2. Discuss the need for appropriate physical and emotional involvement with the child, which may include specific activities to improve the relationship.

3. Refer the parent(s) to parenting classes as appropriate.

COND-S SAFETY

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

STANDARDS:

1. Discuss/review the safety plan and/or administrative treatment plan with the patient and family, including the no-harm contract and emergency procedures.
2. Discuss the potential and process of voluntary or involuntary hospitalization should the patient have difficulties staying safe or refraining from acting on the impulses to hurt oneself or another.
3. Explain the importance of reporting any abuse, neglect, or potentially dangerous situations.
4. 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.

COND-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in preventing and/or abating mood changes and/or decompensation.
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.

COND-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).

COND-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan and the options for conduct disorder.

STANDARDS:

1. Discuss the issues of safety, confidentiality, and responsibility, and emphasize open and honest participation in the treatment as critical to a good outcome.
2. 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.
3. Explain that therapists have different styles and orientations for treating conduct disorder.
 - a. Therapy may include anger management groups (in addition to individual psychotherapy) and the exploration and treatment of underlying traumatic events and co-occurring disorders.
 - b. Treatment is optimized when parents attend parenting classes, adjunct family therapy sessions, or their own individual psychotherapy sessions.

- c. Administrative treatment plans are often useful to improve communication among providers, to prevent the patient's manipulations or splitting staff members, and to prevent suicidal or aggressive behaviors.
4. Explain that medications may be prescribed intermittently or throughout the treatment process.
 - a. Medication may be prescribed to address aggressive behaviors or symptoms of co-occurring disorders.
 - b. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.
 - c. Discuss the importance of managing symptoms of conduct disorder with alternative measures or coping during preconception and pregnancy when medications are contraindicated in adolescents of childbearing age as appropriate.
5. Explain the importance for patients to learn to talk about any traumas in the safe context of the therapeutic environment.

CO - Constipation

CO-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

CO-C COMPLICATIONS

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

STANDARDS:

1. Explain that constipation is often a symptom of another condition. Constipation is defined as having fecal mass remain in the colon longer than 24-72 hours after meal ingestion or when patient strains to defecate.
2. Discuss the common complications of constipation, which may include:
 - a. Increased narrowing of the colon with small, ribbon-like stools caused by inactivity, immobility, or obstruction.
 - b. Encopresis in infants and children resulting from poor bowel habits and poor fiber intake.
 - c. A delay in intestinal transit, gastric emptying, and decreased cholesterol and glucose absorption.
 - d. Medical assistance for diarrhea, bleeding, infection, and change in bowel habits.
 - e. Hemorrhoids.
3. Describe the common signs/symptoms of constipation which may include/experience:
 - a. Abdominal cramping/pain
 - b. Flatulence
 - c. Bloating
 - d. Changes in bowel habits
 - e. Soiling of clothing

- f. Nausea and vomiting
- g. Loss of appetite

CO-DP DISEASE PROCESS

OUTCOME: The patient/family will understand constipation.

STANDARDS:

1. Explain that constipation is often a symptom of another condition. Constipation is defined as having fecal mass remain in the colon longer than 24-72 hours after meal ingestion or when patient strains to defecate.
2. Describe the signs/symptoms of common complications of constipation which may include/experience:
 - a. Stools that are usually hard, dry, small in size, and difficult to eliminate.
 - b. Straining, bloating, and the sensation of a full bowel.
3. Explain the common causes of constipation, which may include but not limited to:
 - a. lack of fiber in the diet
 - b. lack of physical activity (especially in the elderly)
 - c. medications
 - d. irritable bowel syndrome
 - e. changes in life or routine such as pregnancy, aging, and travel
 - f. abuse of laxatives
 - g. ignoring the urge to have a bowel movement
 - h. dehydration
 - i. milk or milk products
 - j. specific diseases or conditions, such as stroke (most common)
 - k. problems with the colon and rectum
 - l. problems with intestinal function (chronic idiopathic constipation)
 - m. neurological disorders

CO-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in the prevention and treatment of constipation.

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.

CO-FU FOLLOW-UP

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

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.

CO-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.

CO-HY HYGIENE

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

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.

CO-L LITERATURE

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

STANDARDS:

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

CO-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for the treatment and/or prevention of constipation.

STANDARDS:

1. Discuss the lifestyle changes specific to constipation.

- a. Changes that may help treat and/or prevent constipation include drinking enough water and other liquids, such as fruit and vegetable juices and clear soups.
- b. Engaging in daily exercise.
- c. Reserving enough time to have a bowel movement.

CO-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.

CO-MNT MEDICAL NUTRITION THERAPY

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

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.

CO-N NUTRITION

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

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. Emphasize the importance of adequate fiber intake, e.g., fresh fruits, fresh vegetables, and whole grains for the prevention of constipation.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

CO-P PREVENTION

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

STANDARDS:

1. Discuss that constipation can often be prevented by dietary measures such as adequate water intake and a high fiber diet.
2. Discuss the importance of physical activity in the prevention of constipation.
3. Explain that laxatives and stool softeners may be indicated.

CO-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.

CO-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

CO-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. Explain that bowel retraining may be necessary.

CAD – Coronary Artery Disease

CAD-ADV ADVANCE DIRECTIVE

OUTCOME: The patient/family/caregiver will understand the process of developing an advance directive and its role in guiding medical care and decision making to best serve the patient's care preferences.

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.

CAD-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

CAD-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

CAD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of coronary artery disease.

STANDARDS:

1. Discuss the common and important complications of coronary artery disease, e.g., MI, angina, stroke, etc.
2. Discuss the importance of following a treatment plan to include diet, exercise, and medication therapy to prevent complications.
3. Emphasize immediate medical intervention for the signs and symptoms of complications, e.g., chest pain, nausea, loss of consciousness, jaw/arm pain, SOB, diaphoresis.

CAD-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.

CAD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand coronary artery disease and its symptoms.

STANDARDS:

1. Explain that coronary artery disease is the result of the buildup of plaque in the interior wall of the coronary artery.
2. Review the factors related to the development of coronary artery disease: uncontrolled hypertension, elevated cholesterol, obesity, uncontrolled diabetes, sedentary lifestyle, increasing age, family history of vascular disease, and male gender. Emphasize that a personal history of any vascular disease greatly increases the risk of CAD.
3. Review the signs of coronary artery disease - substernal chest pain radiating to the jaw(s), neck, throat, arm(s), shoulder(s), or back. Nausea, weakness, shortness of breath, or diaphoresis (sweating) may accompany the pain.
4. Explain that chest pain is the discomfort felt when the heart muscle is deprived of oxygen.
5. Differentiate between angina (the temporary loss of oxygen to the heart muscle) and infarction (a permanent loss of oxygen to the heart muscle resulting in permanent damage and loss of function). Emphasize that angina is an important warning sign which should prompt immediate medical evaluation.
6. Explain that sometimes only a physician, through test interpretation, may be able to differentiate between angina and myocardial infarction.

CAD-EMS ACTIVATING THE EMERGENCY RESPONSE SYSTEM

OUTCOME: The patient/family will know the basic information needed to obtain medical help.

STANDARDS:

1. Emphasize the importance of evaluating the situation to ensure it is safe before acting. Rushing into an unsafe situation could result in the caregiver becoming a victim.
2. Emphasize the importance of not moving the patient's body unless it is an emergency because there could be injuries that are not visible which could be worsened with movement.

3. Explain the importance of calling for help or identifying someone to call for help.
4. Discuss the importance of maintaining a list of phone numbers that may be needed in an emergency.

CAD-ETE EMERGENCY TREATMENT EDUCATION

OUTCOME: The patient/family will know the basic information needed to obtain medical help.

STANDARDS:

1. Emphasize the importance of calling for help or identifying someone to call for help in the event of an emergency. (**Refer to [CAD-EMS.](#)**)
2. Discuss the appropriate treatments related to the emergency or patient's condition(s) (e.g. medications, foods, or supplies).
3. Discuss the importance of having immediate availability to emergency supplies as appropriate.
4. Discuss the importance of storage of emergency supplies as appropriate (**Refer to [CAD-EQ.](#)**)
5. Explain the role of assessing the CABs (circulation , airway, and breathing), the role of CPR, and automatic defibrillators as appropriate.

CAD-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.

CAD-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in this patient's disease process.

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.

CAD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of coronary artery 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 contract health services, community resources and support services. Refer as appropriate.

CAD-HELP HELP LINE

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

STANDARDS:

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

CAD-L LITERATURE

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

STANDARDS:

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

CAD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to lifestyle and activities of daily living for coronary artery disease.

STANDARDS:

1. Emphasize that the most important component in the prevention and treatment of coronary artery disease is the patient's adaptation to a healthier, lower risk lifestyle.
2. Discuss lifestyle adaptations that may reduce further risk of myocardial infarction and improve the quality of life (cease use of tobacco products, limit stress, control hypertension and elevated cholesterol through medications, diet and exercise, lose weight as indicated, control diabetes, and increase activity as prescribed by the physician).
3. 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.
4. 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.

CAD-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.

CAD-MNT MEDICAL NUTRITION THERAPY

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

CAD-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and coronary artery disease.

STANDARDS:

1. Discuss the roles of heredity, exercise, and lifestyle habits including the relationship between diet and coronary artery disease, hypertension, elevated cholesterol, and obesity.
2. Explain which foods are sources of saturated fats and trans fatty acids. Encourage the reading of food labels: "free, low, reduced" fat and cholesterol, etc.
3. Discuss the benefits of omega-3 fatty acids such as tuna, salmon, herring, mackerel and the water-soluble fibers found in legumes, fruits, and bran.
4. Discuss an appropriate low fat diet and exercise plan to achieve optimal weight and improve or correct lipids. Refer to registered dietitian for MNT.
5. **Refer to LIP** (in Volume III of this manual set).

CAD-P PREVENTION

OUTCOME: The patient/family will understand ways to prevent coronary artery disease.

STANDARDS:

1. Discuss that prevention of coronary artery disease is far better than controlling the disease after it has developed.
2. Explain that consuming a diet low in fat, and controlling weight, lipid levels and blood pressure will help to prevent CAD.
3. Discuss that persons with uncontrolled diabetes, uncontrolled hypertension, and/or uncontrolled dyslipidemia are more likely to develop CAD. Stress the importance of controlling these disease processes. **Refer to DM, HTN, LIP** (in Volume III of this manual set), **OBS** (in Volume IV of this manual set).

CAD-PM PAIN MANAGEMENT

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

STANDARDS:

1. Explain that chest pain unrelieved by the prescribed regimen should be considered an emergency and prompt immediate medical evaluation.
2. 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.
3. 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).
4. Explain that short-term use of narcotics may be helpful in pain management as appropriate.
5. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
6. Explain non-pharmacologic measures that may be helpful with pain control.

CAD-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, 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.

CAD-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress can increase the severity of coronary artery disease.
2. Explain the role of effective stress management in coronary artery disease.
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 coronary artery disease.
4. Explain that effective stress management may help reduce the severity of coronary artery 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.

CAD-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

CAD-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.

CAD-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that might be performed based on the test results.

STANDARDS:

1. List possible procedures that might be utilized to treat the coronary artery blockage, e.g., angioplasty, coronary stent, coronary artery bypass.
2. Briefly explain each of the possible treatments.
3. Explain that the patient and medical team will make the treatment decision after reviewing the results of diagnostic tests.

CRIT - Critical Care

CRIT-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.

CRIT-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological reactions that can accompany critical care.

STANDARDS:

1. Discuss the common difficulty in coping with being in a critical care unit and requiring critical care. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common to patients in critical care and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
2. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
3. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.

4. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to [AOD](#).**
5. Refer to a mental health agency or provider.

CRIT-BIP BILEVEL (OR CONTINUOUS) POSITIVE AIRWAY VENTILATION

OUTCOME: The patient/family will understand BiPAP or CPAP ventilation, as well as the risks, benefits, alternatives to BiPAP or CPAP and associated factors affecting the patient.

STANDARDS:

1. Explain that the patient does not require intubation with an endotracheal tube or tracheostomy tube in order to receive BiPAP or CPAP. BiPAP or CPAP is delivered utilizing a tight-fitting mask over the nose and/or mouth.
2. Explain the basic mechanics of BiPAP or CPAP, including the risks and benefits of receiving BiPAP or CPAP and the adverse events which might result from refusal.
3. Discuss alternatives to BiPAP or CPAP, including expectant management, endotracheal intubation or tracheostomy as appropriate.
4. Explain that patient cooperation is vital to successful BiPAP or CPAP management.

CRIT-C COMPLICATIONS

OUTCOME: The patient/family will understand the common complications associated with the patient's diagnosis and critical care treatment.

STANDARDS:

1. Discuss the common complications associated the patient's diagnosis and treatment being used in the critical care unit.
2. Describe the signs/symptoms of common complications of the diagnosis and treatment and the importance of reporting them immediately.

CRIT-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.

CRIT-DIA DIALYSIS

OUTCOME: The patient/family will understand the process, risks, and benefits of hemodialysis and events that may result from refusal of hemodialysis.

STANDARDS:

1. Explain the dialysis procedure to be performed, including the risks and benefits of performing the procedure and the adverse events which might result from refusal of the procedure. **Refer to [DIA](#).**
2. Explain hemodialysis:
 - a. Hemodialysis is the use of an artificial filtering of blood by a machine, removing metabolic wastes and excess fluids from the body.
 - b. A temporary catheter may be placed in a vein.
3. Explain that even with proper dialysis, patients may experience fluid imbalances and that all shortness of breath, unusual swelling, dizziness, etc. should prompt immediate medical attention and evaluation.

CRIT-EQ EQUIPMENT

OUTCOME: The patient/family will understand the basic use of the intensive care equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for use
 - b. benefits of use
 - c. features and proper function of the equipment
 - d. signs of equipment malfunction and the anticipated staff responses, infection control principles, including hand hygiene and proper disposal of associated medical supplies
 - e. importance of not tampering with any medical device

2. Explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

CRIT-FU FOLLOW-UP

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

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.

CRIT-INF INFECTION CONTROL

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

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 [CRIT-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](#).**
 - 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

CRIT-INT INTUBATION

OUTCOME: The patient/family will understand endotracheal intubation, as well as the risks, benefits, alternatives to endotracheal intubation and the associated factors affecting the patient.

STANDARDS:

1. Explain that the patient must be intubated with an endotracheal tube or tracheostomy tube in order to receive mechanical ventilation.
2. Explain the basic procedure for endotracheal intubation, including the risks and benefits of endotracheal intubation and the adverse events which might result from refusal.
3. Discuss the alternatives to endotracheal intubation, including expectant management, as appropriate.
4. Explain that the patient will be sedated and unable to speak or eat while intubated.
5. Discuss the potential necessity for using physical restraint to maintain intubation while the patient is heavily sedated and requiring mechanical ventilation.
6. Explain that the patient will be extubated as soon as it is medically feasible.

CRIT-IS INCENTIVE SPIROMETRY

OUTCOME: The patient/family will understand the reason for use of the incentive spirometer and demonstrate appropriate use.

STANDARDS:

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.
2. Explain that the optimal body position for incentive spirometry is the semi-Fowler's position (head is elevated 30 to 45 degrees) which allows for free movement of the diaphragm.
3. Instruct the patient to exhale normally and evenly and inhale maximally through the spirometer mouthpiece.
4. Encourage the patient to hold the maximal inspiration for a minimum of three seconds to allow for redistributing the gas and opening the atelectatic areas.
5. Instruct the patient to exhale slowly and breathe normally between maneuvers.
6. Instruct the patient to repeat this maneuver as frequently as prescribed.

CRIT-ISO ISOLATION

OUTCOME: The patient/family will understand the reasons and procedures for isolation of the patient in preventing and controlling the spread of Multidrug Resistant Organism (MDRO) infection.

STANDARDS:

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

2. Describe the type of isolation being implemented and associated precautions, protective equipment to be used:
 - a. Respiratory isolation
 - b. Contact precaution

CRIT-L LITERATURE

OUTCOME: The patient/family will receive literature about the critical care unit.

STANDARDS:

1. Provide the patient/family with literature regarding the critical care unit.
2. Discuss the content of the literature.

CRIT-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to critical care.
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.

CRIT-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.

CRIT-MNT MEDICAL NUTRITION THERAPY

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

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.

CRIT-MON MONITORING

OUTCOME: The patient/family will understand the monitoring that will occur in critical care.

STANDARDS:

1. Explain the intense monitoring that is routinely provided for patients in critical care.
2. Discuss the various equipment that is used for monitoring, e.g. cardiac monitors, vital signs machines, blood glucose monitors, central venous and arterial catheters, oxygen saturation monitors.
3. Describe how the monitoring and frequency relates to the care being provided.

CRIT-N NUTRITION

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

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. As appropriate, explain that nutritional management for a patient requiring critical care may include feeding by nasogastric tube, by hyperalimentation via an IV catheter or central line, or feeding tubes.

3. Discuss the importance of regular meals and adequate fluid intake.
4. As appropriate, explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT.

CRIT-O2 OXYGEN THERAPY

OUTCOME: The patient/family will understand the need for oxygen administration.

STANDARDS:

1. Emphasize that the O₂ flow rate should be changed only upon the order of a physician, because altering the flow rate may worsen the condition.
2. Explain the reason for O₂ therapy and the anticipated benefit.

CRIT-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing the common complications of critical care.

STANDARDS:

1. Explain the intense monitoring and care that is provided to prevent complications and identify them if they occur.
2. Discuss the potential treatments used to reduce the chance of complications, including:
 - a. careful and regular hand hygiene for staff and visitors
 - b. assessing fall risk and implementing falls precautions, if indicated (**refer to FALL** in Volume III of this manual set)
 - c. assessing pressure ulcer risk and implementing prevention measures if indicated (**refer to PU** in Volume IV of this manual set)
 - d. regular and frequent oral care with an antiseptic agent
 - e. isolation precautions, as appropriate
3. **Refer to UCATH and VENT-VAP** (in Volume V of this manual set).

CRIT-PM PAIN MANAGEMENT

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

STANDARDS:

1. Explain that the patient's pain and level of anxiety will be monitored closely while requiring critical care.
2. 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.
3. 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).
4. Explain that adequate medication will be administered to maintain the patient's comfort, including the anxiety that frequently accompanies critical care. This may include IV or epidural medication infusions or boluses.
5. Explain that medications may be helpful to control pain and the symptoms associated with pain or nausea and vomiting.
6. Explain non-pharmacologic measures that may be helpful with pain control.

CRIT-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, as well as the alternative and the risk of non-treatment. Procedures may include anesthesia, intubation, blood transfusion, central venous catheters, arterial lines, cardiac pacing, dialysis, endoscopy, urinary catheter insertion, nasogastric tube insertion, chest tube insertion, ventilator support with CPAP/BiPAP or mechanic ventilation. **Refer to [ANS](#), [BL](#), [CVC](#), [DIA](#), [SPE](#), [UCATH](#), [VENT](#)** (in Volume V of this manual set).
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.

CRIT-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 indicated for this condition/injury. Explain that this may include visits with the physical therapist as well as home exercises. **Refer to PT** (in Volume IV of this manual set).
2. Reassure the patient/family that the staff is trained and competent to handle these issues.
3. Discuss, as appropriate, the potential necessity for using physical restraint while the patient is heavily sedated and requiring critical care. **Refer to RST** (in Volume IV of this manual set).
4. Emphasize the importance of openness and honesty with the therapist.
5. Explain that the intense monitoring and care is provided for safety, to prevent complications and to identify them if they occur.
6. Emphasize the importance of requesting assistance when attempting to get out of bed or ambulating. Discuss assessing fall risk and implementing fall precautions if indicated. **Refer to FALL** (in Volume III of this manual set).

CRIT-S SAFETY

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

STANDARDS:

1. Explain that there are numerous alarms associated with critical care that notify staff when there is an issue with the equipment or the patient. Explain that some of these are routine notification alarms and some require immediate action.
2. Reassure the patient/family that the staff is trained and competent to handle these issues.
3. Discuss, as appropriate, the potential necessity for using physical restraint while the patient is heavily sedated and requiring critical care. **Refer to RST** (in Volume IV of this manual set).
4. Explain the intense monitoring and care that is provided for safety, to prevent complications and identify them if they occur.
5. Emphasize the importance of requesting assistance when attempting to get out of bed or ambulating. Discuss assessing fall risk and implementing falls precautions if indicated. **Refer to FALL** (in Volume III of this manual set).

CRIT-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. 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
3. Provide referrals as appropriate.

CRIT-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

CRIT-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.

CRIT-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 equipment such as a wound vac and personal protective equipment.

CRN - Crohn's Disease

CRN-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to Crohn's disease.

STANDARDS:

1. Explain the normal anatomy and physiology of the GI tract (mouth to colon) or the affected site such as the distal ileum and colon.
2. Discuss the changes to anatomy and physiology as a result of inflammation in the mucosal layers of the GI track.
3. Discuss the impact of these changes on the patient's health or well-being.

CRN-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to Crohn's disease.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with Crohn's disease 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 Crohn's disease, 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.

CRN-C COMPLICATIONS

OUTCOME: The patient/family will understand the signs of complications of Crohn's disease and will plan to return for medical care if it occurs.

STANDARDS:

1. Discuss that some possible common complications of Crohn's disease are stricture and fistulae formation, hemorrhage, bowel perforation, mechanical intestinal obstruction, and colorectal cancer, etc.
2. Explain that complications may be delayed, minimized, or prevented with prompt treatment of exacerbation.
3. Discuss the symptoms of exacerbation that trigger the need to seek medical attention, e.g., blood in the stool, unusual drainage, unusual abdominal pain, change in frequency of stools, fever, weight loss, and/or disability.

CRN-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.

CRN-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology and symptoms of Crohn's disease.

STANDARDS:

1. Explain that Crohn's disease is a chronic inflammatory disease of the digestive system. The etiology is unknown.
2. Explain that Crohn's disease may be hereditary and it presents mostly in those between 15 and 35 years of age.
3. Explain that this condition interferes with the ability of the intestine to transport the contents of the upper intestine through the constricted lumen, causing cramping after meals.
4. Explain that chronic watery diarrhea results from edema, bile salt malabsorption, bacterial overgrowth, and ulceration, and may be accompanied by bloody stools.
5. Explain that in some patients, the inflamed intestine may perforate and form intra-abdominal and anal abscesses.

