



Family Practice Guidelines

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Editors

Note: These forms can be printed and completed or completed by placing your cursor on the write-on-rules to type in information.

ABDOMINAL PAIN: ADULTS

PROBLEM

Problems relating to abdominal organs may range from simple gas to appendicitis. Acute pain is pain that has started recently; recurrent pain is present on three or more separate occasions over at least a 3-month period.

It is important that you call the health care provider if you have pain that lasts 3 hours or longer, have fever, vomiting, or pain that is unusually sharp or intense.

CAUSE

Pain may result from inflammation, ischemia (poor blood supply), distension, constipation, or obstruction. Gastroenteritis is the most common cause of acute pain, and chronic stool retention (constipation) is the most common cause of chronic pain. Urinary tract infections (UTIs) can also cause abdominal pain.

- A. Males: Torsion of the testicles or a strangulated inguinal hernia may cause abdominal pain.
- B. Females: If you have missed a period or suspect you are pregnant, tell your health care provider; ectopic pregnancies are a medical emergency.

PREVENTION/CARE

The following suggestions can prevent abdominal pain from constipation:

- A. Go to the bathroom as soon as you have the urge to have a bowel movement (BM).
- B. Establish a regular toilet time such as after breakfast; 15 to 20 minutes after breakfast provides a good time, because spontaneous colonic motility is greatest during that period.

TREATMENT PLAN

Do not take laxatives, use enemas, take drugs, food, or liquids (including water) until consulting your health care provider for suspected abdominal pain and the following:

- A. Increased or odd-looking vomit or stools
- B. Hard, swollen abdomen
- C. Lump in scrotum, groin, or lower abdomen
- D. Missed period or suspected pregnancy

Activity: Engage in activity as tolerated. Abdominal pain with nausea and vomiting, with fever, or pain that lasts more than 3 hours and makes you stop doing daily activities should be reported.

Diet: Eat regular foods as tolerated. Do not eat food or drink liquids until you see a health care provider if you have pain with nausea and vomiting, with fever, or pain that lasts longer than 3 hours.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Any change in first symptoms that brought you to the office
- B. Fever higher than _____ degrees
- C. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

ABDOMINAL PAIN: CHILDREN

PROBLEM

Pain in your child's "tummy" may range from simple gas to appendicitis. It is important to call the health care provider if your child has abdominal pain that lasts 3 hours or longer, has a fever, vomiting, or pain that is unusually sharp or intense. Signs that your child has abdominal pain include: lying down and drawing the his or her knees into the stomach; crying when you try to touch his or her stomach; or pointing to an area, such as the navel, when crying.

CAUSE

Pain may result from inflammation, distension, constipation, or obstruction. A gastrointestinal (GI) stomach bug (gastroenteritis) is the most common cause of acute pain. Chronic pain happens if your child holds in bowel movements, which causes constipation. Urinary tract infections (UTIs) can cause abdominal pain, and often the child with a bladder infection does not complain of burning on urination and having to go to the bathroom more often.

PREVENTION/CARE

There is no way to prevent stomach pain, but the following can prevent abdominal pain from constipation:

- A. Tell your child to go to the bathroom as soon as he or she feels the urge to go.
- B. If possible, set up a regular toilet time such as 15 to 20 minutes after breakfast or after school.

TREATMENT PLAN

Do not give laxatives, enemas, drugs, herbal products, food, or liquids (including water) until consulting your health care provider for suspected abdominal pain and the following:

- A. Unusual cry, especially loud crying
- B. Increased or odd-looking bowel movements or vomiting
- C. Hard, swollen abdomen
- D. Lump in scrotum, groin, or lower abdomen (tummy)
- E. If you notice pain symptoms, especially if when the child bends his or her legs, draws the knees to his or her chest, and/or points to his or her navel.

Activity: Allow activity as tolerated. Children may not be able to tell you in words what is wrong with them. Children tell you they are in pain with a change in the pitch of their crying and by making faces (grimacing). For example:

- A. Refusing to eat or breastfeed
- B. Drawing knees to tummy when you touch the stomach

Diet: Do not give baby food or liquids until you see a health care provider if you notice a change in the pitch of your baby's crying, facial grimacing, refusal to suck, or your child draws the knees up to his or her stomach, especially after being touched.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Notice That Your Child Has:

- A. Any change in first symptoms that brought you to the office
 - B. Fever higher than _____ degrees
 - C. Other: _____
- Phone: _____

ACNE ROSACEA

PROBLEM

Acne rosacea is a skin condition that affects primarily the nose and face, causing redness, flushing, pimples, and bumps. The blood vessels may be more prominent on the face, causing the skin to appear reddened.

CAUSE

The cause is not known. It is thought to be caused by the blood vessels in the face being too active, causing flushing and redness of the skin.

PREVENTION/CARE

- A. Avoid rubbing or massaging the face, which can irritate the skin.
- B. Avoid alcoholic beverages.
- C. Avoid using harsh soaps/creams on face, including cosmetics that irritate the skin.
- D. Wash face with a mild soap, such as Cetaphil or Purpose soap daily. Other suggested daily cleansers are sulfa-based cleanser (Rosanil) or benzoyl peroxide cleanser.
- E. Protect the skin when outdoors by wearing protective clothing, hats, and so on, to cover the face. Use a sunscreen with a sun protection formula (SPF) 30 or a zinc-based ointment, such as zinc oxide, on the skin for protection.
- F. You may be prescribed an antibiotic by mouth or an antibiotic cream/gel to place on the skin. Use medications as prescribed by your provider.
- G. Avoid using steroid creams on your face unless prescribed by your provider.
- H. If your skin condition begins to affect your eyes, you need to notify your provider immediately. Do not apply any medications or creams on your eyes unless prescribed by your provider.

TREATMENT PLAN

- A. Use antibiotics/medications as prescribed by your provider.
- B. Wash face with mild cleanser daily.

Activity: As tolerated. No limitations in physical activity.

Diet:

- A. Drink plenty of fluids daily.
- B. Avoid alcoholic beverages.

Medications:

You or Your Child Has Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have a reaction to any of the medications or cleansers prescribed.
- B. Rash appears on your eyes or other new places.
- C. Symptoms worsen, or new signs or symptoms present before your next follow-up appointment.
- D. Other: _____

Phone: _____

RESOURCE

www.rosacea.org

PATIENT TEACHING GUIDE

ACNE VULGARIS

PROBLEM

Acne vulgaris refers to blackheads, whiteheads, or red nodules noted on the face, back, chest, and arms.

CAUSE

Accumulation of cells and bacteria clog the pores and stimulate an inflammatory response, which results in papule or pustule (pimple or blackhead) formation.

PREVENTION/CARE

- A. Wash area with mild soap (Purpose or Basis soap) no more than two times per day.
- B. Avoid oil-based makeup and creams. Use matte-finished makeup or pore minimizer.
- C. Use facial cleansers and moisturizers such as Cetaphil and Moisturel. These prevent the skin from drying out. Benzoyl peroxide 5% lotion or gel may be used at bedtime to help open pores and kill bacteria.
- D. To prevent scarring, do not pick lesions.
- E. Avoid excessive sun exposure. Use oil-free sunscreen with sun protection formula (SPF) 15 or greater.
- F. Do not get frustrated if lesions return. Do not stop medications without the direction of your provider.
- G. Stress can influence outbreaks of lesions. Follow a routine exercise program, practice stress management tactics, and other measures that decrease stress levels in your daily routine.

TREATMENT PLAN

Activity: As tolerated. Physical activity encouraged.

Diet: Eat a well-balanced diet. Drink 8 to 10 glasses of water a day to help keep your skin well hydrated. Cocoa and chocolate do not have an effect on the development of acne vulgaris.

Medications: Antibiotics may need to be prescribed.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have a reaction to any of the medications prescribed.
- B. You are unable to tolerate the prescribed medications.

Phone: _____

ACUTE OTITIS MEDIA

PROBLEM

Acute otitis media is an infection of the middle ear that is commonly caused by bacteria. When an ear infection is present, symptoms may include swelling and pain of the ear, dizziness, and/or a decrease in hearing.

CAUSE

Bacteria or viruses may cause middle ear infections.

PREVENTION/CARE

- A. Wash your child's hands often. Always wash hands before eating and after playing, especially when playing with other children.
- B. **Do not smoke. Children should not be exposed to secondhand smoke. Secondhand smoke increases the risk of ear infections in children.**
- C. Avoid exposure to other children/people as much as possible, especially during the first year of life. Exposure to others increases the risk of contracting a virus that may lead to getting a cold. Many ear infections occur after having a cold or upper respiratory infection.
- D. If your child is bottle-fed, do not "prop" the bottle. Always hold your baby when bottle feeding.
- E. Do not allow your child to have a bottle at bedtime.
- F. Wean your child from the bottle by his or her first birthday.
- G. Breastfeeding your baby for the first 6 to 12 months of life is highly recommended. Breastfeeding reduces the risk of ear infections because breast milk contains antibodies that fight against ear infections.
- H. Childhood immunizations are encouraged to be given at the recommended ages. Some immunizations, such as the flu vaccine and pneumococcal vaccine, may protect your child from getting ear infections.

TREATMENT PLAN

Follow up with a health care provider as instructed to avoid complications of otitis or permanent hearing loss.

Activity: Your child may not play as much when he or she is sick. Activity is encouraged as tolerated.

Diet: Your child may not eat well when he or she is sick. No change in diet is recommended. Encourage fluids for hydration.

Medications:

- A. Children's Tylenol and/or ibuprofen may be used for fever or pain.
- B. **Do not use aspirin for children.**
- C. Antibiotics may be prescribed for you or your child. Give as prescribed.

You Have Been Prescribed: _____

You Need to Take: _____

Your child needs to finish all of the antibiotics, even though he or she may start to feel better.

You Need to Notify the Office If You Have:

- A. Continued fever or no improvement in symptoms in 48 hours
- B. A child who acts as if he or she has a stiff neck, headache, or other new symptoms
- C. Continual crying or not being able to console your child
- D. Rash while taking medicine
- E. Other: _____

Phone: _____

ADDISON'S DISEASE

PROBLEM

Addison's disease has many symptoms, including weakness and fatigue, fainting or dizziness, poor appetite, weight loss, nausea, vomiting, diarrhea, abdominal discomfort, skin discoloration, and low blood pressure, as well as cravings for salty foods.

CAUSE

Addison's disease is most commonly caused by your body's unusual ability to attack its own tissues, called autoimmunity. This results in inadequate amounts of cortisol and/or aldosterone produced by the adrenal glands.

TREATMENT PLAN/CARE

- A. Wear your identification band stating that you have Addison's disease and that lists treatment, as well as your health care provider's name and phone number.
- B. Increased medication dosage will be required during any significant illness, especially with vomiting and/or diarrhea, before dental extractions, and before major surgical procedures. **These issues need to be discussed with your health care provider so you will know the correct dosage of medication to take.**
- C. Have injectable cortisol available for emergencies when you are unconscious or otherwise unable to take pills.

Activity: As tolerated, avoid overexertion.

Diet: High-sodium, low-potassium, high-protein diet.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have a reaction to your medications.
- B. You cannot tolerate the prescribed medications.
- C. You are having dental procedures or surgery to discuss adjusting your medicines.
- D. You are sick with nausea and vomiting to discuss adjusting your medicines or coming into the office.
- E. Other: _____

Phone: _____

RESOURCES

National Adrenal Diseases Foundation (NADF): www.nadf.us

You can build your own identification bracelets or neck chains from American Medical ID: www.americanmedical-id.com

ADHD: COPING STRATEGIES FOR TEENS AND ADULTS

PROBLEM

Attention deficit/hyperactivity disorder (ADHD) is a common mental health problem in which a person has difficulty paying attention, has a short attention span, and frequently gets in trouble because of behavior issues. The patient may show signs of hyperactivity, difficulty with concentrating, reacting without thinking first, and may also have anger issues.

CAUSE

The cause of ADHD is unknown. However, it may be hereditary.

TREATMENT PLAN/PREVENTION CARE

- A. Identify coping skills. Identify what things help you to control your behavior and prevent outbursts.
- B. Counseling and therapy are commonly encouraged to help you learn new coping skills to help with your problem. Make sure you keep all appointments with your counselor/therapist.
- C. Make sure to clarify all assignments and tasks.
- D. Keep simple lists of your chores for the day.
- E. Attach reminder notes to logical items; for example, put a self-adhesive note on your bathroom mirror to remind yourself to do something.
- F. Organize your things in a logical way. For example, put your medication bottle with your toothbrush so you will be sure to take it in the morning.
- G. Establish a daily routine and stick to it.
- H. Keep your environment as quiet and peaceful as possible. Seek out work and study sites that are quiet and peaceful.
- I. Be good to yourself: Eat well, get enough rest, and exercise.
- J. Take your medications as prescribed. If you feel that your medication is not improving your behavior, notify your parent and/or care provider so this can be evaluated.

RESOURCES

Children and Adults With Attention Deficit Hyperactivity Disorder (CHADD): www.chadd.org
The National Attention Deficit Disorder Association: www.add.org
National Resource Center for ADHD: www.help4adhd.org

ADHD: TIPS FOR CAREGIVERS OF A CHILD WITH ADHD

A child with attention deficit hyperactivity disorder (ADHD) may not respond to your direction and discipline as easily as other children. Here are a few ways you can organize your home and your child to try to help him or her.

- A. Accept your child's limitations. Understand that his or her activity and inattention are intrinsic. Be as tolerant, low key, and patient as you can possibly be.
- B. Provide an outlet for the release of excess energy, such as active games, especially outdoors or in open spaces.
- C. Keep your home well organized. Have routines for the usual activities for the day. This will help your child to anticipate activities. Eliminate extraneous noise and clutter, such as having the TV on or piling your kitchen table high with newspapers.
- D. Be sure your child gets plenty of rest and good nutrition.
- E. Avoid formal gatherings or other places where you and your child will have added stress to behave well.
- F. Establish discipline that is firm, reliable, and nonphysical.
- G. Stretch your child's attention span by quietly and regularly reading to or playing with him or her. Praise whenever possible.
- H. Medications may be very helpful. *Often* they will allow your child to attend to his or her schoolwork; school performance and experience may be much improved.
- I. Be active with your child's school. *You* are his or her most interested advocate.
- J. Make sure that his or her school placement and program are appropriate. Enlist the support of the school nurse, school psychologist, or principal if needed.
- K. Most important, enjoy your child as much as possible. Try to take breaks whenever possible.

ADOLESCENT NUTRITION

- A. Adolescents need a well-balanced diet. However, requirements vary depending on the build and gender of the adolescent.
- B. Adolescents go through a growing spurt and require extra nutrients during this time.
 - 1. Girls have a growth spurt generally between 10 and 14 years of age.
 - 2. Boys have a growth spurt generally between 12 and 15 years of age.
- C. To help prevent obesity, it is important to set a good example.
 - 1. Limit junk foods.
 - 2. Limit sugary sodas.
 - 3. Limit fast food.
 - 4. Serve regular portions, not “super-sized.”
 - 5. Teens need snacks between meals.
 - 6. Buy fresh vegetables and fruits for snacking.
 - 7. Many teens do not get enough vitamins from their regular diet and may need a vitamin supplement.
- D. Enhance your diet with foods that are a good source of calcium and vitamin D.
 - 1. Dairy products are an excellent source of calcium and support the bones, making them healthy and stronger. Strong bones decrease the risk of the development of osteoporosis.
 - 2. Dairy products also provide potassium and maintain and support a healthy blood pressure.
 - 3. Dairy products fortified with vitamin D are also recommended to support bone health.
- E. Choosing foods that are lower in saturated fats and cholesterol will also help to keep cholesterol levels low and decrease the risk of developing high cholesterol and heart disease.
- F. Since body image is important to teens, making good decisions for weight control and participating in daily exercises will help reduce the risk of obesity.

Note: If you are concerned about your child’s eating habits, eating too much, “bingeing,” or not eating enough to control his or her weight, “anorexia,” you need to notify our office.

- G. A use resource is the U.S. Department of Agriculture Food Pyramid: www.ChooseMyPlate.gov

Suggested Number of Servings of Food Groups Per Day

Food Group	Number of Servings Per Day
Milk/dairy	3
Meat	2–3
Fruits	3–4
Vegetables	4–5
Grains (breads and cereal)	9–11

ALCOHOL AND DRUG DEPENDENCE

PROBLEM

Dependence on alcohol or drugs is a disease with signs and symptoms and a progressive course that requires treatment, just like diabetes or cancer.

CAUSE

Factors that contribute to dependence on alcohol and drugs may include inherited traits, the environment, occupation, socioeconomic status, family and upbringing, personality, life stress, and emotional stress. These factors vary among individuals, but no one factor can account entirely for the risk.

PREVENTION/CARE

The only way to prevent alcohol and/or drug abuse and dependence is not to start. Warning signs for needing help are not always dramatic. The following questions can help identify dependence.

A. Are you or someone you know experiencing any of the following:

1. Steadily drinking or using more at a time or more often?
2. Setting limits on how much, how often, when, or where you will drink or use other drugs and repeatedly violating your limits?
3. Keeping a large supply on hand or becoming concerned when you run low?
4. Drinking or using other drugs before going to activities where they won't be available (e.g., class or work)?
5. Drinking or using other drugs alone? Drinking or using other drugs every day?
6. Spending more money than you can afford on alcohol or other drugs?
7. Doing or saying things when you are under the influence that you regret later or do not remember?
8. Lying to friends and family about your drinking or other drug use?
9. Becoming accident prone when you are under the influence (spilling, dropping, or breaking things)?
10. Regularly hung over the morning after drinking?
11. Worrying about your drinking or other drug use?
12. Having work or school problems, such as tardiness or absenteeism?
13. Reducing contact with friends, or experiencing increasing problems with important relationships?

B. If you answered “yes” to any of these questions, it suggests your drinking or drug use may be a problem.

TREATMENT PLAN

- A. There are no “quick cures” for alcohol and drug dependence, but early intervention is of utmost importance because it helps avoid the harmful effects of long-term alcohol or other drug use.
- B. Your health care provider will be suggesting a plan of action for you to consider. You are strongly encouraged to follow the recommendations.
- C. Do not hang around your drinking/drug-using friends. Instead, go to new areas, play new sports, and develop new hobbies.
- D. Talk to your provider about seeking professional rehab treatment.
- E. Ask about a support group in your area.

Activity: Daily exercise is helpful in alleviating the craving for alcohol and drugs. Walking daily and increasing your tolerance for distance are recommended.

Diet:

- A. Avoid caffeine and nicotine, if possible.
- B. Try to eat three meals a day and three snacks.
- C. You may be given vitamin supplements to help restore the vitamins and minerals that have been depleted as a result of your alcohol or drug dependence.

Medications: Usually, medications are not prescribed because they may make the problem worse. If you are prescribed any medications, take them exactly as directed by your health care provider.

(continued)

ALCOHOL AND DRUG DEPENDENCE (continued)

You Have Been Prescribed: _____

Vitamins/Minerals: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Severe craving and the urge to use alcohol or drugs
- B. Any thoughts of hurting yourself or others
- C. Impulsive feelings, like you might do something you will later regret

Phone: _____

RESOURCES

Al-Anon Family: 888-4AL-ANON: www.al-anon.alateen.org
Alcohol Help Line 24 hours a day, 7 days a week: 800-345-3552: www.adcare.com
American Council for Drug Education: 800-488-3784 (DRUG): www.health.gov/nhic
Cocaine Anonymous: 310-559-5833: www.ca.org
Cocaine Hotline 24 hours a day, 7 days a week: 800-262-2463: www.acde.org
Families Anonymous: 800-736-9805: familiesanonymous.org
Mothers Against Drunk Driving (MADD) 24 hours a day, 7 days a week: 877-ASK-MADD: www.madd.org
New Life (Women for Sobriety): 215-536-8026: www.womenforsobriety.org
The Phoenix House: 1-888-286-5027

PATIENT TEACHING GUIDE

ALLERGIC RHINITIS

PROBLEM

Allergic rhinitis is a chronic or recurrent condition. Common symptoms are nasal congestion, sneezing, and clear nasal discharge. It is not contagious; therefore, you cannot catch it from anyone, and you cannot spread it to others.

CAUSE

You are having an allergic response after being exposed to an allergen.

PREVENTION/CARE

- A. The best prevention is to avoid things you know you are allergic to, for example, smoke (cigarette, cigar, wood smoke); pollens and molds; animal dander; dust mites; and indoor inhalants, such as hair spray and other aerosol spray products.
- B. Target your bedroom as “allergy-free” by removing carpets, damp mopping floors weekly, hanging washable curtains instead of blinds, removing books and stuffed animals, using foam pillows, and encasing the pillows and mattress in plastic.
- C. Do not blow your nose too frequently or too hard. It may cause your eardrum to perforate (tear). Blow through both nostrils at the same time to equalize the pressure.
- D. Use tissues when you blow your nose. Dispose of them and then wash your hands. If no tissue is available, do the “elbow sneeze” into the bend of your arm (away from your open hands). Always wash your hands.

TREATMENT PLAN

- A. Use the air conditioner in your house and car to decrease exposure to pollens.
- B. Use an air filtration system in your house or buy a small one for your bedroom.
- C. Dust your house often, using a cloth and cleaner or polish to keep dust from flying.
- D. Allergy testing may need to be done if you have had allergies for a long time. Ask your health care provider about a consultation with an allergist.

Activity: There are no activity restrictions. However, you may want to exercise indoors during the spring, summer, and fall when pollen counts are high.

Diet: Eat well-balanced meals. Drink at least six to eight glasses of liquid a day.

Medications: Common medications used include antihistamines, decongestants, and nasal sprays.

Antihistamines: Some antihistamines may cause drowsiness. Use with caution. You may consider using a different antihistamine during the day that does not cause drowsiness.

Decongestants: Decongestants may increase blood pressure and may also interact with other medications. Please consult with your provider before using these medications.

Nasal Sprays: Nasal saline spray is safe to use in the nose several times a day. Nasal decongestant sprays may be used for a short period of time. Do not use longer than 3 days to prevent causing rebound side effects from this medication. Consult with your provider if using a nasal decongestant spray.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You experience trouble breathing or catching your breath.
 - B. You have asthma; call if your symptoms are worse.
 - C. Your symptoms are not any better after using the medications for 3 complete days.
 - D. Your nasal discharge changes to a greenish color.
 - E. Other: _____
- Phone: _____

AMENORRHEA

PROBLEM

For some reason that we do not fully understand, you have stopped ovulating, or putting out an egg each month, and you have stopped having menstrual periods. This is a very common problem.

It is not immediately dangerous for you. However, it is not good for you to let this go on for a long period of time because the inside lining of your uterus is still being stimulated by estrogen, and over a long period of time, this could become cancerous.

CAUSE

Although the cause is usually unknown, amenorrhea is often associated with low thyroid activity, excessive exercise such as that of an athlete or dancer, or excessive weight loss.

PREVENTION/CARE

There is no specific prevention. However, if you notice a decreased frequency of menstrual periods or absence of menstrual periods when you increase your exercise, you should decrease the intensity of exercise. If you lose too much weight, you could stop having periods. Try to gain some weight.

TREATMENT PLAN

Decrease exercise, increase weight, and replace progesterone.

Activity: Decrease intensity of exercise. Take at least 2 days off each week, and decrease the amount of time during each exercise session.

Sexual Activity: You may have a return of fertility without warning. If pregnancy is undesired, be sure to use an effective birth control prevention method, such as condoms and foam, to prevent unintended pregnancy.

Diet: Increase calories and try to put on 5 pounds if you have lost a lot of weight.

Medications: Your health care provider will prescribe progesterone to replace what your ovaries are not making at the present time. Progesterone may be prescribed in the form of birth control pills.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have any new symptoms.
- B. You have problems taking your medication.
- C. You think you might be pregnant.
- D. Other: _____

Phone: _____

ANKLE EXERCISES

A. Education

1. Exercise in your bare feet or in stocking feet.
2. Count slowly (1,001, 1,002, etc.) when you must hold a position and count.
3. Do each exercise 10 times the first day, and increase the repetitions by 5 each following day until you reach a maximum of 30, unless otherwise instructed.
4. Repeat prescribed exercises three times a day.
5. Exercise slowly and get the greatest stretch possible.
6. Stop any exercise that causes new, unusual, or intense pain.
7. You need to perform daily stretching exercises and toning to speed your recovery.
8. It takes months to adequately heal these types of injuries. Therefore, do not be discouraged that it takes time for your ankle to heal.
9. Sports to avoid: Stop-and-go activity, basketball, running, and impact aerobics.
10. You may need to wear a velcro ankle brace or high-top tennis shoes for support.

B. Toe and foot bend (floor)

1. Sit on the floor or bed with legs out straight.
2. Bend the injured foot back toward the head and curl toes.
3. Then point the injured foot away and bend the toes back.

C. Toe rise and foot slide (chair)

1. Sit in a chair with knees bent at a right angle and feet flat on the floor.
2. Raise all toes on the injured foot and slide the foot back 3 to 4 inches.
3. Relax.
4. Continue the sliding and toe raising until the heel can no longer be kept on the floor.

D. Toe and foot bends (chair)

1. Sit in a chair with knees bent at a right angle and feet flat on the floor.
2. Slide the foot on the injured side forward as far as possible while keeping the toes and heel in contact with the floor.
3. From the straight-leg position, bend the foot toward the head as far as possible.
4. Lower your foot back onto the floor.
5. Bend the foot back and forth from the straight-leg position.

E. Heel-cord stretch

1. Stand straight and face a wall with feet together, arms straight out, and palms flat against the wall.
2. Lean toward the wall, bending the elbows, to stretch the cords above the heels.
3. Continue leaning to a count of 5 and then straighten up again.

F. Inner-tube stretch

1. Sit with feet dangling side by side at a right angle to your legs.
2. Tie stretch bands around your feet until they are snug.
3. Keeping ankles together, move the toes as far apart as possible.
4. Hold the stretch for a count of 5.

G. Inner-tube stretch

1. Sit with feet dangling.
2. Cross your feet at the ankles.
3. Tie bands snugly around feet.
4. Move toes as far apart as possible.
5. Hold the stretch for a count of 5.

APHTHOUS STOMATITIS

PROBLEM

Aphthous stomatitis describes tender ulcers in the mouth that recur.

CAUSE

The cause is unknown. Possible causes include diet (lack of iron, zinc, or B vitamins), menstrual or hormonal changes, and viruses.

PREVENTION/CARE

- A. Preventing ulcers in the mouth can be difficult when the cause is unknown. Some suggestions of prevention include the following:
1. Avoiding trauma/injury to the inside of your mouth (biting cheek, etc.)
 2. Avoiding toothpastes and mouth rinses that include sodium lauryl sulfate.
 3. Avoiding certain foods that tend to trigger the onset of an ulcer (spicy foods, nuts, cheese, coffee, acidic food, etc.)
 4. Maintaining a healthy diet in vitamin B12, folate, iron and/or zinc.
 5. Avoiding stress.

TREATMENT PLAN

- A. Use an over-the-counter gel such as Anbesol or Orajel four times daily.
- B. You may be prescribed a mouthwash made of diphenhydramine (Benadryl), Maalox, and lidocaine or fluocinonide gel to “swish” in your mouth two to four times daily.

Activity: No restrictions are required.

Diet:

- A. Avoiding spicy, salty, or hot foods may help.
- B. Using a straw when drinking may decrease pain.
- C. Cold foods may be easier to tolerate.
- D. Avoid hard or sharp food.
- E. Use a soft toothbrush.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Worse symptoms than seen at the office visit today
- B. Ulcers that do not heal in approximately 1 to 2 weeks
- C. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

ASTHMA

PROBLEM

Asthma is a chronic condition with wheezing, coughing, breathlessness, and chest tightness.

CAUSE

The most common cause is inflammation that results from exercise or exposure to environmental irritants, allergens, furry animals, cockroaches, dust mites, pollens and molds, cold air, or viral respiratory infections.

PREVENTION/CARE

Those with asthma are encouraged to get the flu vaccine every year.

You may be able to prevent frequent recurrences of asthma by following these asthma trigger avoidance strategies:

- A. *Dust mite allergens:* Wash bedding weekly in hot water and dry it in a hot dryer. Encase pillows and mattresses in airtight covers. Remove carpets, especially from your bedroom. Avoid use of fabric-covered furniture, especially for sleeping.
- B. *Cockroach allergens:* Clean your house thoroughly. Use poison bait or traps. Do not leave food or garbage exposed.
- C. *Animal fur allergens:* Avoid keeping house pets, or at least do not allow them in sleeping areas.
- D. *Smoke allergens:* Avoid all of the following: Smoking, contact with tobacco smoke, smoke from wood-burning stoves or fireplaces, and unvented stoves or heaters.
- E. *Outdoor pollens and molds:* Keep windows closed when pollen or mold counts are high.
- F. *Indoor mold:* Reduce dampness in your home by using a dehumidifier. Clean damp areas often. Remove carpets that are laid on concrete.
- G. *Other irritants:* Avoid perfumes, cleaning agents, and sprays.

TREATMENT PLAN

See the Patient Teaching Guides “Asthma: Action Plan and Peak Flow Monitoring” and “Asthma: How to Use a Metered-Dose Inhaler.”

Activity:

- A. If cold air causes symptoms, wear a scarf over your mouth and nose if you must go outside during the winter.
- B. Avoid vigorous exercise if this causes asthma symptoms. Learn to recognize activities that trigger your breathing problems.
- C. Make an asthma action plan to follow. Copy the plan and place it on the refrigerator door, take a copy of your action plan to school, and give each coach a copy of your asthma action plan.
- D. Color code your inhalers with tape or markers, for example, use green tape for quick-relief inhalers, and blue tape for long-acting inhalers.

Diet: There are no diet restrictions unless you have found a food that causes an allergic reaction resulting in trouble with breathing.

Medications: Cough medicines should not be used for asthma symptoms.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. A peak flow reading below 60% of your personal best number that does not return to the yellow or green zone after taking your medication

B. Other: _____

Phone: _____

ASTHMA: ACTION PLAN AND PEAK FLOW MONITORING

A peak flow meter is a device that measures how well air moves out of your lungs. This measurement is referred to as your “peak expiratory flow,” or PEF.

HOW TO USE A PEAK FLOW METER

- A. Place the indicator at the bottom of the numbered scale.
- B. Stand up.
- C. Take a deep breath, filling your lungs as deeply as possible.
- D. Place the mouthpiece in your mouth and close your lips around it. Do not put your tongue inside the hole.
- E. Blow into the mouthpiece as hard and fast as you can. It is important to give this your best effort.
- F. Write down the number on the indicator. If you cough or make a mistake, do not record that number—do it over again.
- G. Repeat steps A through F two more times.
- H. Write down the highest number of the three attempts. This is your PEF.

CALCULATING YOUR PERSONAL BEST PEAK FLOW NUMBER

This number is the highest peak flow number you can achieve over a 2- to 3-week period when your asthma is under good control (when you do not have any symptoms). To find this number, take peak flow readings:

- A. Twice daily for 2 to 3 weeks
- B. When you wake up and between noon and 2 p.m.
- C. Before and after taking your quick-relief medication
- D. Or as directed by your health care provider

THE PEAK FLOW ZONE SYSTEM

Once you have determined your personal best peak flow number, your health care provider can give you the numbers that let you know what medications to take based on your PEF. The numbers are set up like a traffic light system (red, yellow, and green).

Green Zone (80%–100% of your personal best number): Signals *good control*. No asthma symptoms are present, and you should take your medication as usual.

Yellow Zone (50%–80% of your personal best number): Signals *caution*. You may be having an episode of asthma that requires an increase in your medications.

Red Zone (below 50% of your personal best number): Signals a *medical alert*. You must use your “fast” inhaler to help open up your airways right away and call your health care provider immediately if your peak flow number does not return to the yellow or green zone and stay there.

Use the following “Asthma Action Plan,” which specifies what medications you should take when you are in each zone and also use the self-assessment diary provided in the table.

ASTHMA ACTION PLAN

- A. My personal best PEF is _____
- B. When I am in the *green zone*, PEF above _____, I should continue to take my regularly scheduled asthma medications. They are:
 1. _____
 2. _____
 3. _____

(continued)

ASTHMA: ACTION PLAN AND PEAK FLOW MONITORING *(continued)*

Asthma Diary Self-Assessment

Symptom Codes: Rate Your Symptoms 1 (Mild), 2 (Moderate), or 3 (Severe)							
My Personal Best PEF Is _____							
Date	PEAK FLOW ZONES			Symptoms (Use Codes) W = Wheeze C = Cough S = Shortness of Breath	Quick-Relief Medication (Include the Number of Times Needed for Relief)	Anti-Inflammatory Medication	Additional Medications or Activity
	Green = Good Control	Yellow = Caution	Red = Emergency				
Monday	A.M.	P.M.	ZONE				

PEF, peak expiratory flow.

C. When I am in the **yellow zone**, PEF between _____ and _____, I should add the following to my regularly scheduled medications:

1. _____
2. _____
3. _____

D. When I am in the **red zone**, PEF below _____, I should immediately take the following rescue medication and contact my health care provider:

1. Rescue Medication: _____

E. Other Directions: _____

ASTHMA: HOW TO USE A METERED-DOSE INHALER

USING AN INHALER

To receive the proper dose from your inhaler, you must use good technique. Your health care practitioner may provide you with a drug-free practice inhaler. Practice the following steps until you are comfortable administering your inhalant:

- A. Shake the inhaler well immediately before each use.
- B. Using a spacer helps to deliver more medication.
- C. Remove the cap from the mouthpiece. Hold the inhaler upright. Make sure the medication canister is firmly inserted into the plastic holder (actuator).
- D. The first time you use your new inhaler (or if it has been 1 month or longer since the last use), test spray four times into the air.
- E. Breathe out through your mouth to the end of a normal breath.
- F. Position the mouthpiece about 1 to 2 inches in front of your open mouth. Or you may close your lips in a tight seal around the mouthpiece.
- G. Open your mouth widely (unless you are using the closed-lip method), and position your head in a neutral position.
- H. While breathing in slowly and deeply, firmly depress the container once.
- I. Continue breathing in slowly until your lungs are full.
- J. Once you have breathed in fully, hold your breath for 10 seconds or as long as you can.
- K. If you need a second puff of the same medication, wait a minimum of 1 minute before repeating steps A through J. If you are using a different inhaler for the second puff, wait at least 5 minutes before using the second inhaler.

OTHER TIPS

- A. If you are taking a steroid inhalant, rinse your mouth and throat with water after each dose.
- B. When you are short of breath, use your bronchodilator ("rescue medicine") first; then wait about 5 minutes before using your steroid inhaler. The rescue inhaler opens your airways so more of the steroid medication reaches your lungs.
- C. Keep the inhaler clean. Once a week, remove the medication canister from the actuator and wash the actuator in warm, soapy water. Rinse and allow to air dry. Replace the medication canister in the holder and recap the mouthpiece.
- D. Always check the expiration date on your inhaler and make sure to refill your prescription before the medication expires.
- E. Color code your inhalers with tape or markers; for example, use green tape for quick-relief inhalers, and blue tape for long-acting inhalers.

ATHEROSCLEROSIS AND HYPERLIPIDEMIA

PROBLEM

Hyperlipidemia (excess lipids in the blood) is called “hardening of the arteries.” The excess lipids increase your risk of developing heart disease and heart attacks.

CAUSE

Elevated blood cholesterol levels lead to plaque formation in the walls of the major arteries in the body. The higher the level of low-density lipoprotein (LDL), or “bad” cholesterol, the greater the chance of getting heart disease. On the other hand, the higher the level of high-density lipoprotein (HDL), or “good” cholesterol, the lower the risk of heart disease.

PREVENTION

Lowering your risk of heart disease involves the following:

- A. Diet changes to lower your bad cholesterol (LDL) and raise your good cholesterol (HDL).
- B. Lose weight. Start with losing 5 to 10 lb.
- C. Start or increase your physical activity. Walking is a good exercise to start getting active.
- D. Other ways to modify your risk factors:
 - 1. Stop smoking.
 - 2. Control your blood pressure.
 - 3. If you are a diabetic, control your blood sugar level.

TREATMENT PLAN

Activity:

- A. Regular exercise, such as walking vigorously for 30 minutes three times a week, increases your good cholesterol levels, lowers blood sugar, and promotes weight loss.

Diet: Follow the dietary approaches to stop hypertension (DASH) and low-fat/low-cholesterol diet:

- A. Decrease total fat calories and cholesterol.
- B. Decrease total saturated fats, and replace with monounsaturated fats such as canola oil, olive oil, and margarine.
- C. Increase fiber with oatmeal, bran, or fiber supplements.
- D. Increase daily intake of fruits and vegetables.
- E. Try garlic, soy protein, and vitamin C to help lower LDL cholesterol.

Medications: You may be prescribed a medicine to lower your cholesterol. You will need to come into the doctor’s office to have your blood drawn to monitor your liver and cholesterol levels.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Chest pain
- B. Shortness of breath or trouble breathing while exercising
- C. Abdominal pain
- D. Muscle pain or weakness
- E. Other: _____

Phone: _____

ATRIAL FIBRILLATION

PROBLEM

Atrial fibrillation is the condition that causes the upper chambers of the heart (the atria) to beat faster and irregularly (also called fibrillation). The upper chambers of the heart do not beat at the same time as the lower chambers (the ventricles). When atrial fibrillation occurs, blood clots can form in the heart and then travel to the brain, causing a stroke.

CAUSE

Atrial fibrillation is caused by a malfunction of the heart's pacemaker. Many things can cause the heart's pacemaker to malfunction, including excessive alcohol intake, emotional stress, physical stress, recent heart surgery, medication side effects, and a long list of medical conditions. These medical conditions include coronary artery disease, leaky heart valves, high blood pressure, heart failure, heart attack, thyroid disease, infections, inflammation around the heart, sleep apnea, obesity, and lung diseases such as chronic obstructive pulmonary disease, bronchitis, asthma, and emphysema.

PREVENTION/CARE

- A. Stop smoking. Discuss smoking cessation with your health care provider.
- B. Reduce or eliminate intake of alcohol and caffeine.
- C. Lose weight. Discuss losing weight with your health care provider.
- D. Make a list of your current medical conditions and current medications. Keep an updated copy in your wallet.
- E. When traveling:
 - 1. Always travel with enough of your medication to last through your vacation plus an additional 3 days.

TREATMENT PLAN

- A. Take your medications as ordered by your health care provider.
- B. Effectively manage all other medical conditions, paying special attention to cholesterol, blood pressure, thyroid disease, sleep apnea, and any lung diseases.
- C. Follow up with your primary health care provider and/or cardiologist on a regularly scheduled basis.

Activity:

- A. Get regular exercise, after discussing the type and frequency of exercise that is safe for you with your health care provider.

Diet:

- A. Eat a balanced, low-fat, and low-salt diet in addition to dietary guidelines suggested by your health care provider.
- B. If you are taking the blood thinner Coumadin, you will be given a list of foods that are high in vitamin K. These foods can interfere with how the blood thinner works. Please discuss these foods further with your health care provider.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have any of the following symptoms:
 - 1. Palpitations or a fluttering in your chest
 - 2. Chest pain
 - 3. Weakness or extreme tiredness
 - 4. Shortness of breath at rest or with activity
 - 5. Dizziness
 - 6. Disorientation
 - 7. Confusion

(continued)

PATIENT TEACHING GUIDE

ATRIAL FIBRILLATION (*continued*)

8. Passing out or losing consciousness
9. Severe headache
10. Frequent urination or a compelling urge to urinate
11. Anxiety or panic symptoms

B. Vomiting or other illness causes you to miss more than one dose of your medications.

C. Other: _____

Phone: _____

RESOURCES

American Heart Association: www.heart.org

National Heart, Lung, and Blood Institute: www.nhlbi.nih.gov

ATROPHIC VAGINITIS

PROBLEM

You have been diagnosed with atrophic vaginitis. This means that the cells lining your vagina are thinner, less pliable, and less lubricated and so are more prone to tears and abrasion. This is a natural part of aging, and it is also very common with teens and with breastfeeding.

CAUSE

Atrophic vaginitis is caused by an alteration in estrogen either from premature ovarian failure, delayed puberty, breastfeeding, or naturally occurring menopause.

PREVENTION/CARE

- A. This is a physical problem, *not* an emotional problem.
 - 1. If you are a preadolescent girl, the symptoms will decrease as puberty approaches.
 - 2. If you are breastfeeding, your symptoms will resolve after weaning the baby.
 - 3. If you are menopausal or have premature ovarian failure, your symptoms will get better after starting a hormone replacement pill or using a hormonal vaginal cream.
- B. You also can help your symptoms by doing the following:
 - 1. Use good hygiene; wipe yourself from front to back with every urination and bowel movement.
 - 2. Avoid perfumed hygiene sprays, talcs, and harsh soaps.
 - 3. Wear cotton underwear.
 - 4. Sleep without underwear.
 - 5. Use a water-soluble vaginal lubricant with sexual intercourse, such as K-Y jelly or Astroglide. **Do not use Vaseline.** Vaseline can contribute to infections.
 - 6. Regular sexual activity or masturbation facilitates the natural production of lubricating secretions of your body.
 - 7. Kegel exercise (using the muscles that start and stop the flow of the urine stream) improves the muscle tone and elasticity of the vagina.
 - 8. The female-superior “on top” or side-lying position for sexual intercourse gives you the ability to control the depth of thrusting with the penis, and this may make sex more comfortable.
 - 9. Yogurt douches or acidophilus tablets by mouth or inserted into your vagina can help maintain the vaginal pH to prevent vaginitis.

TREATMENT PLAN

- A. Vitamin E oil may be used for vaginal dryness.
- B. Use K-Y jelly or other water-soluble lubricants for intercourse.
- C. You may be prescribed an estrogen cream or hormone replacements for menopause.
- D. If you still have your uterus, hormones need to be balanced with estrogen and progesterone to prevent the lining of the uterus from overgrowing. Follow your hormone therapy instructions.
- E. You still need regular Pap smears, even if you do not have a period.

Activity: Increase foreplay for increased lubrication. Try the previous suggestions on sexual positions for greater comfort and control.

Diet: As tolerated.

Medication:

You Have Been Prescribed: _____

You Need to Take It/Use It: _____

(continued)

PATIENT TEACHING GUIDE

ATROPHIC VAGINITIS *(continued)*

You Need to Notify the Office If You Have:

- A. No relief of symptoms after following the aforementioned instructions
- B. No relief of symptoms after beginning the hormonal replacements
- C. Vaginal bleeding after intercourse
- D. A change in your symptoms
- E. Other: _____

Phone: _____

BACK STRETCHES

You have been approved to do back-stretching exercises to help with your low back pain. Follow the instructions, starting slowly to build your strength.

EQUIPMENT

Use a mat or a towel on the floor for extra padding and comfort.

A. In the lying position

1. Lie on your back with knees bent. Cross your arms over your chest.
2. Raise your head and shoulders and curl your trunk upward, no more than 6 inches.
3. Keep the small of your back pressed against the mat.
4. Exhale during the curl up.
5. Hold _____ seconds; do _____ repetitions _____ times a day (see Figure 1).

B. In the standing position

1. Stand with your back against the wall.
2. Place your feet shoulder width apart and 18 in. from the wall.
3. Slowly slide down the wall until you are in the “chair” position.
4. Hold for 10 seconds and relax, then slide back up the wall to a standing position.
5. Do _____ repetitions _____ times a day (see Figure 2).

C. In the lying position

1. Bring your right knee slowly to your chest, holding it in place with your hands on your knee.
2. Relax the buttock and your back muscles.
3. Hold _____ seconds, then relax with your right knee down.
4. Repeat with your left knee.
5. Now that you have stretched both legs, pull both of your knees up, holding them in place with your hands on your knees.
6. You will be curled in the fetal position.
7. Hold _____ seconds, then relax with your knees down.
8. Do _____ repetitions, _____ times per day (see Figure 3).

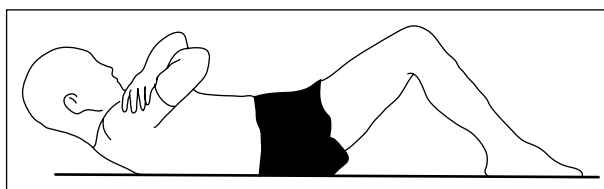


FIGURE 1 Lie on a mat or towel. Raise head and shoulders as demonstrated.

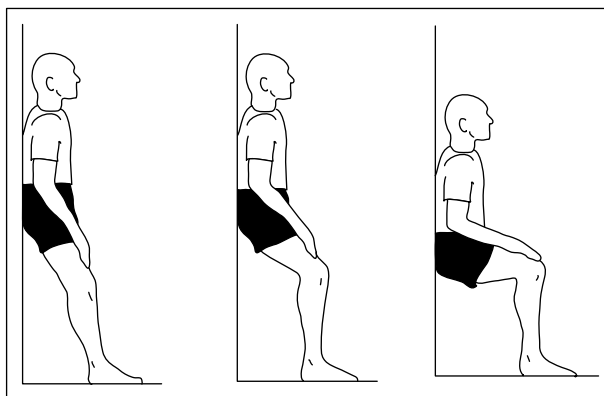


FIGURE 2 Place your feet shoulder width apart. Slide down against the wall to the “chair” position.

(continued)

BACK STRETCHES *(continued)*

D. In the lying position

1. Lie on your back with your knees bent.
2. Tighten your abdominal muscles and squeeze. As you squeeze the buttock muscles, flatten your back toward the mat/towel (as shown in Figure 4). Relax.
3. Tighten your buttock muscles and lift your abdomen or “tummy” toward your knees while arching your back. Relax.
4. Hold _____ seconds; do _____ repetitions _____ times a day (see Figure 4).

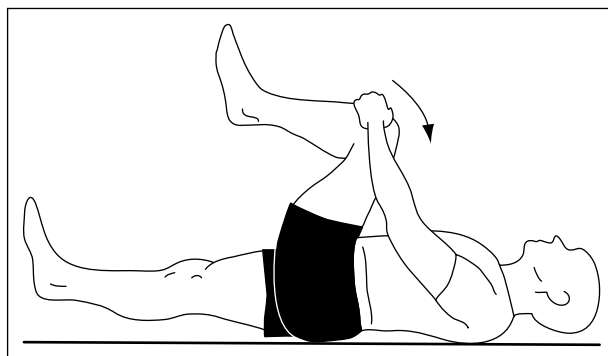


FIGURE 3 Pull your left knee toward your chest to stretch; repeat with your right knee as demonstrated.

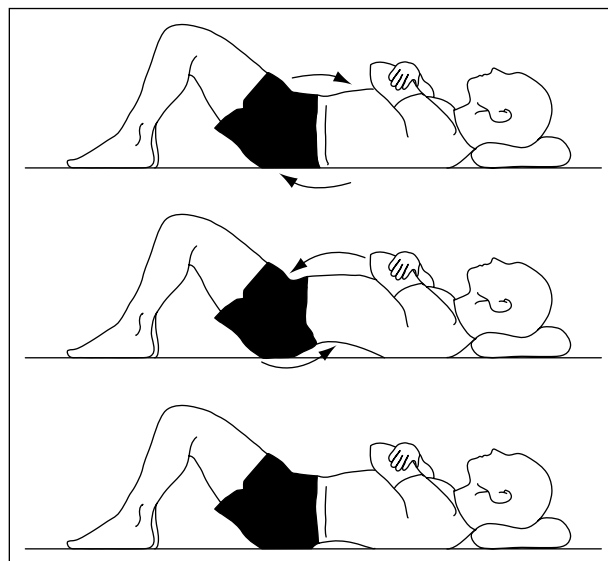


FIGURE 4 Lie with knees bent, flatten your back, and then lift your tummy toward knees with back arched.

BACTERIAL PNEUMONIA: ADULT

PROBLEM

Pneumonia is a lung infection that causes fluid to collect in the air sacs. You may have a fever, cough, or trouble breathing.

CAUSE

Respiratory bacteria or viruses cause pneumonia.

PREVENTION/CARE

People older than 65 years and younger people with severe lung disease may receive a vaccine to prevent pneumococcal pneumonia.

The flu vaccine is recommended to be taken every year.

TREATMENT PLAN

- A. Use a cool-mist humidifier. Clean the humidifier daily.
- B. Do not smoke, and avoid smoke-filled rooms.
- C. Cover your mouth when you cough and cover your nose when you sneeze.
- D. Use tissues when you blow your nose. Throw away tissues as soon as they are used. If no tissue is available, do the "elbow sneeze" into the bend of your arm.
- E. Wash your hands frequently with soap and water.

Activity: Rest during the early phase of the illness.

Diet: Eat a nutritious diet. Drink 8 to 10 glasses of water a day.

Medications:

- A. Do not use cough suppressants if your cough produces sputum. Use them only for a dry, nonproductive cough.
- B. Acetaminophen (Tylenol) may be used for fever or body aches.
- C. Antibiotics are given for pneumonia that is caused by bacteria. Take your medication as directed.
- D. Finish all of your antibiotics even though you may feel better.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Increased difficulty breathing
- B. Fever after 48 hours on an antibiotic
- C. Blood in your sputum
- D. Worsening discomfort or fatigue
- E. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

BACTERIAL PNEUMONIA: CHILD

PROBLEM

Bacterial pneumonia is a lung infection that causes fluid to collect in the air sacs. Your child may have a fever, cough, or trouble breathing.

CAUSE

Respiratory bacteria cause pneumonia.

PREVENTION/CARE

- A. Keep your children away from people with respiratory illnesses.
- B. The flu vaccine is recommended every year.

TREATMENT PLAN

- A. Encourage fluids.
- B. Use a vaporizer or humidifier to increase humidity in your child's room. Clean the humidifier or vaporizer daily.
- C. Keep your child away from cigarette smoke.
- D. Teach your child to cover his or her mouth when coughing and to cover his or her nose when sneezing.
- E. Use tissues when your child blows his or her nose. Throw away all tissues as soon as they are used. If there are no tissues available, teach your child to do the "elbow sneeze" into the bend of the arm.
- F. Use good handwashing with soap and water.

Activity: Have your child rest at first (during the acute phase). Children may return to school after 24 hours of antibiotic therapy and when they have no fever for 24 hours.

Diet: There are no diet restrictions with pneumonia. Your child may not be very hungry when he or she is feeling very sick. Encourage the child to drink liquids or suck on ice pops.

Medications:

- A. Your child should take all of the antibiotics prescribed as directed.
- B. It is very important for your child to finish the antibiotic, even though he or she may feel well.
- C. Acetaminophen (Tylenol) may be given for fever. **Children 18 years or younger should not be given aspirin.**
- D. Do not give your child cough medicine; it is important that he or she can cough to break up any mucus. **The American College of Chest Physicians clinical guidelines recommend that cough suppressants and over-the-counter cough medications *not* be given to young children. Cough and cold medicines should *not* be given to children younger than 6 years.**

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office Immediately If:

- A. Your child's breathing becomes faster, more labored or difficult.
- B. Retractions (tugging between ribs) become worse.
- C. Your child's lips become blue.
- D. Grunting sounds occur when breathing out.
- E. Your child starts acting very sick.
- F. Other: _____

(continued)

BACTERIAL PNEUMONIA: CHILD *(continued)*

You Need to Notify the Office Within 24 Hours If:

- A. Your child is unable to sleep.
- B. Your child is not drinking enough.
- C. Fever lasts longer than 48 hours on antibiotics.
- D. You feel your child is getting worse.
- E. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

BACTERIAL VAGINOSIS

PROBLEM

You have been diagnosed with a vaginal infection, also known as bacterial vaginosis (BV). This is a very common problem that has a “fishy vaginal discharge.” The odor increases after sexual intercourse, but it is not considered a sexually transmitted infection. Recurrence is common, and your partner may also need to be treated.

YOU CAN BE TREATED IN PREGNANCY

BV has been associated with premature rupture of the membranes and preterm labor.

CAUSE

BV is caused by an alteration in the normal flora of the vagina. There are many contributing pathogens and factors, including the routine use of douches, antibiotic use, menses, and pregnancy.

PREVENTION/CARE

- A. Wear cotton panties or panties with a cotton crotch.
- B. Do not wear tight restrictive clothes such as tight jeans.
- C. Take off your underwear during sleep.
- D. Limit tub bathing and the use of hot tubs or whirlpools.
- E. Avoid the use of bubble bath, feminine deodorant sprays, and perfumed sanitary products (sanitary pads, tampons, and toilet paper).
- F. Use good hygiene:
 - 1. Wipe with toilet tissue from front to back after urinating and bowel movements.
 - 2. Wipe from front to back using clean towels with each bath or shower.
 - 3. Change your tampons and pads often during your period.
- G. Routine douching destroys the normal vaginal flora. Avoid douching unless you are prescribed a medicated douche.

TREATMENT PLAN

- A. Try the prevention tips to decrease the recurrence of BV.
- B. You may be given a prescription for pills or vaginal creams.
- C. Do not use a tampon with vaginal creams because it will absorb the medication.
- D. Clindamycin is an oil-based, medicated cream used to treat BV. It can weaken latex condoms for at least 72 hours after stopping the therapy.
- E. All treatments (medications and douches) may be used during your period.
- F. Metronidazole (Flagyl) oral tablets may be prescribed. The side effects include a sharp, unpleasant metallic taste in the mouth, furry tongue, and some urinary tract symptoms. Please remind your provider if you have a history of seizures or if you are on any blood-thinning drug.

Other Methods of Treatment

- A. Vinegar and water douches: 1 tablespoon of white vinegar in 1 pint of water. Douche one to two times a week.
- B. *Lactobacillus acidophilus* culture four to six tablets daily.
- C. Garlic suppositories: Place one peeled clove of garlic wrapped in a cloth dipped in olive oil into your vagina overnight, and change daily for five nights. You will not smell like garlic.

Activity: As tolerated.

Diet: When taking the medicine metronidazole (Flagyl), you must **avoid alcohol during the entire week you are taking the medicine and 24 hours after your last dose.** The combination of the medicine and alcohol may cause nausea, vomiting, stomach upset, and a headache.

(continued)

BACTERIAL VAGINOSIS (continued)

Medication:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You vomited your medication (Flagyl).
- B. Your vaginal odor and discharge are not relieved after the medications.
- C. You continue to have repeated infections after following the instructions.
- D. Other: _____

Phone: _____

BASAL BODY TEMPERATURE MEASUREMENT

DEFINITION

Basal body temperature (BBT) assessment is done to determine if and when a woman ovulates. It may be used to achieve or prevent pregnancy. During the follicular phase of the normal menstrual cycle (the first 2 weeks), one follicle and the oocyte it contains mature. The normal body temperature during the follicular phase when estrogen dominates ranges from 97.2°F to 97.6°F.

At midcycle, when progesterone dominates, the ovum is extruded from the ovary and may be fertilized any time from 12 to 24 hours later. Ovulation manifests as an increase in BBT from 0.6° to 1°F above your baseline temperature. Some women have a dip in temperature just before the day of ovulation and then their temperature may rise.

Besides taking your temperature to predict ovulation (the best time to try to get pregnant or avoid sexual intercourse), another reason to take it is to check your cervical mucus.

CHECKING YOUR BBT

- A. A BBT thermometer must be used. They are easily accessible in the contraceptive section of any pharmacy. If using any other type besides a basal body thermometer, such as a digital thermometer, it must be able to measure to 0.10° due to the slight changes that will be measured.
- B. Record your temperature on the temperature chart provided in the thermometer packet or by a health care provider. The chart can be easily copied for as many months as needed.
- C. Keeping your BBT calendar:
 1. Day 1 of the cycle is the first day of menstruation/bleeding.
 2. Mark the days of bleeding and other discharge, especially mucus, on the calendar.
 3. Mark any days that you are sick, stay up late, or sleep less than 6 hours because this will interfere with your temperature.
 4. Mark the days that you have sexual intercourse.
 5. Mark your medications on your BBT calendar.
- D. Each morning, prior to arising or any activity, place the thermometer under the tongue, leaving it in for 1 minute. Take your temperature consistently at the same time every morning.
- E. A temperature elevation that is 0.2°F or greater from your last 6 days of temperature (and that stays elevated) indicates an ovulatory pattern.
 1. This is the time when you are more likely to get pregnant.
 - a. If pregnancy is desired, the standard recommendation is that sexual intercourse should be done 2 days before ovulation is expected and every 2 days thereafter until 2 to 4 days have passed following the rise in body temperature.
 - b. If pregnancy is not desired, avoid sexual intercourse.
- F. The record should be kept for 2 to 6 months minimum.

CHECKING YOUR CERVICAL MUCUS

Your cervical mucus ranges from thick and tacky feeling to thin and slippery, the consistency of egg whites. The type of mucus you have also signals the time of ovulation.

- A. Your mucus can be checked daily by touching yourself on the outside or, to be the most accurate, inserting one finger in your vagina to check the cervix.
 1. Wash your hands.
 2. Sit on the toilet and gently insert your finger to feel the cervix.
 3. The cervix feels firm, like the end of your nose.
 4. Check the thickness of the mucus and note it on your BBT chart.
- B. After you have your period, the cervical mucus is thick and tacky. It is more difficult to get pregnant when the mucus is thick.
- C. As ovulation approaches, you will notice the mucus getting thinner.
- D. When the mucus is the consistency feeling of egg whites, that signals ovulation and you are the most fertile.
 1. This is the time to have sexual intercourse/avoid intercourse.
 2. Continue until you see your BBT rise.
 3. You will notice the cervical mucus getting thicker.

BELL'S PALSY

PROBLEM

Bell's palsy is a disorder that can occur at any age, but most frequently occurs between the ages of 20 and 60 years. The disorder affects the muscles associated with expression on one side of the face, including the muscles that allow smiling, closing of the eyes, and raising of the eyebrows.

The exact cause of Bell's palsy remains unknown. Possible causes may include viral infections, a type of inflammatory process, or possibly an autoimmune disease.

PREVENTION/CARE

- A. Bell's palsy is usually treated with a steroid, such as prednisone.
- B. Pain is usually managed with acetaminophen (Tylenol) or another over-the-counter pain medication; for example, non-prescription anti-inflammatory medications (NSAIDs) such as ibuprofen or naproxen.
- C. Sometimes it is helpful to use gentle massage or electrical stimulation of the nerve to help with the pain. Applying heat or cold packs for 15 to 20 minutes three to four times a day may also help with pain. When applying ice packs, do not directly apply ice to the skin and be cautious on skin to avoid frostbite to the area.
- D. Protection of the eye is very important if there is loss of lid function. Eye drops and lubricating ointment may be recommended along with taping the affected eye while sleeping. Wearing eyeglasses and/or sunglasses is recommended to protect the eye.
- E. Physical therapy may also be helpful with recovering function in the muscles that are weak.
- F. Symptoms usually resolve within 3 or 4 weeks to a few months. Occasionally, patients have symptoms lasting longer than this. The degree of paralysis varies in each person. If symptoms change or worsen, notify your health care provider immediately.

TREATMENT PLAN

Activity: Engage in activities as tolerated. Use caution when performing activities requiring visual demands such as depth perception (driving, walking, etc.).

Diet: Eat a regular diet as tolerated.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. No relief of symptoms in 4 weeks.
- B. New symptoms, such as headaches, visual changes, or other problems such as trouble walking.
- C. Other: _____

Phone: _____

RESOURCE

The Bell's Palsy Network: www.bellspalsy.ws

BIPOLAR DISORDER

PROBLEM

Bipolar disorder, formerly called manic-depressive disorder, causes extreme mood changes, ranging from mania or hypomania (emotional “highs”) to depression (“lows”). Mania may cause feelings of extreme happiness and increased energy. Sometimes mania causes people to behave in ways that are outside their normal behaviors such as spending too much money, arguing, or making impulsive decisions. Depression can cause feelings of sadness, low energy, low motivation, sleep disturbance, and suicidal thoughts.

CAUSE

The exact cause of bipolar disorder is unknown, but may have to do with physical changes or an imbalance in naturally occurring chemicals in the brain. Bipolar disorder is common in people who have a first-degree relative with the condition.

TREATMENT PLAN

Bipolar disorder is a long-term condition and is sometimes disruptive to daily living. By following a treatment plan and working closely with a mental health professional, mood swings can be managed. The process of finding the right medication may take some trial and error and it can take several weeks for medications to take full effect. Medication doses may need to be adjusted as symptoms change.

- A. **Take your medications as prescribed.** Even when you are feeling better, do not stop or change your medication without talking to your provider.
- B. **Keep your appointments with your provider.** You are the most important member of your treatment team. It is important for you to visit regularly with your medical provider to discuss your progress, keep your prescriptions current, and to check your lab work when needed. It may be helpful to take along a support person to help you remember questions, instructions, and treatment information. Be honest with your providers about how you feel and worries you may have.
- C. **See a therapist or a counselor.** Your medical provider will work with you in managing your medications and your general health needs. A counselor or therapist will meet with you on a regular basis to help you learn about bipolar disorder and to work on effective ways to manage symptoms, cope with stressful situations, and make lifestyle changes that will improve your mental and physical health.
- D. **Manage stress.** Stress can make you feel more anxious, worried, irritable, moody, and can get in the way of a good night's sleep. Take time to relax, get creative, spend time with friends/family, take a few deep breaths several times a day, focus on the “positives” in your life, and ask for help when you need it.
- E. **Avoid drug and alcohol use.** Drugs and alcohol can alter your mood and interfere with prescribed medications.
- F. **Practice good sleep habits.** Let your provider know about any changes in your sleep pattern. Problems with sleeping too much, or too little, can be an early warning sign for mania and/or depression.

Activity: Exercise regularly. Exercise naturally improves mood and gives an overall sense of well-being. Taking a brisk walk for 20 to 30 minutes on most days can help to relieve stress, improve your mood, help you feel better physically, and help to maintain a healthy weight. Check with your provider before starting any exercise program.

Diet: Eat well. Eating foods that are high in fats, sugars, salt, and carbohydrates can cause weight gain and make you feel more tired and sluggish. Eat plenty of fresh fruit and vegetables and try to avoid fried foods, soda, sweet tea, candies, and baked goods.

Medications:

You Have Been Prescribed: _____

Labs Ordered:

You Need to Notify the Office If You Have:

- A. Thoughts of harming yourself or someone else. If you are having suicidal thoughts, call 911 or have someone take you to the nearest emergency room.

(continued)

BIPOLAR DISORDER *(continued)*

- B. No improvement, or worsening of your symptoms, even though you are taking your medications as directed
- C. Physical symptoms that may be side effects from prescribed medications
- D. Any new symptoms that you are concerned about
- E. Other: _____

Phone: _____

Your next scheduled appointment: _____

PATIENT TEACHING GUIDE

BRONCHIOLITIS: CHILD

PROBLEM

Bronchiolitis is a lung infection that causes difficulty breathing (respiratory distress), wheezing, coughing, and fever.

CAUSE

Respiratory viruses, usually respiratory syncytial virus (RSV), cause bronchiolitis.

The symptoms generally last approximately 7 to 10 days. Bronchitis usually occurs in fall, winter, and early spring.

PREVENTION/CARE

- A. Isolate young infants from people with respiratory illnesses.
- B. Avoid large crowds.
- C. Wash your hands with soap and water frequently if you are caring for your child.
- D. Wash toys and surfaces that your child touches.
- E. The flu vaccine should be given to children every year.

TREATMENT PLAN

- A. Use a cool-mist humidifier in your child's bedroom and clean the humidifier frequently. If a humidifier is not available, you and your child may stay in a steamy bathroom for 20 minutes two to three times a day.
- B. Use warm water and a bulb syringe to clear your baby's stuffy nose.
- C. Children should not be exposed to secondhand smoke.
- D. Teach your child to cover his or her mouth when he or she coughs and to cover his or her nose when he or she sneezes.
- E. Use tissues when your child blows his or her nose. Throw away tissues as soon as they are used.
- F. Wash your child's hands with soap and water after coughing and sneezing into a tissue. If a tissue is not available, teach your child to "elbow sneeze" into the bend of his or her arm.

Activity: Children need rest during the early stages of the illness.

Diet:

- A. Offer fluids, such as juice and water. Try ice pops if the child does not feel like drinking. Dilute juice for younger infants.
- B. Your child may not be hungry but try to get him or her to eat small, frequent feedings.

Medications:

Antibiotics are not prescribed for viral infections. But your child may be given medicines for other symptoms.

The American College of Chest Physicians clinical practice guidelines recommend that cough suppressants and over-the-counter cough medications *not* be given to young children. Cough and cold medicines should *not* be given to children younger than 6 years of age.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office Immediately If:

- A. Your child's temperature is 101°F or greater.
- B. Breathing becomes labored or difficult or is faster than 60 times a minute.
- C. Wheezing becomes severe.
- D. Retractions (tugging between ribs) become worse.
- E. Your child stops breathing or passes out.
- F. Lips become bluish.

(continued)

BRONCHIOLITIS: CHILD *(continued)*

G. Your child starts acting very sick or is difficult to arouse.

H. Other: _____

You Need to Notify the Office Within 24 Hours If:

A. Your child is unable to sleep or would not drink enough fluids.

B. Your child has symptoms of an earache such as tugging at his or her ears.

C. Your child has yellowish to green nasal discharge.

D. Fever greater than 100°F lasts more than 72 hours.

E. You feel your child is getting worse.

F. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

BRONCHITIS, ACUTE

PROBLEM

Acute bronchitis is a lung infection followed by a productive cough.

CAUSE

Respiratory viruses cause bronchitis.

PREVENTION/CARE

- A. Avoid exposure to other people with respiratory illnesses.
- B. Do not smoke, and avoid secondhand smoke and other smoke-filled environments.
- C. Avoid air pollutants, such as wood smoke, solvents, and cleaners.
- D. Cover your nose and mouth with your sneeze or cough.
- E. Use tissues when you blow your nose. Throw away all tissues as soon as they are used. If no tissue is available, do the “elbow sneeze” into the bend of your arm.
- F. Use good handwashing techniques with soap and water.
- G. You are encouraged to take the flu vaccine every year.

TREATMENT PLAN

- A. Humidity and mist may be helpful.
- B. Always clean the humidifier daily to prevent bacteria from growing.
- C. Twenty minutes several times a day in a steamy bathroom may provide relief.

Activity: Rest is important when you have been diagnosed with bronchitis; then increase activity as tolerated when the fever subsides. Children may attend school or day care without any problems after their fever subsides.

Diet: Eat a nutritious diet. Drink 8 to 10 glasses of water daily.

Medications:

- A. Acetaminophen (Tylenol) may be used to relieve discomfort.
- B. For a nonproductive cough, take cough suppressants if recommended. You may be prescribed a cough medicine or be told the best kind to buy in the drugstore. **The American College of Chest Physicians clinical practice guidelines recommend that cough suppressants and over-the-counter cough medications should *not* be given to young children. Cough and cold medicines should *not* be given to children younger than 6 years of age.**
- C. Because a virus almost always causes acute bronchitis, **antibiotics will rarely be needed to get better.**

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. No improvement after 48 hours
- B. Worsening symptoms
- C. High fever, chills, chest tightness or pain, shortness of breath
- D. Symptoms that last longer than 3 weeks
- E. Other: _____

Phone: _____

BRONCHITIS, CHRONIC

PROBLEM

Chronic bronchitis is an upper respiratory infection followed by a productive cough. To be diagnosed with chronic bronchitis, you should have had the symptoms for 3 months for 2 years in a row.

CAUSE

Both viral and bacterial infections cause chronic bronchitis.

PREVENTION/CARE

- A. Avoid exposure to others with respiratory illnesses.
- B. Do not smoke, and avoid secondhand smoke and smoke-filled environments.
- C. Avoid other air pollutants, such as wood smoke, solvents, and cleaners.
- D. Use good handwashing techniques.
- E. Use tissues for the mucus coughed up. Dispose of the tissues after use.
- F. Cover your mouth when you cough. If you do not have a tissue, the “elbow sneeze” into the bend of your arm will prevent you from spreading your illness.
- G. Although the flu vaccine does not prevent bronchitis, a yearly flu vaccine is recommended.
- H. A pneumonia vaccine is recommended for people older than 65 years of age and for younger people with chronic respiratory conditions.

TREATMENT PLAN

- A. Humidity and mist may be helpful.
- B. Always clean the humidifier daily to prevent bacterial growth.
- C. Twenty minutes several times a day in a steamy bathroom may provide relief.

Activity: Rest during the early stage of the illness, then increase activity as tolerated when the fever subsides. It is not uncommon to feel tired for several weeks.

Diet: Eat a nutritious diet. Drink 8 to 10 glasses of water daily.

Medications:

- A. Acetaminophen (Tylenol) may be used to relieve fever and discomfort.
- B. You may be prescribed an inhaler to help your breathing.
- C. You may be prescribed steroids to help with the inflammation of your lungs. The steroids may be given by an inhaler or as a pill.
- D. It is very important that you use the inhaler properly so that the medicine can go into your lungs. A teaching sheet on how to use an inhaler is available.
- E. You may also be prescribed an antibiotic for a bacterial infection. Take all of your antibiotics, even if you feel better.
- F. You may be prescribed a cough suppressant to take at night to help you rest. However, coughing up the mucus is very important to clear out your “wind pipes.”

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. No improvement after 48 hours.
- B. Worsening symptoms.
- C. High fever, chills, chest tightness or pain, shortness of breath.
- D. Symptoms that last longer than 3 weeks after taking all of your antibiotics.
- E. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

CERUMEN IMPACTION (EARWAX)

PROBLEM

A buildup of earwax in the external ear canal that may cause itching, pain, and temporary hearing loss.

CAUSE

Earwax production is a normal, healthy process of the gland of the ear. Earwax is produced to protect the ear from infection and trauma. The wax is continuously being produced and removed from the ear via its own mechanism. However, at times, an overproduction of wax may build up and remain in the external ear canal. With age, the normal mechanisms of the ear for removing earwax are decreased. This is called cerumen impaction. Use of cotton swabs to remove earwax can push wax further into the ear and cause problems deeper into the ear canal.

PREVENTION/CARE

Do not use cotton swabs, paper clips, or other objects to clean your ears. These can damage the ear canal and lead to an external ear infection.

TREATMENT PLAN

- A. **Use Debrox, mineral oil, or olive oil, 2 to 3 drops per day, gently placed into the external ear canal for 1 week. These oils will soften up the wax for easier removal.**
- B. Clean ears with a wet washcloth. The external ear that is visible to the eye is the only part of the ear that should be cleaned with a wet washcloth.
- C. Return to the health care provider in 1 week for wax removal.
- D. Do not try to remove the earwax on your own due to the chance of damaging your eardrum. Never stick any kind of tool into your ear. This will usually push the wax farther into your ear canal, making removal more difficult by your health care provider.

Activity: As tolerated.

Diet: As tolerated.

Medications: _____

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You are unable to hear.
- B. You have colored drainage or fluid draining from your ears.
- C. You run a fever.
- D. You have dizziness.
- E. Other: _____

Phone: _____

CERVICITIS

PROBLEM

You are being treated for cervicitis. The cervix is the lower section of the uterus that opens into the vagina. Cervicitis is an inflammation of the cervix.

CAUSE

Certain germs, such as *Chlamydia trachomatis* or *Neisseria gonorrhea*, may cause cervicitis; however, in many cases no specific germ may be identified. In these cases, inflammation may be due to douching, chemical irritants, or altered vaginal flora. In many cases, no cause may be found.

Your health care provider will perform a physical evaluation, including pelvic examination, and obtain certain tests to diagnose the cause of cervicitis. If a sexually transmitted organism is found, you and your partner will need to be treated.

PREVENTION/CARE

In cases in which cervicitis is caused by sexually transmitted organisms, use of condoms may prevent infection. Do not douche or use any other chemically irritating products.

TREATMENT PLAN

- A. You may be prescribed an antibiotic by your health care provider.
- B. Depending on the cause of cervicitis, your sexual partner(s) may also need medical evaluation and treatment.

Activity: Avoid sexual activity until treatment is completed.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You need to finish all of your antibiotics even though you may feel good.

You Need to Notify the Office If:

- A. You are not able to take your medicine.
- B. You have other new symptoms.
- C. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

CHICKENPOX (VARICELLA)

PROBLEM

Chickenpox is a virus in which a rash occurs, appearing like red, small bumps that usually occur in crops on the body. The virus can affect all ages, but usually affects children and older adults. If you have chickenpox, it may come back later as shingles.

CAUSE

Varicella-zoster virus is a herpes virus that is highly contagious. It is spread by direct person-to-person contact and sometimes by airborne means from respiratory secretions.

PREVENTION/CARE

- A. Avoid contact with anyone with chickenpox.
- B. If infected, stay in strict isolation until lesions are all crusted over.
- C. Sores ("lesions") should be covered by clothing or a dressing until they have crusted. **Covering sores prevents spreading and helps prevent scarring.**
- D. Practice good handwashing any time you touch the sores.

TREATMENT PLAN

- A. Stay away from other people. Remain in strict isolation.
- B. Children may return to day care or school only after all sores have dried and crusted.
- C. Care for skin with daily cool-water bathing or soaks.
- D. Keep fingernails short and clean; try to prevent scratching.
- E. Using a cornstarch bath, baking soda, or oatmeal (Aveeno) or topical lotions, such as calamine, to help with itching.
- F. Change your bed sheets and clothes often.
- G. **Aspirin should never be used for a fever; it may contribute to the development of Reye's syndrome when given to children during a viral illness.**

Activity: Bed rest is not necessary. Quiet-play activity in a cool room or outside in the shade during nice weather is permitted. Keep all ill children away from others and away from school and day care until all blisters have crusted and there are no new ones.

Diet: No special foods are needed.

Medications: Acetaminophen may be administered for fever. Your child may have a medication prescribed for itching.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have or Your Child Has:

- A. Symptoms of chickenpox
 - B. Lethargy, headache, sensitivity to bright light
 - C. Fever over 101°F
 - D. Chickenpox sores that contain pus or otherwise appear infected
 - E. A cough that occurs during a chickenpox infection
 - F. Other: _____
- Phone: _____

CHILDHOOD NUTRITION

TODDLERS

Appetite often decreases during the toddler years. Parents should monitor the child's nutrition by weekly intake instead of daily intake. Just like adults, children's appetites change, leaving them hungrier at certain times than others.

Toddlers love to be busy. Therefore, if mealtime tends to be a struggle, after the child tells you he or she is finished with the meal, let the child get up and move around, but continue to offer bites of the meal between the child's activities.