6. Explain that this condition is characterized by exacerbations and remissions that may be abrupt or insidious.

CRN-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in Crohn's disease.

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.

CRN-FU FOLLOW-UP

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

CRN-HELP HELP LINE

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

STANDARDS:

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

CRN-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of Crohn's disease.

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.

CRN-L LITERATURE

OUTCOME: The patient/family will receive literature about Crohn's disease.

STANDARDS:

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

CRN-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for Crohn's disease.

STANDARDS:

1. Discuss the lifestyle adaptations specific to Crohn's disease.
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.

CRN-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.

CRN-MNT MEDICAL NUTRITION THERAPY

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

CRN-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to Crohn's disease.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and regular meals may prevent or slow the progression of disease.
2. Discuss the role of supplements, fats, fiber and adequate fluid intake.
3. Explain the importance of calcium and vitamin D and alternate sources of milk.
4. Discuss that seasonings are poorly tolerated and should be avoided.
5. Explain to that parenteral hyperalimentation may be necessary to maintain nutrition while allowing the bowel to rest.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

CRN-P PREVENTION

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

STANDARDS:

1. Discuss the need to adhere to nutrition intervention.
2. Explain the importance of following the treatment plan.

CRN-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.

CRN-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.

CRN-PRO PROCEDURE

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

STANDARDS:

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

CRN-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in Crohn's disease.

STANDARDS:

1. Explain that uncontrolled stress can increase constipation or diarrhea, abdominal pain, and fatigue.
2. Explain that uncontrolled stress can interfere with the treatment of Crohn's disease.
3. Explain that effective stress management may reduce the adverse consequences of Crohn's disease, as well as help improve the health and well-being of the patient.
4. Explain that stress may cause inappropriate eating which will exacerbate the symptoms of Crohn's disease. **Refer to [CRN-N](#).**
5. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
6. Provide referrals as appropriate.

CRN-TE TESTS

OUTCOME: The patient/family will understand the tests to be performed. The patient/family will further understand the risk/benefit ratio of the proposed testing, alternatives to testing, and 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

CRN-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.

CRN-TX TREATMENT

OUTCOME: The patient/family will understand the appropriate treatment for the bowel disease.

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.

CRP - Croup

CRP-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the upper airway and lungs.
2. Discuss the changes to anatomy and physiology as a result of croup and how this results in the symptoms seen in croup. **Refer to [CRP-DP](#).**
3. Discuss the impact of these changes on the patient's health or well-being.

CRP-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and serious complications associated with croup.

STANDARDS:

1. Explain that complications that develop as a result of croup are rare. The most common complications are ear infection and pneumonia. The most serious complication is worsening airway obstruction which may lead to respiratory failure.
2. Review the symptoms of worsening croup that require medical attention, e.g., rapid breathing, nasal flaring, retractions, stridor at rest, bluish color on the patient's lips or face, drooling, trouble swallowing, prolonged fever, dehydration, pulling at ears.
3. Discuss that croup can be a serious, life-threatening disease especially for young children and that serious complications should prompt immediate intervention (go to ER or clinic as appropriate). **Refer to [CRP-FU](#).**

CRP-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that croup is an illness that infects the upper airway, causing swelling and narrowing of the windpipe (trachea), the voice box (larynx), and sometimes the bronchial tree.

2. Explain that the most common cause of croup is a viral infection. The parainfluenza virus accounts for most cases. Croup-like symptoms can also be caused by allergies, trauma, reflux, anomalies of the airway, or foreign bodies in the airway.
3. Explain that croup can come on suddenly and usually lasts for 5 to 6 days. Symptoms are generally worse at night and during the first few days of the illness. Croup most often occurs in children between 6 months and 3 years of age because they have smaller airways.
4. Discuss that the common symptoms of croup include a recognizable barking cough, a hoarse voice and noisy breathing (stridor). These symptoms are caused by inflammation, swelling, and buildup of mucous in the upper airway. The child may also have a runny nose and/or fever. Be alert for signs of complications. Refer to [CRP-C](#).

CRP-EQ EQUIPMENT

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

STANDARDS:

1. Discuss considerations specific to the equipment and understand their role in the management of croup:
 - a. Nebulizer: Describe the proper use of the nebulizer including preparation of the inhalation mixture, inhalation technique, and the care of the equipment. Discuss the nebulizer treatment as it relates to the medication regimen. Refer to **M-NEB** (in Volume IV of this manual set).
 - b. Oxygen:
 - i. Discuss how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate management of the pulmonary disease.
 - ii. Emphasize that the O₂ flow rate should be changed only upon the order of a physician, because altering the flow rate may worsen the condition.
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.

CRP-FU FOLLOW-UP

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

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 require immediate follow-up. **Refer to [CRP-C](#).**

CRP-HELP HELP LINE

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

STANDARDS:

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

CRP-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain the home management techniques and explain that home management of croup focuses on the relief of symptoms.
 - a. Calm and comfort the child
 - i. crying or anxiousness can make breathing more difficult
 - ii. consider sleeping in the child's room until symptoms are less severe
 - b. Provide cool or moist air to make breathing easier:
 - i. use a cool-air humidifier in the child's room
 - ii. bring the child into a steamy bathroom or into the cool night air for about 15 minutes
 - c. Sitting or holding the child in an upright position makes breathing easier.
 - d. Offer clear fluids when breathing is easier:
 - i. popsicles or cold drinks can soothe the throat, reduce swelling, loosen mucus, and prevent dehydration
 - ii. continue usual feedings for babies

- e. Give warm clear fluids for coughing spasms to help loosen mucus caught in the vocal cords (applies to children over 4 months old).
 - f. Try over-the-counter (OTC) acetaminophen or ibuprofen for fussiness or fever. OTC cold medicines are not recommended for children younger than age 5.
2. Emphasize the importance of a smoke-free environment, because smoke can make croup worse. **Refer to [CRP-SHS](#).**
 3. Discuss the implementation of hygiene and infection control measures.
 - a. Keep the child home during the first few days of the illness when it is most contagious and until the child is feeling better.
 - b. Frequent hand washing and avoiding contact with people who have respiratory infections are the best ways to reduce the chance of spreading the viruses that cause croup.

CRP-INF INFECTION CONTROL

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

STANDARDS:

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

- c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to UCATH and VENT-VAP** (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](#)**.
 - 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

CRP-L LITERATURE

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

STANDARDS:

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

CRP-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.

CRP-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.

CRP-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. **Refer to TO-QT** (in Volume V of this manual set).

CF - Cystic Fibrosis

CF-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of cystic fibrosis and that it often is a multisystem disease.
2. Discuss the changes to anatomy and physiology as a result of cystic fibrosis.
3. Discuss the impact of these changes on the patient's health or well-being.

CF-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

CF-C COMPLICATIONS

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

STANDARDS:

1. Explain that there are many different types of complications that can occur with cystic fibrosis, and the most common complications affect the respiratory, digestive, and reproductive systems.
2. Discuss the common respiratory system complications:
 - a. Bronchiectasis: a disease of the airways, causing smaller airways to widen and become flabby and scarred. The enlarged airways fill with mucus, which causes more infections and further lung damage.
 - b. Chronic infections: thick mucus in the lungs and sinuses provide a breeding ground for germs, causing almost constant infections in the lungs and sinuses.
 - c. Collapsed lung: repeated lung infections damage the lungs, making it more likely for the lung to collapse.
 - d. Respiratory failure: over time, cystic fibrosis can damage the lung tissues so badly that they won't work anymore. Lung function worsens gradually and it eventually can become life-threatening.
3. Discuss the common digestive system complications:
 - a. Nutritional deficiencies: Thick mucus blocks the tubes that carry digestive enzymes from the pancreas to the intestines. Without these enzymes, the body can't absorb protein, fats, or the fat-soluble vitamins A, D, E and K.
 - b. Diabetes: The pancreas produces insulin. Scarring makes it hard to get insulin from the pancreas to the blood to regulate blood sugar. Problems with the pancreas may cause cell destruction, leading to glucose intolerance or insulin dependent diabetes. Cystic fibrosis increases the risk of developing diabetes.
 - c. Blocked bile duct: The tube that carries bile from the liver and gallbladder to the small intestine may become blocked and inflamed, leading to liver problems, such as cirrhosis, and sometimes gallstones.
 - d. Intussusception: a condition in which a section of the bowel folds in on itself like an accordion. This results in bowel obstruction, an emergency condition. Children are at higher risk for this condition.
4. Discuss the common reproductive system complications:
 - a. Delayed puberty which may be due to nutritional inadequacies.
 - b. Male infertility: many men are infertile because the tube that delivers sperm from the testicles to the penis is either blocked with mucus or is missing entirely.
 - c. Female infertility: A woman may have a hard time getting pregnant because of mucus blocking the cervix preventing sperm from reaching the egg for fertilization, or other cystic fibrosis complications.

CF-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.

CF-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss that cystic fibrosis is an inherited chronic disease where a defective gene must be passed from both parents in order to have the disease. Explain that there is no cure for the disease but those with cystic fibrosis can live productive lives.
2. Explain that the disease affects the cells that produce mucus, sweat, saliva and digestive juices, causing the body to produce thick, sticky mucus that plugs up tubes, ducts, and passageways.
3. Explain that the sweat glands make sweat that is too salty. One of the first signs of cystic fibrosis is an excessively salty taste to the skin. The amount of body salts lost in sweat is elevated and may cause dehydration, increased heart rate, tiredness, weakness, decreased blood pressure, and heat stroke.
4. Explain that thick, sticky mucus builds up in the airways clogging air passages. Most germs grow in the mucus. Lungs react by making more mucus to clean the airways but blocks more airways, causing a cough and recurrent lung and sinus infections, breathing problems, and trouble getting oxygen to the body.
5. Explain that thick mucus blocks tubes in the pancreas. These blockages prevent digestive enzymes from reaching the intestines. With fewer digestive enzymes, the intestines can't fully absorb the nutrients in the food, which can cause vitamin deficiency, poor weight gain and growth, foul-smelling, greasy stools, excessive gas, stomachache, and intestinal blockage.

CF-EQ EQUIPMENT

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

STANDARDS:

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

4. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

CF-EX EXERCISE

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

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of exercise for individuals with cystic fibrosis:
 - a. Loosens mucus in the lungs so it can be coughed up easier; can cause coughing, which helps clear the lungs; builds up respiratory muscles and improves the ability to breathe; and strengthens the heart.
 - b. 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.

CF-FU FOLLOW-UP

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

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.

CF-HELP HELP LINE

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

STANDARDS:

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

CF-INF INFECTION CONTROL

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

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](#)**.
- 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

CF-L LITERATURE

OUTCOME: The patient/family will receive literature about cystic fibrosis.

STANDARDS:

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

CF-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss things that can be done at home to reduce the chances for developing cystic fibrosis complications.

- a. keep immunizations current including pneumococcal and influenza vaccines
 - b. exercise regularly
 - c. drink lots of fluids
 - d. eliminate and avoid tobacco smoke
 - e. clean hands often
 - f. avoid unnecessary contact with people who are ill
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.

CF-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.

CF-MNT MEDICAL NUTRITION THERAPY

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

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.

CF-N NUTRITION

OUTCOME: The patient/family will understand the special nutritional requirements of patients with cystic fibrosis.

STANDARDS:

1. Discuss the importance of regular meals and adequate fluid intake. Explain the need to increase calories and protein for optimal growth and development and resistance to infection.
2. Discuss that for the individual with acute cystic fibrosis, starch and fat will not be well tolerated unless pancreatic enzymes are provided.
3. Discuss the patient's increased risk for fat soluble vitamin malabsorption and increasing need for vitamins A, D, E and iron. Discuss the sources for omega 3 fatty acids, as appropriate.
4. Discuss increased sodium needs due to increased perspiration.
5. Refer to registered dietitian for MNT if available.

CF-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. Explain that pregnancy can worsen the signs and symptoms of cystic fibrosis, so it is very important to understand the possible risks.
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 for medical and psychosocial support services for any risk factor identified.

CF-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The parents/caregiver 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, especially for those with cystic fibrosis, when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.

6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume V of this manual set).

CF-SM STRESS MANAGEMENT

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

STANDARDS:

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

CF-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

CF-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.

CF-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Explain that the management of cystic fibrosis varies from person to person depending on the stage of the disease and which organs are involved, which may include:
 - a. airway clearance techniques to help get mucus out of the lungs
 - b. antibiotics to treat and prevent lung infections
 - c. medicines to thin the mucus and open the airway
 - d. exercise to help improve lung function

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.

D

DVT - Deep Vein Thrombosis

DVT-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

DVT-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of deep vein thrombosis.

STANDARDS:

1. Explain that the most common and important complication of DVT is pulmonary embolism, which can cause death.
2. Explain that the symptoms of a pulmonary embolism include shortness of breath, chest pain that may be worsened by deep breaths, and a cough that is productive and possibly flecked with blood.
3. Emphasize the importance of immediate medical intervention for signs and symptoms of pulmonary embolism.

DVT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand what deep vein thrombosis is and the factors that are associated with increased risk of it.

STANDARDS:

1. Explain that a DVT occurs when a blood clot partially or totally blocks the flow of blood in a deep vein. DVT usually occurs in the leg, but may also occur in the arm or pelvis. This blood clot can result from injury to the vein or if the flow of blood slows down or stops.

2. Review the factors related to the development of DVT: age over 40, obesity, history of DVT, immobility, major injury, major surgery lasting over 30 minutes, surgery involving the leg joints or pelvis, cancer or some of its treatments, long-distance travel, pregnancy and childbirth, contraceptives or hormone replacement therapy, circulation problems, smoking, hereditary coagulation disorders.
3. Explain that the main signs and symptoms of DVT are leg pain that is worse when standing or walking, leg swelling, warmth and redness of the leg.

DVT-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in deep vein thrombosis.

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.

DVT-FU FOLLOW-UP

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

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, e.g., shortness of breath, chest pain or pain, redness or swelling of the limb.
5. Discuss the availability of community resources and support services and refer as appropriate.

DVT-L LITERATURE

OUTCOME: The patient/family will receive literature about deep vein thrombosis.

STANDARDS:

1. Provide the patient/family with literature on deep vein thrombosis.
2. Discuss the content of the literature.

DVT-M MEDICATIONS

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

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication. Anticoagulants do not dissolve the clot, but can stop new blood clots from forming and old ones from growing.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate. **Refer to [ACC](#).**
 - a. Discuss that some anticoagulants can cause birth defects. Emphasize the importance of contraception. Discuss the importance of consulting a physician if breastfeeding.
 - b. Emphasize that the patient should avoid activities that could increase the risk of injury while taking anticoagulants.
 - c. Discuss any significant drug/drug or drug/food interactions, including interaction with alcohol.
3. Discuss the importance of full participation in the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
4. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

DVT-MNT MEDICAL NUTRITION THERAPY

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

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.

DVT-N NUTRITION

OUTCOME: The patient/family will understand the effect of various foods in relation to anticoagulation therapy.

STANDARDS:

1. Explain the importance of a consistent diet while receiving anticoagulation therapy.
2. Explain how various foods containing vitamin K may interact with the patient's medication to alter coagulation.
3. Explain how certain herbal therapies including large doses of vitamin E may alter the results of laboratory tests.
4. Refer to a registered dietitian for MNT as appropriate.

DVT-P PREVENTION

OUTCOME: The patient/family will understand the factors associated with an increased risk of deep vein thrombosis and how to lower the risk of it.

STANDARDS:

1. Explain that surgery and some medical treatments can increase the risk of DVT.
2. Explain the role of anticoagulants, compression stockings and intermittent compression pumps in preventing DVT during hospitalization.
3. Explain the general measures to prevent DVT:
 - a. Exercise legs regularly.
 - b. Maintain a healthy weight.
 - c. Avoid sitting or lying in bed for long periods of time without moving the legs.
 - d. Women, particularly those over 35, consider the risks and benefits of taking oral contraceptives or hormone replacement therapy.
 - e. Tobacco use/exposure may increase the risk of DVT.
4. Explain the general measures to prevent DVT while traveling:
 - a. If one or more risk factors are present, seek medical advice before traveling.
 - b. Exercise legs at least once every hour.
 - c. As appropriate, take an aspirin before traveling four hours or more.
 - d. Don't take sedatives.
 - e. Wear loose-fitting, comfortable clothing.

- f. Keep legs uncrossed.
- g. Maintain hydration and avoid alcohol.
- h. Wear graduated compression stockings, as appropriate.

DVT-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.

DVT-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

DVT-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.

DVT-TX TREATMENT

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

STANDARDS:

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

DEH - Dehydration

DEH-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of 70-80% water.
2. Explain that water from food and drink is absorbed through the small and large intestines.
3. Discuss that the kidneys regulate fluid.
4. Discuss that dehydration may result from a wide range of diseases and states that impair water homeostasis in the body, including external or stress-related causes, infectious diseases, malnutrition, food borne illness, and diabetes.
 - a. Discuss external or stress related causes: excessive sweating, blood loss or hypotension due to physical trauma, diarrhea, hyperthermia, shock (hypovolemic), vomiting, burns, use of methamphetamine, amphetamine, caffeine and other stimulants and excessive consumption of alcoholic beverages.
 - b. Discuss infectious diseases related to dehydration: Cholera, gastroenteritis, and shigellosis.
 - c. Discuss malnutrition as it relates to dehydration including fasting, electrolyte disturbances, and rapid weight loss.

DEH-C COMPLICATIONS

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

STANDARDS:

1. Explain that untreated, severe dehydration can lead to shock and damage to vital organs such as the kidneys. This may result in death.
2. Discuss that milder dehydration may result in confusion, headache, dizziness, decreased urination. Explain that these symptoms should prompt a visit to a healthcare provider.

DEH-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the specific cause of the patient's dehydration and its symptoms.

STANDARDS:

1. Explain that dehydration occurs when the body loses too much fluid or fluid losses are not replaced.
2. Discuss the possible causes of dehydration: strenuous exercise, vomiting, diarrhea, profuse sweating, draining wounds, ketoacidosis, hemorrhage, prolonged heat exposure. **Refer to [DEH-AP](#).**
3. Discuss the possible signs/symptoms of dehydration, e.g., weight loss, thirst, poor skin turgor, dry skin, dry mucous membranes and tongue, soft and sunken eyeballs, sunken fontanels in infants, apprehension and restlessness or listlessness, concentrated urine, low-grade fever, lack of tears, headache, irritability.
4. Explain that tired muscles, leg cramps, or faintness are signs of more severe dehydration that can progress to hypovolemic shock. Explain that these symptoms should prompt a visit to a healthcare provider.
5. Explain that consumption of caffeinated or heavily sugared beverages (such as cola or other soft drinks) may cause or contribute to dehydration and should not be substituted for water intake.
6. Discuss, as appropriate, that free water should be used with caution for infants under six months of age (may cause electrolyte abnormalities).

DEH-EX EXERCISE

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

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the importance of water or electrolyte fluid intake during exercise, especially in warm climates, to prevent dehydration.
3. Discuss discontinuing exercise during periods of dehydration and resuming when dehydration is resolved.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

DEH-FU FOLLOW-UP

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

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.

DEH-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.

DEH-L LITERATURE

OUTCOME: The patient/family will receive literature about dehydration and its treatment.

STANDARDS:

1. Provide the patient/family with literature on dehydration and its treatment.
2. Discuss the content of the literature.

DEH-MNT MEDICAL NUTRITION THERAPY

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

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.

DEH-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in correcting or preventing dehydration.

STANDARDS:

1. Review the normal nutritional needs and daily fluid intake needed for optimal hydration.
2. Discuss the current nutritional habits. Assist the patient in identifying unhealthy nutritional habits. Refer to a registered dietitian for MNT as appropriate.
3. Discuss the nutritional modifications as related to dehydration.
4. Explain that excessive caffeine, alcohol, sugar beverages may lead to worsening dehydration.

DEH-P PREVENTION

OUTCOME: The patient/family will understand and develop a plan to prevent the development of dehydration.

STANDARDS:

1. Explain that taking/giving adequate water or oral electrolyte solutions (not caffeinated or alcoholic beverages) is essential to the prevention of dehydration, particularly in a hot/humid environment or during strenuous activity. This is especially important for babies, small children, pregnant women, and older adults.
2. Explain that clothing that contributes to excessive sweating may cause dehydration.
3. Explain that sometimes it is necessary to replace fluids with liquids containing electrolytes to prevent dehydration with electrolyte abnormalities.
4. Discuss the importance of being aware of local weather conditions, such as the heat index and humidity levels. Athletes, coaches, and outdoor enthusiasts need to be diligent about maintaining hydration. Remind the elderly and small children to re-hydrate frequently during extreme heat conditions.
5. Discuss that water is the best source of hydration. Sport drinks should only be used after 60 to 90 minutes of intense activity.
6. Explain that thirst is unreliable to determine fluid needs, therefore drink fluids before and after engaging in physical activities.

DEH-TX TREATMENT

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

STANDARDS:

1. Explain that the treatment plan for dehydration is fluids. However, the type, rate, amount, and delivery mode of the fluids will depend on the cause and severity of the dehydration.
 - a. Usually, fluid replacement will include electrolytes.
 - b. Commercial rehydration solutions may be advised (Pedialyte, Infalyte, or other balanced electrolyte solutions).
 - c. In severe cases of nausea and vomiting, popsicles or ice chips are better tolerated. **Refer to GE-TX** (in Volume III of this manual set).
2. Discourage the use of caffeinated beverages because they are mild diuretics and may lead to increased loss of water and sodium.
3. Discourage the use of alcoholic beverages (including beer and wine coolers) because they actively dehydrate via enzymatic activity.
4. Explain that the fluid replacement via the intravenous route may be necessary if dehydration is severe or oral fluids are not tolerated.

DEL - Delirium

DEL-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

DEL-C COMPLICATIONS

OUTCOME: The family will understand the potential complications of delirium.

STANDARDS:

1. Explain that people with other serious, chronic, or terminal illnesses may not regain their pre-delirium levels of thinking skills or functional abilities, and may also have a general decline in health, poor recovery from surgery, a need for institutional care, and an increased risk of death.
2. Explain that individuals with delirium often exhibit emotional disturbances such as anxiety, fear, depression, irritability, anger, euphoria, and apathy, which are often in response to hallucinations, illusions, or transient delusions.
3. Explain the need for constant supervision and the potential dangers related to delirium that may lead to injuries, such as attempting to get out of bed when it is unsafe or untimely, or trying to escape while attached to IV lines, respiratory tubes, urinary catheters, or other medical equipment.

DEL-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.

DEL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms, etiology, and course of delirium.

STANDARDS:

1. Discuss the essential features of delirium, involving:
 - a. a disturbance in consciousness (i.e., reduced clarity of awareness of the environment) with reduced ability to focus, sustain, or shift attention
 - b. a change in cognition (such as memory deficit, disorientation to time or place, or language disturbance) or development of a perceptual disturbance, such as hallucinations, illusions, or delusions
2. Discuss the etiology of the delirium:
 - a. medical condition (e.g., infection, endocrine abnormalities)
 - b. substance intoxication or withdrawal
 - c. use of medication
 - d. toxin exposure
 - e. a combination of these factors
3. Explain that the course of delirium develops over a short period of time (usually hours to days), tends to fluctuate during the course of the day, and usually resolves within hours to as long as several weeks or months.
4. Discuss the differential diagnosis, and rule out the presence of a pre-existing or evolving dementia.

DEL-EX EXERCISE

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

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.

DEL-FU FOLLOW-UP

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

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.

DEL-HY HYGIENE

OUTCOME: The family will understand personal routine hygiene as it relates to delirium, and the patient's decline in the ability to tend to own hygiene.

STANDARDS:

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

DEL-L LITERATURE

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

STANDARDS:

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

DEL-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.

DEL-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for addressing the conditions related to delirium.

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.

DEL-N NUTRITION

OUTCOME: The family will understand nutrition, as it relates to delirium and associated conditions.

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.

DEL-P PREVENTION

OUTCOME: The family will understand ways to reduce the risk of developing delirium or preventing a worsening of the condition.

STANDARDS:

1. Discuss the risk factors that may trigger a delirium, and ways to avoid them. Some triggers may include loud noises, unfamiliar surroundings, lack of stimulating activities, use of psychoactive drugs, interrupted sleep, lack of adequate food and fluids (**refer to [DEL-N](#)**), and pain.
2. Discuss the importance of prompt and appropriate treatment of general medical conditions, proper nutrition and fluid and electrolyte balance, sensory aids, and proper sensory stimulation.
3. Explain the importance of regular, simple communication about time and place to help the patient with orientation.

DEL-S SAFETY

OUTCOME: The family will understand safety as it relates to delirium.

STANDARDS:

1. Explain the potential dangers related to the patient's disorientation and inability to care for self, including falling out of bed, trying to leave while attached to medical equipment, and involvement in activities that require memory and attention.
2. Discuss/review the safety plan and precautions to prevent injury, including emergency procedures should the condition worsen or dangerous behaviors 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.

DEL-SM STRESS MANAGEMENT

OUTCOME: The family will understand the role of stress management in coping with a family member diagnosed with delirium.

STANDARDS:

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

DEL-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

DEL-TX TREATMENT

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

STANDARDS:

1. Explain that the primary goal of treatment is to address the underlying causes or triggering factors, such as stopping the use of a particular medication or treating an infection, as well as co-morbid conditions.
2. Explain the treatment plan and emphasize the importance of creating optimal environment for healing the body and calming the mind.
3. Explain that the use of anti-psychotic medication is sometimes prescribed to calm a patient who is confused and agitated, or when the symptoms interfere with necessary medical treatment, threatens the safety to self and others, and when non-pharmacological approaches have failed.
4. Explain that supportive care aims to prevent complications by protecting the airway, providing fluids and nutrition, assisting with movement, treating pain, and keeping the patient oriented to his or her surroundings. **Refer to [DEL-P](#).**
5. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

DEM - Dementia

DEM-ADL ACTIVITIES OF DAILY LIVING

OUTCOME: The 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. Discuss the importance of supervising the patient's activities of daily living (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), or learning to assume responsibility of ADL on behalf of the patient.
2. Assist the 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 activities of daily living.

DEM-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.

DEM-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

DEM-C COMPLICATIONS

OUTCOME: The family will understand the potential complications of dementia.

STANDARDS:

1. Explain that individuals with dementia may often develop comorbid conditions, such as depression (**refer to [DEP](#)**), delirium (**refer to [DEL](#)**), suicidal behavior (**refer to [SI](#)** in Volume V of this manual set), psychosis, or aggressive behavior.
2. Explain that individuals with dementia typically demonstrate disinhibited behavior, including disregard for social conventions, such as inappropriate jokes, undue familiarity with strangers, and neglecting personal hygiene.
3. Explain that individuals with dementia have poor judgment and insight, leading to underestimation of risks involved in activities, which may result in injuries or deaths.
4. Explain that individuals with dementia are at risk for malnutrition, falls, and physical debility.

DEM-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.

DEM-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss the essential features of dementia involving the development of multiple cognitive deficits that include both:
 - a. Memory impairment (impaired ability to learn new information or to recall previously learned information)
 - b. One or more of the following cognitive disturbances:
 - i. Aphasia (language disturbance)
 - ii. Apraxia (impaired ability to carry out motor activities despite intact motor function)
 - iii. Agnosia (failure to recognize or identify objects or faces despite intact sensory function)
 - iv. Disturbance in executive functioning (i.e., planning, organization, sequencing, abstracting, reasoning)
2. Explain the etiology of the dementia and the specific type of dementia:
 - a. **Dementia of the Alzheimer’s Type** is diagnosed when the other causes have been ruled out, including other central nervous conditions (e.g., cerebrovascular disease, subdural hematoma, brain tumor, or other listed condition), systemic conditions known to cause dementia (e.g., hypothyroidism, niacin, or folic acid deficiency, HIV), and substance-induced conditions. **Refer to [ALZ](#).**
 - b. **Vascular Dementia** is diagnosed when the above cognitive and memory impairments are accompanied by focal neurological signs and symptoms (e.g., exaggeration of deep tendon reflexes, gait abnormalities), or laboratory evidence of cerebrovascular disease (e.g., multiple infarctions involving the cortex and underlying white matter). **Refer to [CVA](#) and [PVD](#)** (in Volume IV of this manual set).

- c. **Substance-Induced Persisting Dementia** which includes alcohol, drugs of abuse.
- d. **Dementia Due to General Medical Conditions** is judged to be the direct pathophysiological consequences of specific conditions, including:
 - i. HIV
 - ii. Head Trauma, which does not involve a gradual onset
 - iii. Parkinson's Disease
 - iv. Huntington's Disease
 - v. Other conditions, such as brain tumors, structural lesions, and endocrine conditions
3. Explain that the course of dementia often has a gradual onset (depending on the cause), involves a continuing cognitive decline from previous norms, and interferes with occupational or social functioning. Explain that acute medical illness can cause more rapid, irreversible decline.
4. Discuss the differential diagnosis, and rule out that deficits are not only present during a delirium.

DEM-EX EXERCISE

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

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. Encourage walking or light exercise to stimulate appetite.
6. Refer to community resources as appropriate.

DEM-FU FOLLOW-UP

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

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.

DEM-HELP HELP LINE

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

STANDARDS:

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

DEM-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.

DEM-HY HYGIENE

OUTCOME: The family will understand personal routine hygiene as it relates to dementia, and the patient's decline in ability to tend to own hygiene.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Limit changes to the physical surroundings.
 - b. Encourage full participation in daily routines.
 - c. Maintain orientation by reviewing the events of the day, date, and time.
 - d. Simplify or reword statements.
 - e. Label familiar items/photos.
 - f. Follow simple routines.
 - g. Avoid situations that require decision making.
 - h. Encourage the patient to exercise the mind by reading, puzzles, writing, etc. as appropriate. Avoid challenging to the point of frustration.
2. Explain that medications must be given as prescribed.
3. Explain the importance of being patient and supportive.
4. Discuss the ways of providing a safe environment. Explain the importance of supervising the patient during bathing and eating. Discourage leaving the patient alone for extended periods. **Refer to [DEM-S](#).**
5. Explain that over the course of the disease, home management will require frequent adjustments.
6. Encourage the assistance with activities of daily living as appropriate. Explain the benefits of increased physical activity (strength, endurance, heart fitness, increased energy, improvement in sleep, and mood and mental functioning). Advise family/caregiver to consult with a healthcare provider prior to beginning an exercise program for the patient. Explain that factors such as bone disease, heart condition, or balance problems may limit or restrict activities.

DEM-L LITERATURE

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

STANDARDS:

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

DEM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family/caregiver will understand some of the necessary lifestyle adaptations to improve overall quality of life.

STANDARDS:

1. Discuss the lifestyle behaviors that the caregiver may be able to help the patient with, such as diet, increased physical activity, mental stimulation and habits related to the risks of the disease.
2. Encourage full participation in the treatment plan.
3. Explain the importance of the patient adapting to a lower risk, healthier lifestyle.
4. Review the community resources available to assist the patient in making changes. Refer as appropriate.
5. Explain that over the course of the disease, lifestyle adaptations will require frequent adjustments.

DEM-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.

DEM-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for addressing the conditions related to dementia.

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.

DEM-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to dementia and associated conditions.

STANDARDS:

1. Review the normal nutritional needs for optimum health.
2. Explain the importance of serving small, frequent meals and snacks by offering a variety of food textures, colors, and temperatures. Explain the importance of serving high calorie foods first. Offer favorite foods. Discourage force feeding the patient.
3. Encourage offering finger foods that are easy for the patient to handle.
4. Discourage the use of caffeine or foods with little or no nutritional value, e.g., potato chips, candy bars, cola.
5. Encourage walking or light exercise to stimulate appetite.
6. Explain that as the disease progresses, the patient will often lose the ability or forget to eat; tube feeding may be an option. Refer to registered dietitian for MNT as appropriate.

DEM-PLC PLACEMENT

OUTCOME: The patient/family/caregiver will understand the recommended level of care/placement as a treatment option.

STANDARDS:

1. Explain the rationale for the recommended placement based on patient/family/caregiver preference, level of need, involuntary placement, safety, eligibility, availability, and funding.
2. Explain that the purpose of placement is to ensure a safe and supportive environment for continued care.

3. Discuss alternative placement or treatment options if recommended placement is declined or unavailable.
4. Discuss patient/family/caregiver fears and concerns regarding placement and provide advocacy and support.

DEM-S SAFETY

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

STANDARDS:

1. Explain the potential dangers related to the patient's inability to care for self.
 - a. wandering out of the home at night
 - b. handling electrical or gas appliances, for example, leaving the food cooking on the stove
 - c. poor driving ability
 - d. other activities that require memory and good judgment
 - e. the current/potential abuse of alcohol and drugs
 - f. the need to secure medications and other potentially hazardous items
2. Discuss/review the safety plan with the family, including emergency procedures should the condition worsen, if suicidal or homicidal ideation arises, or if aggressive or dangerous behavior arises.
3. Discuss the safety precautions needed to prevent injuries. Discuss ways to adapt the home to improve safety and prevent injuries, e.g., remove throw rugs, install bars in tub/shower, secure electrical cords, install ramps.
4. 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.
5. Discuss the potential for elder abuse/neglect (including financial exploitation) and ways to identify abuse/neglect. Refer as appropriate.

DEM-SM STRESS MANAGEMENT

OUTCOME: The family will understand the role of stress management in coping with a family member diagnosed with dementia.

STANDARDS:

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

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.

DEM-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

DEM-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).

DEM-TX TREATMENT

OUTCOME: The patient/family will understand that the focus of the treatment plan will be on quality of life.

STANDARDS:

1. Explain that some forms of dementia can be treated to partially or fully restore mental function, depending on the underlying medical condition, e.g., removing a brain tumor. Explain that when it cannot be restored, the treatment is to make life as easy as possible for the patient and caregivers.
2. Explain the treatment plan. Emphasize the importance of active participation by the family in the development of and participation in the treatment plan. Explain that regular visits to a healthcare provider are a crucial part of the treatment plan and the importance of starting treatment early to delay progression.
3. Discuss the treatments that may be utilized, depending on the cause of the illness, and any co-morbid conditions:
 - a. Explain that physical activity, good nutrition, a calm, safe, and structured environment, and social interaction are important for keeping patients with dementia as functional as possible.
 - b. Explain that an appropriate drug regimen can sooth agitation, anxiety, depression, and sleeplessness and may help boost participation in daily activities.
 - c. Emphasize the importance of reassessing the level of daily functioning, mental status, mood, and emotional state of the patient. Discuss the importance of assessing the status of the caregiver(s).

4. Refer to [EOL](#).

DC - Dental Caries

(Correlates to American Dental Association (ADA) codes 1310 and 1330)

DC-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand tooth anatomy and how it affects the susceptibility for decay.

STANDARDS:

1. Discuss that the portion of the tooth that is normally seen in the mouth (crown) is covered with a protective coating (enamel).
2. Explain that the root of the tooth is not covered with enamel. The root of the tooth is made of cementum - a softer, more easily decayed substance.
3. Explain that the inside of the tooth (live pulp) is a sensitive structure containing the nerve and blood vessels. Decay into this portion of the tooth may cause severe pain and can kill the tooth.

DC-C COMPLICATIONS

OUTCOME: The patient/family will understand some complications/consequences of dental caries.

STANDARDS:

1. Explain that when dental caries are treated, a portion of the healthy tooth structure must also be removed, resulting in a weakened tooth.
2. Explain that treatment may cause inflammation of the pulp. This may result in temporary soreness of the tooth, infection, and/or death of the nerve.
3. Explain that dental caries can cause abscess of the tooth, which may extend into a sinus or other adjacent tissues. Explain that some dental caries may involve so much of the tooth that root canal or removal of the tooth may be necessary.
4. Explain that early tooth loss in children may cause abnormal eruption of permanent teeth. Alternatively, explain that permanent tooth loss may result in loosening and loss of other permanent teeth. **Refer to [ECC](#).**
5. Discuss the need for prophylactic antibiotics before dental work as indicated to prevent cardiac complications or complications with joint replacements.

DC-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the causes of dental caries.

STANDARDS:

1. Explain that helpful and harmful bacteria live in the mouth, particularly in plaque.
2. Explain that carbohydrates cause bacteria to produce acids that weaken tooth structure (by dissolving and demineralizing). Progressive acid attacks on the tooth surface may lead to dental caries.
3. Explain the various factors which may predispose a person to dental caries:
 - a. Poor oral hygiene.
 - b. High carbohydrate diet, especially frequent consumption (including sugar and soda). **Refer to [DC-N](#).**
 - c. Children whose parents have active tooth decay.
 - d. Lack of fluoride.
 - e. Gingival recession.
 - f. Persons having undergone radiation therapy.
 - g. Genetic predisposition.
 - h. Excessive vomiting and reflux.
 - i. Certain medications.
 - j. History of caries.

DC-FU FOLLOW-UP

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

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.

DC-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.

DC-HY HYGIENE

OUTCOME: The patient/family will recognize good oral hygiene as an aspect of wellness.

STANDARDS:

1. Review the importance of daily dental hygiene, with attention to brushing and flossing.
2. Discuss the sharing of items, such as food, pacifiers, may contribute to dental caries.

DC-L LITERATURE

OUTCOME: The patient/family will receive literature about dental caries.

STANDARDS:

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

DC-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.

DC-N NUTRITION

OUTCOME: The patient/family will understand the importance of good nutrition and its relationship to dental caries prevention.

STANDARDS:

1. Discuss the relationship between carbohydrates and acids to the development of dental caries. Give examples of foods high in simple sugars, e.g., soda, crackers, potato chips, candy, pre-sweetened cereals.
2. Explain that allowing a child to fall asleep with a bottle containing milk formula, fruit juices, or other sweet liquids may increase the risk of dental caries. **Refer to [ECC](#).**
3. Discuss the importance of calcium and fluoride intake as it relates to tooth development and mineralization.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

DC-P PREVENTION

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

STANDARDS:

1. Explain that early entry into dental care (infancy and prenatal) is important in the prevention of dental caries.
2. Discuss factors that decrease the risk of caries:

- a. Removal of plaque by brushing the teeth and flossing between them daily. Discuss and/or demonstrate the current recommendations and appropriate method for brushing and flossing.
 - b. Fluoride strengthens teeth and may rebuild the early damage caused by bacteria/acid attacks.
 - i. Explain that the most common source of fluoride is unfiltered, fluoridated tap water. It is also available in toothpastes and rinses, varnishes, or fluoride drops/tablets. Consult with a dentist/provider to determine if the drinking water contains adequate fluoride and if supplementation is needed.
 - ii. Explain that the use of fluoride may be used to prevent decay.
 - iii. Sealants may prevent dental caries.
3. Discuss factors that increase the risk of caries:
- a. Frequency of carbohydrate consumption increases the rate of acid attacks, thereby increasing the risk of dental decay. **Refer to [DC-N](#).**
 - b. Explain that pathogenic oral bacteria may be transmitted from one person to another; therefore, it is especially important that families with small children (ages 6 months to 8 years) control active tooth decay in all family members.
4. Explain that the recession of gingival tissue (gums) exposes the softer cementum portion of the tooth (root). This portion of the tooth does not have an enamel covering, therefore, it is more susceptible to decay. Gingival recession may have a variety of causes:
- a. Natural aging process.
 - b. Loss of attached tissue associated with periodontal disease. **Refer to PERIO** (in Volume IV of this manual set).
 - c. Improper brushing methods.
 - d. Genetic predisposition (frenulum/frenum attachment).

DC-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. Explain that the best management of dental pain is definitive care (restoration, root canal or extraction).

DC-PRO PROCEDURE

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

STANDARDS:

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

DC-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

DC-TO TOBACCO

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

STANDARDS:

1. Discuss that tobacco use is a significant risk factor for development of dental disease and tooth loss.
2. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
3. 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.
4. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
5. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

DC-TX TREATMENT

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

STANDARDS:

1. Explain the basic procedure to be used (filling, root canal, extraction) and the indication, common complications and alternatives as well as the risks of non-treatment.
2. Explain that dental anxiety may be controlled or relieved by the use of anxiolytics or antihistamines as appropriate.
3. Review the specific elements of oral care after treatment. **Refer to [DC-P](#).**
4. Discuss the indications for immediate follow-up, e.g., continued bleeding, fever, persistent or increasing pain.

DC-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.

DEP - Depressive Disorders

DEP-C COMPLICATIONS

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

STANDARDS:

1. Explain that the presence of depressive disorders may complicate the course of a general medical condition or illness, e.g. decreased compliance with medical recommendations or increased length of hospital stays, and warrant additional, clinical attention.
2. Explain that depressive disorders may worsen and develop co-morbid conditions, including psychotic features, anxiety disorders, alcohol or drug addiction (**refer to [AOD](#)**), personality disorders (**refer to PERSD** in Volume IV of this manual set), heart disease (**refer to [CAD](#)**), and other medical conditions.
3. Explain that untreated depression may interfere with school or work performance, and may lead to social isolation, family conflicts, and other relationship difficulties.
4. Explain that depressive disorders are associated with increased risk of self-injurious behavior and suicide (**refer to SI** in Volume III of this manual set), especially if left untreated.

DEP-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.

DEP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the specific depressive disorder.

STANDARDS:

1. Discuss the common symptoms of depressive disorder, which may include:
 - a. persistent sadness, depressed mood, or irritability
 - b. Anhedonia, which is loss of interest and pleasure in all or almost all activities
 - c. changes in appetite or significant weight loss or gain
 - d. insomnia or hypersomnia
 - e. psychomotor agitation or retardation
 - f. fatigue or loss of energy
 - g. feelings of worthlessness or excessive or inappropriate guilt
 - h. diminished ability to think or concentrate, or indecisiveness
 - i. recurrent suicidal thoughts (**refer to SI** in Volume V of this manual set)
2. Explain that depressive disorders often include other associated symptoms, such as memory loss, feelings of hopelessness, low self-esteem, and decreased libido/sexual drive.
3. Explain the presentation and course of the specific depressive disorder:
 - a. **Major Depressive Disorder** includes the presence of at least one major depressive episode in one's life, as indicated five or more of the depressive symptoms, experienced most of the day, nearly every day for at least two consecutive weeks, and represents a change from previous functioning.
 - b. **Dysthymic Disorder** includes two or more symptoms of depression, usually less intense, but lasting continuously for at least two years (or 1 year for children). No Major Depressive episode has been present during the first two years of the disorder.
 - c. **Depressive Disorder Not Otherwise Specified (NOS)** includes disorders with depressive features that do not meet criteria for other depressive disorders or adjustment disorders, including minor depressive disorder, recurrent, brief depressive disorder, premenstrual dysphoric disorder, or unclear depressive presentations.
4. Explain that depressive disorders may only be diagnosed if no manic episode, mixed episodes, hypomanic episodes have been experienced in the patient's life, and did not occur exclusively during a psychotic disorder, a general medical condition, or as a result of the use of a substance.
5. Discuss the effect that depression may have on the patient's ability to function at work, school, and leisure activities.
6. Explain that depression has a variety of courses, onset, and presentation, and while the cause is unknown, but it is considered to include a combination of influences: biological differences, brain chemistry/neurotransmitters, hormonal factors, inherited traits, life events, and childhood trauma.

DEP-EX EXERCISE

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

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.

DEP-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care, and the need for continuous mental health services until the provider and patient jointly agree to terminate the treatment.
2. Emphasize the importance of immediate follow-up and crisis intervention if suicidal thoughts arise.
3. Discuss the procedure and process for obtaining follow-up appointments.
4. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
5. Discuss the signs/symptoms that should prompt immediate follow-up.
6. Discuss the availability of community resources and support services and refer as appropriate.

DEP-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help/crisis intervention line.

STANDARDS:

1. Explain that a help/crisis intervention line may assist in dealing with an immediate crisis, including suicidal ideation.

2. Provide the help/crisis line intervention line phone number and hours of operation, such as a local crisis hotline or the national hotline 1-800-.273-TALK or [www. suicide preventionlifeline.org](http://www.suicidepreventionlifeline.org).
3. Explain how the help/crisis line works and what can be expected from calling and/or participating in the services.

DEP-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.