Toddlers also do best with finger foods, which are easy to pick up and eat. Finger-food snacks, such as crackers, carrots, and celery, are great choices. Snacks between meals are important for children. Fresh fruit and vegetables are excellent snacks. Try to limit the amount of sweets and fats the child consumes. Obesity can be a nutritional concern, especially in the early childhood stages. As a parent, set a good example and eat healthy foods and snacks. Toddlers and children learn by watching and eating the same foods that they see their parents and siblings eat.

FAMILY TEACHING TIPS FOR FEEDING TODDLERS

- A. Serve small portions, and provide a second serving when the first has been eaten. Just 1 or 2 tablespoons is an adequate serving for the toddler. Too much food on the dish may overwhelm the child.
- B. There is no *one* food essential to health. Allow substitution for a disliked food. Food jags in which toddlers prefer one food for days on end are common and not harmful. If the child refuses a particular food, such as milk, use appropriate substitutes such as pudding, cheese, yogurt, and cottage cheese. Avoid a battle of wills at mealtime.
- C. Toddlers like simply prepared foods, served warm or cool, *not* hot or cold.
- D. Provide a social atmosphere at mealtimes; allow the toddler to eat with others in the family. Toddlers learn by imitating the acceptance or rejection of foods by other family members.
- E. Toddlers prefer foods they can pick up with their fingers; however, they should be allowed to use a spoon or fork when they want to try.
- F. Try to plan regular mealtimes with small nutritious snacks planned between meals. Do not attach too much importance to food by urging the child to choose what to eat.
- G. Dawdling at mealtime is common with this age group and can be ignored unless it stretches on to unreasonable lengths or becomes a play for power. Mealtime for the toddler should not exceed 20 minutes. Calmly remove food without comment.
- H. Do not make desserts a reward for good eating habits. It gives unfair value to the dessert and makes vegetables or other foods seem less desirable.
- I. Offer regularly planned nutritious snacks, such as milk, crackers, and peanut butter, cheese cubes, and pieces of fruit. Plan snacks midway between meals and at bedtime.
- J. Remember that the total amount eaten each day is more important than the amount eaten at a specific meal.
- K. Useful resources for parents and children are available at www.ChooseMyPlate.gov. This site provides daily food plans, interactive games, and teaching tools for adults and children regarding nutritional guidelines and recommendations for a healthy lifestyle.

(continued)

PATIENT TEACHING GUIDE

CHILDHOOD NUTRITION (continued)**Suggested Daily Food Guidelines for Toddlers**

Food Group	Daily Amounts	Comments/Rationale
Grains: Breads, cereals; whole grain or enriched	2–3 y/o: 3–5 oz 4–5 y/o: 4–6 oz 1 oz grain = 1 slice of bread, 1 cup cereal, 1/2 cup cooked rice or pasta, or 1 tortilla (6" round)	Provides thiamine, niacin, and, if enriched, riboflavin and iron.
Fruit juices; Canned fruit or small pieces of fruit	2–3 y/o: 1–1.5 c 4–5 y/o: 1–1.5 c 1/2 cup fruit = 1/2 cup juice, 1/2 cup fruit pieces, mashed or sliced, 1/2 medium banana, or 4–5 large strawberries	Use those rich in vitamins A and C; also source of iron and calcium.
Vegetables	2–3 y/o: 1–1.5 c 4–5 y/o: 1.5–2.5 c 1/2 cup vegetable = 1/2 cup mashed, sliced, or chopped vegetable, 1 cup raw leafy green vegetable, 1/2 cup vegetable juice, or 1 small ear of corn	Include at least one dark-green or yellow vegetable every other day for vitamin A.
Protein: Meat, fish, chicken, casseroles, cottage cheese, peanut butter, dried peas, and beans	2–3 y/o: 2–4 oz 4–5 y/o: 3–5 oz 1 oz protein = 1 oz cooked meat, poultry, or seafood, 1 egg, 1/2 cup casserole, 1/4 cup cottage cheese, 1 tbsp peanut butter, 1/4 cup cooked beans or peas	Source of complete protein, iron, thiamine, riboflavin, niacin, and vitamin B ₁₂ . Nuts and seeds should not be offered until after age 3 years, when the risk of choking is minimal.
Dairy: Milk, yogurt, cheese	2–3 y/o: 2–2.5 cups 4–5 y/o: 2.5–3 cup: 1/2 cup dairy = 1/2 cup milk, 4 oz yogurt, 3/4 oz cheese, or 1 string cheese	Cheese, cottage cheese, and yogurt are good calcium and riboflavin sources; also sources of calcium, phosphorus, complete protein, riboflavin, and niacin; also vitamin D if fortified milk is used.

y/o, year old.

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CHLAMYDIA

PROBLEM

Chlamydia is a sexually transmitted infection. Often, no problems are present, but you may notice a yellowish discharge from the penis or vagina, burning during urination, frequent and urgent urination, or pelvic pain.

Untreated chlamydia in females may lead to a condition called pelvic inflammatory disease (PID). PID is a leading cause of infertility, increased ectopic pregnancies, and chronic pelvic pain in women.

CAUSE

Chlamydia is caused by a bacterium called *Chlamydia trachomatis*. This bacterium is spread through sexual contact and may infect the eyes, throat, vagina, penis, or rectum.

PREVENTION/CARE

- A. Limit sexual partners.
- B. Have routine screening tests for chlamydia prior to beginning a new sexual relationship.
- C. Use condoms with sexual activity.

TREATMENT PLAN

Abstain from sexual activity until you and your partner(s) have completed your prescribed medication. Your health care provider is required to report this disease to the public health department. The health department may contact you.

Diet: As desired.

Medications: Chlamydia can be cured by the prescribed antibiotics.

You Have Been Prescribed: _____

You Need to Take: _____

You need to take all of your antibiotics. It is very important that you keep your follow-up appointment with your provider in 3 months: Your appointment has been scheduled for: _____

You Need to Notify the Office If:

A. You are unable to take your antibiotics because of nausea, vomiting, or a reaction.

B. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

PROBLEM

Chronic obstructive pulmonary disease (COPD) is a chronic, progressive, debilitating disease of the lungs that does not have a cure. Most people with COPD have a combination of emphysema and chronic bronchitis. Persons with COPD usually have some of the following symptoms: Cough (usually productive), shortness of breath at rest or with exertion, wheezing, decreased energy level, and weight loss.

CAUSE

COPD is most commonly associated with cigarette smoking and long-term exposure to pulmonary irritants in the environment (e.g., coal dust). Repeated respiratory infections may also contribute to the development of COPD.

PREVENTION/CARE

- A. Avoid smoking and exposure to secondhand smoke.
- B. Avoid exposure to environmental irritants, including pollution, household cleaning products, and smoke from fires.

TREATMENT PLAN

- A. Stopping smoking is one of the most important treatments. Talk to your health care provider about support for stopping.
- B. Reduce your exposure to lung irritants and extremely hot and cold air temperatures.
- C. Begin an exercise program with your health care provider's approval. Walking is a good aerobic exercise. Begin with a pace that is tolerable and easy to maintain; then increase the duration and intensity of the exercise as tolerated. Stop if you experience shortness of breath or chest pain. A realistic goal may be to walk 5 to 10 minutes a day, eventually increasing to 30 to 40 minutes a day.
- D. Receive the influenza vaccine every fall. The pneumococcal vaccine is recommended every 5 years and may be given at the same time as the influenza vaccine.
- E. Use a spacer/holding chamber to help you inhale all of your medicine. Spacers help you place more of your medicine in your lungs instead of at the back of your throat and mouth. Keep your spacer clean.
- F. Use slow, deep breathing or pursed-lip breathing when you are short of breath. Breathe out like you are blowing out a candle.
- G. Ask your health care provider if you are a candidate for low-flow oxygen treatment when shortness of breath occurs at night and causes insomnia and restlessness.

Activity: Group activities together such as planning shopping with going to the post office. Schedule rest periods throughout the day. Exercise programs should help increase activity tolerance.

Diet: Good nutrition is important. Six small, high-calorie meals a day are suggested. Avoid excessive intake of carbohydrates, especially simple carbohydrates like candy, soda, and potato chips. Milk and milk products do not increase the production of mucus. Ask your health care provider to refer you to a dietitian if nutritional problems persist.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. Your mucus changes color, increases in amount, or the consistency becomes thicker.
- B. After you start your medication, call if your wheezing or shortness of breath is getting worse.
- C. You have trouble walking or talking due to your shortness of breath.
- D. Other: _____

Phone: _____

CHRONIC PAIN

RESOURCES

Many patient resources on pain are available at your local library, bookstores, and on the Internet. Look for a local support group in your area to join and learn how other people are coping with your same condition.

An excellent resource for patients, families, and physicians is *How to Cope With Chronic Pain*, by Nelson Hendler, MD (Cool Hand Communications, 1993).

There are many pain organizations available to assist patients. Patients may wish to visit these websites for further information.

American Academy of Pain Medicine: www.aapainmanage.org

American Chronic Pain Association: www.theacpa.org

American Pain Society: www.americanpainsociety.org

Arthritis Foundation: www.arthritis.org

National Fibromyalgia Association: www.fmaware.org

PATIENT TEACHING GUIDE

CHRONIC VENOUS INSUFFICIENCY

PROBLEM

Chronic venous insufficiency (CVI) is a condition in which blood has difficulty flowing back to the heart from the arms or legs. This usually occurs when the valves along the inside of the veins are damaged and allow blood to flow backward. The pooling of blood leads to swelling, pain, a heavy feeling, darkening of the skin, and infections. Without treatment, CVI can lead to blood clots and serious infections that could lead to amputation.

CAUSE

Many things may increase the chance of having CVI. Some, like gender, age, or how tall you are, cannot be changed. Others can be changed; these include prolonged standing or sitting and excessive weight.

PREVENTION/CARE

- A. Avoid standing or sitting for long periods.
- B. If overweight or obese, lose weight. Discuss what you can do to lose weight with your health care provider.

TREATMENT PLAN

- A. Take your medications as ordered by your health care provider.
- B. Wear compression stockings. Put them on before getting out of bed in the morning. Take them off just before going to bed at night.
- C. Raise the affected arm or leg whenever lying down to improve pain and swelling.
- D. Avoid standing or sitting for long periods of time.
- E. Follow up with your primary health care provider on a regularly scheduled basis.

Activity:

- A. Get regular exercise. Discuss what type and frequency of exercise is safe for you with your health care provider.
- B. Exercise leg muscles by pumping ankles when sitting. Rocking in a rocking chair is another option.

Diet:

- A. Discuss the type of diet that best suits your needs with your health care provider: Diabetic diet, low-fat diet, low-cholesterol diet, and/or low-sodium diet.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Fever greater than 101°F
- B. Increased redness, pain, tenderness to touch, swelling, and/or warmth
- C. Sudden shortness of breath
- D. Chest pain
- E. New wound or sore on the affected arm or leg
- F. If you are taking a blood-thinning medication and have any of these symptoms:
 - 1. Vomit that is bright red or dark and looks like coffee grounds
 - 2. Bright-red blood in your stools or black, tarry stools
 - 3. Severe headache

(continued)

CHRONIC VENOUS INSUFFICIENCY *(continued)*

4. Sudden weakness in an arm or leg
5. Memory loss or confusion
6. Sudden change in vision
7. Trouble speaking or understanding others

G. Other: _____

Phone: _____

RESOURCE

Vascular Disease Foundation: vascularisease.org/flyers/chronic-venous-insufficiency-flyer.pdf

COLIC: WAYS TO SOOTHE A FUSSY BABY

PROBLEM

Your baby has been diagnosed with colic if the following symptoms are noticed: Repeated episodes of excessive crying that cannot be explained. Crying may range from fussiness to screaming. Crying follows a pattern with colic:

- A. It occurs at the same time of the day, usually late afternoon or evening.
- B. It usually begins at 3 weeks of age and lasts through 3 to 4 months of age.
- C. The baby's stomach may rumble, and then the baby may draw up his or her legs as if in pain.
- D. No specific cause or disease can be found.

CAUSE

The cause of colic is unknown.

PREVENTION/CARE

There are no specific preventive measures. Remove any causes that can be identified.

TREATMENT PLAN

- A. Record time when colic episodes occur. Soothe and comfort your baby before the "attack."
- B. Do not feed your baby every time he or she cries. Look for a reason, such as a gas bubble, cramped position, too much heat or cold, soiled diaper, or a desire to be cuddled.
- C. Make sure your baby is not overfed or underfed (see "Diet" section that follows). During an attack of gas, hold your baby securely, and gently massage his or her lower abdomen. Rocking may be soothing.
- D. Feed your baby with the head up such as sitting up and use frequent burping.
- E. Using a collapsible bag/bottle may help to reduce air-swallowing.
- F. Do not give your baby any herbal products without a health care provider's approval.

Activity:

- A. Overstimulation may cause infant upset. A quiet environment or being left alone in the crib to work off excess tension may be necessary.
- B. Allow your baby to cry if you are certain that everything is all right. Colic is distressing, but not harmful.
- C. Take time away from your infant to rest and recoup.
- D. Try the following remedies:
 - 1. Rhythmic rocking, use swings
 - 2. Car rides
 - 3. Walking the baby in a stroller
 - 4. Running vacuum or vaporizer for calming noise
 - 5. Giving your baby a pacifier for sucking
 - 6. Swaddling and cuddling to soothe the baby
 - 7. Playing music to quiet the baby
- E. If you are breastfeeding, review all of your medications and any herbal products that you are taking with your health care provider.

Diet:

- A. Your baby should be taking at least _____ ounces of _____ formula at each feeding. Interrupt bottle feedings halfway through the feeding and burp the baby. Burp your baby at the end of the feeding, too.
- B. If breastfeeding, do not switch to formula unless you have discussed it with a health care provider. Interrupt breastfeeding every 5 minutes to burp. If breastfeeding, you should avoid eating the following foods: Chocolate, cabbage, beans, pizza, or spicy foods.

(continued)

COLIC: WAYS TO SOOTHE A FUSSY BABY *(continued)*

- C. Allow at least 20 minutes to feed your baby. Hold your baby while he or she is feeding; do not prop the baby with a bottle for feeding.
- D. Do not try a home remedy, such as feeding homegrown mint teas, to your baby.

You Need to Notify the Office If:

- A. The baby has a rectal temperature of 101°F or higher.
- B. You fear you are about to lose emotional control.
- C. Your baby is taking a prescription drug and new unexplained symptoms develop: The drug may produce side effects.
- D. You notice a change in your baby's eating patterns, or he or she has vomiting, diarrhea, or constipation.
- E. You notice a change in your baby's pattern of behavior: He or she refuses to suck, has a high-pitched cry, draws the legs up when you touch the tummy, or your baby is limp with no activity.

F. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

COMMON COLD

PROBLEM

The common cold is swelling of the mucous membranes of the respiratory tract. Most people complain of feeling tired and have a runny or stopped-up nose, a sore throat, hoarseness, and watery and/or red eyes. You may have a low-grade fever or no fever at all.

CAUSE

A virus usually causes the common cold.

PREVENTION/CARE

- A. Colds are spread from one person to another through hand-to-hand contact and contact with air droplets from sneezing, coughing, and talking.
- B. Practice good handwashing techniques with soap and water or hand sanitizers.
- C. Do not drink from the same glass as others.
- D. Cover your mouth and nose when you sneeze or cough.
- E. Use tissues when you blow your nose. Dispose of them and then wash your hands. If no tissue is available, do the “elbow sneeze” into the bend of your arm (away from your open hands). Always wash your hands afterward.
- F. The flu vaccine is recommended every year.

TREATMENT PLAN

- A. Using a humidifier for your bedroom or inhaling steam helps keep the mucous membranes of your nose from drying.
- B. Use a rubber suction bulb to clear nasal congestion in babies.
- C. Discuss using saline nose drops.
- D. Secondary infections of the respiratory tract (sinuses, lungs) may occur. If these do occur, then antibiotic therapy may be needed.
- E. Zinc preparations are not recommended for an acute cough due to the common cold.

Activity: There are no activity restrictions. Frequent rest periods or naps can help with fatigue.

Diet: Eat well-balanced meals and snacks. Drink extra liquids (10–12 glasses a day). Warm fluids, such as tea and soups, can increase the rate of mucus flow and provide some symptom relief.

Medications: The American College of Chest Physicians clinical practice guidelines recommend that cough suppressants and other over-the-counter cough medications *not* be given to young children. Cough and cold medicines should *not* be given to children younger than 6 years.

- A. Antibiotics are not prescribed for a cold, but they may be prescribed for a secondary infection.
- B. All cold medications are available over the counter. Take as directed.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. Your child is listless or hard to wake up, refuses a bottle or would not drink liquids, does not want to play, has a fever, or has other symptoms such as shortness of breath.
- B. You experience pain that is getting worse in your ears, sinuses, throat, neck, or chest.
- C. You have green or yellow nasal drainage.
- D. Your temperature is higher than 100.4°F.
- E. You are a diabetic and your blood sugars are elevated, or you notice ketones in your urine while you are sick.
- F. Other: _____

Phone: _____

CONJUNCTIVITIS

PROBLEM

You have an infection of the eye, or conjunctivitis, that causes redness, itching, drainage from the eye, and crusting on the eyelids.

CAUSE

Bacteria, viruses, or allergies can cause eye infections.

PREVENTION/CARE

- A. Wash your hands frequently.
- B. Avoid persons with conjunctivitis (pink eye).
- C. Avoid known allergens.

TREATMENT PLAN

- A. All types:
 - 1. Wash your hands frequently, especially after touching the eyes, to avoid spread.
 - 2. Use cool compresses on the eyes as needed.
 - 3. Wash crusting eyelids with baby shampoo daily.
 - 4. Wipe the eyes from the inner to outer corners.
- B. *Bacterial*: Bacterial conjunctivitis is contagious until 24 hours after beginning medication.
- C. *Viral*: Viral conjunctivitis is contagious for 48 to 72 hours, but it may last up to 2 weeks.

Activity: As tolerated

Diet: As tolerated

Medications: No medications are prescribed for viral infections. You will be given instructions on how to use eyedrops or eye ointment.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. A reaction to your medication
 - B. Trouble seeing
 - C. New symptoms
 - D. Other: _____
- Phone: _____

CONSTIPATION RELIEF

PROBLEM

Constipation is an infrequent and difficult passing of hard stools and the sensation of not emptying or having to strain.

CAUSES

There are many reasons why you have constipation. You may have just one or a combination of these common causes:

- A. Not drinking enough liquids
- B. Eating a low-fiber diet
- C. Sedentary lifestyle, lack of exercise
- D. Ignoring the urge to go to the bathroom
- E. Taking drugs, including blood pressure (BP) medications, antidepressants, pain medications and antacids, or overusing laxatives
- F. Depression
- G. Other medical conditions

PREVENTION/CARE

- A. Go to the bathroom as soon as you have the urge to have a bowel movement; do not wait.
- B. Establish a regular toilet time such as after breakfast; 15 to 20 minutes after breakfast is a good time because spontaneous colonic motility is greatest during that period.
- C. Use a footrest during elimination to provide support and decrease straining.
- D. Do not rely on laxatives; use prune juice as a natural substitute.
- E. Stimulate the intestine by drinking hot or cold water or prune juice before meals.
- F. Decrease the intake of sweets, which increase bacterial growth in the intestine and can lead to gas.
- G. Stop taking enemas and nonessential drugs and herbals.

TREATMENT PLAN

- A. Follow the suggested prevention tips.
- B. Change to a high-fiber diet.
- C. Get daily exercise.

Activity: Daily exercise, such as walking, helps to maintain healthy bowel patterns.

Diet:

- A. Eat a high-fiber diet.
- B. Restrict cheese: It causes constipation.
- C. Drink at least eight glasses of water each day.
- D. Avoid refined cereals and breads, pastries, and sugar.
- E. Coffee, tea, and alcohol decrease water to the colon. Limit your intake to two of these drinks per day.

Medications: You may be prescribed a stool softener or a laxative for short-term use only. You may be prescribed a bulk-forming agent to take on a regular basis to increase the bulk of your stool.

You Have Been Prescribed: _____

You Need to Take: _____

(continued)

CONSTIPATION RELIEF *(continued)*

You Need to Notify the Office If:

- A. Constipation continues in spite of the self-care instructions, including diet and exercise.
- B. You notice a change in your bowel movements. Changes in bowel patterns may be an early sign of cancer.
- C. You develop fever or severe abdominal pain with your constipation.
- D. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

CONTRACEPTION: HOW TO TAKE BIRTH CONTROL PILLS (FOR A 28-DAY CYCLE)

You have been prescribed an oral contraceptive, also known as a *birth control pill*. Most birth control pills contain a combination of synthetic estrogen and progestin.

- A. Birth control pills suppress ovulation.
- B. They make the lining of the uterus unreceptive for an egg to implant and grow. Birth control pills also alter the cervical mucus, making it thicker and harder for sperm to penetrate.
- C. A birth control pill does not prevent any sexually transmitted infection or HIV. A condom must still be used to protect yourself from the HIV virus or other infections.
- D. You will be asked to return to the office in 3 months after starting birth control pills to check your blood pressure and to check for other side effects of the pill, such as your potassium level and nausea.
- E. If your blood pressure is normal and you are not having any other problems taking the pills, your prescription for birth-control pills may be written for 1 year.
- F. At the end of that time, you will need another physical examination and possibly a Pap smear. Then your prescription can be refilled for another year.

You Have Been Prescribed:

- A. This is a combination pill of estrogen and progestin.
 - 1. Your packet contains 28 pills. Notice that your pills are different colors. **You must take them in the order that they come in the packet.** There are 21 “active” pills, and the last 7 are “inactive or sugar pills” to keep you in the habit of taking a pill every day.
 - 2. You must take a pill **every day** at approximately the same time. Develop the habit of taking the pill with brushing your teeth, for example. You cannot share your birth control pills with anyone else.
 - 3. Start your packet on the Sunday of your period. Take the pill marked “1,” “start here,” or “Sunday.”
 - 4. You take a pill every day for 21 days; when you start the last 7 pills, you will have a period or “withdrawal bleed.”
 - 5. Your period may not start for 1 to 2 days into the last week of pills. This is normal. You generally have a shorter, lighter period on birth control pills.
 - 6. When you start your period, it is time to refill your prescription for your next month of pills.
 - 7. If this is your first packet of birth control pills, you are not considered protected and may get pregnant. Use a backup method of birth control for the first packet of pills.
 - 8. **Missed pills instructions:**
 - a. If you miss one pill: Take it as soon as you remember, then get back on your regular schedule (you can take two pills in 1 day).
 - b. If you miss two pills: Take two pills as soon as you remember, then get back on schedule (you can take three pills in 1 day). You must use a **backup method of birth control** such as a condom until you finish that packet of pills. You may have spotting if you miss two pills. This is normal.
 - c. If you miss three pills: You may have a period. Discard that packet of pills and start a new packet on Sunday. You must use a **backup method of birth control** such as a condom for the first 7 days of the new packet.
 - d. If one or more birth control pills are missed, no backup method of contraception is used, and if you miss your period, you should do a pregnancy test.
 - 9. If you are prescribed antibiotics while taking birth control pills, you must use a **backup method of birth control** such as a condom. You can get pregnant. Antibiotics and other medications such as those used to prevent seizures make birth control pills less effective, making it possible to get pregnant.

You Need to Notify the Office If You:

- A. Vomit your birth control pills.
- B. Have a severe or migraine-like headache.
- C. Are depressed (cannot make yourself happy).
- D. Have pain in your legs, especially if your calf hurts when walking or flexing your foot.
- E. Break your leg and need to have a cast.

(continued)

CONTRACEPTION: HOW TO TAKE BIRTH CONTROL PILLS (FOR A 28-DAY CYCLE) *(continued)*

F. Think you are pregnant (skipped pills or are taking antibiotics).

G. Have blurred vision, loss of vision, or spots before your eyes.

H. Feel chest pain or shortness of breath.

I. Feel severe abdominal pain.

J. Have lots of swelling of the fingers, hands, ankles, or face.

K. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

COUGH

PROBLEM

Coughing is an important defense mechanism your body uses to clear your airways of mucus and inhaled particles.

CAUSE

A cough is often associated with other respiratory symptoms and may be a sign of infection. Coughing is often related to environmental or chemical irritants such as smoking.

PREVENTION/CARE

- A. Coughing cannot be prevented, but you do have some voluntary control over it.
- B. Occasionally, medications can cause a cough. So review all medications with your health care provider.
- C. The flu vaccine is recommended each year; however, the flu vaccine does not prevent a cough.

TREATMENT PLAN

- A. **The American College of Chest Physicians clinical practice guidelines recommend that cough suppressants and other over-the-counter cough medications *not* be given to young children. Cough and cold medicines should *not* be given to children younger than 6 years.**
- B. Stop smoking, including exposure to secondhand smoke. At the minimum, maintain a smoke-free bedroom.
- C. Using a room humidifier may be helpful. Keep your humidifier clean—it can grow bacteria.
- D. Change heating and air-conditioning filters often to decrease environmental irritants.
- E. Coughing for several minutes may tire you, so you may need extra rest.

Activity: No activity restrictions.

Diet: Drink at least 10 to 15 glasses of liquids a day.

Medications: The American College of Physicians clinical practice guidelines recommend that cough suppressants and over-the-counter cough medications *not* be given to young children. Cough and cold medicines should *not* be given for children younger than 6 years.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have difficulty breathing.
- B. Your child makes noises with coughing, such as wheezing, singsong sounds, or crowing sounds.
- C. You cough up blood.
- D. You develop other symptoms besides coughing, such as green sinus drainage and/or a sore throat.
- E. You cannot sleep because of coughing.
- F. You develop a fever over 101°F.
- G. Other: _____

Phone: _____

CROHN'S DISEASE

PROBLEM

Crohn's disease (CD) is an inflammatory disorder of the gastrointestinal (GI) tract that produces ulceration, formation of fibrous tissue, and malabsorption. CD is chronic, relapsing, and incurable.

CAUSE

The cause is unknown, but it can be aggravated by bacterial infection or inflammation.

TREATMENT PLAN

- A. Adequate nutrition is critical to the promotion of healing.
- B. Vitamin, mineral, and folic acid supplementation are necessary for proper healing and to avoid secondary complications such as bone disease and low blood counts.
- C. To relieve pain, apply a heating pad or warm compress to your abdomen.
- D. Check your bowel movements (BM) daily for signs of bleeding.
- E. Surgery may be required to help control symptoms.
- F. There may be a support group near where you live. The Crohn's and Colitis Foundation website has an area to find a support group at www.ccfa.org/living-with-crohns-colitis/find-a-support-group
- G. Take your medicine as your health care provider ordered to help prevent an attack.

Activity: During acute attacks, rest in bed or in a chair. Get up only to go to the bathroom, bathe, or eat. Between attacks, resume normal activities, as tolerated.

Diet:

- A. When you have diarrhea, increase the fiber content of your diet.
- B. Restricting milk products may stop the diarrhea. Stop using milk products for a short time, then try them again in a few weeks.
- C. Decreasing the amount of fat and gluten in your diet may help.
- D. Ensure, Sustacal, and Isocal have been found to improve symptoms.
- E. Severe relapse may require you stop eating or drinking called a partial bowel rest. Contact the office for instruction.

Medications: You may be prescribed vitamins and minerals, medicine to control pain and relieve diarrhea, and a steroid to reduce the inflammation. Do not stop taking the steroid abruptly. Your health care provider can tell you how to taper the dose over several days.

You Have Been Prescribed the Following Vitamins and Minerals: _____

You Need to Take: _____

You Have Been Prescribed the Following to Relieve Diarrhea: _____

You Need to Take: _____

You Have Been Prescribed the Following Steroid: _____

You Need to Take: _____

Other medications to treat CD include pills, intravenous infusions, and injectable medications to control the severity of symptoms. Your health care provider will discuss these with you and the need for close follow-up monitoring.

(continued)

PATIENT TEACHING GUIDE

CROHN'S DISEASE *(continued)*

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Return to the Office for Blood Work: _____

You Need to Notify the Office If You Have:

A. Black, tarry stools or blood in the stool

B. A swollen abdomen

C. A temperature of 101.0°F or higher

D. Other: _____

Phone: _____

RESOURCE

Crohn's and Colitis Foundation of America:
386 Park Avenue South, 17th Floor
New York, NY 10013
800-932-2423
info@ccfa.org
www.ccfa.org

CROUP, VIRAL

PROBLEM

Croup is a childhood illness of the respiratory system involving the voice box, vocal cords, windpipe, and bronchial tubes. Children become hoarse and have a barking cough, which usually gets worse at night. There may be a sore throat, fever, and a harsh sound with each inward breath (stridor). Infants may be irritable, sleepy, and have a poor appetite.

CAUSE

Croup is usually caused by a virus. Occasionally, it is caused by a bacterial infection.

PREVENTION/CARE

- A. Isolate the child from others who are ill with respiratory symptoms.
- B. The virus is most contagious during the first few days of fever.
- C. Although the flu vaccine does not prevent croup, the vaccine is recommended every year.

TREATMENT PLAN

- A. Cool mist has not been shown to be effective with croup.
- B. Avoid hot steam because it may cause scalding.
- C. Cool night air is often helpful, so open the window or take the child outdoors.
- D. Croup tents are not generally recommended unless no alternative therapy is available.
- E. Do not expose children to tobacco smoke and other irritants.
- F. Count the child's breathing, and look for breathing problems, flaring of nostrils, or retractions (pulling in of chest wall while breathing).

Activity: Let your child rest. Handle your child as little as possible. Your child may return to day care or school when his or her temperature is normal and he or she feels better. A lingering cough is no reason to keep the child home.

Diet: Your child may have decreased appetite during the early part of the illness. It is more important to give plenty of fluids, such as juice and water.

Medications:

The American College of Chest Physicians clinical practice guidelines recommend that cough suppressants and over-the-counter cough medications *not* be given to young children. Cough and cold medicines should *not* be given to children younger than 6 years.

Antibiotics do not help viral croup. Your child may be prescribed other medications.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office Immediately If:

- A. Your child's breathing becomes difficult or fast, or his lips become blue.
- B. Your child has difficulty swallowing or begins to drool.
- C. Retractions develop.
- D. Your child cannot sleep.
- E. Mist from the vaporizer or bathroom does not help.
- F. You feel your child is getting worse.
- G. Other: _____

You Need to Notify the Office Within 24 Hours If:

- A. The cough becomes worse.
- B. More than three episodes of labored breathing occur.
- C. Your child is not drinking enough fluids.
- D. Fever is greater than 104°F.
- E. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

CUSHING'S SYNDROME

PROBLEM

Cushing's syndrome has many symptoms, including weight gain, obesity, moon-shaped face, excessive hair growth, easy bruising, thin skin, muscle weakness, decreased or no menstrual periods, increased blood pressure, osteoporosis, and impaired wound healing.

CAUSE

Cushing's syndrome is caused by excessive cortisol production.

TREATMENT/CARE

- A. Take medications precisely as directed.
- B. Avoid excessive alcohol.
- C. You may be instructed to purchase a Medic Alert bracelet or necklace for any emergencies. This can be used to list your treatment and health care provider's name and phone number.

Activity: Exercise is encouraged.

Diet: Low-sodium, high-potassium, high-calcium diet.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You:

- A. Have a reaction to the medications
- B. Cannot tolerate the prescribed medicines
- C. Other: _____

Phone: _____

RESOURCES

NADF: www.nadf.us

You can build your own identification bracelets or neck chains from American Medical ID: www.americanmedical-id.com

DEEP VEIN THROMBOSIS

PROBLEM

You have inflammation or a blood clot in one of the veins in your body. Phlebitis is inflammation, and thrombosis means you have a blood clot. Symptoms include:

- A. Pain
- B. Fever
- C. Swelling
- D. Tenderness in the affected leg or arm
- E. The vein may feel somewhat “hard” to touch.

CAUSE

Blood clots form because of bed rest, surgery, a heart attack, a severe illness, and birth control pills. A blood clot can also form after breaking a hip or leg, pregnancy, cancer, and some medications.

TREATMENT PLAN/CARE

- A. If you have phlebitis, you may be given an anti-inflammatory medicine.
- B. Some patients need to go to the hospital and get intravenous (IV) medicine to break up the clot.
- C. You may be given blood thinners either as a pill or by self-injection.
- D. Be sure to take all of the medicine as directed to help with the blood clot.
- E. Do not smoke: This worsens your condition.
- F. If you currently take any hormones, such as birth control pills, your health care provider may talk to you about stopping them.
- G. Manage all other medical conditions, especially high blood pressure, diabetes, and high cholesterol, and try to lose any extra weight.
- H. Follow up with your primary health care provider and/or cardiologist on a regularly scheduled basis.

Activity:

- A. Get out of bed as soon as possible after surgery.
- B. While in bed, perform range-of-motion exercises with your legs.
- C. Exercise leg muscles by pumping your ankles when sitting.
- D. Do not sit with your legs crossed.
- E. Avoid standing or sitting for long periods of time.
- F. Do not wear tight clothing such as knee-high hosiery.
- G. Wear special supportive hosiery called compression stockings. Put them on before getting out of bed in the morning and take them off before going to bed at night.
- H. When traveling:
 - 1. Try to take rest breaks on a regular basis.
 - 2. Continue to do the ankle pumping exercise when in the car or on the plane.
 - 3. Wear loose-fitting clothes that are comfortable.
 - 4. Avoid drinking alcohol.
 - 5. Drink plenty of fluids unless you are instructed not to do so by your health care provider.
 - 6. Ask your health care provider if you should wear compression stockings.
- I. Wear a Medic Alert bracelet if you are put on blood thinners.
- J. You will notice that you bruise easier while on your blood thinner.
- K. You may need to come back to the office to have your labs drawn.

(continued)

PATIENT TEACHING GUIDE

DEEP VEIN THROMBOSIS *(continued)***Diet:**

- A. Discuss the type of diet that best suits your needs: Diabetic diet, low-fat diet, low-cholesterol diet, and/or low-sodium diet.
- B. If you are taking the blood thinner Coumadin, you will be given a list of foods that are high in vitamin K. These foods can interfere with how the blood thinner works. Please discuss these foods further with your health care provider.
- C. Avoid alcohol.

Medications: If you currently take birth control pills, ask your health care provider if you should stop taking them. You may be prescribed a blood thinner by injection or pills. Take this medicine even if you feel better.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Increased swelling, pain, or warmth in your leg or arm with the deep vein thrombosis (DVT)
- B. Fever
- C. Sudden shortness of breath
- D. Chest pain
- E. If you are on a blood-thinner medicine, call for signs of bleeding, including:
 - 1. Nosebleed that will not stop with pressure
 - 2. Coughing up blood
 - 3. Vomiting that is bright red or dark that looks like coffee grounds or grape jelly
 - 4. Blood in your bowel movements that looks black or tarry in color
 - 5. Heavy periods
 - 6. Severe headache
 - 7. Sudden weakness in an arm or leg
 - 8. Sudden change in vision
 - 9. Trouble speaking or understanding others
 - 10. Memory loss or confusion
- F. Any new symptoms not present at your last office visit

Phone: _____

You can build your own identification bracelets or neck chains from American Medical ID: www.americanmedical-id.com

RESOURCES

Patient Education Center—Thromboembolism (DVT and Pulmonary Embolism): patienteducationcenter.org/articles/thromboembolism-deep-vein-thrombosis-and-pulmonary-embolism

Vascular Disease Foundation: vascular-disease.org/about-vascular-disease/2011-05-05-02-02-59/deep-vein-thrombosis-dvt

DEMENTIA

PROBLEM

Dementia is mental impairment due to a variety of disorders.

CAUSE

Dementia is caused by degeneration and loss of the gray matter from the brain; common causes of Alzheimer's disease are inadequate blood supply to the brain, alcoholism, chronic infections, inherited conditions, brain injury, or brain tumors.

PREVENTION/CARE

Early medical treatment is required for reversible causes of dementia. Prevention includes protection from head injury, eating a balanced diet, preventing alcoholism, avoiding drug abuse, and preventing atherosclerosis.

TREATMENT PLAN

- A. Minimize changes in daily routines.
- B. Provide simple memory reminders such as notes, calendars, and clocks.
- C. Encourage social contacts.
- D. Caregivers should treat the individual with respect.
- E. Provide a safe environment.
 - 1. Remove scatter rugs.
 - 2. Install handrails and stairs.
 - 3. Discourage driving.
 - 4. Install stove cut-off switch.
 - 5. Lock closets.
 - 6. Lock up matches and firearms.
- F. Encourage "thinking" games such as puzzles, word games, and reading.
- G. Provide frequent gentle reorientation to surroundings.

Activity: Patient may engage in as much activity as possible with *supervision* and *direction*.

Diet: Eat a well-balanced diet low in saturated fat.

Medications: A variety of medications are available to treat symptoms.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. The symptoms/behaviors are getting worse.
- B. You are unable to tolerate the medications because of side effects.
- C. You need help with social services.
- D. Other: _____

Phone: _____

RESOURCE

Alzheimer's Association: www.alz.org

The Alzheimer's Association's website includes information on locating the closest support group; search by zip code: www.alz.org

24/7 Helpline 1-800-272-3900

PATIENT TEACHING GUIDE

DERMATITIS

PROBLEM

Inflammation of the skin that occurs from contact with an irritant substance (poison ivy, soaps, etc.).