DEP-L LITERATURE

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

STANDARDS:

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

DEP-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes that may be used as tools for coping with depression, in conjunction with professional intervention, including:
 - a. Learn and keep track of the warning signs of depression to explore potential triggers of depressive episodes.
 - b. Go to therapy appointments, even when feeling well.
 - c. Get regular exercise (**refer to [DEP-EX](#)**).
 - d. Eat small, well balanced meals (**refer to [DEP-N](#)**).
 - e. Get adequate sleep.
 - f. Reduce isolation by strong social supports.
 - g. Avoid alcohol or illicit drugs.
 - h. Reduce stress (**refer to [DEP-SM](#)**).
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.

DEP-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.

DEP-MNT MEDICAL NUTRITION THERAPY

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

DEP-N NUTRITION

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

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 caffeine and other herbal supplements should be avoided with medication use.
4. Discuss the use of food as a coping mechanism and its role in eating disorders.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

DEP-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the effects of depression or prevent recurrence of depressive episodes.

STANDARDS:

1. Explain and discuss ways of developing and enhancing specific internal coping strategies, resiliency, and stress management techniques (**refer to [DEP-SM](#)**), which may include seeking out humor or laughter, living a healthy lifestyle (i.e., appropriate exercise, diet, meditation), and thinking positively about oneself.
2. Discuss methods to prevent future depressive episodes, including taking medications as prescribed and continuing psychotherapy, even after symptoms have improved.

3. Discuss the importance of developing and enhancing appropriate external support systems and resources.
4. Discuss ways of avoiding stressful situations that may lead to significant distress.

DEP-S SAFETY

OUTCOME: The patient/family will understand the safety plan as it relates to severe depression, and potential suicidal ideation and/or behavior.

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures if the condition worsens, if suicidal or homicidal ideation arises, or if the patient feels urges to engage in risky/dangerous behavior.
2. Discuss the potential and process of voluntary or involuntary hospitalization should the patient have difficulties staying safe or refraining from acting on the impulses to hurt oneself.
3. Explain that local police may also be available to assist in transportation and safety compliance.
4. Explain the importance of reporting any abuse, neglect, or potentially dangerous situations.

DEP-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain uncontrolled stress is linked with the onset of depressive disorder and contributes to more severe symptoms of depression.
2. Explain that uncontrolled stress can interfere with the treatment of depressive disorder.
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 the depression and increase risk of suicidal behaviors.
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.

DEP-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).

DEP-TX TREATMENT

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

STANDARDS:

1. Explain that a combination of psychotherapy and medication interventions usually have better results than therapy or medication alone. The patient has a right to choose either option or both. Discuss the treatment options:

- a. Explain that psychotherapists have different styles and orientations for treating depression, and some styles may suit the patient better.
 - b. Explain that medications are very effective in managing depressive symptoms, and may be prescribed on an individualized basis, depending on the severity of the illness. **Refer to [DEP-M](#).**
 - c. Explain that psychiatric hospitalization is sometimes necessary when depression worsens, and suicidal thoughts arise.
2. Explain the lifestyle changes that are an important part of treatment (**refer to [DEP-LA](#)**).
 3. Explain to the patient/family that the prognosis is often good with appropriate treatment.
 4. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for depression may vary according to the patient's life circumstances, severity of the condition, and available resources.

DM - Diabetes Mellitus

DM-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain normal glucose metabolism and pancreatic function.
2. Briefly describe the pathophysiology of this patient's diabetes:
 - a. Type 2
 - b. Type 1
3. Discuss the impact of these changes on the patient's health or well-being.

DM-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

DM-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common complications of long term hyperglycemia and/or hypertension and/or dyslipidemia, for example:
 - a. Retinopathy (**refer to ODM** in Volume IV of this manual set)
 - b. Sensorimotor and autonomic neuropathy
 - c. Nephropathy (**refer to [CKD](#)**)
 - d. Cardiovascular (**refer to [CAD](#)**)
 - e. Peripheral vascular disease (**refer to PVD** in Volume IV of this manual set)
 - f. Cerebrovascular disease (**refer to [CVA](#)**)
 - g. Acute infections
 - h. Periodontal disease
2. Describe the signs/symptoms of Diabetic Ketoacidosis or Hyperosmolar, Hypoglycemic Syndrome (HHS).
3. Describe the signs/symptoms of hypoglycemia, e.g., shakiness, dizziness, headache, hunger or nausea, blurred vision, sweating, lack of concentration, heart palpitations, irritability, unconsciousness. Discuss hypoglycemia unawareness, as appropriate.
4. Emphasize that optimum blood sugar, blood pressure, and lipids can reduce the risk of complications from diabetes.
5. Explain that early treatment, routine laboratory testing, and examinations are essential to prevent complications.

DM-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.

DM-DP DISEASE PROCESS

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

STANDARDS:

1. Briefly describe the pathophysiology of this patient's diabetes.
 - a. Type 2
 - i. Describe common presentations of type 2 DM.
 - ii. Explain that type 2 DM involves insulin resistance in skeletal muscle, inappropriate glucose dumping by the liver, and/or a relative insulin deficiency.
 - iii. Many of these physiologic changes begin 5-7 years prior to diagnosis and that end-organ damage may be occurring during that time.
 - iv. Explain that excessive insulin secretion by the pancreas may lead to beta cell damage and eventual insulin deficiency.
 - v. Type 2 diabetes often has a genetic component. It is not transmitted by sexual or other contact.
 - b. Type 1
 - i. Describe common presentations of type 1 DM, e.g., acute onset and ketoacidosis.
 - ii. Discuss possible reasons for pancreatic beta cell destruction.
 - iii. Discuss that complete pancreatic beta cell destruction results in loss of insulin production and the need for life long insulin.
 - iv. Type 1 diabetes often has a genetic component. It is not transmitted by sexual or other contact.
2. Describe the risk factors for developing diabetes.
 - a. Type 2 - family history, age, ethnicity, sedentary lifestyle, obesity.
 - b. Type 1 - largely unknown but perhaps family history of autoimmune disorders or cystic fibrosis.
3. Describe the signs/symptoms of hyperglycemia and hypoglycemia. Explain how to prevent and/or treat them.
4. Emphasize that there is no cure for diabetes, but it can be managed with positive lifestyle changes (healthy eating, regular physical activity, avoiding tobacco and alcohol, medication) and routine medical care.
5. Discuss that uncontrolled diabetes may lead to debilitating complications and comorbid conditions. **Refer to [DM-C](#).**

DM-EQ EQUIPMENT

OUTCOME: The patient/family will understand the equipment that may be used in the self-management of diabetes.

STANDARDS:

1. Discuss the specific components of this patient's self-blood glucose monitoring, self-blood pressure monitoring, or insulin pump maintenance, as appropriate.
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. importance of not tampering with any medical device
3. Demonstrate the safe and proper use, care, and cleaning of the equipment, and the proper disposal of medical supplies, 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.

DM-EX EXERCISE

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

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. Set realistic goals.
5. Explain the ways to stay safe during physical activity:
 - a. Balance physical activity with meals and medications.
 - b. Check blood sugars before and after physical activity.
 - c. Start physical activity slowly, warming-up and cooling down.
 - d. Wear appropriate clothing, shoes, and socks that fit well.
 - e. Carry diabetes identification and notify someone of the exercise location.
 - f. Avoid extreme weather.
 - g. Drink plenty of water before, during, and after activity.

- h. Carry food or drink if at risk for hypoglycemia.
 - i. Stop physical activity and seek immediate medical care if experiencing pain and pressure in chest or arm, shortness of breath, nausea or vomiting, irregular heartbeat, feeling very tired, feeling lightheaded or faint.
6. Refer to community resources as appropriate.

DM-FTC FOOT CARE AND EXAMINATIONS

OUTCOME: The patient/family will understand foot care as it relates to diabetes.

STANDARDS:

1. Discuss the current recommendations for periodic foot screening. Demonstrate the proper technique for a daily home foot check.
2. Discuss any high-risk foot deformities or conditions that can predispose to skin breakdown, ulcers, and wounds that do not heal properly.
3. Discuss the relationship between peripheral vascular disease, neuropathy, and high blood glucose. Explain that the progression to amputation may occur. Early and appropriate intervention may reduce the risk. **Refer to PVD** (in Volume IV of this manual set).
4. Emphasize the importance of appropriate footwear.
 - a. Desirable characteristics for footwear:
 - i. Closed shoes
 - ii. Solid soles
 - iii. Properly fitted and supportive
 - iv. Light-colored socks that allow for circulation
 - b. Undesirable characteristics of shoes:
 - i. Shoes that don't fit well
 - ii. Open toed, open heeled shoes
 - iii. Flip flops, flexible shoes, or thin soled shoes
 - iv. High heels
 - v. Pointed toes
 - c. Emphasize that going barefoot is not recommended.
 - d. Refer to a podiatrist for professional evaluation and fitting as appropriate.
5. Explain that toe nails and/or ingrown toe nails must be trimmed and treated by trained medical professionals to decrease the risk for serious infection that could lead to amputation.

DM-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care to monitor and adjust treatment plans. Explain that diabetes management involves many healthcare providers.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan can prevent complications. This 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. Refer as appropriate.
6. Explain that the home glucose monitors and journals (food, activity, BP) are tools for evaluating the treatment plan and should be brought to every appointment.

DM-HELP HELP LINE

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

STANDARDS:

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

DM-KID KIDNEY DISEASE

OUTCOME: The patient/family will understand the risks of kidney damage associated with diabetes.

STANDARDS:

1. Emphasize that high blood glucose results in damage to the kidneys. This may result in renal failure requiring long-term dialysis or kidney transplant. Once kidney damage occurs it cannot be reversed. **Refer to [CKD](#).**
2. Emphasize the importance of a low sodium diet and the need for regular urine analysis and blood chemistry screening.
3. Emphasize that high blood pressure worsens diabetic kidney disease. Reinforce the importance of regular blood pressure screening and taking antihypertensive medications as prescribed. **Refer to HTN** (in Volume III of this manual set).

4. Discuss the need for nutrition intervention. Refer to Registered Dietitian.

DM-L LITERATURE

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

STANDARDS:

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

DM-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Emphasize that nutrition and physical activity aid in achieving and maintaining a healthy weight and are critical components in addressing insulin resistance.
2. Explain that while medications may help, lifestyle adaptations are the key to delaying the progression of diabetes.
3. Explain that use of tobacco products can exacerbate the disease process and can lead to complications.
4. Explain that lifestyle adaptations for diabetes patients require careful balance of nutrition, insulin and other medications, and activity level. Small changes in any of these may drastically affect the health of the patient, especially in type 1 diabetes.
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.

DM-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.

DM-MNT MEDICAL NUTRITION THERAPY

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

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.

DM-N NUTRITION

OUTCOME: The patient/family will understand the importance of nutritional management in the control of blood glucose and develop a plan to meet nutritional goals.

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, carbohydrate load per meal (carbohydrate counting), and use of food labels.
3. Identify techniques or strategies for eating out, social events, traditional eating practices, and family support in managing 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 an exercise regime to prevent hypoglycemia.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

DM-P PREVENTION

OUTCOME: The patient/family will understand the major risk factors for development of type 2 diabetes (type 1 DM has no known prevention).

STANDARDS:

1. Discuss the current recommendations and importance of screening. Elevated glucose level and/or acanthosis nigricans may indicate insulin resistance.
2. Emphasize that extra commitment may be necessary for people with a family and/or gestational history of type 2 diabetes.
3. Discuss the role of sedentary lifestyle and obesity in the development of type 2 diabetes. Explain that following a healthy eating plan and maintaining adequate activity levels may reduce the risk.
4. Explain that gestational diabetes increases the risk of type 2 diabetes. **Refer to GDM** (in Volume III of this manual set).
5. Explain that breast feeding decreases the risk of diabetes in the mother and baby.
6. Discuss the current recommendations for immunizations and refer for immunization as appropriate. **Refer to IM** (in Volume III of this manual set).

DM-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. receive screening and treatment for STIs, including HIV
2. Discuss the importance of blood sugar control and managing other chronic conditions (i.e., obesity, thyroid, blood pressure, 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.

DM-PERIO PERIODONTAL DISEASE

OUTCOME: The patient/family will understand the risk of uncontrolled diabetes as it relates to dental health.

STANDARDS:

1. Explain that gum disease can contribute to poor glycemic control and cardiovascular disease.
2. Explain that the mouth (gums) contain highly vascular surface tissues that are easily damaged by poor glycemic control.
3. Explain that damage to gum tissues can result in loss of teeth and bone mass.
4. Discuss the current recommendation for annual dental examination and make appropriate referral. Explain how to access dental services.
5. **Refer to PERIO** (in Volume IV of this manual set).

DM-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand that pain relief may be available.

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. Discuss the pain management options which are available and help the patient develop a plan to monitor and manage pain.
3. Explain that lower extremity pain may be a sign of complications associated with neuropathy. Discuss with the medical provider.
4. Explain that the some over-the-counter medications for pain can increase the risk for complications. Discuss with the medical provider.
5. Explain that any chest pain must be evaluated immediately by a medical provider to rule out the possibility of myocardial infarction.
6. **Refer to PM** (in Volume IV of this manual set) or [CPM](#).

DM-S SAFETY

OUTCOME: The patient/family will understand safety issues related to diabetes.

STANDARDS:

1. Explain the ways to stay safe during physical activity. **Refer to [DM-EX](#)**.
2. Discuss proper foot care. **Refer to [DM-FTC](#)**.
3. Explain the importance of carrying diabetes identification and informing others, such as a co-worker, employer, friend, family, of this condition.
4. Discuss the signs and symptoms of hypoglycemia and hyperglycemia. Explain how to prevent and/or treat. **Refer to [DM-C](#)**.
5. Explain the proper disposal of sharps, as appropriate.

DM-SCR SCREENING

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

STANDARDS:

1. Discuss the indications, risks, and benefits for the proposed screening for diabetes or standards of care and health factors, as appropriate.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.
4. Explain the recommended frequency of various screenings.

DM-SELF SELF-MANAGEMENT

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

STANDARDS:

1. Discuss the importance of the patient's role in managing diabetes.
2. Discuss the strategies and skills needed to control diabetes.
3. Discuss the importance of setting SMART (Specific, Measureable, Attainable, Relevant, Timely) goals and the benefits of developing an action plan.
4. Explain the importance of reflecting and modifying the goals and action plan, as appropriate.

DM-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress can:
 - a. contribute to insulin resistance and lead to increased morbidity and mortality
 - b. interfere with the treatment of diabetes
2. 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.
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 diabetes.
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.

DM-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

DM-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.

DM-TX TREATMENT

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

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.

DM-WC WOUND CARE

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

STANDARDS:

1. Discuss that wound healing is much faster when blood sugar is adequately controlled.
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 as appropriate.

DIA - Dialysis

DIA-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.

DIA-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family/caregiver will understand the kidney location and function.

STANDARDS:

1. Explain that there are two kidneys in the body located on either side of the spine and extend a little below the ribs.
2. Explain that the kidneys are bean-shaped organs and about the size of a fist.
3. Explain that the kidneys are responsible for performing various roles in maintaining a balance of fluid and chemicals in the body. They have four basic functions:
 - a. Regulation of body fluid.
 - b. Balance of chemicals in the body (potassium, calcium, sodium, phosphorus).

- c. Removal of waste products from bloodstream/body (urea, creatinine, phosphorus).
 - d. Secretion of three hormones which regulate blood pressure, stimulate the bone marrow to produce red blood cells, and stimulate absorption of calcium by the intestine and bone.
4. Discuss bodily changes as a result of kidney failure and the impact of these changes, e.g., decrease in urine output and elimination of waste, anemia, changes in bone metabolism, cardiac effects, and overall health status.

DIA-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to end stage renal disease requiring dialysis.

STANDARDS:

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

DIA-C COMPLICATIONS

OUTCOME: The patient/family/caregiver will understand the complications associated with dialysis and with the decision not to have dialysis.

STANDARDS:

1. Discuss the common or significant complications associated with end stage renal disease and dialysis treatment. There are many complications and may include:
 - a. Infection. Symptoms should be reported immediately, e.g., fever, pain, redness, discharge from access site.
 - b. Catheter occlusion.

- c. Cardiovascular risks.
 - d. Disorders of bone metabolism, osteoporosis and hyperparathyroidism.
 - e. Anemia.
 - f. Electrolyte and fluid imbalances.
 - g. Loss of appetite/malnutrition.
 - h. Leg cramps/pain.
 - i. Bleeding.
 - j. Dizziness.
 - k. Other metabolic problems (hyperkalemia, acidosis).
 - l. Itching.
2. Discuss the common or significant complications that may be prevented by full participation in the treatment plan, including diet modifications and fluid restrictions.
 3. Explain that even with proper dialysis, patients may experience fluid imbalances and that all shortness of breath, chest pain, unusual swelling, dizziness, etc. should prompt immediate medical evaluation.

DIA-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.

DIA-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the causes and progression of end stage renal disease.

STANDARDS:

1. Explain that end stage renal disease usually results from long term or prolonged medical conditions such as hypertension or diabetes. It can also be hereditary or the result of acute insult to the kidney, e.g., medications, toxins, injury, infection, or decreased renal perfusion.
2. Discuss the signs/symptoms and usual progression of end stage renal disease.
3. Explain that there is no known cure for chronic kidney disease, however dialysis or transplantation are treatment options.

DIA-EQ EQUIPMENT

OUTCOME: The patient/family/caregiver will understand the purpose, use, and care of the equipment associated with the patient's prescribed dialysis regimen.

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.
4. Create a backup plan for electrical equipment in the event of a power-outage.

DIA-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity for patients on dialysis.

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.

DIA-FU FOLLOW-UP

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

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.

DIA-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding dialysis and dealing with issues.
2. Provide the help line phone number or Internet address (URL), such as, <http://kidney.niddk.nih.gov/KUDiseases/pubs/choosingtreatment/index.aspx>

DIA-HM HOME MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the home management for a patient on dialysis.

STANDARDS:

1. Discuss the home management plan and the methods for implementation of the plan.

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 as appropriate.
4. Discuss the storage needs of peritoneal equipment and dialysate.
5. Discuss hygiene habits that are specially pertinent to catheter care or peritoneal dialysis exchanges.
 - a. Emphasize the importance of using aseptic technique with peritoneal catheter care and during exchanges.
 - b. Emphasize the importance of keeping the central line catheter clean, dry, and avoid touching to prevent infection.

DIA-HY HYGIENE

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

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. Emphasize the importance of using aseptic technique with peritoneal catheter care and during exchanges. Emphasize the importance of keeping the central line catheter clean, dry, and avoid touching to prevent infection.

DIA-INF INFECTION CONTROL

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

STANDARDS:

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

DIA-L LITERATURE

OUTCOME: The patient/family/caregiver will receive literature regarding hemodialysis or peritoneal dialysis.

STANDARDS:

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

DIA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family/caregiver will understand lifestyle adaptations necessary for dialysis.

STANDARDS:

- 1. Discuss lifestyle aspects/changes that the patient has control over: hygiene, nutrition, physical activity, safety and injury prevention, avoidance of high-risk behaviors, and full participation in the treatment plan.
- 2. Emphasize that an important component to prevention or treatment of the disease is a healthier, lower risk lifestyle.
- 3. Review the community resources available to assist the patient in making lifestyle changes. Refer as appropriate.

4. Discuss the time management/transportation issues involved in dialysis, e.g., scheduling, availability of dialysis centers, taking medications/food for the trip.

DIA-M MEDICATIONS

OUTCOME: The patient/family/caregiver will understand the use of medications and dialysis.

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 keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.
5. Explain that the patient's medication needs may change with dialysis.

DIA-MNT MEDICAL NUTRITION THERAPY

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

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.

DIA-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and need for diet modifications as part of the management of dialysis.

STANDARDS:

1. Emphasize the importance of full participation in the nutrition plan.
2. Discuss the nutritional modifications for end stage kidney disease as appropriate. Typical dietary restriction may include fluids, protein types, potassium, sodium, and phosphorus.
3. Explain that lack appetite for red meats, fish, poultry, eggs, or other protein foods is common. Work with the patient to plan for adequate protein and calorie intake.
4. Discuss maximum fluid gain. Teach the patient how to manage fluids in foods and free liquids.
5. Discuss the patient's current nutritional habits. Assist the patient in identifying unhealthy eating behaviors that could interfere with the nutritional plan. Provide information about dining away from home or home delivered meals.
6. Refer to a Registered Dietitian as appropriate.

DIA-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing end stage renal disease requiring dialysis. The patient/family will understand ways to prevent the complications of dialysis.

STANDARDS:

1. Discuss with the patient/family the importance of treating/controlling other medical conditions associated with CKD such as adequate blood glucose control in diabetic patients, high blood pressure control, and control of elevated cholesterol. **Refer to [CKD](#).**
2. Emphasize the importance of using aseptic technique with the peritoneal catheter care and during exchanges.
3. Emphasize the importance of keeping the central line catheter clean, dry, and avoid touching to prevent infection.
4. Emphasize the importance of assessing vascular access, e.g., feeling for thrill, checking for numbness, bleeding, and redness.

DIA-PRO PROCEDURES

OUTCOME: The patient/family will understand the proposed dialysis procedure(s).

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.

DIA-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

DIA-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.

DIA-TX TREATMENT

OUTCOME: The patient/family will understand the options Hemodialysis and Peritoneal dialysis.

STANDARDS:

1. Explain Hemodialysis (HD) and the treatment plan.
 - a. HD is artificial filtering (hemodialyzer) of blood by a machine to remove waste products and water from the body.
 - b. Before beginning HD, a minor surgical procedure such as arteriovenous fistula, graft, cannula, femoral or subclavian catheter is necessary to provide access to the blood.
 - c. The types of HD: Home hemodialysis, Self-Care hemodialysis, and In-center or staff-assisted hemodialysis. The average treatment last 3 to 5 hours 3 times per week depending on the type of HD used.
2. Explain Peritoneal Dialysis (PD) and the treatment plan.
 - a. PD involves the removal of body waste products and water within the peritoneal cavity by using a dialysis solution called a dialysate. The dialysate containing a high-dextrose concentration which is instilled through the peritoneal catheter into the peritoneum, where diffusion carries waste products from the blood through the peritoneal membrane and into the dialysate.
 - b. A catheter is surgically implanted in the abdomen and into the peritoneal cavity and used as the access site for PD.