CAUSE

Skin contact with irritating agent.

PREVENTION

- A. Avoid aggravating agents.
- B. Learn to recognize all plants (poison ivy, poison oak, etc.).
- C. Flare-ups are common.
- D. Avoid all known stimuli (poison ivy, soaps, etc.).
- E. Do not wear tight, restrictive clothing.
- F. When around irritating substances, wear gloves for protection.
- G. For poison ivy
 - 1. Wash all clothes, shoes, pets, or other substances that may have come in contact with the poison ivy oil.

TREATMENT PLAN

Activity: As tolerated. Take cool baths as needed for itching. Oatmeal baths (Aveeno bath) help soothe the itching.

Diet: Regular diet.

Medications: Take Benadryl as needed for itching. Use calamine lotion as needed. Steroid creams may also be prescribed if reaction is severe. Steroid dose packs may be needed if you are not getting better.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Worsening symptoms
- B. Sores on your face, eyes, or ears
- C. More redness, swelling, pain, or drainage
- D. Secondary bacterial infection
- E. Fever
- F. Other: _____

Phone: _____

DIABETES

PROBLEM

You have been diagnosed as having diabetes. Diabetes does not go away; you have to manage it every day. It is a condition in which your body cannot use the glucose from food properly. Some signs that your blood sugar is too high and too low are listed here.

- A. *Hyperglycemia* (high blood sugar) signs/symptoms: Fruity breath odor, abnormal breathing pattern, rapid, weak pulse, confusion, or stupor.
- B. *Hypoglycemia* (low blood sugar) signs/symptoms: Hunger, weakness, sweating, headache, shaking, rapid heartbeat, paleness, fainting, seizures, or coma.

CAUSE

Your body has an organ close to the stomach called a pancreas. Your pancreas is not making enough insulin or your body is not using the insulin it is making properly.

TREATMENT/CARE

- A. Lifestyle changes—exercise, stop smoking, follow your diet, and lose some weight—are necessary to control your diabetes.
 - 1. Stop smoking. Smoking doubles your risk of developing heart or blood vessel disease.
 - 2. Weight loss of even 5 to 10 lb helps to control your diabetes.
 - 3. You need to wear an identification tag that tells others you have diabetes in case of an emergency.
- B. Foot care is very important.
 - 1. Check feet every day.
 - 2. Wash with mild soap and lukewarm water.
 - 3. Apply lotion.
 - 4. File or clip nails after washing and drying.
 - 5. Do not tear skin around calluses.
 - 6. Wear clean socks daily.
 - 7. Wear well-fitted shoes at all times: No bare feet. You may not be able to feel or detect damage.
 - 8. Avoid crossing your legs.
 - 9. Take shoes off at every office visit.
- C. Blood glucose monitoring: You will be instructed on how to check your blood sugar at home.

Goals of Glycemia Control

 - 1. Fasting blood sugar: 80 to 120 mg/dL
 - 2. 2-Hour postprandial glucose: Less than 180 mg/dL
 - 3. Bedtime glucose: 100 to 140 mg/dL
 - 4. Hemoglobin A_{1c}: Less than 7%
- D. For low blood sugar you need to follow the 15:15 rule:
 - 1. After having low blood sugar, you need to check your blood every 4 hours for the next 24 hours.
 - 2. 15:15 rule: Choose one to follow:
 - a. Take three glucose tablets.
 - b. Drink 1/2 cup orange juice.
 - c. Drink 1/2 cup apple juice.
 - d. Drink 1/3 cup grape juice.
 - e. Drink 6 oz of regular coke.
 - 3. If your blood sugar drops less than 59, then you need to follow the 15:15 rule, drinking juice or taking glucose tablets, and then follow with 1/2 cup of milk and a starch and 1 ounce of protein.
 - 4. **If you have severe low blood sugar, you could pass out and go into a coma. You need to have glucagon for emergencies.**
 - a. Glucagon is not glucose, but it helps the liver raise your blood glucose.
 - b. Glucagon is a prescription drug and is given by injection; it usually works within 15 minutes.
 - c. If you do not respond with the first shot of glucagon, your family needs to call 911.
 - d. A second dose of glucagon should be given by your family if you do not awaken in 15 minutes.
 - e. After receiving glucagon and you respond, you need to eat a snack.

(continued)

PATIENT TEACHING GUIDE

DIABETES (continued)**REGULAR CARE**

- A. You will need to come to the office at regular times to have your diabetes checked and make sure you do not have any complications. Your provider will follow national standards of care, including:
1. Order a dilated eye examination every year.
 2. Check your blood pressure and keep it less than 140/80.
 3. Check your cholesterol at least once a year.
 4. Do a special foot examination at least once a year.
 5. Check your A1c every 3 months to see if your blood sugar is under control.
 6. Check your urine for protein/kidney problems.
 7. Give you a flu vaccine every year.
 8. If you are older, give you need a pneumonia vaccine, too.

SICK DAY RULES

You will also need a special plan in the event you are sick or have a special occasion.

- A. Test blood sugar more often up to every 2 to 4 hours.
- B. Increase your fluids, even if you do not feel like eating.
- C. Follow a meal plan if you can.
- D. Call your health care provider if your blood sugar is less than 70 or greater than 240 for two readings in a row that cannot be explained; if you are unable to retain food/fluids; and if you are spilling ketones.
- E. Check your ketones if your blood sugar is greater than 240. If your ketones are negative, keep testing if your blood sugar stays up.
- F. Continue to take your usual insulin dose.
- G. **Do not take glucophage if you are dehydrated.**

Activity:

- A. Exercise is very important in controlling your diabetes. It not only improves blood sugar by helping your insulin to work, but it also reduces your risk of heart attack and stroke and helps with losing weight.
- B. Talk with your health care provider before starting an exercise plan. If you are currently doing some form of exercise, please continue; however, avoid any strenuous exercise.
- C. Moderate exercise (walking, cycling, and swimming) is the best exercise. Your goal will be to develop a consistent exercise activity three to four times a week for 20 to 45 minutes. Drink plenty of fluids before and after you exercise to prevent dehydration.
- D. Exercise causes a decrease in your blood sugar for up to 24 hours. Do not exercise if your fasting blood sugar is greater than 250 or your sugar at any time is over 300. Exercise is not recommended if you have ketones (burning fat instead of sugar).

Diet:

- A. You will be seeing a dietitian to develop a nutritional plan that is suited for you.
- B. Consistency with meal times and amounts and food from all the six major food groups is important.
- C. Even though we stress carbohydrate counting, diabetes has abnormalities in carbohydrate, fat, and protein metabolism that cause hyperglycemia.
- D. Dietary control includes control of fats such as cholesterol and saturated fat to help control blood lipid levels and prevent cardiovascular disease.
- E. Eat a balanced diet, eat at regular times, and try not to skip meals; eat about the same amount of food at meal/snack times.
- F. Use portion control, decrease the fats that you eat, and decrease fast simple sugars.
- G. Decrease your alcohol consumption.

(continued)

DIABETES (continued)

Medications:

- A. You may need a combination of medications or insulin to help control your blood sugar to prevent complications.
- B. If you use insulin injections or the insulin pump, the best place to give it is your stomach.
- C. The American Diabetes Association recommends that you take an angiotensin-converting enzyme (ACE) inhibitor (blood pressure medicine) to help protect your kidneys.
- D. You may be told to take an aspirin every day (if you are not allergic).

You Have Been Prescribed: _____

You Need to Take: _____

You Have Been Prescribed: _____

You Need to Take: _____

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You are sick and unable to keep foods/fluids down (vomiting) or have severe diarrhea.
- B. You intend to take over-the-counter medications because they could react with your diabetes medication.
- C. You are using Metformin (glucophage) and are going to have x-rays using any dyes. You must stop your medicine.
- D. Other _____

Phone: _____

Remember to carry an ID and carbohydrate source. Glucagon should be available for severe low blood glucose due to risk of aspiration and/or inability to swallow.

RESOURCES

American Diabetes Association (ADA): www.diabetes.org

You can build your own identification bracelets or neck chains from American Medical ID: www.americanmedical-id.com

PATIENT TEACHING GUIDE

DIARRHEA

PROBLEM

Diarrhea is a condition that causes loose, watery stools. Diarrhea is a symptom, not a disease. If you are a diabetic and have more than 1 day of diarrhea, please contact the office.

CAUSE

There are many causes of diarrhea, including infections caused by virus, bacteria, and even parasites.

PREVENTION/CARE

- A. Avoid raw seafood and undercooked foods. Cut away any damaged or bruised areas on fruits and vegetables before eating.
- B. Store food in the refrigerator within 1 hour of cooking to prevent the growth of bacteria. Store fruits and vegetables away from raw meat, chicken, and seafood.
- C. Avoid buffet or picnic foods left out for several hours and food served by street vendors.
- D. Wash your hands well before and after preparing foods, after going to the bathroom, and after handling diapers.
- E. When traveling:
 - 1. Avoid local water supplies (including ice) when they are in question: Drink bottled water instead.
 - 2. Do not eat fresh vegetables that may have been washed in contaminated water.
 - 3. If possible, travel with antiseptic hand lotion and wipes.
- F. When hiking or camping, do not drink from streams, springs, or untested wells. Boil all water used for drinking or cooking.
- G. Do not allow people with diarrhea to handle food.
- H. Do not buy turtles, iguanas, or reptiles for pets: They carry *Salmonella*.
- I. Thoroughly cook eggs. Do not eat raw eggs or foods containing raw eggs, such as cookie dough. Store fruits and vegetables away from raw meat, chicken, and seafood.
- J. Cook chicken, beef, and pork until the meat does not have any pink color.
- K. Call your day care center if your child has diarrhea, especially if he or she has fever. Keep your child away from child-care centers if the diarrhea is too much for a diaper or if he or she is unable to get to the toilet.

TREATMENT PLAN

- A. Diarrhea usually goes away in 24 to 48 hours.
- B. Keep drinking liquids.
- C. If you think a prescription drug is causing diarrhea, consult with the doctor before stopping the medication.
- D. Clean toys and hard surfaces with soap and water. Chlorine-based disinfectants inactivate rotavirus and may help prevent the spread in child-care centers.

Activity: Decrease activities until diarrhea stops.

Diet:

- A. If diarrhea is accompanied by nausea, suck ice chips.
- B. Drink clear liquids frequently, such as 7-Up, Gatorade, ginger ale, broth, or gelatin, until diarrhea stops.
- C. Use popsicles for added liquid.
- D. After symptoms disappear, eat soft foods, such as cooked cereal, rice, baked potatoes, and yogurt, for 1 to 2 days.
- E. Resume your normal diet in 2 to 3 days after the diarrhea stops.
- F. Avoid fruits, alcohol, and highly seasoned foods for several more days.

(continued)

DIARRHEA *(continued)*

Medications:

You or Your Child Has Been Prescribed the Following Antidiarrheal Medication: _____

You or Your Child Need to Take: _____

You Need to Notify the Office If:

- A. You or your child has diarrhea lasting more than 2 days or has chronic diarrhea.
- B. You or your child has mucus, blood, or worms in the stool.
- C. You or your child has a fever of 101.0°F or higher.
- D. You or your child has severe pain in the stomach or in the rectum.
- E. You or your child has dehydration symptoms, including dry mouth, wrinkled skin, excessive thirst, or little or no urine.
- F. Your child:
 - 1. Becomes listless, refuses to eat, or cries loudly and persistently, even when picked up
 - 2. Has abnormal growth and development

G. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

DYSMENORRHEA (PAINFUL MENSTRUAL CRAMPS OR PERIODS)

PROBLEM

Painful menstrual cramps, or dysmenorrhea, can cause occasional diarrhea, nausea or vomiting, and headache with menstrual periods.

CAUSE

A substance called prostaglandin causes most painful menstrual cramps. This substance is made in the uterus and causes the uterus to contract. Most menstrual cramps are normal and are not a sign of anything wrong. However, menstrual cramps may cause you to feel bad enough that you are unable to go to school or work. If that is the case, your health care provider can suggest medication to decrease the painful periods.

TREATMENT PLAN/CARE

- A. Your health care provider may suggest a medicine such as a prostaglandin inhibitor. This medication helps decrease or eliminate the most likely substance that is causing the cramping of your uterus. The medication most often suggested is ibuprofen (Motrin IB, Advil, Nuprin, or others). Another medication is naproxen (Aleve).
1. These are available at your local drug store, grocery store, or convenience store.
 2. Take any of these with a snack or meal to protect your stomach lining and prevent nausea.
 3. If you usually have very painful menstrual cramps, begin your medication as soon as your period begins or even the day before your period. This helps stop the production of prostaglandin.
- B. If your cramps are not better using over-the-counter medications, your health care provider may write a prescription for a stronger medicine.
- C. Many women take oral contraceptive pills to relieve menstrual cramps. A prescription is necessary. Notify your care provider if you are a cigarette smoker as smoking may increase your chance of side effects with oral contraceptives.
- D. Some women find that exercise, such as walking, helps ease the cramps.
- E. Another idea is a warm bath, shower, or a warm heating pad placed on your abdomen.
- F. General health practices such as regular exercise, yoga, routine sleep habits, and regular sexual activity are beneficial.

Activity: Try to continue your usual activity. Try taking a walk, swimming, or doing yoga. Try a warm bath or shower.

Diet: Eat your normal diet. If you are nauseated, drink a clear carbonated soda (7-Up or Sprite).

Medication:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Any questions concerning your condition
- B. Problems taking the medicine
- C. No relief when taking the medicine, and other measures do not help
- D. Any signs of infection, such as fever, chills, bad-smelling vaginal discharge, or burning sensation when you urinate
- E. Other _____

Phone: _____

DYSpareunia (Pain With Intercourse)

PROBLEM

As many as 60% of women complain of pain with sexual intercourse, also known as dyspareunia. Pain may occur with insertion of and/or with deep penetration of the penis into the vagina.

CAUSE

There are physical causes, such as episiotomy scars, a short vagina, and infections; musculoskeletal causes such as disc problems; hormonal causes such as the lack of estrogen in menopause; and poor communication with partners and lack of foreplay.

PREVENTION AND TREATMENT PLANS

- A. Inadequate lubrication:
 - 1. More prolonged foreplay increases natural vaginal lubrication.
 - 2. Use a water-soluble lubricant such as K-Y jelly or Astroglide.
 - 3. Do not use Vaseline as a lubricant.
 - 4. Do not use contraceptive creams for lubrication; they often cause dryness (dehydration) and may worsen soreness.
- B. Pain on insertion of penis:
 - 1. Try different positions that give you more control.
 - 2. Guide the penis for insertion.
 - 3. If menopausal, you may be prescribed estrogen cream to use on an intermittent basis.
- C. Pain with deep penetration:
 - 1. Use a side-lying position during intercourse; this may be more comfortable so that deep penetration is limited.
 - 2. You may need to be referred to a gynecologist for further treatment and/or surgery if you have any masses or scar tissue noted on a physical examination.
- D. If you have or suspect an infection:
 - 1. Inform your provider that you may have an infection.
 - 2. A culture will be done.
 - 3. Antibiotics will be prescribed for you and possibly your partner(s).
 - 4. Refrain from sexual intercourse until all medications are gone (unless otherwise instructed).
 - 5. If you have a Bartholin's duct cyst, it will be drained and you will be treated with antibiotics.
- E. If you have a very narrow vaginal opening, you may be referred to a gynecologist for vaginal dilation.
- F. Spasm of the muscles upon touching the vaginal area may be treated with medication, relaxation techniques, and Kegel exercises.
- G. You and your partner may be referred to a sex counselor.

Medication:

You Have Been Prescribed: _____

You Need to Take/Use It: _____

You Need to Notify the Office If You Have:

A. No relief of your symptoms after your prescribed treatment

B. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

ECZEMA

PROBLEM

Red, itching, scaling, and thickening of skin occurs in patches. You may have papules (bumps) with vesicles (clear fluid) that can be found especially on the hands, scalp, face, back of the neck, or skin creases of elbows and knees.

CAUSE

The cause is unknown. If it is an allergic reaction, it may be caused by foods such as eggs, wheat, milk, or seafood; wool clothing; skin lotions and ointments; soaps; detergents; cleansers; plants; tanning agents used for shoe leather; dyes; and topical medications. The risk for developing eczema increases with stress, medical history of other allergic conditions, clothing made of synthetic fabric (which traps perspiration), and weather extremes (cold, hot).

PREVENTION/CARE

- A. Avoid risk factors.
- B. Wear rubber gloves for household cleaning tasks.
- C. Wear loose, cotton clothing to help absorb perspiration.
- D. Keep fingernails short and wear soft gloves during sleep.
- E. Scratching worsens eczema.
- F. Bathe less frequently to avoid excessive skin dryness.
- G. Use special nonfat soaps (Purpose or Basis soap) and tepid water.
- H. Do not use soap on inflamed areas.
- I. Lubricate the skin after bathing; avoid lubricants with alcohol in the ingredients.
- J. Recommended creams include Eucerin, Keri Lotion, and Lubriderm. Steroid creams may be prescribed.
- K. Avoid extreme temperature changes.
- L. Avoid anything that has previously worsened the condition.

TREATMENT PLAN

Activity: No restrictions.

Diet: You may be told to try a special diet. Eliminate any foods known to cause flare-ups.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have a reaction to any of the medications prescribed.
- B. You cannot take the medications.
- C. New symptoms develop.

Phone: _____

EMERGENCY CONTRACEPTION—LEVONOGESTREL

You have indicated that you want to use an emergency contraception (EC) method. **There are several levonorgestrel emergency contraceptive pills with different brand names available** over the counter without prescription

TREATMENT PLAN

- A. You must start levonorgestrel-based EC within 72 hours.
- B. It is best to start within the first 12 to 24 hours.
- C. Your health care provider will give you clear instructions.
- D. The sooner you begin EC, the more effective it will be.
- E. The levonorgestrel EC prevents pregnancy because the hormones cause the mucus in the cervix to thicken and the lining of the uterus and tubes to change.
- F. You may not ovulate, but if you do ovulate, the egg will not be ready to be fertilized by a sperm.
- G. EC in the form of hormonal pills will *not* interrupt an already established pregnancy.
- H. Because you are taking more female hormones than you are used to, you may become sick to your stomach.
- I. Your health care provider will tell you what medication to buy or give you a prescription for medicine to keep you from being sick to your stomach.
- J. Take this medicine at least 1 hour before you take the hormone pills.
- K. Other common side effects include breast tenderness, headache, or dizziness. These side effects go away in a day or two.
- L. You should have a menstrual period a week or so after you take the pills.
- M. If you have not had a period by 3 weeks, call the office.
- N. It is unlikely that you would get pregnant, but if you do and choose to have a baby, the EC is *not* associated with any increased chance of birth defects.
- O. Be sure to discuss reliable methods of birth control that are best suited for you.

Medication:

You Have Been Prescribed the Following EC Medication: _____

You Have Been Prescribed the Following Nausea Medication: _____

You Need to Call Us If You Have Any Questions or Problems.

You Need to Notify the Office If You Have:

- A. Serious side effects of medicine
- B. Severe chest pain
- C. Severe abdominal pain
- D. Headache
- E. Vision changes
- F. Shortness of breath
- G. No period for 3 weeks
- H. Other _____

Phone: _____

PATIENT TEACHING GUIDE

EMERGENCY CONTRACEPTION—ULIPRISTAL ACETATE

You have indicated that you want to use an emergency contraception (EC) method. **You have been prescribed ulipristal acetate.**

TREATMENT PLAN

- A. You must start ulipristal acetate within 120 hours of unprotected intercourse.
- B. Your health care provider will give you clear instructions.
- C. The sooner you begin EC, the more effective it will be.
- D. This method of EC prevents pregnancy by delaying ovulation.
- E. Common side effects are headache and nausea.
- F. Notify your health care provider if vomiting occurs within 3 hours of taking.
- G. You should have a menstrual period a week to 3 weeks after you take the pills.
- H. If your period is delayed by more than 1 week, call the office.
- I. Do not take if you are breastfeeding or pregnant.
- J. Do not take repeated doses in the same menstrual cycle.
- K. This EC may decrease the effectiveness of hormonal contraceptives. Use a backup method (condom) for 14 days after taking this EC.
- L. Do not use as routine contraception. Talk to your health care provider about birth control options that are best suited to you.
- M. Seek medical attention if you experience lower abdominal pain 3 to 5 weeks after taking.

Medication:

You Have Been Prescribed the Following EC Medication: _____

You Need to Call Us If You Have Any Questions or Problems.

You Need to Notify the Office If You Have:

- A. Serious side effects of medicine
- B. Severe chest pain
- C. Severe abdominal pain
- D. Headache
- E. Vision changes
- F. Shortness of breath
- G. Menses delayed more than 1 week of expected date
- H. Other _____

Phone: _____

EMPHYSEMA

PROBLEM

Emphysema is a chronic lung disease that is incurable. Emphysema can only be managed; the goal of treatment is to improve the activities of daily living and the quality of life by preventing symptoms and by preserving optimal lung function.

CAUSE

Cigarette smoking increases the risk of chronic obstructive pulmonary disease (COPD; another name for several lung diseases) by about 30 times. Environmental irritants have also been linked with chronic lung diseases.

PREVENTION/CARE

Emphysema cannot be prevented once lung changes have taken place.

TREATMENT PLAN

- A. **Stop smoking—it causes more lung irritation, mucus/sputum production, and coughing. It is never too late to quit smoking.**
- B. Eliminate other lung irritants, such as wood smoke; secondhand smoke; hair spray; and paint, bleach, and other chemicals found at home. Avoid sweeping and dusting, and stay indoors when air pollution or pollen counts are high.
- C. Pulmonary rehabilitation may be ordered. Exercising is a very important component of pulmonary rehabilitation as well as learning breathing techniques.
- D. Report respiratory infections to your health care provider as soon as possible.
- E. Get a flu shot every year, and get a vaccination for pneumonia.
- F. Use postural drainage: Lean over the side of the bed, rest your elbows on a pillow placed on the floor, and cough as someone gently pounds on your back.
- G. Stay indoors during extremely hot or cold weather. If you must be outside in the cold, cover your nose and face. Use an air conditioner in hot weather.
- H. Avoid people who have respiratory illnesses; also avoid crowds and poorly ventilated areas.
- I. Oxygen therapy may be ordered if you have trouble breathing.
- J. Use community resources such as Meals on Wheels, handicap tag, or parking stickers.
- K. You may be asked to talk to a social worker.

Activity:

- A. Pace yourself to avoid shortness of breath.
- B. Follow a daily exercise plan. Start with three to four times a day, each lasting 5 to 15 minutes. Start at half-speed and build up.
- C. Sexual dysfunction can occur because of lack of physical energy and trouble breathing. Find other ways to show affection such as kissing, hugging, or massage.

Diet:

- A. If you do not have congestive heart failure, drink 3 L of fluids a day—equal to one and a half large soda bottles.
- B. Avoid dairy products; they increase mucus/sputum production.
- C. Eat five to six small meals a day. Big meals feel like pressure on your stomach and lungs.
- D. Avoid foods that cause gas and stomach discomfort.
- E. Use oxygen during meals, if necessary; take your time eating, rest between bites, and avoid hard-to-chew foods, because eating may tire you. Rest before and after eating if you have shortness of breath.
- F. Eat a high-protein diet with a good balance of vitamins and minerals.
- G. Avoid excessively hot or cold foods and drinks that may start an irritating cough.
- H. Eat high-potassium foods such as bananas, dried fruit, orange and grape juice, milk, peaches, potatoes, tomatoes, and cantaloupe. Symptoms of low potassium include weakness, leg cramps, and tingling fingers.

(continued)

PATIENT TEACHING GUIDE

EMPHYSEMA (*continued*)**Medications:****You Have Been Prescribed:** _____**You Need to Take:** _____

Use of a spacer/chamber device improves aerosol delivery to your lungs and reduces side effects.

You Need to Notify the Office If:

- A. You have trouble breathing.
- B. You develop an infection (signs are fever, change in sputum, sinus drainage).
- C. Your inhaler does not help your symptoms.
- D. Your symptoms do not improve within 48 hours of starting medication.
- E. Other: _____

Phone: _____

ENDOMETRITIS

PROBLEM

You have an infection of the inside of the uterus.

CAUSE

One or more types of bacteria that invaded damaged tissue following your delivery could cause endometritis. The bacteria may be from the vagina, the bowel, or the environment.

PREVENTION/CARE

- A. Use careful perineal care:
1. Wipe from front to back after voiding.
 2. Remove Peri-Pad from front to back.
 3. Change Peri-Pad at least every 4 hours.
 4. Use your squeeze bottle filled with warm water to cleanse after each time you urinate or have a bowel movement.
 5. Use good handwashing after changing your pads and the baby's diaper.

TREATMENT PLAN

- A. You will need to be treated with antibiotic therapy.
- B. Take your temperature three times a day for the first 3 days on the antibiotics.
- C. Take Tylenol or ibuprofen as needed for fever or discomfort.

Activity: It is very important for you to increase rest with an infection. Try to get a nap when the baby is sleeping. You may continue to breastfeed on some antibiotic therapy. If you do not breastfeed while you are feeling bad, pump your breast milk to keep up your milk supply but dispose of it.

Diet: Eat well-balanced meals. Drink at least 10 to 12 glasses of liquid a day.

Medications: Continue your prenatal vitamins. Take all of your antibiotics even if you start feeling better.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Temperature that rises significantly or reaches 101°F
- B. Foul-smelling vaginal bleeding
- C. Increase in pain or tenderness
- D. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

EPIDIDYMITIS

PROBLEM

Epididymitis is infection of the gland that carries sperm.

CAUSE

The infection may be a urinary tract infection (UTI) or may be from a sexually transmitted disease (STD), such as gonorrhea or chlamydia.

PREVENTION/CARE

- A. Prevent UTIs with good hygiene.
 - 1. Clean under foreskin if uncircumcised.
 - 2. Wash your hands after each time you go to the bathroom (both urine and bowel movements [BM]).
- B. Limit your sexual partners and use a condom to prevent all types of infection.

TREATMENT PLAN

- A. Antibiotics are used to kill bacteria that cause infection.
- B. Try one of the following comfort measures:
 - 1. Intermittent cold compresses for acute swelling and pain relief
 - 2. Local heat or warm bath after the initial discomfort
- C. Use an athletic supporter or elevate the scrotum on a small rolled washcloth.
- D. Your sexual partner(s) need(s) to be treated for STD.

Activity:

- A. Rest; do not engage in strenuous activity or heavy lifting.
- B. Avoid sex until you finish the antibiotics.

Diet: Avoid foods that irritate the bladder: Caffeine, alcohol, and spicy foods.

Medications:

- A. Antibiotics are used to kill bacteria causing infection.
- B. Take all of the antibiotics prescribed for you; do not stop taking drugs after symptoms are gone.
- C. Do not share your antibiotics with your sex partner(s); a full prescription of antibiotics is needed for each of you to get better.
- D. Take pain medications or anti-inflammatory drugs, such as acetaminophen (Tylenol) or ibuprofen, as needed.

You Have Been Prescribed the Following Antibiotics: _____

You Need to Take: _____

Finish all of the antibiotics, even if you feel better.

You Have Been Prescribed the Following for Pain: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have a great increase in pain or swelling after going home.
- B. You have worsening symptoms after starting the antibiotics.
- C. You have fever greater than 101.0°F.
- D. You get very constipated.
- E. Other: _____

Phone: _____

ERYTHEMA MULTIFORME

PROBLEM

An acute inflammatory disorder of the skin and mucous membranes, erythema multiforme is usually self-limited and benign. A severe form is known as Stevens–Johnson syndrome or erythema multiforme majus, and the less severe form is referred to as erythema multiforme minus.

CAUSE

The cause is unknown in 50% of the cases. Erythema multiforme has been associated with viral infections, particularly the herpes simplex virus; bacterial and protozoan infections; an immunologic reaction of the skin; medications (sulfonamides, penicillins, anticonvulsants, salicylates, barbiturates), with reactions occurring up to 7 to 14 days after using the medication; pregnancy; premenstrual hormone changes; malignancy; or radiation therapy. Risk increases with previous history of erythema multiforme.

PREVENTION/CARE

- A. Avoid suspected causes.
- B. Seek prompt treatment of any illness or infection.
- C. Prevent herpes simplex virus outbreaks by avoiding sun exposure and reducing stress.
- D. Seek treatment immediately if at any time symptoms seem to be worsening or increasing.
- E. Discontinue any implicated medication.
- F. Apply wet dressings or soaks, with Burow's solution, or apply lotions to soothe the skin.
- G. Bathe in lukewarm to cool water three times a day for 30 minutes.
- H. Monitor yourself for any eye involvement and report it to your health care provider immediately.
- I. If mouth sores are present, use good oral hygiene (brush two to three times a day using a soft brush) and rinse frequently with cool water.
- J. Hospitalization may be required if there is extensive skin involvement.

TREATMENT PLAN

Activity: As tolerated by the extent of the symptoms. Restrict yourself to bed rest if fever is present.

Diet: Usually no special diet is necessary, although if mouth sores are present, a soft or liquid diet may be better tolerated. Increase fluid intake above the general 8 to 10 glasses per day.

Medications: May be prescribed to control symptoms and pain.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have an adverse reaction to or cannot tolerate any of the prescribed medications.
- B. Symptoms worsen during treatment, or the rash does not clear in 3 weeks (usual course: Rash evolves over 1–2 weeks, usually clears in 2–3 weeks, but may take 5–6 weeks).
- C. New or unexplained symptoms develop.
- D. You have any questions or concerns.

Phone: _____

EXERCISE

You have been evaluated and cleared for an exercise program. Your maximum target heart rate during exercise based on your age and physical fitness is _____ beats per minute.

Your goal is to exercise at least three times a week (nonconsecutive days). Your target heart rate should be sustained for 20 to 30 minutes for maximal cardiovascular effect.

A. Your exercise plan should include four components of activity:

1. Warm-up
 - a. The warm-up phase prepares the body to increase the blood flow to the heart and decreases muscle tension. **The warm-up phase should last 10 to 20 minutes** and may include such exercises as head rotations, arm and shoulder circles, waist circles or bends, and side leg raises.
2. Stretching
 - a. Stretching prepares the major muscles for exercise. Slow stretching and holding repetitions help to prevent injury. Examples of stretching: Sitting hamstring leg stretches and holds, and arm stretches.
3. Aerobic activity
 - a. The aerobic phase of exercise should be continuous. **Your target heart rate should be maintained for 20 to 30 minutes for cardiovascular benefit.** Examples of aerobic activity: Brisk walking, running, or swimming.
4. Cooldown phase
 - a. **A cooldown period for 5 to 10 minutes finishes your exercise.** This gradual cooldown allows the body temperature to cool and slowly decreases the heart rate, preventing dizziness, fatigue, and nausea. Examples of cooldown exercise: Walking and cooldown stretches.

B. Exercise should be discontinued if the following symptoms develop:

1. Marked increase in shortness of breath (inability to talk while exercising)
2. Chest pain, including left arm and jaw pain
3. Irregular heartbeat
4. Nausea or vomiting
5. Faintness or light-headedness
6. Injury to muscle or joints (sprains, tears)
7. Prolonged fatigue
8. Muscle weakness

Seek immediate medical attention if you experience chest pain. If your shortness of breath or irregular heartbeat does not subside within 1 to 2 minutes of rest, seek help. Return to your health care provider for an evaluation before further exercise after you experience any other symptoms.

C. Exercise can be easily incorporated into daily activities in other ways:

1. Use the stairs instead of the elevator.
2. Park away from buildings to add extra walking distance.
3. Use the walking path and carry golf clubs instead of using golf carts.
4. Play outdoor games of catch, kickball, or hopscotch instead of indoor activities.
5. Push-mow your yard instead of riding or hiring others for lawn care.
6. Take an evening walk in your neighborhood or use the local mall for all-weather exercise.
7. Shovel snow from the sidewalk instead of using a snow blower.
8. Sweep the porch patio instead of using a leaf blower.
9. Rake leaves for composting.
10. Rent or buy an exercise video on yoga, Tai Chi, or aerobics instead of a movie.
11. Turn on your radio and dance.
12. Walk your dog for 20 to 30 minutes at a time.

EYE MEDICATION ADMINISTRATION

PROBLEM

You have been prescribed a medication for your eye(s). It is very important that you know the correct way to use your eye medication.

CAUSE

You have been diagnosed with

PREVENTION/CARE

The health of your eyes is important.

- A.** Use good handwashing and try not to rub your eyes with your fingers.
- B.** Clean your contacts regularly with contact cleaning solution. Do not put your contacts in your mouth to moisten.
- C.** Wear sunglasses in bright sunshine.
- D.** Use eye goggles when working and playing sports to ensure extra protection.
- E.** Replace your eye makeup often. Mascara, eye shadow, and eyeliner grow bacteria. Do not share makeup.

TREATMENT PLAN

- A.** Correct use of your medication is important.
- B.** You may or may not require an eyepatch or shield.

How to Apply Eye Ointment

- A.** Always wash your hands before placing medication in your eyes.
- B.** Gently pull down the lower eyelid.
- C.** Make a small pocket between the eyeball and the eyelid.
- D.** If you have someone helping to put your eye ointment in the lower-lid pocket, look up and away while he or she puts in the medicine.
- E.** Do not let the tube of medicine touch the eye or eyelid.
- F.** Squeeze a thin ribbon of the medication into the pocket of the eyelid.
- G.** Start at the inner fold of the eye going from the nose to the outer eye.
- H.** Let go of the eyelid and blink to spread the medication.

How to Instill Eye Drops

- A.** Always wash your hands before placing medication in your eyes.
- B.** Gently pull down the lower eyelid.
- C.** Make a small pocket between the eyelid and the eyeball.
- D.** If you have someone helping to put your eye drops in the lower lid pocket, look up and away while he or she puts in the medicine.
- E. Do not let the bottle of medication touch the eye or eyelid.**
- F.** Squeeze the prescribed number of drops of the medicine into the pocket of the eyelid.
- G.** Let go of the eyelid and blink (or tell the patient to blink) to spread the medication.

Activity: No restrictions are required unless you require eye surgery; then you will be given specific instructions about the amount of activity allowed.

Diet: No restrictions.

(continued)

PATIENT TEACHING GUIDE

EYE MEDICATION ADMINISTRATION *(continued)***Medications:****You Have Been Prescribed:** _____**You Need to Take:** _____**You Need to Notify the Office If:**

A. You are unable to put in the medication yourself or get help from others.

B. You are not better 24 to 48 hours after starting the medication.

C. Your vision is worse after using the medication.

D. You have an allergic reaction to the medicine.

E. Other: _____

Phone: _____

FEBRILE SEIZURES (CHILD)

PROBLEM

Convulsions or seizures may occur with an illness accompanied by a fever.

CAUSE

The cause of seizures with a febrile illness is not certain. Some families have seizures with fever that run in the family.

PREVENTION/CARE

- A. Contact the office when your child gets sick with a fever.
1. Aspirin is not given to a child because of the risk of Reye's syndrome.
 2. You may be instructed to give Tylenol or Motrin by your health care provider to help comfort your child. These medications do not prevent febrile seizures.
 3. Be sure that your child gets plenty of fluids and rest.
 4. You do not need to take your child's temperature on a strict schedule if he or she is not getting/feeling worse. For children ages 0 to 5 years, the rectum and mouth areas are *not routinely* used to measure fever.
 5. Do not use the thermometers with mercury in the glass. Use electronic/digital, infrared/tympanic, or chemical dot thermometers. The mouth, rectum, forehead (chemical dots), ears, or armpit are common areas for taking temperatures in children, depending on the age of the child. Always hold the thermometer while taking your child's temperature.
- B. Care during a seizure:
1. Make sure that your child is breathing without difficulty.
 2. Lay your child down on a safe surface and position the head to the side so that he or she does not spit up and get vomit into his or her lungs.
 3. Try not to restrain your child, but protect him or her from hurting himself or herself.
 4. Do not try to open his or her mouth or put your fingers in the mouth.
 5. Do not try to give your child any medications during a seizure.
 6. Seizures from fever generally last less than 5 minutes.
 7. If the seizure lasts longer than 5 to 7 minutes, or if your child is not breathing or looks blue, call 911 for an ambulance.
 8. After the seizure, your child may be sleepy. This is normal, and it is okay to let him or her rest.

Activity: When your child is not sick, there should be no restrictions on normal activity. When your child has a fever, try to keep him or her quiet and avoid strenuous play activity. Follow your child's day-care/school policy about when to return after having a fever/illness.

Diet: There is no special diet for a child with a fever; a regular diet is fine. Although your child has a fever, offer fluids to make sure he or she gets plenty of fluids, including formula and breast milk. Use juices or water, and, if directed, use Pedialyte. If your child is old enough, try ice pops for extra fluids.

Medications: You may be directed to use Tylenol or Motrin for your child's fever. These medications do not *prevent* febrile seizures.

Your Child Has Been Prescribed: _____

Take the Medications on This Schedule: _____

You Need to Notify the Office If:

- A. Your child continues to have a high fever.
- B. Your child is unable to keep fluids down due to nausea, vomiting, or diarrhea.
- C. Other: _____

Phone: _____

If your child develops seizures lasting longer than 5 to 7 minutes or is having trouble breathing, CALL 911.