- c. There are several types of PD: Intermittent peritoneal dialysis (IPD), continuous cycling peritoneal dialysis (CCPD), and continuous ambulatory peritoneal dialysis (CAPD). Explain that the average treatment time is dependent on the type of PD used.
3. Each daily session is dependent on the type of peritoneal dialysis used:
 - a. Intermittent Peritoneal Dialysis (IPD). This is normally completed once per day using multiple bags of dialysate, (bags of glucose fluids). A partner is usually needed.
 - b. Continuous Cycling Peritoneal Dialysis (CCPD). This is normally a nocturnal procedure regulated by an infusion pump administering a set amount of dialysate exchange throughout the night.
 - c. Continuous Ambulatory Peritoneal Dialysis (CAPD). This procedure is performed four times per day and there is fluid in the abdomen nearly 100% of the time. A partner is not necessary for this procedure.
4. Discuss kidney transplant as a treatment option:
 - a. Kidney transplantation is completed in end stage kidney disease when the glomerular filtration rate drops to 10 mL/min.
 - b. Persons older than 50 years of age with poor health or history of cancer often cannot receive a transplant.
 - c. Children must receive an evaluation from a pediatric renal transplant team prior to receiving a transplant or being considered as a donor.
 - d. After a renal transplant, the patient has a functioning donor kidney. Medications and regular medical evaluations will usually be required to prevent rejection.
 - e. It is important for patients to understand that anti-rejection medication must be taken as prescribed throughout their life to prevent kidney rejection. Anti-rejection medications may have very unpleasant side effects.
 - f. Patients with co-morbidities leading to initial kidney failure must be instructed to follow all prescribed regimens to avoid subsequent kidney failure.
 - g. There is a possibility that a donor kidney may fail or be rejected even under ideal conditions.
5. Emphasize the importance of active participation by the patient/family in the development and adherence to the treatment plan.
6. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

DIAR - Diarrhea

DIAR-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain that when food has passed through the stomach by way of the mouth and then the esophagus, then it enters the small intestine where absorption of the contents of food takes place. In normal conditions, the waste passes from the body through a series of contractions by the bowel.
2. Discuss the changes in bowel pattern as a result of diarrhea.

DIAR-C COMPLICATIONS

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

STANDARDS:

1. Explain that diarrhea may be accompanied by cramping, abdominal pain, nausea, an urgent need to use the bathroom, or loss of bowel control. Some infections that cause diarrhea can also cause a fever and chills or bloody stools.
2. Explain that diarrhea can cause dehydration and electrolyte imbalance.
 - a. Dehydration in adults include: thirst, less frequent urination than usual, dark-colored urine, dry skin, fatigue, dizziness, light-headedness. Dehydration is particularly dangerous in older adults and people with weakened or compromised immune systems.
 - b. Dehydration in infants and young children include: dry mouth and tongue, no tear when crying, no wet diaper for 3 hours or more, sunken eyes, cheeks, or soft spot in skull, high fever, listlessness, or irritability. Dehydration is particularly dangerous in children.
 - c. Anyone with signs of dehydration should see a healthcare provider immediately.
 - d. Severe dehydration may require hospitalization.
 - e. Dehydration must be treated promptly to avoid serious health problems, such as organ damage, shock, or coma.
3. Explain that although drinking plenty of water is important in preventing dehydration, water does not contain electrolytes.
 - a. Adults can prevent dehydration by drinking liquids that contain electrolytes, such as fruit juices, sports drinks, caffeine-free soft drinks, and broths.

- b. Children with dehydration should be given rehydration solutions.
- c. Discuss the relationship of caffeinated and alcoholic beverages to dehydration.

DIAR-DP DISEASE PROCESS

OUTCOME: The patient/family will understand diarrhea.

STANDARDS:

1. Explain that diarrhea is loose, watery stools. Having diarrhea means passing loose stools three or more times a day.
 - a. Acute diarrhea is a common problem that usually lasts 1 or 2 days and goes away on its own.
 - b. Diarrhea lasting more than 2 days may be a sign of a more serious problem.
 - c. Chronic diarrhea, diarrhea that lasts at least 4 weeks, may be a symptom of a chronic disease. Chronic diarrhea symptoms may be continual or they may come and go.
2. Explain that diarrhea may cause dehydration, causing the body to lose fluid and electrolytes (chemicals in salts, including sodium, potassium, and chloride) to function properly.
3. Explain that diarrhea is usually caused by a bacterial, viral, or parasitic infection. Chronic diarrhea is usually related to a functional disorder such as irritable bowel syndrome or an intestinal disease such as Crohn's disease. The most common causes of diarrhea include the following:
 - a. Bacterial infections. Several types of bacteria consumed through contaminated food or water can cause diarrhea.
 - b. Viral infections. Many viruses cause diarrhea, including rotavirus, norovirus, cytomegalovirus, herpes simplex virus, and viral hepatitis A. Infection with the rotavirus is the most common cause of acute diarrhea in children. Rotavirus diarrhea usually resolves in 3 to 7 days but can cause problems digesting lactose for up to a month or longer.
 - c. Parasites. Parasites can enter the body through food or water and settle in the digestive system.
 - d. Intestinal diseases. Inflammatory bowel disease, ulcerative colitis, Crohn's disease, and celiac disease often lead to diarrhea. **Refer to UC** (in Volume V of this manual set), [CRN](#), [CELIAC](#).
 - e. Food intolerances and sensitivities. Some people have difficulty digesting certain ingredients, such as lactose, the sugar found in milk and milk products. Some people may have diarrhea if they eat certain types of sugar substitutes in excessive quantities.

- f. Reaction to medicines. Antibiotics, cancer drugs, and antacids containing magnesium can all cause diarrhea.
- 4. Explain that people of all ages can get diarrhea.
 - a. Adults average one bout of acute diarrhea each year.
 - b. Young children have an average of two episodes of acute diarrhea each year.

DIAR-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care. Seek medical attention if diarrhea in an adult worsens or doesn't clear up after 2 or 3 days or an infant or child doesn't feel better after 24 hours.
2. Explain when to call the doctor:
 - a. If the patient needs over-the-counter diarrhea medication. Some kinds of diarrhea can get worse with anti-diarrheal medications.
 - b. If the patient has drank contaminated water or eaten spoiled foods.
 - c. If the patient is taking an antibiotic that may be causing the diarrhea.
 - d. If there is blood or mucus in the stool.
 - e. If the patient is losing more fluid in the stool than can be replaced by drinking fluids.
3. Discuss the procedure and process for obtaining follow-up appointments.
4. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.

DIAR-HY HYGIENE

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

STANDARDS:

1. Discuss the importance of infection control to prevent the spread of diarrhea to other family members. Explain that good hygiene includes safe drinking water, safely disposing of feces, washing hands with soap and water, and eating food that is safely prepared and stored.
 - 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.
2. Review the importance of good hygiene. Wash hands with warm water and soap.
 - a. Always wash the hands before eating and after using the bathroom.
 - b. Always wash hands after touching pets or coming into contact with pet waste.
 - c. When washing hands is not possible, use a hand sanitizer that contains alcohol.
 - d. Don't let children put toys or other potentially contaminated objects in their mouths.
 - e. Make sure children wash their hands frequently, because they can easily pick up and pass along germs.

DIAR-L LITERATURE

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

STANDARDS:

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

DIAR-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.

DIAR-MNT MEDICAL NUTRITION THERAPY

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

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.

DIAR-N NUTRITION

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

STANDARDS:

1. Discuss the benefits of eating “white” foods, such as bananas, rice, apple sauce, saltine crackers.
2. Discuss the importance of regular meals and adequate fluid intake.
3. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal, as appropriate.
4. Discuss the importance of avoidance of carbonated and alcoholic beverages until the diarrhea is resolved.
5. Discuss the need for nutritional support, such as TPN or enteral feedings. Refer to registered dietitian for MNT.

DIAR-P PREVENTION

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

STANDARDS:

1. Explain that diarrhea prevention requires clean foods and cooking.
 - a. Undercooked meats and other foods can harbor the bacteria that cause diarrhea.
 - b. Kitchen care is an important step in preventing food-related bacterial infections that result in diarrhea. Keep countertops and all kitchen utensils clean.

2. Discuss the following guidelines to make sure food is safe:
 - a. Keep all potentially contaminated foods, such as uncooked meats, away from other foods. Make sure that meat is cooked thoroughly.
 - b. Wash all fruits and vegetables before cooking or eating them.
 - c. Never eat uncooked eggs, which are sometimes used to make salad dressings, eggnog, and other foods. Never eat uncooked dough that has eggs in it.
 - d. Store all perishable food properly in the refrigerator or freezer. Avoid dairy products that aren't pasteurized.
 - e. Never handle food if sick with diarrhea.

DIAR-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.

DIAR-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. Explain that in addition to a physical examination, medical history, and laboratory tests for blood and urine, diagnostic procedures for diarrhea may include the following:
 - a. Sigmoidoscopy: a diagnostic procedure that allows the physician to examine the inside of a portion of the large intestine, and is helpful in identifying the causes of diarrhea, abdominal pain, constipation, abnormal growths, and bleeding.
 - b. Colonoscopy: a procedure that allows the physician to view the entire length of the large intestine, and can often help identify abnormal growths, inflamed tissue, ulcers, and bleeding.

- c. Imaging tests: used to rule out structural abnormalities.
- d. Fasting tests: used to identify food intolerance or allergies.
2. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
3. Explain the process and what is expected after the procedure.
4. Explain the necessary preparation for the procedure.
5. 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

DIAR-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. A stool culture is used to detect the presence of disease-causing bacteria (pathogenic) and help diagnose an infection of the digestive tract.
 - b. If diarrhea is prolonged, other tests may be performed to test for parasites in the stool and/or *Clostridium difficile* and *C. difficile* toxin tests.
2. Explain that testing can help guide treatment in determining whether antibiotics or other medication may be necessary to resolve symptoms.
3. Explain that stool cultures may be ordered when there are signs and symptoms of an infection of the digestive tract. An infection may be caused when the affected person has consumed food or fluids that may have been contaminated with pathogenic bacteria, such as undercooked meat or raw eggs, or the same food that has made others ill. Some signs and symptoms of infection include:
 - a. diarrhea that lasts more than a few days and may contain blood and/or mucus
 - b. abdominal pain and cramping
 - c. nausea, vomiting
 - d. fever

4. Explain that not everyone who has the signs and symptoms of infection will have testing done or be treated with antibiotics.
 - a. In people who have healthy immune systems, these infections often resolve with supportive care and without the use of antibiotics.
 - b. If symptoms become severe or are present in an infant, a young child, an elderly person, or someone with a weakened immune system, then testing and treatment may be warranted.
5. 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

DIAR-TX TREATMENT

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

STANDARDS:

1. Explain that for adults and children, it is important to prevent and/or treat dehydration.
 - a. Give a child or adult plenty of clear fluid, like water, rehydration solutions, and clear broth. Fruit juices and sports drinks should be watered down to 1/2 strength.
 - b. Avoid milk or milk-based products, alcohol, apple juice, and caffeine while having diarrhea and for 3-5 days after getting better. They can make diarrhea worse.
 - c. Give an infant frequent sips of water, 1/2 strength juice or a rehydration solution. Do not add salt tablets to a baby's bottle.
 - d. Make sure the person drinks more fluids than they are losing through diarrhea. If they are unable to keep up with their losses, call a doctor.
2. Explain the importance of getting plenty of rest. Have the person rest as needed and avoid strenuous exercise. Keep a sick child home from school or day care.
3. Discuss the need to ease into eating. Recommend the BRAT diet (bananas, rice, applesauce, and toast) as soon as tolerated. Avoid spicy, greasy, or fatty foods.
4. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
5. Discuss the therapies that may be utilized.

6. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

DCH - Discharge from Hospital

DCH-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with an acute illness or injury, chronic disease, or debilitating condition as a life-altering illness that requires a change in lifestyle. **Refer to [DCH-LA](#).** Discuss the challenges of being discharged without adequate resources or support.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with an acute illness or injury, chronic disease, or debilitating condition, 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.

DCH-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 prescribed home medical equipment.
2. Discuss the types and features of home medical equipment as appropriate.
3. Discuss and/or demonstrate the proper use and care of home medical equipment, participate in return demonstration by patient/family.
4. Discuss signs of equipment malfunction and proper action in case of malfunction.
5. Emphasize safe use of equipment, e.g., no smoking around O₂, use of gloves, electrical cord safety, disposal of sharps.
6. Discuss proper disposal of associated medical supplies.

DCH-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity after discharge.

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.

DCH-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep scheduled follow-up appointments after discharge.

STANDARDS:

1. Emphasize the importance of follow-up care following hospitalization.
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.

DCH-HELP HELP LINE

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

STANDARDS:

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

DCH-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of the disease processes following hospital discharge and will 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 complications, fewer falls/injuries.
3. Explain the use and care of any necessary home medical equipment.

DCH-IB INSURANCE AND BENEFITS

OUTCOME: The patient/family will understand health care services and resources available as it relates to insurance and benefits.

STANDARDS:

1. Explain that many individuals qualify for direct payments and/or reimbursement for health care and related costs from certain programs.
2. Explain that direct payments include services that:
 - a. Are provided at the health care facility at no cost to the patient.
 - b. Are provided at other health care facilities through contract health services.
 - i. Contract services are services that Indian Health Systems facilities cannot always provide.
 - ii. They may require a referral to non-Indian Health Systems facilities.
3. Explain that in addition to Indian Health Systems, the other available programs include:
 - a. Medicare: a national healthcare program that covers people 65 years of age and older, individuals younger than 65 who are disabled or with end stage renal disease, and retired railroad employees.
 - i. Medicare Part A: Inpatient hospital services, skilled nursing facilities, home health and hospice care.
 - ii. Medicare Part B: Outpatient hospital services, doctors, certain medical equipment and other items not covered under Part A.
 - iii. Medicare Part D: Prescription medication and Medication Therapy Management (MTM) service coverage.
 - b. Social Security Disability Insurance
 - c. State Children's Health Insurance Programs (SCHIP)

- d. Supplemental Security Income (SSI)
 - e. Veterans Administration (VA)
 - f. Medicaid that provides resources to help pay for medical and long-term care assistance
 - g. Private Health Plans
 - h. Women, Infants, and Children (WIC)
 - i. State/federal aid for disabled children
 - j. Temporary Assistance for Needy Families (TANF)
4. Explain that a Benefits Coordinator is knowledgeable about federal and state programs and is a resource to help a patients determine program eligibility.
 5. Review and explain applications for identifiable services.
 6. Explain that Indian Health Systems services can be enhanced due to revenue collected when a patient enrolls in additional health care resource.

DCH-L LITERATURE

OUTCOME: The patient/family will receive literature about the discharge plans including medical therapies, follow up appointments, and contact information.

STANDARDS:

1. Provide the patient/family with literature on the discharge diagnosis and therapeutic plan.
2. Discuss the content of the literature.

DCH-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to prevent complications of the disease state or condition or to improve mental or physical health following hospital discharge.

STANDARDS:

1. Discuss the lifestyle aspects/changes that the patient has control over: nutrition, exercise, safety, and injury prevention, avoidance of high-risk behaviors, and participation in the treatment plan.
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. Review the community resources available to assist the patient in making lifestyle changes. Refer as appropriate.

DCH-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.

DCH-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed after hospital discharge.

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.

DCH-N NUTRITION

OUTCOME: The patient/family will understand the need for balanced nutrition and plan for the implementation of dietary modification following hospital discharge.

STANDARDS:

1. Review the nutritional needs for optimal health.

2. Discuss the patient's current nutritional habits. Assist the patient in identifying unhealthy nutritional habits.
3. Discuss the nutritional modifications as related to the specific disease states.

DCH-POC PLAN OF CARE

OUTCOME: The patient/family will understand the discharge plan for care.

STANDARDS:

1. Explain the basic plan of care for the patient, including any of the following as appropriate:
 - a. plan for continued home treatment
 - b. anticipated assessments
 - c. tests to be performed, including laboratory tests, x-rays, and others
 - d. therapy to be provided, e.g., medication, physical therapy, dressing changes
 - e. advance directives
 - f. plan for pain management
 - g. nutrition and dietary plan including restrictions if any
 - h. follow-up plans

DCH-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.

DCH-S SAFETY

OUTCOME: The patient/family will understand the necessary precautions to prevent injury following hospital discharge.

STANDARDS:

1. Discuss the mutually agreed upon plan of care for safety based on the patient-specific risk assessment.
2. Emphasize safe use of equipment. **Refer to [DCH-EQ](#).**

DCH-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

DCH-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 that the treatment plan will be made by the patient and medical team after reviewing the available options.

2. Discuss the treatment plan including lifestyle adaptations, cultural practices, pharmacologic, and psycho social aspects of the treatment plan.
3. Discuss the importance of participating in the treatment plan, including scheduled follow-up.
4. Refer to community resources as appropriate.

DISSD - Dissociative Disorders

DISSD-C COMPLICATIONS

OUTCOME: The patient/family will understand the common complications related to dissociative disorders.

STANDARDS:

1. Explain that individuals diagnosed with dissociative disorders sometimes report depression, dysphoria, grief, shame, guilt, psychological stress, sexual dysfunction, impulsivity, impairment in work and interpersonal relationships, self-mutilation, aggressive impulses, and suicidal impulses and acts.
2. Explain that individuals diagnosed with Dissociative Identity Disorder (DID) often have co-morbid diagnoses of posttraumatic stress disorder (**refer to PTSD** in Volume IV of this manual set) and major depressive disorder (**refer to [DEP](#)**). Dissociative disorders may also have symptoms that meet the criteria for substance-related disorders (**refer to [AOD](#)**), other mood disorders, personality disorders (**refer to PERSD** in Volume IV of this manual set), sexual disorders, eating disorders, and sleep disorders.

DISSD-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 any cross-cultural perspectives. Dissociative states are a common and accepted expression of cultural activities or religious experiences in many societies, and are not considered pathological.
2. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

DISSD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of the dissociative disorders under consideration.

STANDARDS:

1. Explain that the essential features of the dissociative disorders is a disruption in the usual integrative functions of consciousness, memory, identity, or perception of the self and environment, as appropriate:
 - a. **Dissociative Identity Disorder (DID)**, formerly Multiple Personality Disorder:
 - i. It is the most severe type of dissociation.
 - ii. It is characterized by the presence of two or more distinct identities or personality states that recurrently take control of the individual's behavior.
 - iii. It is usually accompanied by an inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
 - b. **Dissociative Amnesia** is characterized by:
 - i. a retrospective series of memory gaps, i.e., repressed memories
 - ii. by the inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness
 - c. **Dissociative Fugue** is characterized by:
 - i. sudden, unexpected travel away from home or one's customary place of work
 - ii. the inability to recall one's past or travel
 - iii. confusion about personal identity or the assumption of a new identity
 - d. **Depersonalization Disorder** is characterized by a persistent or recurrent feeling of being detached from one's mental processes or body that is accompanied by intact reality testing.
 - e. **Dissociative Disorder Not Otherwise Specified (NOS)** is included for coding disorders in which the prominent feature is a dissociative symptom, but which do not meet the criteria for any specific dissociative disorder.
2. Discuss the clinical course of the specific disorder under consideration, all of which have episodes of dissociation lasting from hours to months.
 - a. Often dissociative episodes follow stressful or traumatic life events in adulthood, especially in dissociative fugue and amnesia, and may remit spontaneously or gradually when removed from the traumatic event.
 - b. The first symptom presentation in DID usually begins by age 6 or 7, and has fluctuating, chronic, and recurrent clinical course.
3. Discuss the patient's personal history, which presumably includes multiple incidents of physical, sexual, and emotional abuse at the root of the dissociations, among other traumatic and overwhelming life events, especially with those individuals diagnosed with DID.

4. Explain that dissociative symptoms are also often present in posttraumatic stress disorder, acute stress reaction, and somatization disorders, but a dissociative diagnosis is not given if the symptoms occur exclusively during the course of one of these disorders.
5. Explain that patients diagnosed with DID report a variation in physiological functions across identity states, e.g., differences in visual acuity, pain tolerance, symptoms of asthma, response of blood glucose to insulin, and sensitivity to allergens and medications.
6. Explain that the dissociative disturbance must not be due to the direct effects of a substance (e.g., blackouts or chaotic behavior during alcohol intoxication), or a general medical condition (e.g., complex partial seizures).

DISSD-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in maintaining health with dissociative disorders.

STANDARDS:

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

DISSD-FU FOLLOW-UP

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

DISSD-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.

DISSD-L LITERATURE

OUTCOME: The patient/family will receive literature about the dissociative disorder or symptoms.

STANDARDS:

1. Provide the patient/family with literature on the dissociative disorder or symptoms.
2. Discuss the content of the literature.

DISSD-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to dissociation, depending on the severity of symptoms.

2. Discuss that the family may also require lifestyle adaptations to care for the patient, including the application of safety measures.
3. Discuss work, family, diet, and exercise adaptations that will be necessary due to the nature of medications that can cause sedation and/or cravings for sweet food.
4. Refer to community services, resources, or support groups, as available.

DISSD-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.
 - a. Explain that medications are not usually prescribed for treating dissociation, but rather is used to treat co-occurring conditions.
 - b. Explain that medication efficacy has been shown to vary, even on a daily basis, in individuals diagnosed with dissociative identity disorder due to alterations in consciousness or the presence of different identities.
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.

DISSD-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to dissociative disorders and co-occurring conditions.

STANDARDS:

1. Discuss/review the safety plan, including the no-harm contract and emergency procedures, due to the risk of suicide, homicide, or other risky/dangerous behaviors.

2. Discuss the importance of talking about any new dissociative experiences with the mental health providers at each session, and ways of tracking the progression and/or severity of the symptoms.
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.

DISSD-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can precipitate or have an adverse effect on dissociative symptoms, as well as other co-occurring conditions.
2. Explain the role of effective stress management in preventing and/or abating mood changes and/or decompensation.
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.

DISSD-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).

DISSD-TX TREATMENT

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

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. Explain that therapists have different styles and orientations for treating dissociative disorders, and that no one style has been shown to be superior:
 - a. Eye Movement Desensitization and Reprocessing (EMDR) has been especially effective in eliminating or reducing symptoms of dissociation and co-occurring disorders. EMDR may not be indicated in early stages of treatment for Dissociative Identity Disorder (DID), or where a history of psychosis is present.
 - b. Long-term psychotherapy has been demonstrated to be effective in treating DID, which may entail:
 - i. Building a strong therapeutic alliance with most or all alternate identities (often called "alters")
 - ii. Raising the patient's awareness of the presence and role of all/most of the alters
 - iii. Improving communication and cooperation among alters
 - iv. Teaching patient responsibility for and/or the meaning behind the behaviors of any alter in the body, while avoiding blame for negative actions
 - v. Helping patients to verbalize traumatic experiences

- vi. Completing trauma work
- 3. Explain that medications may be prescribed intermittently or throughout the treatment process. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.
 - a. Explain that medications are not usually prescribed for treating dissociation, but rather is used to treat co-occurring conditions.
 - b. Explain that medication efficacy has been shown to vary, even on a daily basis, in individuals diagnosed with dissociative identity disorder due to alterations in consciousness or the presence of different identities.
- 4. Explain the importance for patients to learn to talk about the traumas in the safe context of the therapeutic environment. Support groups with patients who have experienced similar traumas may be useful.

DIV - Diverticulitis/Diverticulosis

DIV-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

DIV-C COMPLICATIONS

OUTCOME: The patient/family will understand the signs of complications and will plan to return for medical care if they occur.

STANDARDS:

1. Explain that complications of diverticulitis may include:
 - a. rectal bleeding, that may be caused by a small blood vessel in a diverticulum that weakens and bursts.
 - b. development of a pocket of infection (abscess) that may spread to the abdominal cavity through a hole or tear in the colon (perforation) with peritonitis.
 - c. partial or total blockage of the intestine as a result of scarring caused by infections.
 - d. formation of an abnormal connection of tissue between different parts of the colon or between the colon and another body area (fistula).
2. Discuss that the signs of common complications of diverticular disease can be mild or severe, and may include:
 - a. lower belly pain that develops or becomes worse
 - b. bloating and gas
 - c. fever and chills
 - d. loss of appetite, nausea, or vomiting
 - e. diarrhea or constipation
 - f. blood in the stool or dark, tarry stools

3. Advise the patient to seek immediate medical care for any signs or symptoms of complications such as malaise or fever.

DIV-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that diverticulosis refers to the presence of a diverticulum is a pouch pockets, called diverticula, that develop in the colon wall.
2. Explain that diverticulitis is an inflammation or infection of these pockets and happens when feces get trapped in the pockets, allowing bacteria to grow, leading to inflammation or infection.
3. Explain that some of the predisposing factors may include congenital predisposition, weakening and degeneration of the muscular wall of the intestine, chronic over distention of the large bowel, and a diet low in fiber.
4. Explain that diverticulosis develops in nearly half of all 50% of persons over age 60, but only a small percentage develops diverticulitis.
5. Inform the patient that diverticulitis may be acute or chronic.

DIV-FU FOLLOW-UP

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

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.

DIV-HELP HELP LINE

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

STANDARDS:

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

DIV-L LITERATURE

OUTCOME: The patient/family will receive literature about diverticulitis and/or diverticulosis.

STANDARDS:

1. Provide the patient/family with literature on diverticulitis and/or diverticulosis.
2. Discuss the content of the literature.

DIV-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.

DIV-MNT MEDICAL NUTRITION THERAPY

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

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.

DIV-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in managing diverticular disease.

STANDARDS:

1. Discuss current nutritional habits and review a healthy diet which is suitable for people with diverticular disease.
2. Explain that initially for acute DIV, a low-fiber, bland diet is recommended.
3. Emphasize the importance of water in maintaining fluid balance and preventing constipation.
4. Explain that a high-fiber diet is encouraged to prevent flare-ups.
5. Refer to registered dietitian, as appropriate.

DIV-P PREVENTION

OUTCOME: The patient/family will understand things that can help prevent or slow the progression of diverticular disease.

STANDARDS:

1. Stress to eat more fiber: high fiber foods soften waste material and help it pass more quickly through the colon.
2. Stress to drink plenty of fluids: fiber absorbs water so if fluids are not replaced, fiber can be constipating.
3. Stress to not delay bowel movements: this can lead to harder stools and straining to pass stools, increasing the pressure in the bowel which can cause pouches to form.
4. Stress to exercise regularly: exercise promotes normal bowel function and reduces pressure inside the colon.
5. Stress to quit smoking and drinking alcohol: these can irritate the intestinal mucosa.

DIV-PM PAIN MANAGEMENT

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

STANDARDS:

1. Explain that diverticulitis with pain usually responds to a liquid or bland diet and stool softeners to relieve symptoms, minimize irritation, and decrease the spread of the inflammation.
2. Discuss the plan for pain management during the acute phase, which may include opiate or non-opiate analgesics and anticholinergic to decrease colon spasms.
3. Advise the patient not to use over-the-counter pain medications without checking with the patient's provider.
4. Discuss non-pharmacologic methods of pain control as appropriate.

DIV-PRO PROCEDURES

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

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
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.

DIV-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

DIV-TX TREATMENT

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

STANDARDS:

1. Explain that treatment of diverticulitis depends on how severe the symptoms are and focuses on:
 - a. Clearing up the infection and inflammation
 - b. Resting the colon
 - c. Preventing or minimizing complications
2. Discuss the specific treatment plan, which may include the following:
 - a. Treatment of mild symptoms often occurs at home and may include bed rest, stool softeners, liquid diet for a short time, and antibiotics.
 - b. Treatment of moderate to severe symptoms (e.g. worsening pain, fever, vomiting) requires hospitalization, nothing by mouth, IV fluids and nutritional support to rest the bowel, IV antibiotics, pain medication and antispasmodics to relax the bowel.
 - c. Surgery to remove the diseased portion of the colon may be recommended for recurrent episodes of diverticulitis, or development of serious complications (e.g., perforation, obstruction, or abscess).

DV - Domestic Violence

DV-C COMPLICATIONS

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

STANDARDS:

1. Explain that domestic violence usually progresses over time and may develop into the serious physical and mental problems, including substance abuse (**refer to [AOD](#)**), dissociation, self-injurious behavior, and experiences of “red outs” that can result in serious injuries and death.
2. Explain that repeated threats, assaults and controlling behaviors may contribute to the development of mental disorders, including depressive disorders (**refer to [DEP](#)**), posttraumatic stress disorder (**refer to PTSD** in Volume IV of this manual set), and personality disorders (**refer to PERSD** in Volume IV of this manual set).
3. Explain that individuals involved in domestic violence are vulnerable to physical illness, social stress, financial hardship, job loss, suicide attempts (**refer to SI** in Volume V of this manual set), criminal activity, and addictive or compulsive activities.
4. Explain that children who witness violence in the home are additionally in danger of developing mental disorders, and have an increased likelihood of becoming a victim and/or perpetrator in their future relationships. Children are particularly vulnerable to psychiatric and social problems, including problems in peer relationships and academic performance.

DV-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.

DV-DP DISEASE PROCESS

OUTCOME: The patient/family will understand that domestic violence is a chronic and preventable condition involving a specific pattern of behaviors, beliefs, attitudes, and feelings.

STANDARDS:

1. Discuss the abusive, violent, and controlling behavior, and/or the pattern of victimization, as well as the origins of behavior, usually rooted in low self-worth, toxic shame, and past experiences of trauma or distressing events.
2. Explain the cycle of violence, which includes a repeating pattern through three stages, which can usually only be prevented through professional treatment:
 - a. Tension-building Stage
 - b. Explosion or Battering Stage
 - c. Contrition or Honeymoon Stage
3. Explain that the course of domestic violence is one of escalation, which usually will not resolve without intervention. The progression of abuse may include:
 - a. Excessive jealousies, accusations of cheating, excessive questioning and suspicions, monitoring time, rummaging through belongings, and/or alienation from friends and family.
 - b. In addition, one may experience verbal abuse, criticism, threats of suicide, and threats to harm, kill, or report partner to the authorities for deceitful reasons.
 - c. The above behaviors may further escalate to include all forms of physical abuse, including slapping, pushing, punching, kicking, choking, sexual abuse, use of weapons, and/or blocking escape.
4. Explain co-dependency as it relates to domestic violence, the patient's ability to safely leave the abusive relationship, as well as the fears and resistance to leaving.
5. Discuss the role of alcohol and substance abuse as it relates to domestic violence.

DV-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and will make a plan to keep follow-up appointments.

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. Discuss the plan of action for situations that are dangerous or life threatening.

DV-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help/crisis intervention line.

STANDARDS:

1. Explain that a help/crisis intervention line may assist in dealing with an immediate crisis, as well as assistance in finding a safety shelter.
2. Provide the help/crisis line phone number and hours of operation.
3. Explain how the help/crisis line works and what can be expected from calling or participating in the services.

DP-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.

DV-L LITERATURE

OUTCOME: The patient/family will receive literature about domestic violence.

STANDARDS:

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

DV-P PREVENTION

OUTCOME: The patient/family will understand how to identify high risk relationships and prevent violence in the home.

STANDARDS:

1. Discuss how to identify “red flag” behaviors in current or potential partners that usually precipitates physical violence:
 - a. Excessive jealousies and accusations of cheating
 - b. Monitoring time and excessive questioning
 - c. Alienation from friends and family
 - d. Verbal abuse (criticizing, name calling)
 - e. Rummaging through personal belongings, e.g. cell phones, cars, computers
 - f. Other excessive controlling behaviors
2. Discuss the risk of increased physical violence after the consumption of alcohol.
3. Develop a safety plan to avoid violent relationships, or to leave an abusive relationship (**refer to [DV-S](#)**). Discuss the importance of obtaining a restraining order for legal protection when needed.

DV-RP MANDATORY REPORTING

OUTCOME: The patient/family will understand the process of mandatory reporting.

STANDARDS:

1. Emphasize the importance of reporting suspected domestic violence to the proper law enforcement and child welfare/protective agencies and the patient’s healthcare provider.
2. Explain that mandatory reporting is necessary to ensure the safety of all family members.

3. Explain that requirements for mandatory reporting vary by state. Some states require reporting for “reasonable cause to believe” while others require reporting for “known or suspected” domestic violence.
4. Explain that states may require healthcare providers, mental healthcare providers, teachers, social workers, day care providers, and law enforcement personnel to report suspected domestic violence.

DV-S SAFETY

OUTCOME: The patient/family will make a plan to end the violence, to leave the abusive relationship, and/or to ensure the family’s safety.

STANDARDS:

1. Ensure that the appropriate family members are aware of shelters, treatment facilities, and other support options available in their area. Make referrals as appropriate.
2. Discuss the importance of obtaining a restraining order for legal protection when needed.
3. Develop/review the safety plan with the patient and family, including the no-harm contract and emergency procedures if the condition worsens, if suicidal or homicidal ideation arises, or if the patient/ family feels urges to engage in risky/dangerous behavior.
4. Explain that local police may also be available to assist in transportation and safety compliance.
5. Explain the importance of reporting any abuse, neglect, or potentially dangerous situations.

DV-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use, all of which can increase the risk of domestic violence.
3. Emphasize the importance of seeking professional help as needed to reduce stress.
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.

DV-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for domestic violence.

STANDARDS:

1. Discuss the treatment options available, including individual and group therapy. Discuss the potential risks or contraindications of family or couple's counseling.
 - a. Explain that additional treatment may be needed for co-morbid conditions as a result of repeated abuse and violence, including PTSD and depression.
 - b. Explain that psychotropic medications may be prescribed in combination with psychotherapy for co-morbid conditions, including insomnia, depression, and anxiety.
2. Discuss the importance of individual or group psychotherapy in:
 - a. healing precipitating childhood and adulthood traumas and distressing events
 - b. changing negative cognitions/low self esteem
 - c. addressing co-dependency
 - d. treating associated conditions, such as depression and posttraumatic stress disorder
3. Explain the need to acknowledge the repeated cycle of violence and request help. Explain that it is unrealistic to expect change without help, even when both partners desire the change.

4. Explain that both the patient and the family need to acknowledge and take responsibility for their respective contributions to the family dysfunction, as well as ensuring an end to future violence.
5. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for domestic violence may vary according to the patient's life circumstances, severity of the condition, the patient's participation in the choices, and available resources.

DYS - Dysrhythmias

DYS-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the heart and cardiac conduction system.

STANDARDS:

1. Explain that there are two atria that receive blood from the lungs and body and contract at the same time to force blood into ventricles. Normally, ventricles and atria contract at the same time to force blood to the lungs and body.
2. Explain that specialized pacemaker tissues in the heart stimulate the heart to contract. Other tissues conduct the impulses through the heart.
3. Explain that when there is a malfunction, the normal pacemaker may not work properly, other tissues may initiate abnormal impulses or the impulses may not be conducted properly. Explain that any of these may cause abnormal heart rhythms.

DYS-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

DYS-C COMPLICATIONS

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

STANDARDS:

1. Discuss the possible complications of the particular dysrhythmia, e.g., angina, fainting, stroke, heart failure, sudden death.
2. List the symptoms that should be reported immediately, e.g., shortness of breath, dizziness, chest pain, increased fatigue, loss of consciousness.
3. Discuss the complications of anticoagulant therapy if appropriate.

DYS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand what dysrhythmia is and the signs of the dysrhythmia.

STANDARDS:

1. Review the anatomy and physiology of the heart in relation to the patient's dysrhythmia. Relate how the dysrhythmia occurs.
2. Describe the symptoms of the dysrhythmia. List the symptoms that should be reported immediately, e.g., shortness of breath, dizziness, chest pain, increased fatigue, loss of consciousness.

DYS-EQ EQUIPMENT

OUTCOME: The patient/family will understand the proper use and care of the home medical equipment.

STANDARDS:

1. Emphasize the importance of following the prescribed checkup and maintenance schedule for implanted or other home equipment.
2. Explain any limitations imposed by the equipment, e.g., exposure to magnetic fields, MRIs, microwaves.
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.

DYS-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in the patient's dysrhythmia.

STANDARDS:

1. Discuss the medical clearance issues for physical activity in patients with cardiac conditions.
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 barriers to a personal exercise plan and the solutions to those barriers. Assist the patient in developing a personal exercise plan.
4. Encourage the patient to increase the intensity and duration of the activity as the patient becomes more fit, as appropriate.
5. Refer to community resources as appropriate.

DYS-FU FOLLOW-UP

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

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.

DYS-HELP HELP LINE

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

STANDARDS:

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

DYS-L LITERATURE

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

STANDARDS:

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

DYS-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to prevent the complications of dysrhythmias or to improve mental or physical health.

STANDARDS:

1. Review the lifestyle aspects/changes that the patient has control over: nutrition, physical activity, safety and injury prevention, avoidance of high-risk behaviors, and full participation in the treatment plan.
2. Emphasize that an important component in the prevention or treatment of the disease is the patient's adaptation to a healthier, lower risk lifestyle.
3. Review the community resources available to assist the patient in making lifestyle changes. Refer as appropriate.

DYS-M MEDICATIONS

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

DYS-MNT MEDICAL NUTRITION THERAPY

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

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.

DYS-N NUTRITION

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

STANDARDS:

1. Review the nutritional needs of optimal health.
2. Discuss the nutritional modifications as related to the dysrhythmia. Emphasize the importance of full participation in the nutrition plan.
3. Discuss the current nutritional habits. Assist the patient in identifying unhealthy nutritional habits.

DYS-PRO PROCEDURES

OUTCOME: The patient/family will understand the proposed procedure(s), as well as the risks, benefits, alternatives to the proposed procedure(s) and associated factors affecting the patient.

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.

DYS-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

DYS-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.

DYS-TX TREATMENT

OUTCOME: The patient/family will understand the therapy and the goal(s) of treatment.

STANDARDS:

1. Review the patient's medications. Reinforce the importance of knowing the drug, dose, and dosing interval of the medications, side effects, signs of toxicity, and drug interactions.
2. Emphasize the importance of maintaining full participation in the medication regimen.
3. Explain other treatment options as appropriate (synchronized cardioversion, ablation, pacemaker, implantable defibrillator).
4. Discuss anticoagulant therapy as appropriate.

E

ECC - Early Childhood Caries

ECC-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The parent/family will understand early childhood caries.

STANDARDS:

1. Explain anatomy/physiology as it applies to early childhood caries.
2. Discuss the changes to anatomy/physiology as a result of ECC.
3. Explain that it is possible for tooth decay to begin even before tooth eruption.

ECC-C COMPLICATIONS

OUTCOME: The parent/family will understand the effects and consequences of early childhood caries (ECC).

STANDARDS:

1. Review the consequences of severe tooth decay in primary teeth:
 - a. abnormal eruption or caries of permanent teeth
 - b. pain
 - c. infection
 - d. tooth loss (primary teeth act as holding spaces for the eruption of permanent teeth)
 - e. speech problems
 - f. altered eating and nutritional intake
 - g. aesthetic
2. Explain that surgical intervention may be necessary to treat ECC. Review any surgical considerations and the health risks of general anesthesia.

ECC-DP DISEASE PROCESS

OUTCOME: The parent/family will understand early childhood caries (ECC).

STANDARDS:

1. Review the current factual information regarding the causes of ECC. ECC is a preventable, infectious, transmissible disease caused by acid-producing bacteria.
2. Discuss how dental disease can be passed from parent to infant through spread of transmissible infections during activities such as, placing pacifier in the parent's mouth prior to placing in the infant's mouth and parental pre-chewing of food.
3. Discuss the role of sugar, bottle propping, and prolonged bottle use.
4. Review how to identify early signs of ECC.

ECC-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care (including dental well child visits and preventive 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, e.g., bleeding, persistent or increasing pain, and fever.
5. Discuss the availability of community resources and support services and refer as appropriate.

ECC-GD GROWTH AND DEVELOPMENT

OUTCOME: The patient/family will understand primary dentition.

STANDARDS:

1. Explain how dentition begins during fetal development. Review primary tooth development.
2. Discuss the role of primary teeth in the growth and development of the mandible, maxilla, and permanent teeth.

ECC-HY HYGIENE

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

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 daily dental hygiene, with attention to age appropriate tooth and gum cleaning. Discuss wiping the baby's gums and teeth with a moist clothe after each bottle feeding.
3. Discuss the need for parental dental hygiene because dental disease can be passed from parent to infant, e.g., by placing the pacifier in the parent's mouth prior to giving to the infant or by parental pre-chewing of food.
4. Discuss hygiene as part of a positive self-image.
5. Discuss cleaning procedures for bottles and bottle nipples.

ECC-L LITERATURE

OUTCOME: The parent/family will receive literature about early childhood caries.

STANDARDS:

1. Provide the parent/family with literature on ECC.
2. Discuss the content of the literature.

ECC-LA LIFESTYLE ADAPTATIONS

OUTCOME: The parent/family will understand positive oral hygiene habits.

STANDARDS:

1. Review breastfeeding, bottle feeding practices, and oral hygiene.
2. Provide information on alternatives to misuse of baby bottles:
 - a. no bottles in the bed
 - b. no propping of bottles
 - c. begin introducing cup at 6 months of age
 - d. weaning at 12 months of age
3. Remind parents/family/caregivers that breastfeeding does not cause dental caries.
Refer to [BF](#).

4. Discourage giving child any sugar or sweetened beverages in bottle.
5. Discuss how dental disease can be passed from parent to infant through spread of transmissible infections during activities such as, placing pacifier or bottle nipple in the parent's mouth prior to placing in the infant's mouth, feeding child with utensils that have been in the parent's mouth, kissing child on the mouth, and parental pre-chewing of food.

ECC-M MEDICATIONS

OUTCOME: The parent/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.

ECC-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The parent/family will understand the specific nutritional intervention(s) needed for treatment or management of early childhood caries.

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.

ECC-N NUTRITION

OUTCOME: The parent/family will understand the role of nutrition and early childhood caries.

STANDARDS:

1. Review normal nutritional needs for optimal dental health.
2. Discuss current nutritional habits. Assist in identifying unhealthy nutritional habits.
3. Discuss nutritional modifications as related to early childhood caries.
4. Explain that allowing a child to fall asleep with a bottle containing milk formula, fruit juices, or other sweet liquids may increase the risk for dental caries. Discourage giving child any sugar or sweetened beverages in bottle.

ECC-P PREVENTION

OUTCOME: The parent/family will understand how to prevent early childhood caries (ECC) with healthy lifestyle behaviors.

STANDARDS:

1. Review age appropriate oral hygiene.
2. Discuss additional methods of prevention, including fluoride supplementation (toothpaste, mouth rinses, drops), water fluoridation, fluoride varnish application. Explain the use of xylitol (toothpaste, rinse, and chewing gum, as age appropriate) to reduce bacteria from creating the acids that damage teeth for caries prevention.
3. Explain the methods of early identification of dental disease in infants and small children. Explain the importance of early treatment.
4. Review proper use of and alternatives to misuse of the bottle or nipple, e.g., no bottles in bed, no propping of bottles, and weaning at 12 months of age.
5. Emphasize that nothing should be given from a bottle except formula, breastmilk, water, or electrolyte solution, e.g., no juice or soda pop.
6. Discuss the application of dental sealants (thin plastic coating) to the grooves on the chewing surface of molars to protect from the development of dental caries, as age appropriate.

ECC-PM PAIN MANAGEMENT

OUTCOME: The parent/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.

ECC-PRO PROCEDURE

OUTCOME: The parent/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.

ECC-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

ECC-TX TREATMENT

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

STANDARDS:

1. Discuss indications for returning to the provider, e.g., bleeding, persistent or increasing pain, and fever.
2. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
3. Discuss therapies that may be utilized.
4. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.

EAT - Eating Disorders

EAT-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

EAT-C COMPLICATIONS

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

STANDARDS:

1. Explain that individuals diagnosed with eating disorders often develop other problems associated with emotional stress (and which may sometimes precede the eating disorder), including:
 - a. Low self-esteem and other depressive symptoms or mood disorders (**refer to [DEP](#)**), often including social withdrawal/isolation, insomnia, irritability, and diminished interest in sex.
 - b. Obsessive-compulsive features (**refer to [OCD](#)**), usually related to preoccupations with food and exercise.
 - c. Anxiety disorders or symptoms, such as fear of social situations (**refer to [PHOB](#)** in Volume IV of this manual set) or posttraumatic stress (**refer to [PTSD](#)** in Volume IV of this manual set).