PATIENT TEACHING GUIDE

FIBROCYSTIC BREAST CHANGES AND BREAST PAIN

PROBLEM

You are being treated for breast pain or breast lumpiness that result from breast changes that are painful but not cancerous. You have probably had an extensive examination by your health care provider, perhaps a mammogram, sonogram, and/or a breast biopsy.

CAUSE

The cause is unknown. It is probably related to estrogen changes that occur with menstrual periods.

PREVENTION/CARE

None known.

TREATMENT PLAN

Be fitted for a well-fitting bra. This helps to eliminate breast movement as a source of pain. Try ice packs on your breasts for 20 minutes every few hours. Some women find that heat on the breast can also relieve discomfort.

Activity: There are no activity restrictions. When exercising, wear a good, supportive bra.

Diet: Eliminate or decrease salt in your diet to decrease water retention if you have swelling of your breasts near your period. Some women have reported decreased breast pain with reduced caffeine and nicotine intake.

Medications: Several medications have been found to relieve breast pain from fibrocystic breast changes, such as medications that decrease or stabilize estrogen (oral contraceptive pills). Ask your health care provider which is best for you.

Complementary: Recent research has shown that flaxseed may reduce cyclic pain (flaxseed 25 mg a day).

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Call Us If You Have Any Questions or Problems.

Phone: _____

FIBROMYALGIA

PROBLEM

You have inflammation or pain in the muscles and connective tissues, usually noted in the low back, shoulders, neck, chest, arms, hips, and thighs. This pain is chronic, and you may also have excessive fatigue and stiffness, difficulty with sleeping, and possibly other symptoms of anxiety, stress, and/or depression.

CAUSE

The cause is unknown. Fibromyalgia has been linked to anxiety, depression, stress, infections, and viruses.

TREATMENT PLAN/CARE

- A. Get regular exercise.
- B. Get adequate amounts of sleep.
- C. For symptoms of discomfort, you may try applying heat to the areas of pain, such as hot showers, heating pad, and whirlpools.
- D. Gentle massages by a massage therapist may help with comfort.
- E. Try to eliminate the daily stress in your life.
- F. Consider alternatives to relieving stress such as biofeedback, relaxation techniques, and yoga.
- G. Notify your health care provider if you are having symptoms of anxiety or depression that need addressing and possible treatment with medications.

Activity: Regular exercise is recommended. Exercise at least 30 minutes, for three to five times a week, if possible. Even 5 minutes is better than no exercise. Establish a regular sleep time. Adequate and sound sleeping may decrease symptoms. You may require naps during the day.

Diet: Eat a nutritious regular diet. Increase your intake of fruits and vegetables. Avoid foods, caffeine, and alcohol that interfere with your normal sleep.

Medications: There are medications to help with your fibromyalgia. You may be prescribed one of these by your health care provider. Examples may include duloxetine (Cymbalta), milnacipran (Savella), or pregabalin (Lyrica).

You may also need to treat other symptoms accordingly:

1. Pain can be addressed with nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or naproxen.
2. Sleep disorder: Address this with your health care provider for treatment.
3. Anxiety/stress/depression: Address this with your health care provider.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. New or unexplained symptoms that have developed
- B. Fever higher than 100°F
- C. Other: _____

Phone: _____

RESOURCE

The National Fibromyalgia Association: www.fmaware.org

PATIENT TEACHING GUIDE

FOLLICULITIS

PROBLEM

A bacterial (or fungal) infection of the hair follicle. Folliculitis is seen when a pustule develops, commonly on the arms, legs, scalp, and face (beard).

CAUSES

- A. Bacterial: Infection commonly caused by *Staphylococcus* bacteria.
- B. Fungal: May be caused by yeast infection.

PREVENTION

- A. Keep skin clean and dry.
- B. Avoid warm, moist conditions.
- C. Healing generally occurs 10 to 14 days after proper treatment with medications.
- D. Practice good handwashing technique, using antibacterial soaps.
- E. Use clean razors daily.
- F. Throw old razors away.
- G. Do not share razors.
- H. Shampoo scalp daily.
- I. Folliculitis usually resolves within 4 to 6 weeks after proper treatment.

TREATMENT PLAN

Activity: As tolerated.

Diet: Regular diet.

Medications: Topical and/or oral antibiotics as prescribed.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You notice lesions worsening or spreading, despite adequate medication treatment.
- B. You have a fever higher than 101°F.
- C. Your condition is not getting better.
- D. You have a reaction to your medication.
- E. Other _____

Phone: _____

GASTROESOPHAGEAL REFLUX DISEASE

PROBLEM

Relaxation of the lower esophageal (stomach) sphincter causes reflux of gastric acid or a feeling of “heartburn” and “acid brash.”

CAUSE

Heartburn occurs when acidic stomach contents come back into the esophagus. Improper diet, spicy foods, alcohol, pregnancy, and nervous tension are all causes of gastroesophageal reflux disease (GERD).

PREVENTION/CARE

- A. Avoid smoking.
- B. Avoid things that increase abdominal pressure:
 - 1. Wearing tight clothes and belts
 - 2. Lying down or bending over for 3 hours after eating, which is when there can be a lot of reflux
 - 3. Coughing
 - 4. Straining
- C. Avoid medications, such as aspirin or ibuprofen, that may irritate your stomach.
- D. Avoid alcohol.

TREATMENT PLAN

- A. Weight loss is advised to relieve symptoms.
- B. Stop smoking.
- C. You may be instructed to elevate the head of your bed on 6-inch blocks, or sleep on a wedge bolster pillow.
- D. Review all of your medications, over-the-counter (OTC) medications, and herbal products with your health care provider to help identify any side effects that may cause your symptoms.
- E. Take your medications at the correct times.

Activity: Postpone vigorous exercise until your stomach is likely to be empty, about 2 hours after eating.

Diet:

- A. Eat a lower fat, bland diet.
- B. Eat four to six small meals a day instead of three larger meals.
- C. Do not eat 2 to 3 hours before bedtime.
- D. Avoid chocolate, garlic, onions, citrus fruits, coffee (including decaffeinated), alcohol, highly seasoned foods, and carbonated beverages.
- E. Eat slowly.

Medications: Sit or stand when taking solid medications (pills or capsules). Follow the drug with at least one cup of liquid. When OTC antacids do not make your symptoms better, please notify the office for medications that decrease gastric acid secretions. You may require lifelong therapy.

You Have Been Prescribed: _____

You Need to Take: _____

(continued)

PATIENT TEACHING GUIDE

GASTROESOPHAGEAL REFLUX DISEASE (continued)

You Need to Notify the Office If You Have:

- A. No relief from antacids or second medication, so that the next step of medication therapy may be prescribed
- B. New symptoms, such as blood in vomit
- C. Other: _____

Phone: _____

GESTATIONAL DIABETES

PROBLEM

Gestational diabetes only develops during pregnancy because of the new hormones being produced. The hormonal influence makes you “insulin resistant,” meaning you still produce insulin, but the hormones prevent it from working effectively.

Your blood sugar needs to be controlled so that the amount of sugar going to your baby is controlled, too. High blood sugar causes a big baby at delivery, increases your risk of a cesarean birth, causes the baby to have low blood sugar after delivery, increases jaundice, and causes other problems for the baby such as lung problems. It can also cause your baby to be overweight in childhood and increases the risk of developing diabetes.

CAUSE

You are producing new hormones that cause insulin resistance. The likelihood of having gestational diabetes increases with other factors, such as the mother’s age, and it is more common in certain groups, such as Latin Americans and American Indians.

PREVENTION/CARE

Good control of your diet, exercise, and the possible use of medication and/or possibly insulin will help you to control your blood sugar during your pregnancy.

TREATMENT PLAN

- A. You are asked to keep a record of your blood glucose values.
 - 1. You will be shown how to test your blood.
 - 2. You need to test your blood four times a day: First thing in the morning, before or after lunch, before or after dinner, and possibly at bedtime, depending on if your diabetes is diet controlled or controlled by medication.
 - 3. You will be given specific instructions before or after meals.
 - 4. Phone in your blood sugar values every week. Your insulin may be changed weekly.
 - 5. The goal of your fasting blood sugar before breakfast is 60 to 90 mg/dL.
 - 6. Your blood sugar goal before meals and 2 hours after meals is less than 120 mg/dL.
- B. You need to test your urine for ketones every day.
 - 1. You will be shown how to test your urine.
 - 2. You need to test for ketones if you are unable to eat or if you have diarrhea.
 - 3. You need to test for ketones if you feel like you have a urinary tract infection (UTI), sinus infection, or any kind of infection.
 - 4. You need to test for ketones if your blood sugar is higher than 150 mg/dL.
 - 5. You must follow the diet given to you by the dietitian. If you have questions or do not understand what you should be eating, contact your dietitian.

Activity: Exercise lowers blood sugar—gestational diabetes control involves regular exercise. You need to walk at least 20 to 30 minutes a day. Try your local mall for a climate-controlled place to walk. Your heart rate should not get above 140 beats per minute.

Diet: You are placed on a _____ calorie diet. The amount of calories needs to be spread out over three meals and three snacks:

- 1. Breakfast, midmorning snack, lunch, midafternoon snack, dinner, and a snack at bedtime.
- 2. The time you eat is as important as what you eat. Try to keep on a regular schedule.

Medications: Depending on your blood sugar, you may require medication to control it. You will be instructed on how to take the medicine. If you are started on insulin, you will require extra testing for the rest of your pregnancy.

PATIENT TEACHING GUIDE

GONORRHEA

PROBLEM

Gonorrhea is a sexually transmitted infection. You may have the following symptoms: Burning during urination, yellowish discharge from the penis or vagina, heavier menstrual periods, or pelvic pain.

Untreated gonorrhea in females can lead to a condition called pelvic inflammatory disease (PID). PID is a leading cause of infertility, increased ectopic pregnancies, and chronic pelvic pain in women.

CAUSE

Gonorrhea is caused by an organism called *Neisseria gonorrhoeae*. This organism is spread through sexual contact and may infect the eyes, throat, vagina, penis, or rectum.

PREVENTION/CARE

- A. Limit sexual partners.
- B. Have routine screening tests for gonorrhea prior to beginning a new sexual relationship.
- C. Use condoms when having intercourse.

TREATMENT PLAN

Your health care provider is required to report this disease to the public health department. The health department may contact you. **Abstain from sexual activity until you and your partner(s) have completed your prescribed medications.**

Diet: There is no special diet that needs to be followed.

Medications: Gonorrhea can be cured by the prescribed antibiotics.

You Have Been Prescribed: _____

You Need to Take: _____

It is very important that you keep your follow-up appointment that has been scheduled for you on: _____

All of the antibiotics need to be taken.

You Need to Notify the Office If:

- A. You have any new symptoms.
- B. You are unable to take all of the antibiotics due to nausea or vomiting or a reaction.
- C. Other: _____

Phone: _____

GOUT

PROBLEM

Gout is caused by high uric acid deposits in the joints, which produce pain and swelling at the joint. Gout commonly occurs in the big toe; however, other joints may be affected, too. Other signs/symptoms include red, hot, and swollen joints, which may be tender to the touch. Gout also produces tophi, which are uric acid crystals that have formed under the skin, such as the edge of the ear, elbow, fingers, and toes, and near the Achilles tendon.

Gout is the result of too much uric acid production or not enough uric acid excretion from the kidney.

PREVENTION/CARE

- A. The goal is to prevent recurrences of the attacks.
- B. Acute attacks: You may apply warm or cool compresses to the affected areas for comfort.
- C. Avoid weight-bearing objects on the affected joint.
- D. Take your medication as prescribed.

Activity: When you have an attack, resting the joint is the best treatment. Drinking large amounts of water will keep your urine diluted to help prevent kidney stones.

Diet:

- A. Drink 10 to 12 glasses of water a day. Avoid dehydration.
- B. Refrain from alcohol (beer, wine, liquor). These will worsen your symptoms or trigger a new attack.
- C. If overweight, you need to begin a weight-loss program appropriate for you.
- D. Avoid crash diets. These will also precipitate an acute attack.
- E. Foods to avoid: Purine-rich foods such as sardines, anchovies, red meat and organ meats (liver, kidney), dried beans, shrimp, and sweet bread.

Medications: Medications to avoid: Salicylates (aspirin). This can interfere with the kidney trying to get rid of the high uric acid levels.

You may be prescribed medications for pain such as nonsteroidal anti-inflammatory drugs (NSAIDs; ibuprofen or naproxen), steroids, pain relievers (acetaminophen), or colchicine.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Acute attacks
- B. Fever higher than 101°F
- C. Rash
- D. Swelling of extremities
- E. Vomiting/diarrhea
- F. Signs/symptoms not improving within 3 to 4 days after starting therapy
- G. Any adverse effects from your medication
- H. Other _____

Phone: _____

PATIENT TEACHING GUIDE

GRIEF

PROBLEM

Normal grief resolution may take from 6 months up to as long as 2 years.

CAUSES

Grief can follow the death of a loved one, but grief also follows other losses such as a loss of independence, loss of affection, or loss of body parts after an accident.

TREATMENT PLAN

It is important that you talk about your loss and how it affects you. The more you are able to talk about your feelings related to the loss you are experiencing, the more you will be able to work through your feelings.

You may be encouraged to seek supportive therapy in the form of divorce groups, loss groups, or groups dealing specifically with death and dying.

Activity: Moderate exercise, such as daily walking, is encouraged. Vigorous, prolonged exercise, however, may precipitate anxiety attacks.

Diet: Avoid caffeinated beverages, including coffee, tea, and carbonated colas that do not specify “decaffeinated.” Try to eat healthy food and avoid overeating or skipping meals.

Medications: Medications for loss and grief are usually avoided at first because the use of drugs can prolong the time it takes to work through your grief. However, your health care provider will discuss medications in more depth. If you are having signs of depression or think you may need treatment with medication, contact your health care provider.

You Have Been Prescribed: _____

You Need to Take: _____

Do not stop antidepressants quickly. Talk to your health care provider if you want to discontinue them.

You Need to Notify the Office If:

- A. You feel like you cannot stop crying.
- B. You are not eating and are losing weight.
- C. You feel like you have no one to turn to and talk about your feelings.
- D. You have difficulty sleeping after several weeks.
- E. You have thoughts of hurting yourself or others.
- F. You do not think you are getting better on the prescribed medication.
- G. Other _____

Phone: _____

Local Support Group: _____

SUGGESTED BOOKS

Arnold, J. H., & Gemma, P. B. (1994). *A child dies: A portrait of family grief* (2nd ed.). Charles Press.

Fritsch, J., & Ilse, S. (1992). *The anguish of loss*. Wintergreen Press.

Ilse, S. (2008). *Empty arms: Coping with miscarriage, stillbirth, and infant death*. Wintergreen Press.

Smith, H. I. (2011). *A decembered grief: Living with loss while others are celebrating*. Kansas City, MO: Beacon Hill Press of Kansas City. (Original work published 1999)

Zonnebelt-Smeenge, S., & De Vries R. C. (2001). *Empty chair: Handling grief on holidays and special occasions*. Baker Books.

HEAD INJURY: MILD

PROBLEM

Mild head injury includes any bump, jolt, or blow to the head that affects normal brain function, possibly causing confusion or a loss of consciousness.

GUIDELINES FOR CARE AT HOME

Activity:

- A. Have someone stay with you for the next 24 hours to be sure your head injury does not worsen.
- B. Limit physical activity, especially sports, heavy exercise, and heavy lifting, and limit other activities that require you to concentrate or focus.
- C. Slowly increase your activity. Pace yourself and stop to rest whenever you are mentally or physically tired.
- D. Do not drive or operate heavy machinery during the next 24 hours.
- E. You must have approval from your primary care provider before returning to work or school.
- F. Coaches or trainers must be notified of any head injury.

Diet: Do not eat or drink if you feel sick to your stomach. When you feel better, you can eat or drink anything, except alcohol. You must not drink any alcoholic beverages until your primary care provider tells you it is safe to do so.

Medications: You should not take any medications, including the ones you take every day, until your primary care provider tells you it is safe to continue your medications.

INSTRUCTIONS FOR CAREGIVERS: OBSERVATION AFTER HEAD INJURY

Check the patient for signs and symptoms of worsening head injury during the first 24 hours after discharge. If he or she is sleeping through mealtimes or not awakening to go to the bathroom, awaken him or her for testing.

HOW TO TEST THE PATIENT

- A. Test orientation: Ask the patient to tell you his or her name, where he or she is, the current month/day/year, and to tell you what your name is.
- B. Test the patient's strength: Ask the patient to squeeze one or two of your fingers as hard as he or she can, checking both hands at the same time, and compare them. Also have the patient lift one leg at a time off the bed and hold it up for a few seconds.
- C. Have the patient open both eyes at the same time and check his or her pupils to make sure they are the same size. (The pupil is the black round part in the center of the eye.)
- D. If you are uncertain about these test results, repeat them in 5 minutes to be sure of what you see. *Call the primary care provider or go to the emergency room if you cannot tell what is normal or if the patient's head injury worsens.*

WARNING SIGNS

Call the primary care provider's office immediately or take the patient to the emergency room if you notice any of the following:

- A. The patient cannot be easily awakened or sleeps constantly in between activities or tests for no apparent reason.
- B. The patient cannot answer orientation questions correctly or becomes confused.
- C. The patient has new or increasing weakness in any arm or leg, or has trouble standing or walking.
- D. The patient becomes very restless, agitated, is acting unusual, or has any other change in behavior.
- E. One pupil in an eye is larger than the other.
- F. You cannot understand what the patient is saying or the patient cannot understand what you have said.
- G. The patient complains of a severe or worsening headache.
- H. The patient continues to complain of nausea or begins vomiting.
- I. The patient has a fever over 100.9°F.

(continued)

PATIENT TEACHING GUIDE

HEAD INJURY: MILD *(continued)*

- J. The patient has a convulsion or seizure, or passes out.
- K. The patient has clear or blood-tinged fluid leaking from the nose or ear.

If any of the previous situations occur or if you have any questions/concerns regarding any of the tests, please call the primary care provider immediately or bring the patient to the emergency room or clinic right away.

Phone: _____

WHAT TO EXPECT AFTER A HEAD INJURY

After a head injury, it is not unusual to have fatigue, headaches, irritability, dizziness, problems with sleep, trouble keeping your balance, or difficulty working in school or at your job. It is important to **gradually** increase your level of activity at home, school, and work. Take time to rest and schedule breaks whenever you feel physically or mentally tired. Usually, these symptoms or problems will lessen within a week and you will continue to improve over the next 3 months. Sometimes it may take longer to recover from a head injury. If you are still having symptoms or problems after 3 months, contact your primary care provider for additional treatment and advice.

HEMORRHOIDS

PROBLEM

A hemorrhoid is a varicose vein of the rectum. You can have hemorrhoids for years but not know you have them until bleeding occurs. They may cause rectal pain, itching, or a sensation that you have not emptied completely after a bowel movement. Hemorrhoids are often found after painless rectal bleeding with a bowel movement.

CAUSE

Repeated pressure in the anal or rectal veins causes hemorrhoids. They are commonly seen with obesity, pregnancy, constipation, inactive lifestyle, and liver disease.

PREVENTION/CARE

- A. Avoid heavy lifting.
- B. Try to prevent constipation or straining.
- C. Eat a high-fiber diet.
- D. Drink 8 to 10 glasses of water a day.
- E. Lose weight if you are overweight.
- F. Exercise regularly.

TREATMENT PLAN

- A. Spend less time sitting on the toilet to reduce pressure in the veins around the anus.
- B. Pat with toilet paper instead of rubbing.
- C. Take sitz baths or soak in a warm bathtub three or four times a day for comfort.
- D. Apply cold packs or witch hazel (Tucks) compresses for symptom relief.
- E. Take a stool softener two to three times a day to prevent straining with bowel movements (BM).
- F. A hemorrhoid treatment, such as ligation, freezing, or surgery, may need to be done for severe cases.

Activity: No restrictions are required. Bowel function improves with good physical activity.

Medications:

You Have Been Prescribed the Following Stool Softener: _____

You Need to Take: _____

You Have Been Prescribed the Following Local Cream: _____

You Need to Apply: _____

You Need to Notify the Office If You Have:

- A. A hard lump that develops where a hemorrhoid has been.
- B. Hemorrhoids that cause severe pain that is not relieved by the aforementioned treatment.
- C. Excessive rectal bleeding: More than a trace or streak on the toilet paper or bowel movement. **Rectal bleeding may be an early sign of cancer.**
- D. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

HERPES SIMPLEX VIRUS

PROBLEM

You may experience oral or genital bumps or lesions (often painful), burning, itching, sensation of pressure, painful urination, painful lymph nodes (bumps along underwear line), or flu-like symptoms (fever, headache, muscle aches, tired feeling).

CAUSES

- A. The herpes simplex virus (HSV) is spread by direct contact with the secretions of someone who has the virus.
- B. Viruses cannot be cured, but the problems or symptoms caused by them can often be managed with medication.
- C. It is possible for someone to have HSV and have no symptoms. The first outbreak after contact with an infected individual usually occurs within 2 to 10 days, but it may take up to 3 weeks.
- D. More severe symptoms are experienced with the first outbreak of HSV. The symptoms usually peak 4 to 5 days after the onset of infection and resolve after 2 to 3 weeks without medication.
- E. Medication may decrease the severity and duration of the symptoms. Recurrent outbreaks usually last 5 to 7 days.
- F. The virus may be spread even when symptoms are not present. This is known as viral shedding. Medication may also decrease the time of viral shedding.
- G. Often, individuals with HSV experience itching, burning, or a feeling of pressure at the site 24 to 48 hours before an outbreak. This is known as a prodrome.
- H. Sexual activity should be avoided during this time because the viral shedding is occurring, which means the infection may be spread.

TREATMENT PLAN

- A. Avoid sexual activity when lesions are present or when you feel the prodrome.
- B. Use condoms with sexual activity.
- C. Limit sexual partners.
- D. Do not use any creams, lotions, or powders on lesions unless instructed to do so by your health care provider.
- E. If urination is painful, pour water over the genital area while urinating.
- F. Dry affected area thoroughly.
- G. If you are pregnant at any time, notify your provider of your diagnosis of herpes to allow the provider to treat you accordingly prior to delivery to prevent spreading the herpes infection to your baby.

Activity: Stress is a trigger for an outbreak. Exercise may help with keeping your stress level down.

Diet: There is no special diet.

Medications: Antiviral medications are used to suppress the virus. They do not cure it but decrease the intensity of viral outbreaks.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Call the Office If:

A. You are unable to empty your bladder when you have an outbreak.

B. Other: _____

Phone: _____

HERPES ZOSTER OR SHINGLES

PROBLEM

Shingles is a reactivation of the viral infection of childhood known as chickenpox. **The virus is contagious for those who have not had chickenpox.**

CAUSE

Varicella-zoster virus is stimulated and produces a blisterlike rash, commonly seen on the chest and trunk area. The rash is commonly confined to one side of the body.

PREVENTION

Zostavax is a vaccination for the prevention of shingles. The Centers for Disease Control and Prevention (CDC) recommends this one-time vaccine for anyone age 60 years and older.

TREATMENT PLAN

- A. Zostavax cannot be used to treat the shingles breakouts or the painful sensations (postherpetic neuralgia) after shingles develops.
- B. The shingles rash usually lasts 2 to 3 weeks; however, symptoms may persist beyond this period.
- C. The goal is to relieve the itching.
- D. Apply warm soaks of Burow's solution three times a day to lesions.
- E. Notify family and friends of active virus. Advise anyone who has had contact with you that you have shingles, especially pregnant women and those who have never had chickenpox.

Activity: Avoid touching the shingles. Wash your hands. Your partners should not touch the area, especially when blisters are present. Use separate bath towels.

Diet: There is no special diet for shingles.

Medications: Oral and topical medications may be prescribed to soothe the itching. Take acetaminophen (Tylenol) as needed for comfort. Antiviral medications are available to help slow down the virus if started within 48 to 72 hours after the initial outbreak. You may be prescribed medications to help with the painful sensations (neuralgia).

CDC Guidelines recommend all adults 60 years of age and older receive the Zostavax vaccine.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Severe pain at lesion sites
- B. Any new symptoms relating to the shingles, such as excruciating pain, headaches, numbness, tingling sensation, or other symptoms
- C. Any questions regarding the shingles

Phone: _____

HIV/AIDS: RESOURCES FOR PATIENTS

AIDS HEALTHCARE Foundation

<http://www.aidshealth.org>

A Positive Life

Features real people telling their stories.

<http://www.apositivelife.com>

Centers for Disease Control and Prevention (CDC)

Provides general information on HIV.

<http://www.cdc.gov/hiv/default.htm>

HIVandHepatitis.com

Provides the latest information about coinfection with hepatitis B and hepatitis C.

<http://www.hivandhepatitis.com>

National Association of People With AIDS

POZ AIDS Services Directory is a comprehensive guide to HIV care and services.

<http://directory.poz.com/napwa>

Project Inform (includes Spanish resources)

Provides multiple topics, including the latest treatment options.

www.projectinform.org

The AIDS InfoNet

<http://www.aidsinfonet.org>

The Body

The most-visited Internet site about HIV.

<http://www.thebody.com>

The Well Project

Designed for HIV-positive women.

www.thewellproject.org

Treat HIV

Provides information about your treatment options.

<http://www.treathiv.com>

HUMAN PAPILLOMAVIRUS

PROBLEM

Human papillomavirus (HPV), also known as condyloma, or genital or venereal warts, is a sexually transmitted infection.

- A. You may experience “bumps” or lesions on genitals or the perianal area. They may be raised and rough appearing or flat and smooth. They are often wartlike in appearance.
- B. Lesions may appear singly or in clusters and may be small or large. They are usually soft, painless, and pale pink to grayish in color, and they may itch.
- C. **It is very important to get regular Pap smears.**
- D. There are several treatment options that your health care provider will discuss.

CAUSE

HPV is acquired by having genital contact or intercourse with someone who has the infection.

PREVENTION/TREATMENT PLAN

There is no cure for HPV, but the following may decrease the spread of HPV:

- A. Do not have genital contact or intercourse without a condom when the lesions are present. Some people who have the infection never have symptoms (bumps or warts). It is possible to spread the infection even when no symptoms are present.
- B. Limit sexual partners and openly discuss the need to use a condom.
- C. Examine new partners for bumps or warts.
- D. Ask your provider about receiving the Gardasil vaccine for preventing the HPV virus. It is available for males and females ranging from 9 to 25 years of age.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have any new symptoms.
- B. It is time for your Pap smear.
- C. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

INFANT NUTRITION

BREASTFEEDING

Breast milk is the best choice for feeding infants. Mothers are encouraged to breastfeed for at least 6 to 12 months. However, if you are unable to breastfeed for this length of time, breastfeeding for the first few weeks is highly beneficial to the newborn. If breastfeeding, you should consult with your practitioner prior to taking any medications.

Advantages of Breastfeeding

- A. It allows increased contact with your baby.
- B. Breast milk is digested more easily by infants than baby formula.
- C. Breast milk causes fewer spit ups and stomach problems than formula.
- D. There is no preparation, it is ready to feed anytime, it is always in the correct temperature.
- E. It is inexpensive.
- F. Babies who are breastfed have fewer allergies in childhood.
- G. Antibodies in the mother's breast milk protect the newborn against infections.
- H. It prevents overfeeding. Breastfed babies usually feed "on demand."

General Guidelines for Breastfeeding

- A. You should breastfeed your baby when he or she is hungry. It is recommended to breastfeed your baby every 2 to 4 hours, which is approximately 8 to 12 times in a 24-hour period, during the first few days of life.
- B. Babies may go through a "growth spurt" on day 3 or 4 after birth. Your baby may want to feed more frequently, every 1 to 2 hours during growth spurts.
- C. After the baby is 1 to 2 weeks old, he or she will develop a routine pattern of eating every 2 to 4 hours during waking hours and possibly every 4 to 5 hours at nighttime.
- D. Length of time feeding your baby at each feeding should last until the baby is full. Signs of fullness from your baby may include turning away from the breast, no longer feeding, or falling asleep.
- E. It is not recommended to feed your baby water or formula in addition to breastfeeding. Some women may choose to occasionally add a supplement with formula. A soy-based formula is usually tolerated best by the baby.
- F. The diet of a breastfeeding mother requires increased nutrition: 500 kilocalories above the normal diet and increased fluids are recommended.
 - 1. Mother's diet should exclude caffeine, chocolate, cabbage, beans, and other gas-forming foods. Alcohol and tobacco should also be avoided.
- G. **Fluoride**
 - 1. When your child is fed solely breast milk, you should consider adding a vitamin and fluoride supplement.
 - 2. Fluoride supplementation may also be needed for babies who live in an area where the water is low in fluoride.
 - 3. Fluoride is important for prevention of dental caries.
 - 4. Even though your baby does not have any teeth, he or she still needs fluoride for building the developing teeth.
 - 5. Consult with your practitioner regarding this supplementation.
- H. All medications and supplements should be avoided by the mother when breastfeeding. If these medications are necessary, please check with your health care provider to make sure the medication or supplement is safe while breastfeeding.

BOTTLE FEEDING

If breastfeeding is not an option, nutritional formulas are available. Ask your practitioner which is best suited for your baby.

- A. It is best to have 6 to 8 bottles and 6 to 10 nipples prepared.
- B. Formula may be purchased in powder, concentrate, or ready-to-feed forms.
- C. Please read the can and be aware of the proper mixing method for each type of formula.
- D. When feeding your baby, make sure the nipple is full of milk to avoid getting excess air in the baby's stomach.
- E. You should never prop bottles on blankets or other objects when feeding your baby.

(continued)

INFANT NUTRITION *(continued)*

ROUTINE SCHEDULE OF FEEDING

- A. Newborn:
1. Give a newborn baby 1 to 2 oz of formula every 3 to 4 hours.
 2. Increase formula by 1 oz as tolerated by the baby.
 3. Give similar amounts at each feeding. The approximate total amount of formula your baby should take per day is determined by his or her weight (see table).
 4. If your baby seems dissatisfied with feedings, you may add 1/2 to 1 more ounce of formula. Be careful not to add more than this at a time, because overfeeding may cause the baby to have a “bellyache” or diarrhea.
 5. By 4 months of age, babies usually take 32 oz of formula per day. At this time, solid foods (e.g., baby cereal) are introduced.

SOLIDS

- A. Solid foods are generally introduced to the baby at approximately 4 months.
1. You may introduce new solid baby food every 3 to 5 days as tolerated by your baby.
 2. It is necessary to use this 3- to 5-day span between foods in case your baby is allergic or does not tolerate a specific food.
 3. If you have waited after trying a new food, you will be able to determine which food your baby was not able to tolerate.
- B. Begin with rice infant cereal mixed with breast milk or formula.
- C. Begin with 1 tablespoon. You may increase the amount to 2 to 5 tablespoons one to two times a day as tolerated by the baby.
- D. Next, introduce fruits followed later by vegetables, increasing the amount as tolerated.
1. If your baby does not like one vegetable, wait a few weeks to try to introduce it again.
 2. Some babies may be very finicky regarding the texture of solid food. Do not give up! One day the baby may accept the foods he or she used to spit out because of taste or texture.
- E. Meats are usually the last food introduced and many babies do not like the texture; however, you should continue to offer them.
- F. Juices are usually introduced last, at approximately 6 months.

COW'S MILK

- A. It is not recommended to feed cow's milk to a baby during the first year of life.
- B. Cow's milk may be introduced after your baby turns 1 year old.

HONEY

Honey is not recommended during a baby's first year of life because of the risk of infant botulism.

NUTRITIONAL INFORMATION

Beechnut Nutrition: 800-BEECH NUT or 1-800-233-2468 or www.beechnut.com
La Leche League Helpline: 800-LALECHE or 1-800-525-3243 or www.llli.org

Total Formula Needs Per Infant Weight

Infant Weight (Pounds)	Total Infant Formula Per Day (Ounces per Day in Divided Feedings)
7	19
8	21
9	24
10	27
11	30

PATIENT TEACHING GUIDE

INFLUENZA (FLU)

PROBLEM

Influenza (flu) is an acute, self-limiting, febrile illness of the respiratory tract. You are contagious for 24 to 48 hours before feeling symptoms, and you are contagious up to 7 days after symptoms begin. Coughing and sneezing spread the flu.

CAUSE

There are many flu viruses. Stress, excessive fatigue, poor nutrition, recent illness, crowded places, and immunosuppression from drugs or illness lower your resistance to these viruses.

PREVENTION/CARE

- A. Although the flu vaccine neither prevents nor causes the flu, the flu vaccine is recommended for almost everyone.
- B. The flu vaccine should be taken yearly (in the fall) if you are at high risk:
 - 1. Health care worker
 - 2. Immunocompromised (transplant patients, HIV-positive patients, etc.)
 - 3. Pregnant (after the first trimester)
 - 4. Elderly (older than 65 years)
 - 5. A child with severe asthma
- C. Avoid unnecessary contact with sick persons, including in crowded areas.
- D. To keep the flu from spreading:
 - 1. Cover your mouth when coughing or sneezing.
 - 2. Use tissues when you blow your nose. Dispose of them and then wash your hands.
 - 3. If no tissue is available, do the "elbow sneeze" into the bend of your arm (away from your open hands).
 - 4. Do not share drinking glasses.
 - 5. Wash your hands with soap and water or use hand sanitizer.

TREATMENT PLAN

- A. Rest.
- B. Drink lots of fluids.
- C. Run a cool-mist vaporizer.
- D. Take tepid sponge baths in warm water to prevent chilling and shivering.
- E. Gargle with warm salt water for a sore throat.
- F. Use warm compresses or a heating pad on low for aching muscles.

Activity: Stay in bed for at least 24 hours after your fever is gone.

Diet: You may not be hungry, but you do not need to be on a special diet for the flu. Drink plenty of liquids (at least 10 glasses a day).

Medications:

- A. **Antibiotics do not help the flu because it is a virus.**
- B. Do not use aspirin for a child because of the risk of Reye's syndrome.
- C. Special medications shorten the flu. They must be started within 2 days of contracting the flu.

You Have Been Prescribed for Your Fever: _____

You Need to Take: _____

You Have Been Prescribed for Your Respiratory Symptoms: _____

(continued)

INFLUENZA (FLU) *(continued)*

You Need to Take: _____

The American College of Chest Physicians Clinical Practice Guidelines recommend that cough suppressants and over-the-counter (OTC) cough medicine not be given to young children. Cough medicine should not be given to children younger than 4 years of age.

You Have Been Prescribed for Your Respiratory (Cough Suppressant) Symptoms: _____**You Need to Take:** _____**You Need to Notify the Office If You Have:**

- A. Thick, green nasal drainage
- B. Ear pain
- C. Increase in fever or cough
- D. Shortness of breath (SOB) or chest pain
- E. Blood in your sputum
- F. Neck pain or stiffness
- G. New or unexplained symptoms
- H. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

INSECT BITES AND STINGS

PROBLEM

Skin changes and insect bites or stings that cause other reactions.

- A. **Seek immediate help if you or a family member has any symptoms of allergic reaction or anaphylaxis, either immediately after the bite or in 8 to 12 hours after the bite.**
- B. You may need to call 911 or your local emergency response service.
- C. If you have had a previous life-threatening allergic reaction, carry an anaphylaxis kit for emergency treatment.
 1. *Local skin reactions* include red bumps on the skin that usually appear within minutes after the bite or sting, but may not appear for 6 to 12 hours. Itching and discomfort may occur at the site.
 2. *Systemic (body) reactions* include nausea or vomiting; headache, fever, dizziness, or light-headedness; swelling; or convulsions.
 3. *Allergic reactions* include itchy eyes, facial flushing, dry cough, wheezing, or chest or throat constriction or tightness.

CAUSE

Bites or stings can be caused by mosquitoes, fleas, chiggers, bedbugs, ants, spiders, bees, scorpions, and other insects. Risk increases with exposure to areas with heavy insect infestation, warm weather in spring and summer, lack of protective measures, use of perfumes or colognes, and previous sensitization.

PREVENTION/CARE

- A. **Institute first-aid measures and activate emergency services if severe, life-threatening reactions occur.**
- B. Avoid risk factors.
- C. Wear protective clothing.
- D. Use insect repellents with diethyltoluamide (DEET), avoiding the head, face, eyes, and mouth, especially with children.
- E. Products containing DEET are not recommended for children under the age of 2 years.

Specific Insect Care

- A. For all stingers: Remove stinger.
- B. Bee, wasp, yellow jacket, or hornet stings: Rub a paste of meat tenderizer and water into the site.
- C. Ant bites: Rub bite with ammonia, and repeat as often as necessary.
- D. Spider and scorpion bites: Capture the arachnid if possible and seek medical attention.
- E. Mites: Apply a petroleum product (Vaseline) until the animal withdraws from the skin.
- F. Ticks: Remove the tick by following the instructions in Section II: Procedures "Tick Removal."

General Care for All Bites

- A. Clean wound with soap and water.
- B. Apply ice pack (no ice directly on skin; use towel or cloth to protect skin).
- C. Elevate and rest the affected body part.
- D. Immerse affected part or apply warm-water soaks to site. However, if site itches, cool water feels best.
- E. For minor discomfort, you may use nonprescription oral antihistamines (Benadryl) or topical steroid preparations (hydrocortisone cream).
- F. Use only low-potency topical steroid products without fluorine on the face and groin area.
- G. You may be prescribed more potent, prescription medications.