- d. Substance abuse or dependence (**refer to [AOD](#)**), especially regarding alcohol or stimulants, which occurs in about one third of individuals with bulimia.
 - e. Food insecurity due to lack of food.
2. Explain that recurrent vomiting eventually leads to several physical/medical complications, including, but not limited to:
 - a. nutritional deficiencies
 - b. dental disorders
 - c. fluid and electrolyte imbalances
 - d. menstrual irregularities and endocrine disorders
 - e. growth and developmental abnormalities
 - f. esophageal tears and gastric rupture
 3. Explain that complications of eating disorders may lead to death.
 4. Explain that some eating disorders may lead to overweight or obesity.
 5. Explain that depression and suicidal ideation (**refer to [SI](#)** in Volume V of this manual set) are often associated with eating disorders.

EAT-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.

EAT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of the eating disorder under consideration.

STANDARDS:

1. Explain the essential features and symptoms of the specific disorder under consideration, all of which include a severe disturbance in eating behavior and perception of body shape and weight:

- a. **Anorexia Nervosa** is characterized by a refusal to maintain a minimally normal body weight for age and height.
 - b. **Bulimia Nervosa** is characterized by repeated episodes of binge eating and inappropriate compensatory behaviors.
 - c. **Binge Eating Disorder** is characterized by recurrent episodes of binge eating without the inappropriate compensatory behaviors.
 - d. **Eating Disorder Not Otherwise Specified (NOS)** is also characterized as a severe disturbance in eating behavior which does not meet the criteria for the specific eating disorders above, although most of the symptoms are present.
2. Explain that associated features of some eating disorders include intense fear of gaining weight or becoming fat, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the eating disorder.
 3. Explain that the course of eating disorders can be chronic or intermittent, leading to full recovery for some, while demonstrating fluctuating patterns of weight gains and relapse for other.

EAT-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in the development and course of eating disorders.

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. Explain the risks of excessive exercise as an inappropriate compensatory behavior.
4. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
5. Discuss the appropriate frequency, intensity, time, and type of activity.
6. Refer to community resources as appropriate.

EAT-FU FOLLOW-UP

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

EAT-HELP HELP LINE

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

STANDARDS:

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

EAT-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.

EAT-L LITERATURE

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

STANDARDS:

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

EAT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for coping with an eating disorder or a family member with the diagnosis.

STANDARDS:

1. Discuss the specific lifestyle changes for monitoring one's own eating habits and making healthy social and recreational choices.
2. Discuss that the family may also require lifestyle adaptations to care for the patient, and to avoid enabling or neglectful behavior.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

EAT-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy for symptoms and conditions associated with or co-morbid to eating disorders.

STANDARDS:

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

EAT-MNT MEDICAL NUTRITION THERAPY

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

EAT-N NUTRITION

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

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.

EAT-P PREVENTION

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

STANDARDS:

1. Explain that eating disorders arise from a variety of physical, emotional/stressful, social, and familial issues, all of which need to be addressed for effective prevention, including:
 - a. Objectification and other forms of mistreatment of women to prevent the obsession with appearance and shame about one's body.

- b. Cultural obsession with slenderness as a physical, psychological, and moral issue, e.g., video games and media.
 - c. The impact of rigid gender roles of men and women in our society.
 - d. Peer pressure/bullying are contributing factors.
2. Discuss how families may teach their children to resolve their problems in healthy ways other than by manipulating their meals and weight.
3. Discuss the importance of attending primary prevention programs early for children at risk, before children learn to feel bad about their bodies.
4. Discuss that the prevention strategies include:
 - a. The development of people's self-esteem and self-respect in a variety of areas (school, work, community service, hobbies, etc.) that transcend physical appearance.
 - b. Prevention programs for schools, community organizations, etc., that are coordinated with opportunities for participants to speak confidentially with a trained professional with expertise in the field of eating disorders.
 - c. Referrals to sources of competent, specialized care.
5. Discuss the importance for parents to foster a positive body image.

EAT-PA PARENTING

OUTCOME: The parent(s)/family will understand methods of healthy parenting in dealing with children at risk for or diagnosed with an eating disorder.

STANDARDS:

1. Discuss the importance of developing a healthy, supportive relationship with their children, which includes:
 - a. spending quality time with children, which encourages them to approach parents with problems as needed
 - b. listening and communicating
 - c. monitoring for and addressing changes in behavior that may suggest emotional struggles, including alcohol, drug, and tobacco use, isolation, phobias, eating behavior, as well as sexual activity
 - d. showing interest in school activities
 - e. expressing affection and praise for good behavior
 - f. establishing realistic expectations, clear limits, and consequences
 - g. maintaining awareness of child's friends and their families

2. Discuss the adverse impact of overly controlling parenting behavior in the development of eating disorders. Discuss that the parent-child relationship will likely be better if the parent minimizes criticism, nagging, and negative messages.

EAT-PCC PRE-CONCEPTION CARE

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

STANDARDS:

1. Discuss the importance of managing the symptoms of eating disorder during preconception and pregnancy in planning to reduce risk of the birth defects and complications.
2. Discuss temporary alternative measures for managing mood shifts and other symptoms during pregnancy, including the benefits of psychotherapy and lifestyle choices.
3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist.
4. Refer to medical and psychosocial support services for any risk factor identified.

EAT-S SAFETY

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

STANDARDS:

1. Discuss the dangers of unhealthy eating patterns on one's health, the potential dangers of injury due to restrictive diets, bingeing and purging, and excessive exercise.
2. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures should the condition worsen, suicidal 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.

EAT-SCR SCREENING

OUTCOME: The patient/family will understand the proposed screening for people at risk of developing eating disorders.

STANDARDS:

1. Discuss the importance of early screening because it's so difficult to change body image attitudes and unhealthy eating patterns once they form.

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

EAT-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with the stressors at the root of eating disorders.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in coping with unhealthy thoughts and lifestyle patterns.
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.

EAT-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).

EAT-TX TREATMENT

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

STANDARDS:

1. Explain that a combination of psychotherapy and medication interventions usually have 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. Discuss the tailored treatment approach for the patient based on the patient's specific symptoms, issues, and strengths, as well as the severity of the disorder, which must address both the physical and psychological aspects of the problem, including:
 - a. individual, group, and family therapy
 - b. nutritional counseling
 - c. support groups
 - d. residential treatment
3. Explain that psychotherapists have different styles and orientations for treating eating disorders, and that some styles may suit the patient better than others.
4. Explain that psychotherapy often involves two phases of treatment, including breaking the binge-and-purge cycle by restoring normal eating patterns, and changing unhealthy thoughts and patterns.
5. Explain that anti-depressant medication is often used in combination with psychotherapy to help reduce preoccupation with weight and body image, binge eating, and the depression and low self-worth which often accompanies eating disorders.
6. Explain that the treatment plan will be made by the patient and treatment team after reviewing the available options. Explain that treatment for eating 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 or specialized eating disorder clinics.

ECZ - Eczema/Atopic Dermatitis

ECZ-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to skin structures affected by eczema/atopic dermatitis.

STANDARDS:

1. Explain anatomy and physiology and how they relate to the protective functions of the skin.
2. Discuss the presentation patterns of eczema/atopic dermatitis including papules, macules, vesicles, patches, plaques, dryness, itching, and scaling.
3. Discuss the impact of these changes on the patient's health or well-being.

ECZ-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with eczema/atopic dermatitis 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 eczema/atopic dermatitis, 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.

ECZ-C COMPLICATIONS

OUTCOME: The patient/family will be able to recognize common or important complications and symptoms that should be reported.

STANDARDS:

1. Discuss the possible symptoms that can lead to complications, e.g., painful dry, red skin rash that itches or is cracked, blisters, peeling, tender, or oozing skin.
2. Explain how dryness and itching can cause breaks in the skin and allow bacteria to enter the body, causing infection. Pain, swelling, redness, drainage, or a fever should be reported immediately. **Refer to SWI** in Volume V of this manual set.
3. Emphasize that permanent scarring or hair loss may develop if not treated early.

ECZ-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.

ECZ-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology of atopic dermatitis and eczema.

STANDARDS:

1. Discuss that atopic dermatitis and eczema is a name given to a group of skin problems that share a pattern of changes in the surface of the skin.
2. Discuss that atopic dermatitis or eczema can begin in infancy, can last for years, and can often be successfully controlled.
3. Discuss the many risk factors for eczema/atopic dermatitis including family history of asthma, food allergies, stress, and things your skin touches such as plants and animals.
4. Discuss that seasonal flare-ups are common.

ECZ-FU FOLLOW-UP

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

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.

ECZ-HELP HELP LINE

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

STANDARDS:

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

ECZ-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of eczema/atopic dermatitis.

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.

ECZ-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.

ECZ-HY HYGIENE

OUTCOME: The patient/family will recognize good personal hygiene as an aspect of wellness.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that 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. Discuss the importance of hand-washing and trimming fingernails in infection control.
3. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
4. Explain that use of mild, non-drying, unscented soaps, avoiding very hot water, and the use of moisturizing lotion or cream after bathing are all helpful. Perfumes in soaps and lotions may make eczema or atopic dermatitis worse.

ECZ-L LITERATURE

OUTCOME: The patient/family will receive literature about eczema/atopic dermatitis.

STANDARDS:

1. Provide the patient/family with literature on eczema/atopic dermatitis.

2. Discuss the content of the literature.

ECZ-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.

ECZ-MNT MEDICAL NUTRITION THERAPY

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

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.

ECZ-N NUTRITION

OUTCOME: The patient/family will understand nutritional factors that may affect atopic dermatitis or eczema.

STANDARDS:

1. Discuss that some foods may affect atopic dermatitis or eczema. Common triggers are milk products, egg products, or wheat products.
2. Refer to a registered dietitian as appropriate.

ECZ-P PREVENTION

OUTCOME: The patient/family will understand the appropriate measures to prevent eczema and atopic dermatitis flare-ups.

STANDARDS:

1. Discuss that breast-fed infants are less likely to develop atopic dermatitis or eczema.
2. Consider the use of cotton blankets and clothing, rather than more irritating fabrics such as wool, or stiff synthetics like polyester.
3. Discuss ways of increasing skin moisture e.g., patting dry after bathing, applying moisturizing products immediately after bathing, using a room humidifier, and avoiding extreme temperatures.
4. Discuss the importance of avoiding products which contain alcohol, perfumes, harsh soaps, dyes or allergens and avoiding skin contact with irritating chemicals, plants, jewelry, and other substances that trigger skin allergies and dermatitis.
5. Discuss strategies to avoid sun burn.

ECZ-SM STRESS MANAGEMENT

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

STANDARDS:

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

ECZ-WC WOUND CARE

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

ELD - Elder Care

ELD-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 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.
6. Refer to [ADV](#).

ELD-ANA ABUSE AND NEGLECT – ADULT

OUTCOME: The patient/family will understand the definitions and warning signs of adult abuse and neglect and be aware of available medical treatment and social services for victims.

STANDARDS:

1. Discuss and define the different types of adult abuse and neglect including emotional, physical, financial, and sexual.
2. Emphasize the importance of reporting suspected incidents of adult abuse and neglect to the patient's healthcare provider and the proper adult protective and law enforcement agencies.
3. Discuss the patient rights to privacy and confidentiality as it relates to patient/family safety and mandatory reporting laws for providers, as appropriate.

4. Identify the methods and resources to enhance patient safety while maintaining the patient's autonomy and independence as appropriate.

ELD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family/caregiver 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.

ELD-DP DISEASE PROCESS/AGING

OUTCOME: The patient/family/caregiver will understand the normal aging process and will develop an action plan to maintain optimal health while aging.

STANDARDS:

1. Explain the normal anatomy and physiology of the aging process:
 - a. Physical inactivity can lead to loss of strength, energy, and function. Older adults are at higher risk for the health problems that being active can prevent. Physical activity can be an important part of managing problems that might already be present, such as diabetes, hypertension, and hyperlipidemia.
 - b. Maintenance of cognitive health is a vital part of healthy aging and quality of life. Cognition is a combination of mental processes that include the ability to learn new things, intuition, judgment, language, and remembering. Conditions that can cause cognitive impairment are Alzheimer's, other dementias, and conditions such as stroke and traumatic brain injury. Impairment can range from mild to severe. Some causes of cognitive impairment are related to treatable health issues (medication side effects, vitamin B12 deficiency, and depression).
 - c. Age-related conditions may interfere with the ability to engage in sexual activity.
 - i. Vaginal dryness from decreasing levels of estrogen, particularly after menopause may be improved from the use of lubricant and/or hormonal therapy as appropriate.

- ii. Erectile dysfunction from reduced testosterone levels, decreased blood flow to the penis, impaired nerve function, or erectile tissue that has become less elastic over time. Health conditions, such as, heart disease, hypertension, diabetes and other disease processes may be factors. Possible interventions could include medications, mechanical devices (vacuum pump), or surgical implant.
 - iii. Low libido from chronic disease, depression or anxiety, reduced hormonal levels, or medication side effects. Consult with medical provider.
 - d. Changes in sleeping patterns may occur.
 - i. Health conditions, such as, obstructive sleep apnea, periodic involuntary limb movements, acid reflux, arthritis, chronic pain and other disease processes.
 - ii. Changes in daily schedule.
 - iii. Less physical activity.
 - iv. Day time sleeping leading to night time wakefulness.
 - v. Depression, stress, anxiety.
 - e. Vision impairment may occur from diseases associated with aging. Explain how a dilated eye exam can lead to early detection and potential treatment to improve or slow the progression of vision impairment from conditions, such as, macular degeneration, cataracts, diabetic retinopathy, and glaucoma. Nearsightedness, farsightedness, and astigmatism may be corrected with corrective eye wear, contacts, or surgery.
 - f. Hearing impairment can diminish the quality of life for older adults. Discuss routine hearing evaluations from an audiologist and wearing hearing aids, if applicable. The etiology of age-related hearing loss is not known; some risk factors have been identified, such as, exposure to loud or persistent noises over long periods of time, tobacco smoking, and history of middle ear infections.
2. Explain that older individuals often have chronic diseases that need routine evaluation and management by a medical provider.
 3. Explain that depression may be difficult to diagnose because older adults may be living with one or more chronic health condition and receiving treatment with medications that potentially could alter mood and behavior leading to difficulty in recognizing depressive signs and symptoms. Family and caregivers should be instructed to watch for signs of depression. **Refer to [DEP](#).**

ELD-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the indication for and benefits of the prescribed medical equipment.
2. Discuss the types and features of the equipment as appropriate.
3. Discuss and/or demonstrate the proper use, care, cleaning, and safety implications of medical equipment.
4. Participate in a return demonstration as appropriate.
5. Discuss the signs of equipment malfunction and the proper action in case of malfunction as appropriate.
6. Discuss the proper disposal of associated medical supplies.

ELD-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. 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.

ELD-FU FOLLOW-UP

OUTCOME: The patient/family/caregiver will understand the importance of follow-up in elder care.

STANDARDS:

1. Emphasize the importance of follow-up care. Emphasize the importance of having appointments with the same healthcare provider when possible.
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. Stress the importance of full participation with the health maintenance plan between visits. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Refer to community resources as appropriate, e.g., meals on wheels, elder transportation, vans, Medicare.

ELD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family/caregiver 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
 - f. keep regular healthcare visits and screening exams
 - g. practice adequate hydration, nutrition, exercise, and stress management as components of wellness
4. Review the community resources available for help in achieving behavior changes.

ELD-HY HYGIENE

OUTCOME: The patient/family/caregiver will understand good personal hygiene as an aspect of wellness.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.

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

ELD-L LITERATURE

OUTCOME: The patient/family/caregiver will receive literature about aging or elder healthcare issues.

STANDARDS:

1. Provide the patient/family/caregiver with literature on aging or elder healthcare issues.
2. Discuss the content of the literature.

ELD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family/caregiver will understand the needed lifestyle adaptations to maintain optimal health and will develop a plan to modify behavior where needed.

STANDARDS:

1. Discuss the patient/family/caregiver level of understanding and acceptance of the aging process.
2. Review the lifestyle areas that may require adaptations due to changes in functional status, e.g., nutrition, bathing, dressing, physical activity, sexual activity, bladder/bowel function, role changes, communication skills, interpersonal relationships, transportation issues, isolation issues, safety and injury prevention.
3. Explain that as people age they may require more assistance from other sources than previously. Assist in identifying a support system.
4. Refer to Social Services, Mental Health, Physical Therapy, Rehabilitative Services, and/or other resources, as appropriate.

ELD-M MEDICATIONS

OUTCOME: The patient/family/caregiver 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.

ELD-MNT MEDICAL NUTRITION THERAPY

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

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.

ELD-N NUTRITION

OUTCOME: The patient/family/caregiver will understand dietary requirements for optimal health in elder care.

STANDARDS:

1. Review the patient's nutritional needs for optimal health.

2. Identify problems, such as dental or gum disease, financial limitations, cognitive limitations, or other conditions that may limit the patient's ability to achieve good nutrition.
3. Emphasize the necessary component – WATER – in a healthy diet. Reduce the use of colas, coffee and alcohol.
4. Encourage participation in Meals-on-Wheels, food stamps, or congregate feeding programs as appropriate.
5. Refer to a registered dietitian for MNT as appropriate.

ELD-S SAFETY

OUTCOME: The patient/family/caregiver will understand the importance of injury prevention and will make a plan to implement safety measures.

STANDARDS:

1. Explain the importance of body mechanics in daily living to avoid injury, e.g., proper lifting techniques.
2. Assist the patient/family/caregiver in identifying ways to adapt the home to improve safety and to prevent injuries, e.g., remove throw rugs, install bars in tub/shower, secure electrical cords, install ramps, ensure adequate lighting. Discuss fall prevention. **Refer to FALL** (in Volume III of this manual set).
3. As appropriate, stress the importance of mobility assistance devices, e.g., canes, walkers, wheel chairs, therapeutic shoes.
4. Discuss the current/potential abuse of alcohol or drugs.
5. Emphasize the importance of NEVER smoking in bed. Refer to smoking cessation programs as appropriate. **Refer to TO** in Volume IV of this manual set.
6. Discuss the potential for elder abuse/neglect (including financial exploitation) and ways to identify abuse/neglect. Refer as appropriate.

ELD-SM STRESS MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the role of stress management in taking care of the elderly.

STANDARDS:

1. Explain that uncontrolled stress can contribute to physical illness, emotional distress, and early mortality of the caregiver.
2. Emphasize the importance of seeking professional help as needed to reduce stress.

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 of both the caregiver and the elder.
4. Explain that effective stress management may help to improve the health and well-being.
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, e.g., respite care, behavioral or mental health.

ENC - Encephalitis

ENC-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.

ENC-AP **ANATOMY AND PHYSIOLOGY**

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

STANDARDS:

1. Explain the normal anatomy and physiology of the brain and spinal cord and other associated structures of the central nervous system.
2. Discuss the changes to anatomy and physiology as a result of encephalitis.
3. Discuss the impact of these changes on the patient's health or well-being.

ENC-BH **BEHAVIORAL AND EMOTIONAL HEALTH**

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with encephalitis 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 encephalitis 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.

ENC-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common complications of encephalitis. Recovery following encephalitis is very varied. Many people come through the illness with little or no difficulties. The difficulties below are not reflective of every situation where encephalitis is involved. However because there are occasions where more severe problems can occur, the following complications with regard to the impact of encephalitis which are listed are as broad and far-reaching as possible:
 - a. seizures
 - b. personality changes
 - c. physical difficulties
 - d. memory problems
 - e. emotional problems
 - f. problems with pain or other sensations
 - g. problems with daily living skills
 - h. fatigue
 - i. hormone problems
 - j. cognitive (thinking) problems
 - k. problems with new learning

- l. inability to understand and communicate
- m. inappropriate behavior and poor social skills
- n. paralysis

Other complications may include:

- o. kidney failure
 - p. adrenal gland failure
 - q. shock
 - r. death
2. Describe the signs/symptoms of common complications of encephalitis.

ENC-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.

ENC-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the encephalitis.

STANDARDS:

- 1. Discuss the disease process of encephalitis. Encephalitis may be broadly categorized as infectious, post-infectious, drug reactions, and autoimmune.
- 2. Explain that some causes of infectious encephalitis include:
 - a. Human herpesviruses (e.g., cold sores, glandular fever)
 - b. Human Immunodeficiency Virus (HIV)
 - c. Rash-causing viruses (e.g., mumps, measles, rubella)
 - d. Throat & chest viruses (e.g., influenza, enteroviruses)
 - e. Gut viruses (e.g., enteroviruses, Echo virus)

- f. Insect-borne (e.g., LaCrosse Encephalitis virus, West Nile virus)
- g. Bacteria (e.g., e.g., mycoplasma, meningococcal, pneumococcal and listeria)
- h. Fungi (e.g., histoplasma, cryptococcus, candida)
- i. Parasites (e.g., malaria, toxoplasma)

Other types include:

- j. Post-infectious Encephalitis
 - k. Drug reactions
 - l. Autoimmune Encephalitis
3. Explain the disease process of encephalitis.
- a. Encephalitis is characterized by seizures, stupor, coma, and related neurological signs. In more severe cases, neurological symptoms may include nausea and vomiting, confusion and disorientation, drowsiness, sensitivity to bright light, and poor appetite.
 - b. Patients with encephalitis often show mild flu-like symptoms. In more severe cases, patients may experience problems with speech or hearing, double vision, hallucinations, personality changes, loss of consciousness, loss of sensation in some parts of the body, muscle weakness, partial paralysis in the arms and legs, sudden severe dementia, impaired judgment, seizures, and memory loss.
 - c. Important signs of encephalitis to watch for in an infant include vomiting, body stiffness, constant crying that may become worse when the child is picked up, and a full or bulging fontanelle (the soft spot on the top of the head).

ENC-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 of 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.

ENC-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in long-term recovery from encephalitis.

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.

ENC-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care. Patients who experience severe brain inflammation may need physical, speech, and occupational therapy once the acute illness is under control.
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. **Refer to [ENC-C](#).**
5. Discuss the availability of community resources and support services and refer as appropriate.

ENC-HELP HELP LINE

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

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding encephalitis and dealing with issues.
2. Provide the help line phone number or Internet address (URL) , such as:
<http://www.cdc.gov/lac/>
<http://www.cdc.gov/ncidod/dybid/westnile/index.htm>
http://www.ninds.nih.gov/disorders/encephalitis_meningitis/encephalitis_meningitis.htm

ENC-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of long-term recovery from encephalitis.