TREATMENT PLAN

Activity: No restrictions.

Diet: Eat a regular diet. Maintain adequate hydration with 8 to 10 glasses of water per day.

(continued)

INSECT BITES AND STINGS *(continued)*

Medications: You may be prescribed an EpiPen to use for future major reactions. You need to keep this with you at all times.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. Self-care treatment does not relieve symptoms or if no improvement is noticed after 2 to 3 days.
- B. A bitten area becomes red, swollen, warm, and tender to the touch; these symptoms indicate infection.
- C. You have a temperature higher than or equal to 101°F.
- D. You have a reaction or cannot tolerate any of the prescribed medications.

Phone: _____

INSULIN THERAPY DURING PREGNANCY

You Have Been Prescribed Insulin Therapy:

- A. Your insulin needs may change weekly because of the change in your hormones (you become more insulin resistant as your pregnancy progresses).
- B. Insulin therapy is safe for your baby. Insulin does not cross the placenta like the sugar does.
- C. The insulin lowers your blood sugar and therefore controls the amount of sugar that goes to your baby.
- D. You may have been prescribed Humulin insulin, which works very much like your own body's insulin.
- E. Some of the insulin therapies have a mix of short-term regular (clear) insulin with intermediate-acting (cloudy) insulin.
 1. You will be instructed in how to mix and give yourself your insulin.
 2. The first key to insulin therapy is to be able to recognize signs of too much and too little insulin. A chart is included to post on your refrigerator (see the following table).
 3. The second key is to let people know you are on insulin.
 4. You need a Medical Alert bracelet or necklace as well as information to put in your car and billfold.
 5. The third key is to have your baby and yourself evaluated more often when on insulin therapy.
 - a. You need to be seen twice a week from 32 weeks gestation to delivery, or as recommended by your health care provider.
 - b. You will have extra testing to make sure the baby is doing well and to make sure you are doing well, too.
- F. You need to check your blood sugars four times a day. Your blood sugar target is _____.
 1. Fasting _____
 2. Before lunch _____
 3. Before dinner _____
 4. Before going to bed _____
- G. You will be instructed to check your urine for ketones when you are sick or if you have high blood sugar.

Activity: It is important to continue to exercise.

Diet: Eat a good, healthy diet. You will be instructed on how many calories to eat. Eat six smaller meals a day; with insulin, it is important to eat snacks.

Signs of High and Low Blood Sugar

Blood Sugar	What to Watch for	What to Do	Causes
HYPOGLYCEMIA Low blood sugar	Excessive sweating Feeling faint Feeling shaky Headache Impaired vision Hunger Irritable feelings Personality change Trouble awakening	Call the health care provider immediately if your blood sugar is below _____ Take glucose tablets or eat Do not take your insulin Do not try to force any food or liquids by mouth if patient is not conscious	Too much insulin Not eating on time or enough food Unusual amounts of exercise
HYPERGLYCEMIA High blood sugar	Increased thirst Need to urinate more often Large amounts of sugar in your blood or urine Ketones in your urine Weakness and generalized aches Heavy, labored breathing with a fruity breath Nausea and vomiting	Test your blood sugar Call your provider immediately if your blood sugar is _____ Test your urine for ketones Drink extra water if able to swallow	Too little insulin Eating more foods and foods not on your diet Infections and fever Stress

(continued)

INSULIN THERAPY DURING PREGNANCY *(continued)*

You Need to Notify the Office If:

- A. You have moderate ketones in your urine.
- B. You are unable to eat or you have loose diarrhea stool.
- C. You have insulin reactions (blood sugar is below 50 mg/dL or you feel the symptoms of low blood sugar).
- D. You have blood sugars higher than 175 mg/dL for two readings.
- E. You have any signs of infection.
- F. You have a decrease in fetal movement or do not feel your baby moving.
- G. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

IRON-DEFICIENCY ANEMIA (PREGNANCY)

PROBLEM

You have a “low blood count” called iron-deficiency anemia. Iron is needed for red blood formation.

CAUSE

This is caused by a deficiency of iron in your diet, and it is very common.

PREVENTION/CARE

Anemia may be prevented by increasing iron in your diet and by taking extra iron tablets.

TREATMENT PLAN

- A. You need to increase iron-rich food in your diet.
- B. You will be prescribed an iron supplement.
- C. Antacids for indigestion and dairy products interfere with iron absorption. Do not take your iron supplements with milk or just before or after taking an antacid.
- D. You may be eligible for the Women, Infants, and Children (WIC) program, which provides supplemental foods for pregnant women and young children. Ask your health care provider for information about WIC availability in your community.

Activity: You may feel more tired than usual because of anemia. You may need to rest more than usual; however, try to continue your current exercise routine as tolerated. Alternative exercise includes walking 20 minutes a day or swimming.

Diet: You need to increase the amount of iron in your diet. Generally, the redder the meat and the greener the vegetable, the richer it is as a source of iron. You also need to make sure you have adequate intake of vitamin C (this helps increase the absorption of iron into your body). Vitamin C is found in fresh, dark-green vegetables and citrus fruits. Drink 8 to 10 glasses of liquids every day.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

Special Instructions About Iron Supplements:

- A. Take the iron medication as prescribed; higher doses are not better. You may need to take the medication for a longer time. High doses of iron can be toxic to children and adults.
- B. Your body only absorbs a small portion of the iron pills you take.
- C. You may notice green or black bowel movements. This is normal.
- D. It is best to take the iron pills on an empty stomach.
- E. Try taking your iron pill with a glass of orange juice. The vitamin C in the juice helps the iron be absorbed better.
- F. You may have nausea or vomiting when you take iron pills, especially during early pregnancy. If this happens, try taking the pill with food. It is better to take your iron with food than to skip your pill altogether.
- G. If you are not able to tolerate the iron in the morning, try taking it in the middle of the afternoon or at bedtime.
- H. You may become constipated while taking iron pills. Increase your intake of fruits, vegetables, and water to avoid constipation.

You Need to Notify the Office If You:

- A. Have nausea and vomiting while taking the iron supplement even after following the special instructions.
- B. Become extremely constipated even after increasing the fiber and liquids in your diet.
- C. Other: _____

Phone: _____

IRRITABLE BOWEL SYNDROME

PROBLEM

Irritable bowel syndrome (IBS) is an irritative and inflammatory disorder of the intestine. You may have diarrhea, you may have constipation, or you may have problems with alternating constipation and diarrhea.

CAUSE

IBS is **not contagious**, inherited, or cancerous. It has no known direct cause, but it flares with severe stress and may also be triggered by eating.

PREVENTION/CARE

- A. Try to reduce stress or modify your response to it. Keep a stress diary to avoid stress triggers.
- B. Good food habits also help.
- C. No specific food has been identified as responsible for all IBS symptoms. Keep a food diary to identify and avoid your food triggers.

TREATMENT PLAN

- A. Quit smoking: Nicotine may contribute to the problem.
- B. Apply a warm heat compress to your abdomen for comfort.

Activity: Exercise, such as walking 20 minutes a day, improves bowel function and helps reduce stress. Other stress-reduction techniques include self-hypnosis and biofeedback.

Diet:

- A. Eat a high-fiber diet. Fiber is good for both diarrhea and constipation.
- B. Avoid sorbitol-containing (sugar-free) candies and gum as well as lactose-containing milk products to see if this eases your diarrhea symptoms.
- C. Do not eat or drink anything that aggravates your symptoms such as the following:
 - 1. Coffee may be a major food trigger.
 - 2. Avoid spicy and gas-producing foods.
 - 3. Avoid large meals, but eat regularly.
 - 4. Limit alcohol.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Fever
- B. Black or tarry-looking bowel movements (BM)
- C. Vomiting
- D. Unexplained weight loss of 5 pounds or more
- E. Symptoms that do not improve despite changes in diet, exercise, and medication
- F. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

JAUNDICE AND HEPATITIS

PROBLEM

Jaundice is a yellow tinge of the skin or mucous membranes that line the mouth and other body cavities. Jaundice is a symptom, not a disease. It occurs when the blood contains too much bilirubin—a yellow pigment found in bile, which is a fluid secreted by the liver.

When the liver is damaged, bilirubin builds up in the body and skin, turning the skin yellow and itchy. Other symptoms that occur with jaundice are dark urine, light-colored bowel movements (BM), fatigue, fever, chills, appetite loss, nausea, and vomiting.

CAUSE

Jaundice usually comes from a liver disorder such as cirrhosis, hepatitis, or a disease of the gallbladder or pancreas. However, it can also be a symptom of other disorders such as anemia or severe heart failure. Sometimes jaundice results from taking a drug that damages the liver.

PREVENTION/CARE

Although hepatitis is considered contagious, you do not need to be confined to your home. However, to help prevent the spread of hepatitis:

- A. There are vaccinations for hepatitis A and for hepatitis B. There is no vaccination for hepatitis C. The hepatitis B vaccination is recommended for all infants. It is recommended that babies get the first hepatitis B shot before leaving the hospital.
- B. Do not prepare or handle food for others until cleared by your health care provider.
- C. Wash your hands well after using the toilet and changing diapers.
- D. If you have hepatitis A or B, avoid intimate sexual contact until cleared by your health care provider.
- E. If you have hepatitis B or C, do not share razors, toothbrushes, and other personal items.
- F. Never donate blood after a hepatitis B or C infection.
- G. Your family and sexual partners may need an injection of immune globulin or a vaccination, depending on the type of hepatitis you have.
- H. School exposure to hepatitis A does not generally pose a risk to others.
- I. Risk of hepatitis B transmission in day-care centers appears to be extremely rare.

TREATMENT PLAN

Treatment for jaundice includes the following:

- A. Use good hygiene with bathing, using the bathroom, and handwashing.
- B. Apply anti-itch lotions such as calamine.
- C. Rest.
- D. Review all of the medications, over-the-counter (OTC) medications, and herbal products that you are taking. Your medications may need to be stopped or have their dose strength changed.
- E. Surgery may be required to remove a gallstone or to have a procedure called lithotripsy to crush it, if a stone blocking the bile duct is causing jaundice.
- F. If you have hepatitis, you may need to be referred to a specialist.
- G. The public health department will be notified by your health care provider for acute hepatitis.
- H. Your health care provider may discuss the need for a liver biopsy.
- I. Your health care provider may discuss treatment to help treat a virus that is causing hepatitis.
- J. Avoid alcohol.

Activity: Plan rest periods throughout the day. Avoid strenuous exercise. Gradually resume activities and mild exercise during the time you are getting better. You may get extra teaching about ways to protect yourself and others while having sex to prevent giving hepatitis to your partners.

(continued)

JAUNDICE AND HEPATITIS (continued)

Diet: Eat small, frequent, low-fat, high-calorie meals. You may be instructed to limit protein during acute phases of some types of hepatitis. Sit down to eat to decrease pressure on your liver. Drink 8 to 10 glasses of liquids a day.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Mild confusion
- B. Personality changes
- C. Worsening symptoms
- D. Tremors
- E. Other: _____

Phone: _____

RESOURCES

Centers for Disease Control and Prevention: www.cdc.gov/hepatitis

Hepatitis B information is available from the Hepatitis B Foundation: www.hepb.org

Hepatitis C information is available from the American Liver Foundation: www.liverfoundation.org

PATIENT TEACHING GUIDE

KIDNEY DISEASE: CHRONIC

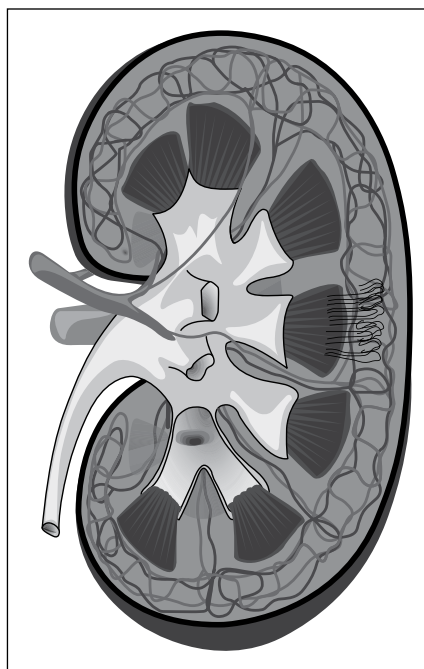
PROBLEM

Chronic kidney disease (CKD) means that the kidney is having trouble performing its normal function to maintain health.

Functions of a Normal Kidney

The kidney has several functions:

- A. Removal and absorption of fluids to maintain balance
- B. Filtration of blood to remove waste products
- C. Regulation of blood pressure (BP)
- D. Hormone regulation for blood production in the bone marrow
- E. Regulation of hormones and minerals
- F. Maintenance of healthy bones



Adapted from Piotr Michal Jaworski, Wikipedia.

CAUSE

CKD has multiple causes.

- A. Diabetes is the leading cause of CKD in the United States.
- B. Hypertension is the second leading cause of CKD in the United States.
- C. Other causes of CKD
 - 1. Glomerulonephritis
 - 2. Genetics (inherited) disease: Polycystic kidney disease and Alport's syndrome
 - 3. Congenital diseases
 - 4. Autoimmune disease
 - 5. Urinary tract infections (UTIs)
 - 6. Drugs (legal and illegal) and toxic substances

DETECTION

CKD can be detected by:

- A. Blood tests: Blood urea nitrogen (BUN) and creatinine

(continued)

KIDNEY DISEASE: CHRONIC (continued)

- B. Urinalysis (protein in urine and creatinine clearance)
- C. Other (ultrasound, immunoassays, CT scan, biopsies, etc.)
- D. Glomerular filtration rate (GFR)
 - 1. Normal rate: 90 or higher without protein in the urine
 - 2. Gets lower with age
 - 3. An indicator on the function of the kidney
 - 4. Used to determine CKD stages
 - 5. Is lower as the kidney function worsens

STAGES OF CKD

Stage I (with protein in the urine)	GFR: 90 or higher
Stage II (mild)	60–89
Stage III (moderate)	30–59
Stage IV (severe)	15–29
Stage V (kidney failure)	14 or less

GFR, glomerular filtration rate.

SYMPTOMS OF CKD

Symptoms can vary.

- A. Usually unnoticed
- B. More noticeable symptoms as CKD worsens (usually around Stage III)
- C. It can include:
 - 1. Nausea
 - 2. Fatigue/weakness, no energy
 - 3. Decreased or lack of appetite
 - 4. Weight loss or rapid weight gain
 - 5. Shortness of breath, which may worsen with activity or at rest (when awakening in the morning)
 - 6. Swelling of the legs and feet, around the eyes
 - 7. Cloudy mind or difficulty concentrating
 - 8. Muscle cramps
 - 9. Frequent nighttime urination
 - 10. Difficulty sleeping or staying asleep

PROBLEMS CAUSED BY CKD

CKD can cause multiple problems.

- A. Heart, including heart failure and blood vessel dysfunction
 - 1. High BP
 - 2. Cholesterol abnormalities
 - 3. Heart attack
 - 4. Stroke
- B. Poor nutritional status
- C. Weak and unhealthy bones
- D. Anemia
- E. Water retention
- F. Progression to kidney failure

(continued)

KIDNEY DISEASE: CHRONIC (continued)

LIFESTYLE CHANGES TO PREVENT PROGRESSION OF CKD

Ways you may slow down the progression of CKD and cope with other effects of CKD:

- A. Take charge and be proactive.
 1. Be familiar with the health care team.
 2. Provide information on beliefs and practices relating to health.
 3. Inform the health care team about herbs and other alternative medicine being used.
 4. Be involved in the treatment plan.
- B. Diet
 1. Meet with a registered dietitian.
 2. Eat a well-balanced meal.
 3. Some dietary restrictions may be necessary based on kidney function and stages of CKD.
 4. Follow dietary instructions regarding protein, fats, sodium, and minerals.
 - a. Dietary intake of protein is usually restricted to 0.8 to 1.0 g/kg per day.
 - b. Dietary sodium should be restricted to no more than 2 g daily.
 - c. Potassium should be restricted to 40 to 70 meq/d.
 - d. Calories should be restricted to 35 kcal/kg/d; if the body weight is greater than 120% of normal weight or the patient is older than 60 years of age, a lower amount may be prescribed.
 - e. Fat intake should be about 30% to 40% of total daily caloric intake.
 - f. Phosphorus should be restricted to 600 to 800 mg/d.
 - g. Calcium should be restricted to 1,400 to 1,600 mg/d.
 - h. Magnesium should be restricted to 200 to 300 mg/d.
 - i. Carbohydrates: The recommended normal intake is 225 to 358 g/d.
- C. Exercise
 1. Moderate exercise is recommended for at least 30 minutes, five times a week.
 2. The benefits of exercise:
 - a. Lowers BP
 - b. Improves cholesterol
 - c. Lowers hemoglobin A1c (HgA1c) in diabetes
 - d. Strengthens bones
 - e. Leads to weight loss
 - f. Improves signs/symptoms of depression
 - g. Boosts the immune system
 - h. Reduces stress
 - i. Provides an overall better feeling
- D. Target heart and blood vessels
 1. Control blood pressure; goal is less than 130/80 mmHg.
 2. Lower your low-density lipoprotein.
 3. Weight loss
 4. Lower HgA1c level with the goal of less than 6.9% if you have diabetes.
 - a. Exercise
 - b. Diet: No restriction, low-saturated-fat, low-carbohydrate diet
 - c. Smoking cessation is essential.
 - d. Reduce or eliminate alcohol intake.
 - e. Medications may be necessary for the following:
 - i. Hypertension: BP medications
 - ii. Hyperlipidemia: Cholesterol medications
 - iii. Diabetes: Medications to control the blood sugar
- E. Target bones
 1. Be familiar with your lab results (vitamin D level, calcium level, phosphorus level).
 2. Supplements: Vitamin D, calcium supplements, and phosphate binders may be necessary.
 3. Low phosphorous diet may be necessary.
 4. Exercise: Weight-bearing exercise will help strengthen bones (walking, dancing, lifting weights, etc).

(continued)

KIDNEY DISEASE: CHRONIC *(continued)*

F. Target anemia

1. Goal of the hemoglobin should be 11 g/dL or better.
2. Diet rich in iron
3. Medication may be necessary (depends on the type of anemia).
 - a. Erythropoietin-stimulating agents
 - b. Vitamin B₁₂
 - c. Folic acid
 - d. Iron

G. Target water retention

1. Limit salt intake.
2. Diet (avoid processed foods/fast foods).
3. Medications may be needed (diuretics).

FOODS HIGH IN PHOSPHORUS

Below is a list of foods with the estimated amount of phosphorus in each food. Limit portions (consultation with registered dietitian is recommended).

Biscuits (mix) 1 (1 oz): 133 mg	Cheese (1 oz): 161 mg
Chocolate 1 bar (2 oz): 137 mg	Cola 1 can (12 oz): 60 mg
Cream soups (1 cup): 151 mg	Dried beans and peas (1 cup cooked): 206 mg
Hot dogs and sausage (2 each): 162/220 mg	Ice cream (1 cup): 157 mg
Liver and organ meats (3.5 oz): 400 mg	Macaroni and cheese (1 oz): 265 mg
Pancake mix 3 (4 inch pancakes): 368 mg	Peanut butter (3 tbsp): 172 mg
Pizza (1 slice): 259 mg	Pork and beans (1 cup): 266 mg
Yogurt (8 fl. oz) and pudding (½ cup): 292/280 mg	

POTASSIUM-FRIENDLY FOODS

Limit portion to half cup unless noted otherwise (consultation with registered dietitian is recommended).

Fruits	
Apple (1 small)	Canned pear
Cherries	Grapes (15 small)
Juices (apple, cranberry, grape, lemon, nectar, pear, peach, and pineapple)	Lemon (1/2)
Peach (1/2 cup canned or 1 small fresh)	Pineapple
Plum (1/2 cup canned or 1 medium)	Raspberries (blueberries, blackberries, and cranberries)
Strawberries	Watermelon (1 cup)
Vegetables	
Cabbage	Carrots (1/2 cup cooked or 1 small raw)
Celery (1 stalk)	Corn (1/2 canned or ear)
Cucumbers	Eggplant
Green (or wax) beans	Green peas
Lettuce (1 cup)	Onion
Radishes	Squash (Crookneck, Summer, and zucchini)

(continued)

PATIENT TEACHING GUIDE

KIDNEY DISEASE: CHRONIC *(continued)***RESOURCES**

- A. BC Renal Agency: www.bcrenalagency.ca
 - 1. Shopping guide for kidney health: http://www.bcrenalagency.ca/sites/default/files/documents/files/Shopping_Guide_For_Kidney_Health_WEB_Dec_11.pdf
- B. National Kidney Foundation: www.kidney.org
 - 1. Kidney Kitchen recipes: www.kidney.org/patients/kidneykitchen/recipes.cfm
- C. American Diabetes Association: www.diabetes.org
 - 1. Food and Fitness: www.diabetes.org/food-and-fitness/?loc=GlobalNavFF

KNEE EXERCISES

CARE FOR YOUR KNEE

Please follow the type of exercises recommended for your knee. You may begin straight-leg raises after the pain resolves. Continue to wear your brace with activities as directed. It may take months for your knee to completely heal. You may gradually resume normal activity as directed by your provider. If you are not sure what activities you may perform, ask your provider before performing the activity.

A. Quad sets

1. Exercise may be done while standing, sitting, or lying down.
2. Straighten knee with intensity.
3. Hold for 10 counts, then relax.
4. Repeat the exercise three to four times per day.
5. If a cast or splint is in place, straighten the knee until the front of the thigh and the cast pinch together.
6. If the knee is bent, keep the foot planted and use the floor to push against.

B. Co-contractions

1. Similar to quads, but the difference is to tighten the entire thigh while straightening the knee.
2. Hold for 10 counts, then relax.
3. Repeat the exercise approximately three to four times a day.

C. Hamstring sets

1. Pull the leg back against the other foot, floor, or cast.
2. Hold approximately 10 counts, then relax.
3. Perform these sets three to four times a day.

D. Heel lifts

1. Lie on back with support under the knee.
2. Lift the heel while resting the knee on support.
3. Make the knee as straight as possible.
4. Hold for 10 counts, then relax.
5. Do not use weights.
6. Perform these exercises three to four times a day.

E. Straight-leg raises

1. Straighten the knee.
2. Lift and pause for 5 to 10 counts, then relax.
3. Lower leg and relax, then repeat.
4. Do three to five sets, three to four times a day. Rest between each set.
5. Start with _____ pounds of ankle weight and work up to _____ pounds.
6. Gradually increase weight used.

F. Hip flexors

1. While sitting, lift the knee toward the chest.
2. Hold for 10 counts, then relax.
3. Lower the leg and relax. Repeat.
4. Do 10 times, three to four times a day.
5. Start with _____ pounds of weight and work up gradually to _____ pounds.
6. The weights should be on the knee or ankle.

G. Hamstring stretches

1. While seated on a sturdy table with the foot of your injured leg resting on the floor, lean forward with chin directed toward the toes.
2. Hold for at least 10 counts, then relax.
3. The knee should be straight from your hips.
4. **Do not do this exercise with bouncing or violent movements.**
5. Do _____ minutes, _____ times a day.

PATIENT TEACHING GUIDE

LACTOSE INTOLERANCE AND MALABSORPTION

PROBLEM

You have been diagnosed as having difficulty digesting milk (lactose) products or having problems with malabsorption. Lactose intolerance can cause gas, bloating, abdominal cramps, diarrhea, and nausea or vomiting. You may be able to eat small portions without problems or be unable to tolerate any foods containing lactose.

CAUSE

Lactose is the sugar present in milk. Lactose intolerance is very common; it occurs when the body is not able to appropriately digest this milk sugar content and results in diarrhea.

PREVENTION/CARE

Follow a lactose-free or lactose-controlled diet.

TREATMENT PLAN

Activity: No restrictions are required. Resume normal activities as soon as diarrhea symptoms improve. You may be sent to see a registered dietitian to assist in your dietary plan.

Diet:

- A. Limit or stop eating foods that contain milk, lactose, whey, or casein.
- B. Lactose-controlled diets allow up to 1 cup of milk per day for cooking or drinking, if you can tolerate it.
- C. If you cannot tolerate any lactose, choose lactose-free foods with lactate, lactic acid, lactalbumin, whey protein, sodium caseinate, casein hydrolysates, and calcium compounds. Read labels carefully.
- D. You may also choose kosher foods marked “pareve” or “parve,” which do not contain lactose. Read labels carefully.
- E. A low-fat diet is important if you have fat malabsorption.
- F. To help with diarrhea caused by malabsorption, avoid more than one serving a day of caffeine-containing drinks.
- G. Beverages with high sugar content, such as soft drinks and fruit juices, may increase diarrhea. Juices and fruits with high amounts of fructose include apples, pears, sweet cherries, prunes, and dates.
- H. Sorbitol-containing candies and gums may cause diarrhea.

Medications: You may need the enzyme lactase to help you digest your food. You may need vitamins and minerals if you are having problems with malabsorption/diarrhea.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Severe abdominal pain
- B. Diarrhea causing dehydration
- C. Other: _____

Phone: _____

LICE (PEDICULOSIS)

PROBLEM

A parasite called a louse has been found on your body or hair. Lice tend to live on the scalp, eyebrows, or genital area, or in warm, moist areas of your skin. You may notice you have intense itching, swelling, or reddened areas of the skin, and sometimes even enlarged lymph glands.

CAUSE

The lice bite the skin, which causes the intense itching. Lice and their eggs (called nits) may be difficult to see on the skin and shafts of hair. Lice look like small, 2- to 3-mm, tan-colored bugs. The eggs are tiny white eggs that stick to the hair shaft.

PREVENTION

You can prevent repeated episodes of lice if you bathe daily; avoid crowded living conditions; change the bed linens frequently; do not share hats, combs, brushes, or other belongings. When your children or other family members have been in contact with others diagnosed with lice, check family members closely for lice and treat as appropriate.

TREATMENT PLAN

- A. Use medicated shampoo as directed.
- B. Machine wash all linens, stuffed animals, or any other items with which the lice may have come in contact.
- C. Wash clothes in hot, soapy water.
- D. Dry all linens in a hot dryer for at least 30 minutes.
- E. Items that cannot be washed must be taken to the dry cleaner or wrapped and sealed in a plastic bag for 14 days.
- F. Boil all hair accessories and clean well.
- G. Do not share hats and combs.
- H. Spray all furniture with appropriate products that kill all nits and lice.
- I. Vacuum.

Activity: There is no activity restriction.

Diet: There is no special diet.

Medications:

- A. Food and Drug Administration (FDA)-approved over-the-counter products:
 - 1. Pyrethrins combined with piperonyl butoxide—brand names: Rid, Triple X, A-200, Pronto, R & C. Approved for children 2 years and older. Avoid if allergic to ragweed or chrysanthemums.
- B. FDA approved for 2 months and older. Permethrin lotion 1%—brand name: Nix. Repeat application on day 9 of initial dose.

You Have Been Prescribed:

- A. Treat as directed on the bottle.
- B. After shampooing as directed, make sure to remove each single nit from each shaft of hair. Any nits left in the hair will hatch and start the cycle over again. Comb any dead or remaining live lice out of the hair with a fine-tooth comb.
- C. Repeat in 24 hours, then again in 1 week.
- D. Do not use a shampoo/conditioner or conditioner before use of the lice medications. Do not wash the hair for 1 to 2 days after lice medication treatment.

You Need to Notify the Office If You Have:

- A. Any questions regarding the removal of the nits and lice, or if you need any assistance. If other family members need to be evaluated, please let us know. If secondary infection occurs, please call the office.
- B. Precautions: Do not overuse medications or combine different head lice medications. Use only as directed. These medications are insecticides and can be dangerous if used incorrectly.

Phone: _____

PATIENT TEACHING GUIDE

LICHEN PLANUS

PROBLEM

A chronic skin eruption, lichen planus is not cancerous or contagious. It frequently appears as small, slightly raised, itchy, purplish bumps with a whitish surface. Sudden hair loss from the head may occur. Lichen planus may involve the skin of the legs, trunk, arms, wrists, scalp, or penis; the lining of the mouth or vagina; and the nail beds of the toenails and fingernails.

CAUSE

The cause is unknown, but it may be caused by a virus. In a few cases, this may be an adverse reaction to certain drugs. The risk of developing lichen planus increases with stress, fatigue, or exposure to drugs or chemicals.

PREVENTION/CARE

Currently, there are no known preventive measures.

- A. The goal of treatment is to relieve symptoms.
- B. Use cool water soaks to relieve itching.
- C. Reduce stress; this may help to prevent recurrences. Learn relaxation techniques or obtain counseling, if necessary.
- D. Speak with your health care provider if you suspect a drug to be the cause.

TREATMENT PLAN

Activity: No restrictions.

Diet: Eat a well-balanced diet; drink 8 to 10 glasses of water every day.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have a reaction to any of the prescribed medications.
- B. You are unable to tolerate the prescribed medications.
- C. Hair loss or nail destruction occurs.
- D. New lesions appear as old lesions resolve.
- E. Other: _____

Phone: _____

LYME DISEASE AND REMOVAL OF A TICK

PROBLEM

Ticks are vectors for Lyme disease and Rocky Mountain spotted fever. You have been diagnosed with Lyme disease.

CAUSE

Lyme disease is caused by a spirochete from ticks.

PREVENTION/CARE

- A. Avoid areas with large deer populations.
- B. Wear light-colored clothes to make ticks easier to spot. Wear long sleeves and tuck pants into the socks to form a barrier.
- C. Stick to hiking trails. Avoid contact with overgrown foliage. Ticks prefer dense woods with thick growth of shrubs and small trees as well as areas along the edge of the woods.
- D. Check for ticks after each outdoor activity, especially in hairy regions of the body and beltline, where ticks often attach. Check for ticks before bathing, especially at the back of the neck, knees, and ears.
- E. Remove ticks promptly.
- F. Inspect pets daily and remove ticks when present.
- G. Some manufacturers currently offer permethrin-treated clothing that is effective for up to 20 washings. This clothing is not recommended for children.
- H. Use tick repellent with diethyltoluamide (DEET; except for small children younger than 2 years). As an alternative, picaridin and oil of eucalyptus preparations have been approved for use as repellents by the U.S. Environmental Protection Agency (EPA).

Precautions When Removing Ticks

- A. Do not hold a lighted match or cigarette to the tick. Do not apply gasoline, kerosene, or oil to the tick's body.
- B. Avoid squeezing the body of the tick.
- C. Grasp the tick with a fine-tip tweezer close to the skin. Remove by gently pulling the tick upward straight out without using any twisting motions (see the following figures).
- D. In the home, if fingers are used to remove ticks, they should be protected with facial tissue or gloves and washed after removal of the tick.
- E. Do not crush the tick during removal.
- F. **Save the tick for identification in case you become ill. Write the date of the tick bite on paper and place the paper and the tick in a resealable baggie and place it in the freezer.**

TREATMENT PLAN

- A. Antibiotics are effective against Lyme disease.
- B. If you are prescribed doxycycline, avoid exposure to the sun because a rash may develop.

Activity: As tolerated.

Diet: Eat a regular diet.

Medications:

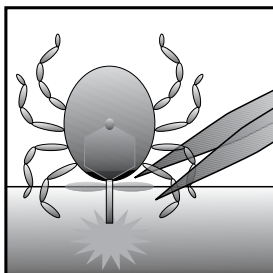
- A. Acetaminophen may be taken for body aches and any fever.
- B. You may be given antibiotics for infection.

You Have Been Prescribed: _____

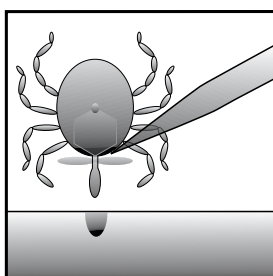
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PATIENT TEACHING GUIDE

LYME DISEASE AND REMOVAL OF A TICK *(continued)*



Grasp the tick's body as close to the skin as possible using a fine-tip tweezer. Avoid squeezing the tick's body.



Remove by pulling the tick straight upward without using twisting motions.

You Need to Take: _____

Take all of your antibiotics even if you feel better.

You Need to Notify the Office If You Have:

1. No signs of improvement with antibiotic therapy

2. Other: _____

Phone: _____

LYMPHEDEMA

PROBLEM

Lymphedema is the backup of fluid in the lymphatic system into an arm or leg. The fluid causes severe swelling, which restricts movement and can lead to infection and, in rare cases, a form of cancer called lymphangiosarcoma.

CAUSE

Many factors can cause lymphedema. These include a diagnosis of cancer treated with radiation, surgical removal of lymph nodes, infection, and disorders from birth that affect the structure of the lymph system.

PREVENTION/CARE

A. Protect your arm or leg while recovering from cancer treatment.

1. Avoid heavy lifting, if it involves an arm.
2. Avoid strenuous exercise.
3. Avoid heat on your arm or leg.
4. Avoid tight clothing.

TREATMENT PLAN

A. Raise the affected arm or leg whenever lying down to improve pain and swelling.

B. Wear compression stockings. Put them on before getting out of bed in the morning. Take them off just before going to bed at night.

C. Apply lotion every day to the affected area.

D. Check the affected area every day and report any skin changes to your health care provider, especially any cracks or cuts.

E. Follow up with your primary health care provider and other specialty providers on a regularly scheduled basis.

Activity:

A. Get regular exercise. Discuss with your health care provider what type and frequency of exercise is safe for you.

B. Exercise leg muscles by pumping ankles when sitting. Rocking in a rocking chair is another option.

Diet:

A. Discuss with your health care provider the type of diet that best suits your needs: Diabetic diet, low-fat diet, low-cholesterol diet, and/or low-sodium diet.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

A. Fever greater than 101°F

B. Increased redness, pain, tenderness to touch, and/or warmth in affected arm or leg

C. New pain, swelling, or warmth in an arm or leg

D. Other: _____

Phone: _____

RESOURCES

National Cancer Institute: cancer.gov/cancertopics/pdq/supportivecare/lymphedema/healthprofessional/page2

National Lymphedema Network: lymphnet.org

Patient Education Center—Lymphedema: patienteducationcenter.org/articles/lymphedema

PATIENT TEACHING GUIDE

MASTITIS

PROBLEM

You have an infection in your breast tissue, not your breast milk.

CAUSE

The most common organism causing mastitis is *Staphylococcus aureus*. The immediate source of the organism is almost always the nursing infant's nose and mouth. Mastitis often develops in the presence of breast injury, such as cracked nipples.

PREVENTION/CARE

- A. Prevent injury to the breast:
 1. Avoid overdistension of the breasts; feed infant or use the breast pump frequently (every 2–4 hours).
 2. Avoid clogged milk ducts by applying moist heat to the breasts and massage.
 3. Avoid rough manipulation of the breast; pump carefully.
 4. Avoid cracking of nipples by proper positioning of the infant's mouth on the nipple during feeding. The baby's mouth should cover the entire areola (dark brown part of the nipple area).
 5. Read the Patient Teaching Guide, "Breast Engorgement and Sore Nipples" in this section.
- B. Personal hygiene measures:
 1. Avoid soap on the nipples; cleanse nipples with warm water only.
 2. Avoid decrusting the nipple of dried colostrum or milk.
 3. Use purified lanolin cream after each breastfeeding for sore, cracked nipples. (If lanolin is purified, there is no need to remove it prior to the next feeding.)
 4. Use good handwashing techniques before handling the breast and before and after breastfeeding.

TREATMENT PLAN

- A. Complete course of antibiotics. Be aware that antibiotics may cause a yeast infection.
- B. Continue breastfeeding even on the antibiotics. It is not uncommon for your baby to develop "thrush" (looks like white patches on your baby's mouth and tongue). You may also be prescribed Nystatin cream to apply to your breasts to help prevent thrush.
- C. Apply warm soaks to your breast (see the Patient Teaching Guide, "Postpartum Breast Engorgement and Sore Nipples" in this section). Breast massage may be needed, too.
- D. Use Tylenol or ibuprofen for pain (see the Patient Teaching Guide, "Postpartum Breast Engorgement and Sore Nipples" in this section).

Activity: Increased rest is recommended. Try to lie down for a nap when the baby goes to sleep.

Diet: There are no dietary restrictions; continue your regular diet and avoid gas-producing foods that may upset your baby's tummy (cabbage, chocolate, beans, pizza, spicy foods). Increase fluid intake with elevated temperature. Drink at least 10 to 12 glasses of liquid a day. Use caffeine in moderation (eliminate if possible).

Medications: Continue your prenatal vitamins while breastfeeding.

You Have Been Prescribed: _____

You Need to Take: _____

Take all of your antibiotics even if you feel better.

You Have Been Prescribed: Nystatin cream for your breasts and nipples.

You Need to Apply It:

- A. After each feeding, apply Nystatin to each nipple and areola of your breast.
- B. Before feeding, wipe off the excess cream with a warm washcloth (do not use soap for your breast because it causes excessive drying and cracking).

(continued)

MASTITIS *(continued)*

You Have Been Prescribed _____

You Need to Use It: _____

You Need to Notify the Office If:

- A. You have a temperature that does not decrease within 2 days and resolve within 4 days of taking the antibiotics.
- B. You have pain that is not controlled with acetaminophen or ibuprofen.
- C. Your baby develops thrush. Notify your baby's health care provider for medication.
- D. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

MENOPAUSE

DEFINITION

Menopause is the cessation of menses (stopping of menstrual periods) for 12 consecutive months and is generally experienced in women between 45 and 55 years of age; however, for some women menopause may be earlier or later.

- A. Menopause before the age of 40 years is considered premature.
- B. Induced menopause is the abrupt cessation of menses related to chemical or surgical interventions.

Perimenopause is the time preceding menopause and may last several years. The average age of onset is usually in a woman's 40s but may occur earlier. Symptoms may occur during this time period because of fluctuations in hormone levels. Owing to fluctuations in ovarian function, **pregnancy may still occur and unintended pregnancy should be avoided.**

CAUSE

Menopause can be natural or induced. Natural menopause is a normal function of aging. Surgical or chemical intervention can result in induced menopause.

SYMPTOMS

Symptom occurrence and severity vary from very mild to moderate or severe. Symptoms may include:

- A. Hot flashes
- B. Night sweats
- C. Insomnia
- D. Vaginal dryness

TREATMENT PLAN

Your care provider will work with you to develop a plan of treatment that is based on your individual symptom pattern. Inform your care provider if you have:

- A. Acute liver disease
- B. Cerebral vascular or coronary artery disease, myocardial infarction (MI), or stroke
- C. History of or active thrombophlebitis or thromboembolic disorders
- D. History of uterine or ovarian cancer
- E. Known or suspected cancer of the breast
- F. Known or suspected estrogen-dependent neoplasm
- G. Pregnancy
- H. Undiagnosed, abnormal vaginal bleeding

Activity:

- A. Regular physical exercise can be beneficial for weight reduction and symptom control.
- B. Dress in layers to accommodate hot flashes and avoid warm areas.
- C. Avoid hot showers and baths.
- D. Regular sexual intercourse is encouraged and you may find water-soluble vaginal lubricants (K-Y jelly, Astroglide, Replens) helpful for vaginal dryness.
- E. Be sure to use a method of **birth control** to prevent undesired pregnancy if you have had a period within 1 year.

Diet: You need to eat a well-balanced diet (three meals). Supplement your diet to achieve calcium 1,000 to 1,200 mg/d and vitamin D 600 IU/d from age 1 year until age 70 years and then 800 IU/d for 71 years and older. Avoid alcohol, caffeine, and spicy food as they may trigger hot flashes.

(continued)

MENOPAUSE *(continued)*

Medication:

You Have Been Prescribed: _____

You Need to Take/Use It: _____

You Need to Notify the Office If:

- A. You experience unexpected vaginal bleeding.
- B. Your symptoms worsen.
- C. You are on hormone replacement therapy and you experience calf pain, chest pain, or shortness of breath; cough up blood; or have severe headaches, visual disturbances, breast pain, abdominal pain, or yellowing of the skin.
- D. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

MIGRAINE HEADACHE

PROBLEM

You have been diagnosed with migraine headaches. There are many ways that a migraine headache is described, including pulsating, pain on one side of the head, pain behind one eye, seeing spots before your eyes, and a possible loss of vision for a short time.

Other symptoms of a migraine include nausea and vomiting; sensitivity to sound; sensitivity to light, especially to flickering lights; sensitivity to smells; and pain that gets worse with activity.

CAUSE

- A. Migraines run in families; your mother or sister may also have migraines.
- B. Head trauma may trigger headaches.
- C. You may have a migraine headache when you start your period due to the change in your hormones.
- D. Medicines, such as birth control pills and hormone replacement therapy, may cause migraines.
- E. Many odors, such as smelling perfumes, cigarette smoke, scented candles, and food odors, may trigger a headache.
- F. Changes in weather and high altitude may also make you have a migraine.
- G. Alcohol and some foods trigger a headache.
- H. Another cause of a migraine headache is a rebound from taking too much over-the-counter pain medication such as ibuprofen, Aleve, aspirin, and Excedrin products. The headache gets better with the pain products, but comes back the next day so that you take the medicine again, causing a vicious cycle.

PREVENTION/CARE

- A. Keep a diary to identify foods that trigger headache. Some foods that might trigger migraines:
 - 1. Alcohol, especially red wine
 - 2. Foods such as hot dogs, ham, and bacon
 - 3. Aged cheese
 - 4. Citrus foods such as oranges, lemons, limes, and tomatoes
 - 5. Not eating
- B. Read labels to avoid the following preservatives:
 - 1. Aspartame—often found in yogurt
 - 2. Saccharin—often found in diet drinks and artificial sweeteners
 - 3. Tyramine—found in aged cheese such as feta and blue cheese, pickles, and olives
 - 4. Phenylethylamine—often found in sugarless gum and breath mints
 - 5. Monosodium glutamate (MSG)—often found in Chinese food
 - 6. Nitrates and nitrites—found in cured meats, such as ham and hot dogs
- C. Keep a diary to identify visual triggers:
 - 1. Strobe lights
 - 2. Flickering light from going from sun into shade
 - 3. Fluorescent lights
 - 4. Sunlight glare off shiny objects and water
- D. Keep a diary to identify other triggers, including:
 - 1. Too much sleep/too little sleep
 - 2. Strong odors
 - 3. Medicines
 - 4. Changes in weather

TREATMENT PLAN

- A. One of the first things to look at is your diary of triggers in order to avoid or modify them.
- B. You may be sent to a neurologist to evaluate if you need any special testing.
- C. You may be sent to have your eyes examined for glasses.

(continued)

MIGRAINE HEADACHE (continued)

D. Many medications are used to treat migraines:

1. Over-the-counter pain medications, including ibuprofen, Aleve, aspirin, and Excedrin, may be used in limited amounts.
2. Medications for depression are commonly used.
3. Medications for seizures are also commonly used.
4. Medications for blood pressure have been found to control migraines.
5. Medications for nausea and vomiting can be helpful.

E. A special class of drugs called triptans is used to treat the migraine when it first starts. Some of the triptans are Imitrex, Maxalt, Zomig, AmERGE, Relpax, and Frova. These medicines come in pill form as well as nasal spray, and are also given as a shot.

Activity: Relaxation training, such as yoga and biofeedback, helps headaches. Physical therapy and hypnosis have also helped migraine headaches.

Diet: There is no special diet for migraines.

- A. Avoid the food triggers that you identified in your migraine diary.
- B. Drink plenty of liquids.

You Have Been Prescribed the Following Medication for Acute Pain to Help Stop Migraines:

You Need to Take: _____

You Have Been Prescribed the Following Medication to Take Every Day to Manage Migraines:

You Need to Take: _____

You Have Been Prescribed the Following Medication for Nausea:

You Need to Take: _____

You Need to Notify the Office:

- A. If you feel that this is the "worst headache you have ever had."
- B. If you have difficulty with speech.
- C. If you have fever with a stiff neck.
- D. Other: _____

Phone: _____

RESOURCES

Mayo Clinic: www.mayoclinic.org/diseases-conditions/migraine-headache/home/ovc-20202432

Migraine diaries are available for iPhones, iPod touch, and the iPad on iTunes.

National Institute of Neurological Disorders and Stroke: www.ninds.nih.gov/disorders/migraine/migraine.htm

WebMD Migraines & Headaches Health Center: www.webmd.com/migraines-headaches and a headache diary is located on the WebMD site: www.webmd.com/migraines-headaches/guide/headache-diary

PATIENT TEACHING GUIDE

MONONUCLEOSIS

PROBLEM

Mononucleosis (mono) is an acute, infectious, viral disease. Mono causes fever, sore throat, and swollen lymph glands.

CAUSE

Epstein–Barr virus causes mono and is spread to other persons by kissing, sharing food, and coughing without covering your mouth.

PREVENTION/CARE

- A. Avoid contact with persons diagnosed with mono.
- B. Cover your mouth and nose when you cough or sneeze to prevent the spread of infection.
- C. Use tissues to blow your nose and throw them away immediately.
- D. If you do not have a tissue, use the “elbow sneeze” using the bend of your arm.
- E. Wash your hands or use hand sanitizer.

TREATMENT PLAN

There is no specific cure. Gargle with warm salt water for a sore throat.

Activity:

- A. Mono makes you very tired; rest in bed, then gradually return to normal activity.
- B. You should not do any physical activity, especially contact sports (football, soccer, basketball, etc.), unless you have been cleared by your health care provider.

Diet: Eat a high-calorie diet. Drink plenty of liquids (at least 8 glasses a day).

Medications:

- A. Acetaminophen may be taken for body aches.
- B. You may be given antibiotics for infection, if indicated.

You Have Been Prescribed: _____

You Need to Take: _____

Take all of your antibiotics even if you feel better.

You Need to Notify the Office If You Have:

- A. Fever more than 102°F.
- B. Severe pain in the upper left abdomen (rupture of the spleen is a medical emergency).
- C. Swallowing or breathing difficulty from a severe throat inflammation.
- D. A rash may follow the use of antibiotics.
- E. Other: _____

Phone: _____

MYASTHENIA GRAVIS

PROBLEM

Myasthenia gravis or MG is a chronic disorder in which the body's immune system mistakenly attacks and destroys proteins that help muscles respond to nerve impulses. This causes people to have muscle weakness that is worse with use and better with rest.

Eye muscles and muscles that help with chewing, swallowing, and talking tend to be affected the most. MG can be treated but not cured.

People with myasthenia generally have to take medicine for the rest of their lives to control the disorder. Surgery to remove their thymus gland may be necessary.

TREATMENT PLAN/CARE

- A. Wear a Medic Alert tag and keep a list of medicines and the dosing schedule, with you at all times along with the name and telephone number of your neurologist in case of emergency.
- B. Dentists and any other health care providers should know that you have MG because many medicines can make your MG worse. Some examples of medicines that can be problems for people with MG are birth control pills, some antibiotics, and some local anesthetics. Many medicines can be problematic, so you should *never* start a new medicine without talking to your neurologist first, even if you took it in the past without having problems.
- C. Any time you feel worse, particularly if you are having trouble with chewing and swallowing, you should contact your neurologist and plan to go to the hospital, because MG could possibly affect your breathing. You should have a plan for emergencies that includes how you will get to a hospital, child-care arrangements, and how to contact your neurologist.
- D. An annual flu shot is recommended because infections can make MG worse.
- E. Emotional upset and stress also can make MG worse. Your health care provider can supply you with information on handling stress effectively or assist in referring you to a counselor.
- F. Surgery can make MG worse, so it should, when possible, be planned with your neurologist. Some changes in your medication schedules in the weeks before the surgery can make problems less likely.
- G. Plasmapheresis may be recommended to you. This procedure is performed to remove the antibodies that make the disease process worse. This procedure is similar to donating blood. Blood is removed from a vein, the antibodies are removed, and then the blood is donated back to you in another vein. This procedure may be offered to you many times because the effects are not permanent.

Activity: It is best to plan your activities to take advantage of the peak effects of your medicine and to avoid getting overtired.

Diet: A diet high in potassium-rich foods has been found by some to be helpful because low body potassium is associated with muscle weakness.

Medications: You may be prescribed steroids or medications that improve muscle strength.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have worsening or new symptoms.
- B. You are unable to tolerate your medicines due to side effects.
- C. Other: _____

Phone: _____

RESOURCES

Myasthenia Gravis Foundation of America, Inc.: www.myasthenia.org

You can build your own identification bracelets or neck chains from American Medical ID: www.americanmedical-id.com

PATIENT TEACHING GUIDE

NICOTINE DEPENDENCE

PROBLEM

Cigarette smoking is one of the most **preventable causes of death and disability in the United States**. Other forms of nicotine, such as chewing tobacco and pipe tobacco, can be just as harmful. Risks of lip, tongue, mouth, and throat cancer are associated with use of nicotine. Smoking may cause bleeding in pregnancy and may be responsible for the baby not growing well. It is well documented that infants and children who are exposed to long-term smoke inhalation are at increased risk of **sudden infant death syndrome** and frequent **ear infections and chronic illnesses**.

Nicotine is addictive and so stopping smoking is difficult.

CAUSE

Seeing your parents smoke and using tobacco may be one of the reasons that caused you to start using tobacco. Peer pressure is a big reason why you may have started smoking as a teenager.

REASONS TO QUIT

- A. Quitting tobacco will add years to your life.
- B. You will have healthier lungs, which will decrease your risk of developing cancer and having a heart attack or stroke.
- C. You will also have more energy and feel better physically and mentally.
- D. Smoking cessation will also decrease the secondhand smoke exposure around your family and friends, which will also make them healthier too.
- E. Secondhand smoke causes asthma attacks and other health problems.
- F. Some insurance plans are more expensive if you smoke.
- G. You will save a lot of money by not buying cigarettes.
- H. Do not quit for yourself: Quit for someone you love.
- I. You will have fewer wrinkles.

TREATMENT PLAN

- A. Set a quit date within 2 to 4 weeks and get information/treatment from your provider.
- B. Throw away all cigarettes, matches, lighters, and ashtrays in your home, car, and workplace.
- C. Make smoking very inconvenient.
- D. Ask your family/friends for support and encouragement to help you stop.
- E. Stay in nonsmoking environments and avoid friends/family members who smoke.
- F. If you get the urge to smoke, take deep cleansing breaths and try to occupy your time with something else, like chewing gum.
- G. Leave the table and change your routine to avoid old triggers such as smoking with your coffee after meals.
- H. Reward yourself often for staying smoke free.
- I. It is not unusual that you will go back to smoking; it is difficult to quit. Smoking even one less cigarette counts.
- J. It may take several times to finally quit for good.

Activity:

- A. Exercise daily to help alleviate the craving for nicotine.
- B. Avoid caffeine if possible.
- C. Chew gum or suck on hard candy when you crave a cigarette.
- D. Eat celery sticks or carrots in place of smoking a cigarette.
- E. Drink a lot of water and other fluids to keep hydrated.

(continued)

NICOTINE DEPENDENCE *(continued)*

Medications:

- A. Discuss options available with your health care provider to help you quit.
- B. Medications are available to help you quit.
- C. The nicotine patch, inhaler, and gum are available and may be right for you. Discuss these options with your health care provider because they are good steps to quitting.
- D. Many of the stop-smoking medicines may be covered by your insurance.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- 1. Severe craving and the urge to smoke or chew tobacco even on medicines.
- 2. Feelings of impulsiveness, like you might do something you will later regret.
- 3. Started smoking again after you have stepped down while using the nicotine patch.
- 4. Other: _____

Phone: _____

RESOURCES

The American Cancer Society has some good tips on quitting smoking: www.cancer.org
The American Lung Association also has good guides to help stop smoking: www.lung.org

PATIENT TEACHING GUIDE

NOSEBLEEDS

PROBLEM

Most nosebleeds stop within 10 minutes. **If you have trouble breathing with a nosebleed, call 911.**

CAUSES

Nosebleeds may be caused by several problems:

- A. Trauma from nose picking or forcefully blowing the nose
- B. Chronic sinus infections
- C. Allergies
- D. Drugs, including over-the-counter medications such as aspirin and Pepto-Bismol, or street drugs such as snorted cocaine
- E. Exposure to irritants

PREVENTION/CARE

- A. Avoid picking your nose. Keep fingernails trimmed short.
- B. Do not blow your nose too frequently or too hard (this may also cause eardrum tearing).
- C. Blow your nose through both nostrils at the same time to equalize pressure.
- D. Use a humidifier in your home, or place a container of water near the radiator.
- E. Use a lubricant, such as petrolatum, A & D Ointment, or a skin barrier, such as zinc oxide, applied with a Q-tip to add moisture to the inside of your nose and promote healing.
- F. Avoid smoking and secondhand smoke.

TREATMENT PLAN

- A. If you experience a nosebleed, take these steps:
 1. Sit up and lean forward.
 2. Apply pressure to the bridge of your nose for 10 to 15 minutes to stop the blood flow.
 3. If the bleeding continues, spray Afrin into your nostril.
 4. If the bleeding still continues, lightly soak a cotton ball with the nasal spray, insert it into your nose, and press.
 5. Apply zinc oxide, petrolatum, or A & D Ointment to prevent further drying and abrasion of the nasal septum (the partition between the two nostrils).
- B. Gently blowing your nose also decreases or stops a nosebleed.

Activity: Avoid or limit the following activities for 3 to 5 days after a nosebleed:

- A. Heavy lifting
- B. Straining
- C. Bending over from the waist
- D. Very hot showers

Diet: Avoid hot, spicy foods for 3 to 5 days after a nosebleed.

Medications: Avoid medications that increase bleeding, such as aspirin and Pepto-Bismol.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. Bleeding does not stop with pressure or nasal spray applied to the bleeding site.
- B. You keep having nosebleeds (more than two in a week or four in a month).
- C. Other: _____

Phone: _____

ORAL THRUSH IN CHILDREN

PROBLEM

Oral thrush is a white patch that coats the inside of the mouth and tongue. It mainly affects bottle-fed infants, although breastfed infants and debilitated older children may also be affected.

CAUSE

Thrush is caused by a yeast called *Candida* that grows rapidly on the lining of the mouth in areas abraded by prolonged sucking. It may also occur after a course of antibiotic medication.

PREVENTION/CARE

- A. Do not use large pacifiers and nipples.
- B. Boil bottle nipples and pacifiers.
- C. Cleanse your nipples well after breastfeeding.

TREATMENT PLAN

- A. Try to remove any large plaques with a moistened cotton-tipped applicator or gauze pad.
- B. Cleanse the infant's mouth before giving medication.
- C. Place the medication in the front of the mouth on each side.
- D. Rub it directly on the plaques with a cotton swab.
- E. Feed the infant temporarily with a cup and spoon.
- F. Give a pacifier only at bedtime.

Diet: Decrease sucking time until thrush clears up.

Medications: Nystatin is an oral medication used to treat thrush. Nystatin 1 mL four times a day after meals or 30 minutes before feeding. Patches should improve within 2 to 3 days of using the medication.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. The child refuses to eat or drink.
- B. Symptoms do not improve or thrush lasts longer than 10 days.
- C. Unexplained fever occurs.
- D. Secondary infection occurs in the mouth (pain, tenderness, sores).
- E. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

OSTEOARTHRITIS

PROBLEM

Osteoarthritis (OA) is a very common disorder that affects the weight-bearing and movable joints. OA damages the cartilage tissue in the joint. The cartilage provides the cushion around the joint. If the cartilage becomes damaged, it will become inflamed and irritated and start to thin. When this occurs, there is less cushion between the bones, and you will experience more pain and swelling. The joints most commonly involved are the finger and toe joints, knees, hips, and spine.

CAUSE

There are many different causes of OA. A previous injury to the joint, repeated stress to the joint (like a bricklayer's hands), genetics, age, obesity, and other diseases (such as diabetes or infections) may cause OA.

TREATMENT PLAN

- A. The goal of treatment is to prevent further joint damage.
- B. Learn as much as you can about this disorder and ask your health care provider several questions.
- C. Heat and massage may increase joint movement and decrease pain.
- D. Physical or occupational therapy may be needed.
- E. Heat or ice packs may be used for localized relief.

Activity:**Exercise:**

1. Range-of-motion (ROM) exercises increase the movement of the joint.
2. Careful exercise may also strengthen the muscles around the joint.
3. Ask your provider to advise the best type of exercise for you.
4. Yoga and acupuncture have been shown to help relieve pain and stiffness.
5. Joint protection: Do not overuse a joint.
6. If you work with your hands and have OA of the fingers, take frequent rest periods. This applies to all the other joints as well.

Diet: Low-fat, low-cholesterol diet may be suggested. Losing weight may help if you have OA of the knees, hips, or spine.

Medications: Your health care provider may recommend that you take acetaminophen or an anti-inflammatory drug. This should help relieve the pain and stiffness. Special creams also sometimes help joint pain. In cases of severe OA, your health care provider may recommend an injection to the joint or surgery. *Remember* to take only the medicines prescribed for you.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Increased pain despite medication
- B. Fever higher than 100.4°F
- C. Abdominal pain or discomfort after taking medicine

Phone: _____

RESOURCE

Arthritis Foundation
800-283-7800
www.arthritis.org

OSTEOPOROSIS

PROBLEM

Osteoporosis is a condition in which the bone loses its normal density, mass, and strength, which makes it weak and more vulnerable to fracture (break).

CAUSE

The weakening of the bone can be caused by several factors. Some of these risk factors include:

- A. Inadequate amounts of calcium, protein, and vitamin D in the diet
- B. Decreased exercise
- C. Some chronic diseases such as thyroid disease, diabetes, and heart failure
- D. Cancer
- E. Smoking
- F. Low estrogen levels (menopause)
- G. Excessive alcohol intake
- H. Advancing age
- I. Being a Caucasian and Asian woman
- J. Long-term use of certain medications such as steroids, thyroid medications, seizure medications, and some cancer treatment medications

PREVENTION/CARE

- A. Be sure to get adequate calcium intake daily (1,500 mg/d) and vitamin D intake (600–2,000 IU/d). Ask your health care provider for the appropriate dose of calcium and vitamin D for you.
- B. Food sources of calcium are best absorbed.
- C. Calcium and vitamin D supplements may also be needed to meet the daily recommendation.
- D. Get daily weight-bearing exercise such as walking, jogging, or running. Avoid high-impact exercises.

TREATMENT PLAN

- A. If osteoporosis is suspected, your provider may order a bone density study of your bones. Goals are to prevent the disease from occurring.
- B. If you have been diagnosed with osteoporosis, you need to prevent the disease from progressing and take measures to prevent all bone fractures.
- C. Use caution when walking on wet, slippery surfaces.
- D. Avoid risk of falls by making your home safe. Avoid throw rugs on floors and remove small items that are easily tripped over. Use caution when pets are around to prevent falling over your pet.

Activity:

- A. Physical activity is vital to maintain and prevent further bone loss.
- B. Weight-bearing activity, such as walking or running, is the best activity.
- C. Avoid high-impact sports and activities, such as jumping, and high-impact aerobics to prevent fracturing the bones.
- D. Avoid any risk of falls.
- E. Use walking devices, such as a cane or walker, if needed.
- F. Bathtubs should have nonskid protection.

Diet:

- A. Eat a regular well-balanced diet. Increase food sources rich in calcium, protein, and vitamin D.
- B. Sources of vitamin D include milk, some fish (salmon), and drinks and cereals with added vitamin D and minerals.

(continued)

PATIENT TEACHING GUIDE

OSTEOPOROSIS (continued)

- C. You can also get vitamin D from spending 20 to 30 minutes in the summer sunlight, exposing your skin to the sun without wearing sunscreen for this length of time.
- D. Sources of calcium include dairy products, green leafy vegetables (broccoli), almonds, tofu, and drinks fortified with calcium such as orange juice and soy milk.
- E. If you are overweight, a low-fat, low-cholesterol diet is suggested to lose weight.

Medications:

- A. You may be prescribed nonprescription medications like acetaminophen (Tylenol) as needed for pain.
- B. Supplements: Calcium, vitamin D, and hormone replacement for women who are menopausal.
- C. If prescribed bisphosphonate, take medication with a full glass of water.
- D. Wait approximately 30 to 60 minutes before reclining or consuming other medications, beverages, or food to lower the risk of regurgitation or a burning sensation.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

A. Been experiencing any pain; you need to have your provider assess this pain.

B. Other: _____

Phone: _____

RESOURCES

National Osteoporosis Foundation: www.nof.org

The National Women's Health Information Center: <https://www.womenshealth.gov>

OTITIS EXTERNA

PROBLEM

Your practitioner has diagnosed you with a condition known as otitis externa, sometimes also referred to as “swimmer’s ear.” This is a common condition characterized by itching in the ear, sometimes followed by ear pain, swelling, and drainage of the ear canal. Difficulty hearing may also occur. The eardrum is rarely affected.

CAUSE

Otitis externa occurs from irritation to the external canal of the ear. The most common causes for otitis externa are long exposure to water in the ear canal after frequent swimming and too vigorous cleaning of the wax from your ears. It may involve either a bacterial or a fungal infection.

PREVENTION/CARE

You may prevent future problems with otitis externa by following these measures:

- Clean the outer ear only as needed. Do not use cotton-tipped swabs or any other device to clean down into the ear canal. Usually, wax is just pushed deeper into the canal with this method, and the canal may be traumatized by the instrument used.
- For swimmers or others susceptible to frequent recurrences of otitis externa, it may be helpful to dry the ear canals with a blow dryer on a low setting after exposure to water. You may also instill a solution of 50% isopropyl alcohol and 50% vinegar in the ear twice daily and after every submersion in water. Over-the-counter eardrops labeled for “swimmer’s ear” may also be used as directed.

TREATMENT PLAN

For the most common bacterial infections associated with otitis externa, antibiotic/steroid eardrops are usually prescribed. In addition, you should keep water out of your ears for 4 to 6 weeks. (This means no swimming until symptoms are totally resolved. Recommendations include avoid getting water in the ear canal and only swim with water-resistant earplugs in the future.)

To bathe or shower, first coat cotton balls with petroleum jelly and use them to plug ears when bathing.

Activity: The only activity restrictions are those involving submersion in water. Bathing and hair washing are permitted as described previously.

Diet: No changes are required in your diet.

Medications:

- Eardrops are used to treat otitis externa.
- The drops should be applied down the ear canal’s opening, moving the earlobe back and forth to help the eardrops pass downward.
- In severe cases, antibiotics may be given.

You Have Been Prescribed: _____

You Need to Instill _____ **Drops Into the Affected Ear** _____ **Times Per Day.**

You Need to Notify the Office If You:

- Have symptoms that have not cleared up in 3 days.
- Have a fever over 100°F.
- Have severe ear pain or new symptoms present.
- Are unable to instill ear drops into the ear due to swelling of the ear canal.
- Other: _____

Phone: _____

PATIENT TEACHING GUIDE

OTITIS MEDIA WITH EFFUSION

PROBLEM

You have inflammation of the middle ear with effusion, which is the presence of fluid in the middle ear without infection.

CAUSE

The middle ear fluid can remain behind the tympanic membrane after you have been treated for an ear infection (otitis media). The eustachian tube is blocked, and the fluid behind the ear does not drain out properly. Symptoms may include difficulty hearing and a feeling of fullness in the ear.

TREATMENT PLAN

- A. Determine if you or your child is having difficulty with hearing.
- B. Make accommodations for the hearing loss, such as sitting in the front of the classroom at school; speaking clearly and loudly. Reduce or eliminate external noises while having a conversation.
- C. If you or your child has a buildup of fluid in the middle ear for 6 weeks up to 3 months, you should receive a hearing evaluation.
- D. Follow up with a health care provider as instructed to avoid complications and/or permanent hearing loss.

Activity: There is no activity restriction.

Diet: There is no special diet.

Medications: There are not any medications that are used for fluid behind the ear. If infection is present, antibiotics are used to treat this infection.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Fever
- B. Decreased appetite
- C. Decreased activity level
- D. Ear pain
- E. Noticed a change in hearing loss or speech development
- F. Any other new symptoms that occur
- G. Other: _____

Phone: _____

PARKINSON'S DISEASE MANAGEMENT

PROBLEM

Parkinson's disease (PD) is a problem with the central nervous system that causes progressive muscle rigidity and tremors. The ability to move your muscles becomes difficult and you may also notice difficulty with walking and swallowing. Common symptoms you may experience include tremor at rest, rigidity (feeling stiff and finding it hard to start moving), bradykinesia (movements of your muscles slow down), and having a difficult time maintaining your posture, making you feel like you are going to fall down. Other symptoms may also include difficulty speaking, swallowing, drooling more, changes in mood, and sleep patterns.

CAUSE

The brain is not able to produce or use the correct amount of a chemical, called dopamine, required by the body, and therefore the nervous system reacts by producing a loss in control of your muscles and movements.

TREATMENT PLAN/CARE

- A. There is no cure for PD. However, medications may relieve a lot of your symptoms. Your health care provider will share the medications that are available to you.
- B. People with PD can be very sensitive to heat. During hot weather, stay outside only for very short periods of time, stay inside during the hottest part of the day, and increase your fluid intake.
- C. Balance problems are common with PD and increase the risk of falls. Some ways to avoid injury are not to have loose rugs or other floor coverings; install grab bars around the tub and toilet; ensure a sturdy rail on stairs and adequate lighting so you can see where you are going; use straight-backed, firm chairs with arms.
- D. Tremor increases the risk of accidents. Use sturdy plastic cups instead of glasses, use an electric razor to shave, and be cautious with sharp objects and power tools.
- E. For clothes, Velcro fasteners, zippers, and snaps are easier to fasten than buttons. Loose clothing is also easier to put on and take off.
- F. To avoid sleep problems, stay busy during the day and avoid naps. Discuss any problems you have with your neurologist; sometimes changes in your medication schedule can help.
- G. If you have speech problems, work on ways to make your needs known. Practice speech exercises or consider speech therapy with a speech therapist.
- H. Stay active in your daily work, hobbies, and other daily activities you enjoy.
- I. If you are having signs of anxiety, depression, sleep problems, or other symptoms, please discuss these with your provider. These symptoms are common and can be addressed and treated with other medications.

Activity: Regular exercise helps maintain muscle flexibility and may reduce medication needs. Exercises to improve facial, jaw, and tongue movement are encouraged.

Diet: Your diet should include plenty of fluids and adequate fiber to prevent or manage constipation. Have bran cereal in the morning and eat five or more servings of fruits and vegetables throughout the day. Bananas are low in fiber and should be avoided.

Plan medication schedules so that you are functioning well at meal times. Be sure you allow plenty of time to finish your meal.

If you need help planning your meals, your health care provider can suggest a dietitian with whom you can talk about food choices.

Alcoholic beverages are discouraged as alcohol can interfere with the effectiveness of your medications.

If you are having difficulty with swallowing, let your provider know. Take your time eating meals. Sit upright. Thick liquids are easier to swallow than thin liquids.

Medications:

- A. The medicines you are taking can improve your ability to carry out everyday activities, but they cannot totally eliminate your symptoms. It is important that you know why you are taking each medication as well as the possible side effects of each.
- B. Check with your neurologist before starting any new medicine to be sure it does not interact with your PD medicines. Even vitamins can be a problem, so take only those recommended by your neurologist.

(continued)

PATIENT TEACHING GUIDE

PARKINSON'S DISEASE MANAGEMENT *(continued)*

C. In case of emergency, keep with you a list of your medicines, including the amounts you take and your schedule for taking them.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

A. You have a reaction to your medication.

B. You are unable to tolerate your medication because of side effects.

C. Your symptoms become worse.

D. Other: _____

Phone: _____

RESOURCES

National Parkinson Foundation
1501 N.W. 9th Avenue/Bob Hope Road
Miami, FL 33136-1494
1-800-473-4636
www.parkinson.org

The Michael J. Fox Foundation for Parkinson's Research
Grand Central Station
PO Box 4777
New York, NY 10163-4777
www.michaeljfox.org

Worldwide Education and Awareness for Movement Disorders: www.wemove.org
Parkinson's Disease Foundation, 1359 Broadway, Suite 1509
New York, NY 10018
212-923-4700
www.pdf.org

PELVIC INFLAMMATORY DISEASE

PROBLEM

You have been diagnosed as having pelvic inflammatory disease, also known as PID. This inflammation can involve the uterus, fallopian tubes, ovaries, broad ligament, and/or the pelvic vascular system or pelvic connective tissue.

CAUSE

Organisms that go up from the vagina and cervix into the uterus cause PID. The two most common organisms cultured from patients with PID are *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. Your period increases the ability of gonococcal invasion into the upper genital tract. Infection and inflammation spread throughout the endometrium to the fallopian tubes. From there, it extends to the ovaries and peritoneal, or abdominal, cavity.

PREVENTION/CARE

- A. Condoms and a spermicidal foam or cream with nonoxynol 9 is very protective against PID.
- B. Condoms must be used with *every* sexual intercourse.
- C. Vaginal douching may lead to an increased risk for PID.
 - 1. Routine douching is *not recommended*; it wipes out the normal vaginal flora.
 - 2. If you douche, do not douche more than once a month.
- D. The more sex partners you have, the greater the chances are of contracting sexually transmitted infections.

TREATMENT PLAN

- A. Your partner(s) need(s) to be evaluated and treated with antibiotic therapy, too.
- B. Sexual abstinence
 - 1. **You should not have sexual intercourse until all of your symptoms are gone and your partner(s) has (have) completed antibiotic therapy.**
 - 2. If you do have sexual intercourse, you should use condoms consistently.

Activity: Limit yourself to bed rest for about 3 to 4 days, and then pursue activity as tolerated.

Diet:

- A. You need to drink at least 10 to 12 glasses of liquid every day.
- B. You need to eat a well-balanced diet (three meals).
- C. You need to eat high-protein snacks such as peanut butter sandwiches and milk.
- D. If you have been prescribed Flagyl (metronidazole), you must avoid all alcohol ingestion for at least 3 days after the last dose or you will experience severe nausea and vomiting.

Medications:

- A. You will be prescribed *two or more* antibiotics; it is extremely important to **take all of the antibiotics**.
- B. You may take acetaminophen (Tylenol) for fever.
- C. You may be prescribed some pain medication.

You Have Been Prescribed: _____

You Need to Take: _____

Take all of your antibiotics, even if you feel better.

Your Second Prescribed Antibiotic Is: _____

(continued)

PATIENT TEACHING GUIDE

PELVIC INFLAMMATORY DISEASE *(continued)*

You Need to Take: _____

You need to take all of both antibiotics, even if you feel better.

You Have Been Prescribed the Following for Your Pain: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. Your fever does not respond to acetaminophen (Tylenol).
- B. Your symptoms worsen, even while taking both antibiotics.
- C. You vomit or cannot tolerate your antibiotics.
- D. You must return to the office 2 or 3 days after the antibiotics have been started for a repeat examination and if you are unable to return for your follow-up office visit.
- E. Other: _____

Phone: _____

Next Appointment: Date _____ **Time** _____

PERIPHERAL ARTERIAL DISEASE

PROBLEM

Peripheral arterial disease is a condition in which fatty deposits build up on the inside of vessels that carry blood to the hands and feet. This makes it difficult for blood to travel to hands and feet, which causes pain with activity and when resting. If these blockages increase in size, the pain will also worsen and infections can occur that could lead to amputation.

CAUSE

Many things cause these fatty deposits to build up inside arteries. Some, like age, gender, and genetics, cannot be changed. Others can be changed; these include smoking, diabetes, high cholesterol, high blood pressure, and excessive weight.

PREVENTION/CARE

- A. Stop smoking.
- B. To prevent injury that could progress into an infection, do the following:
 - 1. Wear well-fitting shoes that protect your feet.
 - 2. Look and feel inside your shoes before putting them on.
 - 3. Look at your feet daily for any signs of injury or infection.
 - 4. Dry feet well after bathing, including between toes.
 - 5. Do not trim your own toenails or shave off calluses. A health care provider should do this for you to prevent infection.
 - 6. Do not use a heating pad or hot water on your hands or feet to keep warm. Wear gloves or socks instead.

TREATMENT PLAN

- A. Take your medications as ordered by your health care provider.
- B. Effectively manage all other medical conditions, paying special attention to cholesterol, blood pressure, diabetes, and obesity.
- C. Follow up with your primary health care provider and/or cardiologist on a regularly scheduled basis.

Activity:

- A. Get regular exercise, after discussing with your health care provider the type and frequency of exercise that is safe for you.

Diet:

- A. Discuss the type of diet that best suits your needs: Diabetic diet, low-fat diet, low-cholesterol diet, and/or low-sodium diet.
- B. Follow the dietary guidelines suggested by your health care provider.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Any of the following symptoms:
 - 1. Worsening pain in your arm or leg
 - 2. Fever of 101.5°F or greater
 - 3. Any temperature change in a hand or foot
 - 4. Any change in feeling of a hand or foot
 - 5. Any change in the color of a hand or foot
 - 6. Difficulty walking
 - 7. Vomiting or other illness that causes you to miss more than one dose of your medications
 - 8. Other: _____

Phone: _____

RESOURCE

Patient Education—Center-PAD: www.patienteducationcenter.org/information/peripheral-arterial-disease

PATIENT TEACHING GUIDE

PERNICIOUS ANEMIA

PROBLEM

You have been diagnosed with a condition called pernicious anemia. It is a condition in which vitamin B₁₂ is not well absorbed. Vitamin B₁₂ is necessary for red blood cell function.

CAUSE

Pernicious anemia is a common problem in pregnancy, with vegetarian diets, with previous stomach problems, and as you get older. Your condition may be due to the lack of a special factor in your stomach juices whereby your body cannot absorb the vitamin, or it may be from an autoimmune reaction.

PREVENTION/CARE

Pernicious anemia cannot always be prevented, but it is treatable once the cause is identified.

TREATMENT PLAN

- A. You will need vitamin B₁₂ injections for the rest of your life. This treatment cannot be given in pill form.
 1. After you have been on the shots for a while, the nurses can teach you or a family member to give the shot. Please ask your health care provider about this.
 2. Common side effects of vitamin B₁₂ shots include:
 - a. Pain and burning at the place the shot is given; this does not last very long.
 - b. Some people experience diarrhea after taking the shot.
- B. You may need to take iron tablets too.
- C. You may be sent to see a nutritionist to help you review your diet and how you prepare foods.