STANDARDS:

1. Explain the home management techniques.
 - a. Very mild cases of encephalitis may be monitored at home by the physician and a caregiver. Supportive care includes fluids, bed rest, and over-the-counter analgesics to reduce fever and headache.
 - b. More severe cases may require hospitalization.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

ENC-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.

ENC-INF INFECTION CONTROL

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

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.

4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to UCATH and VENT-VAP** (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](#)**.
 - 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

ENC-L LITERATURE

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

STANDARDS:

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

ENC-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for encephalitis or post-encephalitis.

STANDARDS:

1. Discuss the lifestyle changes specific to encephalitis or post-encephalitis.
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.

ENC-M MEDICATIONS

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

STANDARDS:

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

ENC-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the long-term recovery from encephalitis.

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.

ENC-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to long-term recovery from encephalitis.

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.

ENC-P PREVENTION

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

STANDARDS:

1. Discuss the prevention of encephalitis. Encephalitis cannot be prevented except to try to prevent the illnesses that may lead to it. The best way to prevent infectious encephalitis is to take precautions to avoid exposure to viruses or bacteria that can cause the disease:
 - a. Wash hands frequently and thoroughly with soap and water, particularly after using the restroom and before and after meals.
 - b. Don't share tableware and beverages.
 - c. Teach children to practice good hygiene and to avoid sharing utensils at home and school.
 - d. Keep children's vaccinations current. Before traveling, ask the healthcare provider about recommended vaccinations for different destinations.
2. Explain how to minimize exposure to mosquitoes and ticks by following these tips:
 - a. Wear long-sleeved shirts and long pants if outside between dusk and dawn when mosquitoes are most active and when in a wooded area with tall grasses and shrubs where ticks are more common.

- b. Apply mosquito repellent. The Environmental Protection Agency (EPA) recommends two products—DEET and picaridin—to repel mosquitoes. Products with higher concentrations of the active ingredient provide longer protection. The EPA also recommends oil of lemon eucalyptus but cautions that its effect is comparable to low concentrations of DEET and provides protection for about an hour. Mosquito repellents can be applied to both the skin and clothes. To apply repellent to the face, spray it on the hands and then wipe it on the face. If using both sunscreen and a repellent, apply the sunscreen first. The American Academy of Pediatrics advises parents not to use insect repellents on infants younger than 2 months of age. Instead, cover an infant carrier or stroller with mosquito netting. Tips for using mosquito repellent with children include the following:
 - i. Always assist children with the use of mosquito repellent.
 - ii. Spray on clothing and exposed skin.
 - iii. Apply the repellent when outdoors to lessen the risk of inhaling the repellent.
 - iv. Spray the repellent on the hands and then apply it to the child's face. Take care around the eyes and ears.
 - v. Don't use repellent on the hands of young children who may put their hands in their mouths.
- c. Avoid mosquitoes. Refrain from unnecessary activity in places where mosquitoes are most prevalent. If possible, avoid being outdoors from dusk till dawn, when mosquitoes are most active.
- d. Keep mosquitoes out of the home. Repair holes in screens on doors and windows.
- e. Get rid of water sources outside the home. Where possible, eliminate standing water in the yard, where mosquitoes can lay their eggs. Common problems include flowerpots or other gardening containers, flat roofs, old tires and clogged gutters.
 - i. Control mosquitoes in standing water. Fill ornamental pools with mosquito-eating fish. Use mosquito dunks — products that are toxic to mosquito larvae — in birdbaths, ponds and garden water barrels.
 - ii. Look for outdoor signs of viral disease. If you notice sick or dying birds or animals, report your observations to the local health department or public health agency.

ENC-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.

ENC-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.

ENC-SM STRESS MANAGEMENT

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

STANDARDS:

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

ENC-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

ENC-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).

ENC-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
 - a. Antiviral drugs may sometimes be used to treat certain types of viral encephalitis.
 - b. Anticonvulsants may be prescribed to stop or prevent seizures, along with sedatives to calm more severely infected persons and drugs to counter nausea and vomiting.
 - c. Corticosteroids and intravenous administration of carbohydrate solutions can reduce brain swelling.
 - d. Patients with breathing difficulties may require artificial respiration.
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.

ENCOP - Encopresis

ENCOP-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of bowel function and neurologic processes involved in bowel function.
2. Discuss the changes to anatomy and physiology as a result of encopresis.
3. Discuss the impact of these changes on the patient's health or well-being.

ENCOP-C COMPLICATIONS

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

STANDARDS:

1. Explain that encopresis is a complication of chronic constipation and is the inability to control the elimination of the stool. Discuss the complication of encopresis which may include:
 - a. bleeding from traumatic bowel movements
 - b. pain
 - c. loss of appetite
 - d. uncontrolled discharge of urine
 - e. urinary tract infections
 - f. social stigma
2. Discuss that people with encopresis often develop self-esteem issues related to their inability to control body functions. The child with encopresis may feel ashamed and may wish to avoid situations (e.g. camp or school) that might lead to embarrassment.
3. Explain that when the incontinence is clearly deliberate, features of Oppositional Defiant Disorder or Conduct Disorder may be present. **Refer to ODD** (in Volume IV of this manual set) and [COND](#).

ENCOP-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.

ENCOP-DP DISEASE PROCESS

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

STANDARDS:

1. Discuss the development of encopresis is a process which often involves:
 - a. Constipation resulting in hard, dry stools that become difficult and painful to pass.
 - b. Stool holding secondary to painful defecation or the child not wanting to take the time to go to the toilet that results in the stool becoming impacted and unable to move forward.
 - c. Stretching of the lower intestine due to the hard, impacted stool, which affects the nerves that signal when it's time to go to the toilet or to know waste is coming out.
 - d. Leaking of liquid or soft stool around the hard, dry, impacted stool, soiling underwear.
2. Discuss that soiling of clothing and enuresis that happens with encopresis is out of the child's control, and that the child is unaware of the soiling until the patient feels or smells the stool.
3. Discuss that after treatment of the encopresis it may take 6-12 months for the child to regain muscle tone and control over bowel movements. Explain relapses are common during this time period.
4. Discuss that in some cases, there may be an emotional, psychological, or behavioral component, including anxiety about defecating in a particular place, a general pattern of anxious or oppositional behavior, or a history of abuse or neglect.

ENCOP-EX EXERCISE

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

STANDARDS:

1. Discuss that exercise stimulates the digestive system and helps keep food moving forward as it is digested. Explain other benefits of physical activity, such as improvement in well-being, stress reduction, sleep, and improved self-image.
2. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal exercise plan.
3. Discuss the appropriate frequency, intensity, time, and type of activity.
4. Refer to community resources as appropriate.

ENCOP-FU FOLLOW-UP

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

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.

ENCOP-HELP HELP LINE

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

STANDARDS:

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

ENCOP-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.

ENCOP-L LITERATURE

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

STANDARDS:

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

ENCOP-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.

ENCOP-MNT MEDICAL NUTRITION THERAPY

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

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.

ENCOP-N NUTRITION

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

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Discuss the need to avoid constipation by eating a diet high in fiber and drinking plenty of fluids, especially water. Discuss methods for increasing fiber in the diet.
3. Explain that some foods or beverages can exacerbate the condition, such as milk products and caffeinated and/or sugar beverages.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

ENCOP-PA PARENTING

OUTCOME: The patient/family will understand the parenting issues related to encopresis.

STANDARDS:

1. Explain that soiling and/or enuresis associated with encopresis is usually not a purposeful or controllable act.
2. Discuss that punishing or belittling is not constructive and may cause more problems and make encopresis more difficult to treat.
3. Explain that natural consequences, such as having the child clean the mess either alone or with assistance (depending on the child's ability) may be useful. The use of natural consequences is not and should not be used as punishment.
4. Discuss that most children with encopresis are not happy about their condition and should be handled with love and empathy when accidents happen. This is especially true during treatment and if the child is actively trying to help resolve the problem.

ENCOP-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.

ENCOP-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

ENCOP-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation in the development of and participation in the treatment plan.
2. Discuss appropriate treatment methods:
 - a. removing impacted stool
 - b. keeping bowel movements soft so stools pass easily
 - c. bowel retraining
3. Explain that the treatment of encopresis is a slow process (months to greater than one year) during which relapses are common. Discuss the process for rapidly treating relapses.
4. Explain that in the case of psychological and behavioral causes to encopresis, the Behavioral Health treatment may include a combination of psychotherapy and medication interventions.
5. Discuss the importance of maintaining a positive mental attitude.

EOL - End of Life

EOL-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 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.

EOL-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to the end of life conditions.

STANDARDS:

1. Discuss the common difficulty in coping with the end of life conditions that require a change in lifestyle (**refer to [EOL-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common when being diagnosed with a terminal condition, 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 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, as appropriate.

EOL-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 to anticipated loss may vary considerably among different cultural groups. **Refer to GRIEF** (in Volume III of this manual set).
2. Discuss the influence that their social, cultural, and spiritual traditions and variables have on the patient/family’s perception of end of life.
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.

EOL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology and symptoms of the patient’s illness and the dying process.

STANDARDS:

1. Explain the basic disease process and the effect upon the body system(s) involved.
2. Discuss the signs/symptoms of worsening of the patient’s condition and when to seek medical care.
3. Discuss the signs/symptoms of impending death., as appropriate.

EOL-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.

EOL-GP GRIEVING PROCESS

OUTCOME: The patient/family will understand the grieving process, recognize the sense of loss, and embrace the importance of preparing for the end of life emotionally and spiritually.

STANDARDS:

1. Explore the various losses and feelings that affect the patient and the patient's loved ones when faced with the end of life.
2. Explain that it is normal to grieve over the end of life. **Refer to GRIEF** (in Volume III of this manual set).
3. Explain that the five major losses experienced by a dying patient are: loss of control, loss of identity, loss of achievement, loss of social worth, and loss of relationships, as appropriate.

EOL-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management at the end of life.

STANDARDS:

1. Explain the home management techniques.
2. Refer to community resources, hospice, or support groups, as appropriate.

EOL-L LITERATURE

OUTCOME: The patient/family will receive written information about the patient's specific disease process, hospice care, end of life issues, advanced directives, support groups, or community resources as appropriate.

STANDARDS:

1. Provide the patient/family with literature on the patient's specific disease process, hospice care, end of life issues, advanced directives, support groups, or community resources.
2. Discuss the content of the literature.

EOL-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living to cope with the end of life.

STANDARDS:

1. Discuss the lifestyle adaptations specific to the end of life.
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.

EOL-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.

EOL-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition at the end of life.

STANDARDS:

1. Encourage ingesting small, frequent meals and/or snacks, as appropriate.
2. Emphasize the importance of mouth care as appropriate.
3. If a specific nutrition plan is prescribed discuss this with the patient/family.
4. Discuss that failure to thrive may be a sign of impending death and may be seen in spite of adequate nutritional intake.
5. Refer to a registered dietitian, as appropriate.

EOL-PM PAIN MANAGEMENT

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

STANDARDS:

1. 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).
2. Explain that narcotics and other medications may be helpful to control pain and the symptoms associated with pain. For example:
 - a. Explain that regularly scheduled dosing of pain medication is more effective in the treatment of chronic pain than medications that are taken after the pain recurs.
 - b. Explain that acute, severe, or breakthrough pain should be immediately reported to the provider.
 - c. Discuss patient/family concerns about addiction. Explain that addiction is not an issue for terminally ill patients.
3. Explain non-pharmacologic measures that may be helpful with pain control.

EOL-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in end of life situations.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in the end of life care.
3. Emphasize the importance of seeking professional help as needed to reduce stress.

EOL-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan at the end of life.

STANDARDS:

1. Emphasize the importance of active participation by the patient/family in the development of a treatment plan.
2. Explain what signs/symptoms should prompt an immediate call to the provider.
3. Explain the difference between palliative and curative treatments.
4. Explain that psychotherapy may be beneficial for the end of life process. Explain that individual psychotherapy or family therapy are options to facilitate the grieving process (**refer to GRIEF-TX** in Volume III of this manual set).
5. Discuss how to integrate the social, cultural, or spiritual traditions of the patient and family into the treatment process, based on the assessment of their needs and perceptions about the end of life.

ENU - Enuresis (Bedwetting)

ENU-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

ENU-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss that bedwetting can be embarrassing and guilt producing to children and can be very stressful for families.
2. Discuss the potential stress, anger, sadness, fear, or other emotional reactions that are common for the patient and family, 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, emotional, and cultural components.
4. Refer to a mental health agency or provider.

ENU-C COMPLICATIONS

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

STANDARDS:

1. Discuss the other behavioral or emotional symptoms and disorders may occur in children with enuresis, especially if left untreated.
2. Explain that the amount of impairment associated with enuresis is a function of the limitation on the child's social activities (e.g. ineligibility for sleep away camps), or its effect on the child's self-esteem, the degree of social ostracism by peers, and the anger, punishment, and rejection on the part of the caregivers.

ENU-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.

ENU-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that enuresis is the repeated voiding of urine into the bed or clothes (whether voluntary or intentional) at least twice a week for at least three consecutive months.
2. Explain that enuresis can be caused by medical problems, psychological problems, or other factors.
3. Discuss the onset of enuresis.
4. Explain that bedwetting is often a source of embarrassment, shame, and social ostracism.
5. Explain that bedwetting may resolve without treatment. However, bedwetting after the age of seven can be indicative of more serious problems, e.g., diabetes, kidney disease.

ENU-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. Moisture alarms are designed to alert the patient before wetting the bed. To be effective, the child must awake as soon as the alarm goes off, go to the bathroom, and change the bedding.

- b. Types and features of the equipment.
 - c. Proper function of the equipment.
 - d. Signs of equipment malfunction and proper action in case of malfunction.
 - e. Infection control principles, including proper disposal of associated medical supplies.
 - f. The 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.

ENU-EX EXERCISE

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

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.

ENU-FU FOLLOW-UP

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

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.

ENU-HELP HELP LINE

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

STANDARDS:

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

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

ENU-HY HYGIENE

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

STANDARDS:

1. Discuss the additional hygienic practices needed for children who are bedwetting.
2. Discuss the importance of hand-washing in infection control, especially in relationship to food preparation/consumption, child care, and toilet use.
3. 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.

ENU-L LITERATURE

OUTCOME: The patient/family will receive literature about enuresis (bedwetting).

STANDARDS:

1. Provide the patient/family with literature on enuresis or bedwetting.
2. Discuss the content of the literature.

ENU-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the necessary lifestyle adaptations until the child develops continence.
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.

ENU-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.

ENU-MNT MEDICAL NUTRITION THERAPY

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

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.

ENU-N NUTRITION

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

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 enuresis (bedwetting).
6. Refer to registered dietitian for MNT or other local resources as appropriate.

ENU-PA PARENTING

OUTCOME: The parent(s)/family will understand parenting skills to help the child regarding enuresis.

STANDARDS:

1. Explain the importance for parents to cultivate patience with the child and to avoid directly expressing anger, frustration, or hostility about the bedwetting to the child.
2. Explain that punishment for bedwetting at night can emotionally hurt the child and should not be practiced.
3. Discuss methods for appropriate parenting at home, which may include:
 - a. Not allowing siblings to “tease” the child
 - b. By having a small reward for dry nights

4. Discuss the importance of providing emotional support and unconditional assistance to the child.
5. Refer the family to mental health services/family counseling if the family is becoming overwhelmed.

ENU-SM STRESS MANAGEMENT

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

STANDARDS:

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

ENU-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

ENU-TX TREATMENT

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

STANDARDS:

1. Explain that the treatment plan will be made by the family and treatment team after reviewing the available options. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Explain that the behavioral therapy is the first approach to the treatment of enuresis, which includes:
 - a. Having the child urinate just before going to bed, and reminding the child to get up at night, as needed.
 - b. Having the child “rehearse” waking up to go to the bathroom.
 - c. Stop using diapers at night, and place a plastic cover over the mattress to protect it.
 - d. If an accident occurs, have the child change into new pajamas and place dry towels over the wet spot.
3. Explain that other approaches can be added with a professional’s advice:
 - a. Bladder training may help the child to increase bladder capacity.
 - b. Night wet alarms can remind the child to wake up when urine is passed in the bed.
4. Explain that medication intervention may be prescribed in combination with therapy.

ED - Erectile Dysfunction

ED-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal process that occurs in achieving and maintaining an erection suitable for sexual intercourse.
2. Discuss the changes to the circulatory and/or nervous systems as they pertain to erectile dysfunction.
3. Discuss the impact of these changes on the patient's health or well-being.

ED-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with erectile dysfunction.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with erectile dysfunction, 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.

ED-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications related to erectile dysfunction.

STANDARDS:

1. Discuss the common complications of erectile dysfunction, such as:
 - a. unsatisfactory sex life for patient/partner
 - b. stress or anxiety
 - c. embarrassment or low self esteem
 - d. marital or relationship problems
 - e. infertility
2. Discuss that erectile dysfunction may be associated with peripheral vascular disease and may indicate a higher risk for heart attack and stroke.
3. Describe the signs/symptoms of common complications of erectile dysfunction.

ED-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.

ED-DP DISEASE PROCESS

OUTCOME: The patient/family will understand erectile dysfunction.

STANDARDS:

1. Discuss the normal process of arousal that occurs in achieving and maintaining an erection suitable for sexual intercourse which involves both physical and psychological stimulation.
2. Explain that erectile dysfunction occurs when a man has repeated inability maintain an erection firm enough for sexual intercourse.
3. Discuss the potential underlying causes for erectile dysfunction:
 - a. medications (e.g. antidepressants, blood pressure medications, chemotherapy)
 - b. health problems (e.g. diabetes, heart disease, hypertension, high cholesterol, obesity)

- c. stress
- d. psychological conditions such as depression or anxiety
- e. illicit drug and alcohol use
- f. tobacco use
- g. low testosterone levels
- h. injuries

ED-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.

ED-EX EXERCISE

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

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.

ED-FU FOLLOW-UP

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

STANDARDS:

1. Explain 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.

ED-HELP HELP LINE

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

STANDARDS:

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

ED-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.

ED-L LITERATURE

OUTCOME: The patient/family will receive literature about erectile dysfunction.

STANDARDS:

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

ED-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.

ED-P PREVENTION

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

STANDARDS:

1. Discuss the importance of reducing potential risk factors for erectile dysfunction:
 - a. Manage chronic problems (diabetes, hypertension, hyperlipidemia).
 - b. Lose weight if obese.
 - c. Avoid drug, alcohol, and tobacco use.
 - d. Avoid prolonged pressure to the groin, such as excessive amounts of time sitting in the same position, i.e., saddle, bicycle. Warning signs might include pain, numbness, or tingling which occur before developing erectile dysfunction.
2. Explain that erectile dysfunction may increase with older age but old age is not the cause.

ED-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.

ED-SM STRESS MANAGEMENT

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

STANDARDS:

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

2. Explain the role of effective stress management in erectile dysfunction.
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.

ED-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

ED-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.

ED-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized including lifestyle changes, medications, surgery, devices, and psychotherapy.
3. Explain that some alternative medicines claiming to be as effective as prescription drugs may not be safe and effective.
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.

EYE - Eye Conditions

EYE-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family understand anatomy and physiology of the eye and surrounding tissues as they relate to the specific eye condition.

STANDARDS:

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

EYE-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of the ocular condition, failure to manage this condition, or from treatment.

STANDARDS:

1. Discuss the common or significant complications associated with the ocular condition.
2. Discuss the common or significant complications that may be prevented by full participation with the treatment plan.
3. Discuss the common or significant complications that may result from treatments.

EYE-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the ocular condition.

STANDARDS:

1. Discuss the current information regarding causative factors and pathophysiology of the ocular condition.
2. Discuss the signs/symptoms and usual progression of the ocular condition.
3. Discuss the signs/symptoms of exacerbation/worsening of the ocular condition.

EYE-FU FOLLOW-UP

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

STANDARDS:

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

EYE-HM HOME MANAGEMENT

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

STANDARDS:

1. Discuss the home management plan and methods for implementation of the plan.
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.

EYE-L LITERATURE

OUTCOME: The patient/family will receive literature about the specific eye condition.

STANDARDS:

1. Provide the patient/family with literature on the specific eye condition.
2. Discuss the content of the literature.

EYE-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to prevent complications of the specific eye condition and improve overall health.

STANDARDS:

1. Discuss the lifestyle aspects/changes that the patient has control over: nutrition, physical activity, safety and injury prevention, avoidance of high risk behaviors, and full participation in the treatment plan.
2. Emphasize that an important component in the treatment of the specific eye condition is the patient's adaptation to the treatment plan.

3. Review the community resources available to assist the patient in making lifestyle changes. Refer as appropriate.

EYE-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.

EYE-P PREVENTION

OUTCOME: The patient/family will understand that healthy lifestyle behaviors can reduce the risk of developing some eye conditions and complications.

STANDARDS:

1. Discuss the lifestyle habits that increase the risk for the onset or progression of the specific eye condition.
2. Discuss the behaviors that reduce the risk for the onset or progression of a specific eye condition, e.g., proper nutrition, safety, and infection control practices.

EYE-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the pain management techniques for the particular eye condition.

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 short term use of narcotics may be helpful in pain management as appropriate.
4. Explain non-pharmacologic measures that may be helpful with pain control, e.g., warm or cool packs.

EYE-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.

EYE-S SAFETY

OUTCOME: The patient/family will understand the principals of injury prevention and will plan for a safe environment.

STANDARDS:

1. Explain that injuries can cause certain ocular conditions.
2. Discuss injury prevention adaptations such as safety glasses or goggles.

EYE-SCR SCREENING

OUTCOME: The patient/family will understand the screening device.

STANDARDS:

1. Explain the screening device to be used.
2. Explain why the screening is being performed.
3. Discuss how the results of the screening will be used.
4. Emphasize the importance of follow-up care.

EYE-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

EYE-TLH TELE-HEALTH

OUTCOME: The patient/family will understand teleophthalmology.

STANDARDS:

1. Explain that images of the eye are captured and transmitted to the qualified ophthalmologists for interpretation.

2. Explain the purpose of the assessment is for eye conditions and that there is no preparation required.
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).

EYE-TX TREATMENT

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

STANDARDS:

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