Activity: Pernicious anemia may cause the loss of some senses and give you numbness and tingling, memory loss, loss of coordination, and some depression or irritability.

- A. It is important to avoid extremely hot foods and drinks.
- B. It is important to use caution in your home such as:
 1. Do not use loose “scatter” rugs, which can cause slips.
 2. Install shower or tub rails to help get in and out and toilet rails to get up and down easier.
 3. Use hand rails going up and down stairs.
 4. Do not use extremely hot water for bathing, showers, and doing dishes.
 5. Use nonslip surfaces in the tub and shower.
 6. **Do not use a heating pad if you do not have all your sensations.**

A home safety evaluation should be done to reduce the risk of falls. A checklist can be obtained from the National Safety Council: 1250 Eye Street, NW Suite 1000, Washington, DC 20005; www.homesafetycouncil.org

Diet: A balanced, healthy diet is important. Increase your liquids to 8 to 10 glasses a day; iron supplements tend to cause constipation. Increase the fiber in your diet.

Medication:

You Have Been Prescribed the Following Iron Supplement: _____

You Need to Take It: _____

Your Next Vitamin B₁₂ Shot Is Due: _____

You Need to Notify the Office If: _____

- A. You feel worse the first week after the shot or have symptoms such as chest pain and shortness of breath.
- B. You have worsening symptoms such as problems with balance and walking.
- C. You have leg pain, especially when you put your weight on it.
- D. You would like to make arrangements for home injections.
- E. Other: _____

Phone: _____

PHARYNGITIS

PROBLEM

Pharyngitis (sore throat) is a condition that occurs when the throat becomes inflamed.

CAUSE

The inflammation can be due to a virus, a bacterial infection, or a fungus. Other noninfectious causes include postnasal drip, allergies, mouth breathing, and trauma.

PREVENTION/CARE

- A. Avoid sick people and crowds. Stay at home if you are sick.
- B. Cover your mouth when coughing.
- C. Do not share a drinking glass, kiss, or have close contact with anyone who has an upper respiratory infection.

TREATMENT PLAN

- A. Hot tea, soup, and throat lozenges soothe your throat.
- B. Use disposable tissues when sneezing. Use tissues when you blow your nose. If no tissue is available, do the “elbow sneeze” into the bend of your arm (away from your open hands). Dispose of tissues and then wash your hands.
- C. Avoid smoking and secondhand smoke.

Activity: If you have strep throat, do not return to school or work until you have completed a full 24 hours of antibiotic. Rest or nap as often as possible while you are sick.

Diet: Eat a healthy diet. If swallowing is difficult, eat soft foods such as ice cream, Jell-O, pudding, and soup. Avoid salt and spicy foods. Increase your fluid intake to 10 to 12 glasses a day.

Medications: You will be prescribed antibiotics if you have a bacterial infection. If your sore throat is due to a virus, antibiotics would not help. Do not share your prescription medications with other family members who are also sick. They need a full prescription, too. Many other medications are available over the counter, such as throat lozenges, cough suppressants, and so forth.

You Have Been Prescribed: _____

You Need to Take: _____

If you are prescribed antibiotics, complete all of the doses.

You Need to Notify the Office If:

- A. You have difficulty breathing because of the sore throat or enlarged tonsils.
- B. Your symptoms are worse after 24 hours of antibiotics.
- C. You are unable to keep down your antibiotic because of vomiting.
- D. Your sick child refuses to eat or drink.
- E. You develop a rash or itch after starting the antibiotic.
- F. You are a diabetic and your blood glucose is high, or you have ketones in your urine.
- G. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

PITYRIASIS ROSEA

PROBLEM

Pityriasis rosea is a very common condition characterized by a rash that may or may not itch. You may have noticed a large, scaly patch before breaking out with the more generalized rash. **It is not known to be contagious, and you do not need to isolate yourself.**

CAUSE

The cause of pityriasis rosea is unknown.

PREVENTION/CARE

Because the cause of pityriasis rosea is unknown, there are no recommended preventive measures.

TREATMENT PLAN

Good hygiene and avoidance of scratching are recommended to prevent a secondary infection.

Activity: It is not necessary for you to limit your activity. Sunlight exposure to skin for short periods of time daily for 5 consecutive days will decrease itching and improve the rash. Care should be taken not to burn skin with short-term exposure to the sun.

Diet: No changes are required in your diet.

Medications: You may be prescribed an antihistamine medication to take by mouth and topical steroid creams to apply to the rash itself. If the itching is severe, oral steroids may be prescribed.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Any new symptoms
- B. Any reaction to your medication

Phone: _____

PNEUMONIA, VIRAL: ADULT

PROBLEM

Viral pneumonia is an infection of the lung that causes fluid in the air sacs. You may have fever, cough, or difficulty breathing.

CAUSE

Respiratory viruses cause viral pneumonia and bacteria.

PREVENTION/CARE

- A. Avoid contact with people with respiratory illnesses.
- B. Although the flu vaccine does not prevent pneumonia, a yearly flu shot is recommended.
- C. The pneumonia vaccine helps prevent pneumonia caused by bacteria. If you are older than 65 years or have other chronic respiratory illness, the pneumonia vaccine is recommended.

TREATMENT PLAN

- A. Use a cool-mist humidifier, and clean it daily.
- B. Take deep breaths and cough frequently to clear secretions from lungs.
- C. Avoid smoking and exposure to secondhand smoke.
- D. Practice good handwashing techniques or use hand sanitizers.

Activity: Rest frequently during the early phase of the illness. Fatigue may continue for up to 6 weeks.

Diet: Eat a nutritious diet. Drink 8 to 10 glasses of water a day.

Medications:

- A. Take acetaminophen (Tylenol) for fever, discomfort, and headache.
- B. Do not take cough suppressants. It is important for you to cough and get up any mucus.
- C. Antibiotics are not given for a viral infection. If you have a bacterial infection, then you may be put on an antibiotic.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Increased difficulty breathing.
- B. Fever greater than 101°F, or fever that persists after 48 hours of antibiotics.
- C. Worsening discomfort.
- D. Shortness of breath.
- E. Blood in sputum
- F. Nausea, vomiting, or diarrhea
- G. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

PNEUMONIA, VIRAL: CHILD

PROBLEM

Viral pneumonia is an infection of the lung that causes fluid to collect in the air sacs. Your child may have fever, cough, or difficulty breathing.

CAUSE

Respiratory viruses cause viral pneumonia.

PREVENTION/CARE

- A. Isolate young infants from people with respiratory illnesses.
- B. Although the flu vaccine will not prevent viral pneumonia, children should get an influenza vaccine every year.

TREATMENT PLAN

- A. Encourage fluids.
- B. Use a vaporizer to increase humidity in the child's room.
- C. Keep the child away from cigarette smoke.

Activity: Have your child rest during the acute phase. Your child may return to school or day care when he or she is free from fever for 24 hours.

Diet: There is no special diet for viral pneumonia. Follow a regular diet. Increase fluids.

Medications:

- A. You may give your child acetaminophen (Tylenol) for fever.
- B. Children should never be given aspirin due to the increased risk of Reye's syndrome.
- C. **Do not give cough suppressants. The American College of Chest Physicians clinical practice guidelines recommend that cough suppressants and over-the-counter cough medications should *not* be given to young children. Cough medicines should *not* be given to any child younger than 6 years of age.**
- D. Antibiotics are not used for viral infections. Your child may be given an antibiotic if he or she has any infection other than the viral pneumonia.

Your Child Has Been Prescribed: _____

Your Child Needs to Take: _____

You Need to Notify the Office Immediately If:

- A. Your child's breathing becomes more labored or difficult, or his or her lips become blue.
- B. Retractions (tugging between ribs) become worse.
- C. Grunting sounds occur when the child breathes out.
- D. Your child starts acting very sick.
- E. Other: _____

You Need to Notify the Office Within 24 Hours If:

- A. Your child is unable to sleep.
- B. Your child is not drinking enough.
- C. Fever is over 101°F or persists after 48 hours on antibiotics.
- D. Your child is getting worse.
- E. Other: _____

Phone: _____

POLYMYALGIA RHEUMATICA

PROBLEM

Polymyalgia rheumatica (PMR) is a common disorder experienced by adults older than the age of 50 years in which complaints involve overall joint stiffness and pain. Common complaints include feeling fine one day and the following day having overall joint pain, with difficulty getting out of bed or standing up from a chair. Symptoms may occur gradually over a period of several days or weeks, or may occur abruptly overnight. Symptoms are usually worse in the morning hours. The joints most commonly affected are the upper arms, shoulders, thighs, hips, and neck.

CAUSE

- A. The cause of PMR is unknown.
- B. Some theories maintain that PMR may be triggered by an infection; however, research does not identify any specific infection.

PREVENTION/CARE

There is not any way to prevent the onset of PMR.

TREATMENT PLAN

- A. You may be treated with low-dose steroid by mouth daily. Prednisone is a common medication used to treat this disorder. Stiffness and joint pain may quickly improve with the use of oral steroids. If improvement with steroids does not occur within 2 weeks of treatment, you should notify your provider.
- B. Once improvement is noted, your provider will begin to lower the steroid dose gradually over time. This may take several weeks to months.
- C. Do not change or taper your steroid dose on your own. Your provider will advise you on the tapering dose when appropriate.

Activity:

- A. Once stiffness and pain have improved, you may resume normal activities. Exercise is encouraged on most days of the week.

Diet:

- A. There is not any special diet to follow for this disorder.
- B. Blood sugar: Side effects of the prednisone may include increased blood sugar. If you have concerns regarding your blood sugar values, or if you are diabetic, you need to discuss proper management and monitoring of your blood sugar while taking steroids.

Medications:

- A. Oral steroids (prednisone) are commonly prescribed over a period. Discuss proper dosages and tapering of this medication with your provider.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Any new symptoms such as headache, jaw pain, or vision changes
- B. Side effects from the prednisone or other medications prescribed

(continued)

PATIENT TEACHING GUIDE

POLYMYALGIA RHEUMATICA *(continued)*

C. Increase in pain, or weakness while using prednisone

D. Any other concerns

Phone: _____

RESOURCES

The Arthritis Foundation: www.arthritis.org

National Institute of Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse: www.niams.nih.gov/Health_Info/Polymyalgia/default.asp

POSTPARTUM: BREAST ENGORGEMENT AND SORE NIPPLES

PROBLEM

Engorgement causes swollen, tender breasts, which may have palpable nodular areas.

CAUSE

Engorgement may develop because of inadequate suckling by your baby.

PREVENTION/CARE

- A. At first, nurse your baby every 2 to 3 hours.
- B. Make sure your baby latches onto the areola (darkened area around the nipple) as much as possible. The baby suckling on the tip of the nipple does not provide the stimulation necessary to let down the milk and can make your nipples sore and cracked.
- C. If your baby is not well attached to the breast, detach the baby and make sure he or she opens his or her mouth wide to accommodate most of the areola.
- D. Wear a supportive nursing bra (avoid underwire bras as they can exert pressure on certain areas of the breast and cause milk stasis, which is a good medium for bacterial growth and infection); make sure that your bra does not squeeze your breasts too tightly.
- E. Make sure that the baby is properly attached to the nipple; this helps to avoid cracking of nipples that can predispose you to an infection of the breast called *mastitis*.
- F. After the baby feeds, express some milk and apply it to the areola to keep the nipple hydrated and to avoid cracking.
- G. Purified lanolin can also be very helpful for sore nipples and can prevent further cracking and infection. Apply routinely after each breastfeeding session for the first several days of nursing and longer if tender or cracked nipples occur. If the lanolin is purified, there is no need to wash it off before feedings.

TREATMENT PLAN

- A. Engorgement
 1. Treatment of engorgement includes the application of heat, breast massage, and expression of milk for comfort only.
 2. A warm moist washcloth or a warm shower before massaging the breast decreases discomfort.
 3. Massage the breast by making several gentle but firm stroking movements with the fingertips along the swollen ducts, moving toward the nipple. This should be done around the entire breast.
 4. After massaging, milk should be expressed or pumped until the breast softens enough for the baby to latch well. The baby should then be allowed to nurse from both breasts.
 5. The best strategy for engorgement is frequent breastfeeding (at least every half an hour to 2 hours until engorgement resolves).
- B. Sore nipples
 1. Sore nipples are usually caused by the improper positioning of the baby on the nipple.
 2. Ensure your baby is grasping the areola when sucking and not just the nipple.
 3. Continuous suction pressure at the same spot of the nipple can be painful.
 4. Change the position of the baby to change the "latching on" position of your baby's mouth.
 5. If nipples become sore or cracked, start feeding on the less affected breast first.
 6. Apply purified lanolin to nipples after each feeding.
 7. Prevent mastitis with the following personal hygiene measures:
 - a. Avoid using soap on nipples.
 - b. Avoid decrusting the nipples of dried colostrum or milk.
 - c. Change breast pads frequently.
 - d. Wash hands before handling your breast and before breastfeeding.

Activity: As tolerated, extra rest is recommended after delivery.

Diet:

- A. Breastfeeding mothers need extra liquids for milk production.
- B. Drink 10 to 12 glasses of liquid a day.

(continued)

POSTPARTUM: BREAST ENGORGEMENT AND SORE NIPPLES *(continued)*

- C. Use caffeine in moderation (eliminate if possible).
- D. Continue your regular diet and add about 500 extra calories per day.
- E. Avoid gas-producing foods that may upset your baby's stomach.

Medications: Continue your prenatal vitamins while breastfeeding.

You Have Been Prescribed: Acetaminophen 500 mg or ibuprofen 600 mg every 3 to 4 hours for discomfort.

You Need to Notify the Office If You Have:

- A. Temperature of 100.4°F or higher
 - B. Pain that is not controlled with Tylenol or ibuprofen
 - C. Flu-like symptoms (fever, chills, malaise)
 - D. Red streaks on breast
 - E. Headache with the aforementioned symptoms
 - F. Other: _____
- Phone: _____

PREMENSTRUAL SYNDROME

DEFINITION

Premenstrual syndrome (PMS) is a common problem experienced by women in their reproductive years. You may have some or all of the following symptoms:

- A. Cravings for food, particularly chocolate and salty foods
- B. Irritability
- C. Feelings of depression; crying spells
- D. Bloating stomach
- E. Weight gain and water retention
- F. Difficulty concentrating
- G. Tiredness
- H. Feelings of faintness
- I. Sometimes clumsiness
- J. Sore breasts

CAUSE

Although the cause is really not known, PMS is a response of your body to the changes in female hormones during the last half of your menstrual cycle.

PREVENTION/CARE

All of your symptoms probably cannot be prevented, but some of them may be made less severe.

TREATMENT PLAN

- A. Keep track of your symptoms for at least 3 months so that your health care provider can determine if the symptoms always happen in the last half of your cycle.
- B. Eat six small meals each day. Eat breakfast, have a morning snack like fruit or a glass of milk, eat lunch, have an afternoon snack, eat supper, and then have another evening snack. This helps keep your blood sugar even, to avoid low blood sugar.
- C. Avoid candy, desserts, and other sugars. They may be associated with episodes of low blood sugar. Complex carbohydrates, such as pasta, potatoes, fresh fruit, rice, and bread, break down more slowly than sweets and keep your blood sugar steadier.
- D. Stay away from salty foods such as chips, fast-food, and pickles.
- E. Avoid caffeine in soda, coffee, and chocolate. Caffeine makes you irritable and nervous.
- F. Exercise daily. It is a good idea to do aerobic exercises or even walking. Exercise increases chemicals in your brain that help with your mood.
- G. Join a PMS group so that you can get support from other women who have similar symptoms. You may get ideas of how other women handle PMS, and you can share your ideas, too.
- H. If you smoke, try to cut down or quit.
- I. Get a good night's rest and take naps during the day if possible.
- J. Try stress-reduction classes or yoga. Local community organizations usually have classes available.

Medications: There are a number of medications available that your health care provider may suggest for you.

You Have Been Prescribed: _____

(continued)

PATIENT TEACHING GUIDE

PREMENSTRUAL SYNDROME *(continued)*

You Need to Take: _____

You Have Also Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

A. You have questions or concerns.

B. You feel that things are not improving.

C. Other: _____

Phone: _____

PRETERM LABOR

PROBLEM

Premature contractions and early labor put your baby at risk of premature delivery. Babies born too soon are at risk of breathing problems, bleeding into their brain, infection, and bowel problems, to name a few. Early recognition is the key to stopping premature labor and delivery.

CAUSE

There are several predisposing factors for preterm labor, including previous premature delivery, smoking, incompetent cervix, multiple gestation (twins or triplets), and infection. In most cases, the cause of preterm labor is unknown.

PREVENTION/CARE

You can decrease your risk of preterm labor by living a healthy lifestyle with a balanced diet, proper fluid consumption, and no smoking. Please review any previous preterm labor symptoms with your health care provider. Early recognition is a key to success.

TREATMENT PLAN

Treatment depends on the clinical picture. In general, you should remember:

- A. Drink at least 8 to 10 glasses of liquid a day; dehydration can increase contractions.
- B. Empty your bladder every 2 to 3 hours.
- C. Report any bladder infection symptoms, such as burning with urination, to your health care provider.
- D. Avoid breast stimulation (including showers where the water stream is on your breasts); this can stimulate contractions.
- E. Rest frequently. Rest means lying down on either side, not on your back.
- F. Contractions and cramping happen more often in the evening and nighttime after activity during the day.
- G. Do not have intercourse or sexual stimulation without asking your nurse practitioner, certified nurse-midwife, or doctor. If intercourse is okay, use a condom to decrease infection.
- H. Try to arrange for help with housework and child care to help you maintain your bed-rest schedule.
- I. Take medications to stop contractions as directed.

Activity: Activity at home is based on how strong your preterm labor has been. You should follow the following activity guidelines:

Level 1: As Tolerated

- A. Avoid heavy lifting above 20 lb.

Level 2: Modified Bed Rest

- A. You may be out of bed for breakfast.
- B. Rest for 2 hours in the morning with only moderate activity until lunch.
- C. Rest for 2 hours with only moderate activity until dinner.
- D. Go to bed by 8 p.m.

Moderate activity consists of short periods of cooking, light housework (dusting and sweeping).

Level 3: Strict Bed Rest

- A. You may be out of the bed only to go to the bathroom or to move to the couch.
- B. You may take a shower, use the toilet, brush your teeth, then return immediately to bed.
- C. You should not engage in lifting, bending, housework, or lengthy cooking.
- D. You should not have sexual intercourse.
- E. Perform range-of-motion (ROM) exercises as directed by your practitioner to avoid muscle weakness and blood clots in your legs. Example: Make small circles with your feet, bend and straighten your legs.

Level 4: Hospitalization

(continued)

PATIENT TEACHING GUIDE

PRETERM LABOR (*continued*)

Diet: Diet as tolerated, or follow your prescribed diet. Drink 8 to 10 glasses of water each day. Avoid beverages with caffeine. Eat fresh vegetables, fruits, and bran cereal to avoid becoming constipated.

Medications: Continue taking your prenatal vitamin every day.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Contractions or cramping more frequent than four in 1 hour
- B. A gush of fluid or blood from your vagina (it is normal to have spotting after vaginal examination or intercourse)
- C. Pelvic pressure or low, dull backache
- D. Noticed that your baby is not moving as much as usual: Less than 10 fetal movements in 2 hours after drinking and resting on your side.
- E. Chest pain or difficulty breathing
- F. Other: _____

Phone: _____

PROSTATIC HYPERTROPHY/BENIGN

PROBLEM

Enlargement of the prostate causes the feeling of needing to urinate. Symptoms include having to go to the bathroom more often, especially at night; trouble starting or stopping your urine; decreased stream; and feeling that you do not empty.

CAUSE

The cause is not known, but it may be because of change in hormones with age.

PREVENTION/CARE

None.

TREATMENT PLAN

Treatment depends on how bad the symptoms are. Medications can help, but an operation to fix the obstruction may be needed. Empty your bladder on a schedule every 2 to 3 hours to prevent overfilling of the bladder.

Activity: There are no restrictions. You may need to plan schedules with access to bathrooms in mind.

Diet: Avoid spicy foods that irritate the bladder. Caffeine and alcohol act as diuretics and increase your need to urinate.

Medications:

- A. Medications that help relieve the blockage may block hormones or relax the muscles that control urination.
- B. Antibiotics are used if there is also an infection in your bladder or prostate.
- C. Do not take over-the-counter (OTC) medications like cold medications, decongestants, antihistamines (for allergies), and diarrhea medicines; they make symptoms worse.
- D. Always read labels to check for the advice: "Do not take if you have prostate enlargement."
- E. Avoid drinking liquids before bedtime or before going out.
- F. Double void to empty your bladder more completely.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If: _____

A. You cannot urinate.

B. Your symptoms worsen.

C. You have a fever.

D. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

PROSTATITIS

PROBLEM

Prostatitis is infection and/or inflammation of the prostate. Symptoms can be problems with urinating, increased frequency or painful urination, fever, or chills. You may have pain in the scrotum and buttocks and blood in the urine or semen. Prostatitis can be treated and does not cause impotence.

CAUSE

An infection may be caused by bacteria from the bladder or reflux of urine, or it may have started from a rectal infection.

PREVENTION/CARE

- A. Prevent prostate infection with good hygiene.
 - 1. Clean under foreskin if uncircumcised and wash your hands after each time you go to the bathroom (urine and bowel movements [BM]).
 - 2. Limit your sexual partners and use a condom to prevent all types of infection.
 - 3. Urinate when you have the urge. Do not hold your urine for a long period.
- B. Staying sexually active with ejaculation may decrease the incidence.

TREATMENT PLAN

- A. You may have to be in the hospital for severe infections.
- B. At home, try the following comfort measures:
 - 1. Use a sitz bath or sit in warm bath water or a whirlpool three times a day to provide some relief.
 - 2. You may find you feel more comfortable when you empty your bladder in a warm water bath when your pelvic muscles relax.
- C. Your sexual partner(s) may need to be evaluated and treated too (ask your health care provider).

Activity: Rest; do not engage in strenuous physical activity or heavy lifting.

Diet: Increase fluid intake. **Fluid Exception:** Decrease caffeine and alcohol, which can irritate the urethra.

Medications: Antibiotics cure the infection by killing bacteria. You need to continue taking these drugs until the infection is completely cured (usually about 1 month). You need to take all the antibiotics even if your symptoms are gone.

You Have Been Prescribed the Following Antibiotics: _____

You Need to Take: _____

Finish all of the antibiotics even if you feel better.

Pain medications combined with anti-inflammatory drugs to decrease pain are usually taken for 3 to 7 days. Take acetaminophen (Tylenol) to bring down fever.

You Have Been Prescribed the Following for Pain: _____

You Need to Take: _____

You Have Been Prescribed the Following for Fever: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Symptoms that get worse or do not improve during treatment.
- B. Symptoms that recur after treatment.

(continued)

PROSTATITIS (continued)

C. Fever higher than 101.0°F.

D. Other: _____

Phone: _____

RESOURCES

American Urological Association Foundation: www.UrologyHealth.org

National Kidney and Urologic Disease Information Clearinghouse: www.kidney.niddk.nih.gov

National Urology Health Hotline Toll Free 1-800-828-7866

The Prostatitis Foundation: www.prostatitis.org

PATIENT TEACHING GUIDE

PSEUDOGOUT

PROBLEM

Pseudogout, also known as calcium pyrophosphate deposition disease (CPPD), is a type of disorder that causes acute joint pain and swelling, primarily in the shoulder and knees. It can also occur in smaller joints, such as the ankles, feet, elbows, wrists, and hands.

CAUSE

Pseudogout is caused from calcium crystals building up in the joint, causing inflammation and pain. Having pseudogout can increase your risk of osteoarthritis (OA). OA is a common type of arthritis seen in older adults that can cause joint pain, stiffness, and sometimes swelling in the joints.

PREVENTION/CARE

There is not anything you can do to prevent this disease from occurring. However, if you are having three or more attacks per year, notify your practitioner. There are medications that can be prescribed to help prevent future attacks.

TREATMENT PLAN

Treatment depends on how many joints are affected. If you have one or two joints affected, your provider may drain the fluid from the joint and inject steroids into the joint, which will improve the pain. If you have several joints affected, you will probably be given oral medications such as nonsteroidal anti-inflammatory drugs (NSAIDs). These medications (indomethacin, naproxen, ibuprofen, etc.) will help with the swelling and pain. If you cannot take these medications because of other illnesses, please make sure your provider is aware of this. There are other medications available if you are not able to take these medications.

Activity: For acute attack, rest and elevation of the affected joint is recommended. If you are having difficulty with bearing weight on the joint, make sure your provider is aware of this; you need to stay off the joint.

Diet: No special diet is recommended.

Medications:

A. NSAIDs:

B. Steroids:

You Have Been Prescribed the Following Medication: _____

You Need to Take: _____

You Have Been Prescribed the Following for Discomfort: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. No improvement in 1 to 2 days after being seen by your provider
- B. Redness, increase in swelling, and/or pain in the affected joint
- C. Redness, swelling, or pain in another new joint
- D. Fever or new onset of other symptoms
- E. Unable to tolerate medications prescribed by your provider today
- F. Other:

Phone: _____

PSORIASIS

PROBLEM

Psoriasis is a chronic, scaly, thickened-skin disorder with frequent remissions and recurrences. The skin of the scalp, elbows, knees, chest, back, arms, legs, toenails, fingernails, and fold between the buttocks may be involved.

CAUSE

The cause of psoriasis is unknown.

PREVENTION/CARE

- A. There is no known prevention, but symptoms can be controlled.
- B. Moving to a warmer climate might be beneficial. Severity increases with cold.
- C. Maintain good skin hygiene with daily baths or showers.
- D. Avoid harsh soaps.
- E. Avoid skin injury, including harsh scrubbing, which can trigger new outbreaks.
- F. Avoid skin dryness.
- G. To reduce scaling, use nonprescription, waterless cleansers, and hair preparations containing coal tar (Zetar, T/Gel, Pentrax), emollients (Eucerin Plus lotion or cream, Lubriderm, Moisture Plus, Moisturel), or products containing cortisone (often prescription strength).
- H. Expose the skin to moderate amounts of sunlight as often as possible. Avoid long periods in the sun to prevent sunburn.
- I. Oatmeal baths may loosen scales. Use 1 cup of oatmeal to a tub of warm water.
- J. Stress may increase outbreaks of psoriasis. Consider counseling to assist in lifestyle changes, coping, or any psychological problems caused by psoriasis.

TREATMENT PLAN

Activity: There are no activity restrictions.

Diet: Eat a well-balanced diet. You may be instructed to try a gluten-free diet. Drink 8 to 10 glasses of water per day. Avoid alcohol in your diet.

Medications: You may be prescribed the following types of medications:

- A. Creams to rub on the skin
 1. Ointments containing coal tar. These may stain clothing.
 2. Salicylic acid cream, anthralin cream, or vitamin D-like cream (calcipotriene).
 3. Topical cortisone creams may also be used for short periods of time.
- B. Psoralen plus ultraviolet light (PUVA; combination of a medication and exposure to ultraviolet A light)
- C. Combination of tar baths with ultraviolet B light
- D. Antihistamines to relieve itching

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have an adverse reaction to or cannot tolerate any of the prescribed medications.
- B. Symptoms recur after treatment. Notify your health care provider if, during an outbreak, pustules erupt on the skin and/or are accompanied by fever, muscle aches, and fatigue.

(continued)

PATIENT TEACHING GUIDE

PSORIASIS (*continued*)

C. New, unexplained symptoms develop.

D. Other: _____

Phone: _____

For severe cases, you may be referred to a dermatologist (specialist for skin disorders).

RESOURCE

National Psoriasis Foundation, Suite 200, 6415 SW Canyon, Ct. Portland, OR 97221, Phone: 800-723-9166,
www.psoriasis.org

RESPIRATORY SYNCYTIAL VIRUS

PROBLEM

Respiratory syncytial virus (RSV) causes respiratory distress, wheezing, coughing, and fever.

CAUSE

RSV is a common respiratory virus that affects infants and children in fall, winter, and early spring.

PREVENTION/CARE

- A. Isolate young infants from people with respiratory illnesses.
- B. Wash hands frequently if you are a caregiver.
- C. Wash toys and surfaces the child touches.
- D. Although the flu vaccine does not prevent RSV, a flu vaccine is recommended every year.

TREATMENT PLAN

- A. Do not smoke around the child.

Activity: The child needs rest during the early stages of the illness.

Diet: Continue to breastfeed. Offer fluids, such as juice and water, frequently. Dilute juice for younger infants. Offer small, frequent feedings.

Medications:

- A. Antibiotics do not help with viruses.
- B. There is a special vaccination for RSV, but your child must meet special requirements that are recommended by the American Academy of Pediatrics.
- C. **The American College of Chest Physicians clinical practice guideline recommends that cough suppressants and over-the-counter cold medicines *not* be given to young children. Cough and cold medicines should *not* be given to children younger than 6 years of age.**
- D. Your child may be given other medications to control other symptoms.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Call 911 or Call the Office Immediately If:

- A. Your child's breathing gets labored, difficult, or faster than 60 times a minute.
- B. Your child's lips become bluish, or he or she stops breathing or passes out.
- C. Wheezing becomes severe.
- D. Retractions (tugging between ribs) become worse.
- E. Your child starts acting very sick and lethargic.
- F. Other: _____

You Need to Notify the Office Within 24 Hours If:

- A. Your child is unable to sleep.
- B. Your child will not drink enough fluids.
- C. Your child has any suggestion of an earache, a yellow nasal discharge, or a fever over 100°F for more than 72 hours.
- D. You feel your child is getting worse.
- E. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

RICE THERAPY AND EXERCISE THERAPY

RICE therapies are used for muscle injuries. RICE stands for rest, ice, compression, and elevation.

REST

- A. Take it easy; eliminate abuse; reduce regular exercise or activities of daily living as needed but do not eliminate them.
- B. Change activity or components of activity; for example, change running to walking.
- C. Stop sports; restrict squatting, kneeling, and repetitious bending.
- D. Limit weight bearing; immobilize with crutches for partial weight bearing.

ICE

- A. Use cold in the acute phase of the injury (first 72 hours) to reduce pain and swelling.
- B. Use cold in the form of ice in a plastic bag or even use frozen peas in a bag.
- C. Apply cold four to eight times a day for 20 minutes at a time, with 45 to 60 minutes between applications.

COMPRESSION

- A. Use elastic bandages, dry or wet, or open basket-weave tape.
- B. Avoid trying to provide support with elastic bandages; a brace, overlap taping, or a cast may be needed.

ELEVATION

- A. Elevate the joint above the level of the heart to reduce swelling.
- B. Apply cold compresses while the joint is elevated.

EXERCISE THERAPY

- A. Begin exercise therapy after the initial 48-hour period if pain and swelling begin to resolve.
- B. Do gentle range-of-motion exercises several times a day within limits of pain for 7 to 10 days after knee ligament strain.
- C. Exercise after 6 minutes of icing to take advantage of the cold's numbing effect.
- D. Start with nonresistive, nonweight-bearing exercises.
- E. Use exercises that improve range of motion and strength.
- F. Maintain fitness of the extremity.

RINGWORM (TINEA)

PROBLEM

Ringworm is a fungal infection of the skin, which can be found on any part of the body. A worm does not cause ringworm; it gets the name because of the round ring shape that is red on the outside and normal on the inside. It is not uncommon to get more than one time. Other tinea fungal infections are:

- A. Tinea pedis (athlete's foot)
- B. Tinea cruris (jock itch)
- C. Tinea capitis (ringworm on the head)

CAUSE

The fungus is transmitted by direct contact. It can be transmitted from objects, shoes, locker rooms, animals, and people.

PREVENTION

- A. Use good hygiene, including not sharing hairbrushes and combs.
- B. Keep skin cool and dry.
- C. Wear shoes in locker rooms and around pools.
- D. Wear loose-fitting clothing.
- E. Treat pets' skin problems adequately. Ringworm is often blamed on cats, but it can come from almost any animal, including horses, rabbits, dogs, and pigs.
- F. Infections of fingernails and toenails may require prescription medications.

TREATMENT PLAN

Activity: As tolerated. Some contact sports may increase contracting tinea (football and wrestling).

Diet: There is no special diet.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

A. Your symptoms get worse.

B. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

ROCKY MOUNTAIN SPOTTED FEVER AND REMOVAL OF A TICK

PROBLEM

Ticks are vectors for Lyme disease and Rocky Mountain spotted fever. You have been diagnosed with Rocky Mountain spotted fever.

CAUSE

Rocky Mountain spotted fever is caused by a bacterium from ticks.

PREVENTION/CARE

- A. Avoid areas with large deer populations.
- B. Wear light-colored clothes to make ticks easier to spot. Wear long sleeves and tuck pants into the socks to form a barrier.
- C. Stick to hiking trails. Avoid contact with overgrown foliage. Ticks prefer dense woods with thick growth of shrubs and small trees as well as areas along the edge of the woods.
- D. Check for ticks after each outdoor activity, especially in hairy regions of the body and beltline, where ticks often attach. Check for ticks before bathing, especially at the back of the neck, knees, and ears.
- E. Remove ticks promptly.
- F. Inspect pets daily and remove ticks when present.
- G. Some manufacturers currently offer permethrin-treated clothing that is effective for up to 20 washings. This clothing is not recommended for children.
- H. Antibiotic therapy to prevent Rocky Mountain spotted fever is not recommended for tick exposure. Instead, tell your health care provider if any symptoms, especially fever and headache, occur in the following 14 days.
- I. Use tick repellent with diethyltoluamide (DEET; except for small children younger than 2 years). As an alternative, picaridin and oil of eucalyptus preparations have been approved for use as repellents by the U.S. Environmental Protection Agency (EPA).

Precautions When Removing Ticks

- A. Do not hold a lighted match or cigarette to the tick. Do not apply gasoline, kerosene, or oil to the tick's body.
- B. Avoid squeezing the body of the tick.
- C. Grasp the tick with a fine-tip tweezer close to the skin. Remove by gently pulling the tick upward straight out without using any twisting motions (see the following figures).
- D. In the home, if fingers are used to remove ticks, they should be protected with facial tissue or gloves and washed after removal of the tick.
- E. Do not crush the tick during removal.
- F. **Save the tick for identification in case you become ill. Write the date of the tick bite on paper and place the paper and the tick in a resealable baggie and place it in the freezer.**

TREATMENT PLAN

Activity: Regular activity as tolerated. Tepid sponge baths may be taken for fever.

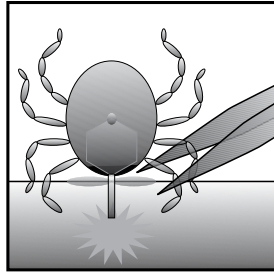
Diet: Eat a regular diet. Drink 8 to 10 glasses of water daily.

Medications:

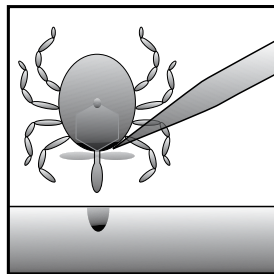
- A. Acetaminophen (Tylenol) may be taken for body aches.
- B. You may be given antibiotics for a secondary infection if needed.

(continued)

ROCKY MOUNTAIN SPOTTED FEVER AND REMOVAL OF A TICK *(continued)*



Grasp the tick's body as close to the skin as possible using a fine-tip tweezers. Avoid squeezing the tick's body.



Remove by pulling the tick straight upward without using twisting motions.

You Have Been Prescribed: _____

You Need to Take: _____

Take all of your antibiotics even if you feel better.

You Need to Notify the Office If You Have:

A. No improvement while on antibiotic therapy

B. Decreased urinary output, or dryness of your skin or mouth

C. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

ROUNDWORMS AND PINWORMS

PROBLEM

Roundworms and pinworms are intestinal parasites. Roundworms look like earthworms; pinworms are small, white, and threadlike. Both types of worms thrive in the intestinal tract and are very common in children. They can spread to other family members, so the entire family needs to be treated.

CAUSE

Pinworms live in the human rectum or colon and come out during the night onto the skin around the anus. Pinworms are transmitted from person to person by direct transfer of infective eggs to the mouth, or by indirect transfer through clothing, bedding, food, or other items contaminated with the eggs. Nighttime itching is one of the main symptoms of pinworms.

Roundworm eggs enter the human body by drinking contaminated water or eating contaminated food or by transfer from contaminated unwashed hands.

PREVENTION/CARE

The following measures help prevent the spread of worms:

- A. Remove sources of infection by treating the infected person and family members.
- B. Household measures:
 - 1. Wash (132°F) or boil soiled bed sheets, nightclothes, underwear, towels, and washcloths used by infected persons.
 - 2. Soak fabrics that cannot be boiled in an ammonia solution: One cup of household ammonia to 5 gallons of cold water.
 - 3. After treatment, scrub toilet seats, bathroom floors, and fixtures. Vacuum rugs, and clean table tops, curtains, sofas, and chairs carefully.
- C. Practice good personal hygiene. Wash hands before handling foods and eating, and after using the toilet. Wash the anus and genitals with warm water and soap at least twice a day. Rinse well and then wash your hands.
- D. Take a morning bath to remove most eggs. Other people should not take a bath in the same water.
- E. Keep fingers away from the mouth. Cut nails and discourage nail biting and scratching the bare anal area.
- F. Clean fingernails before meals and after bowel movements.
- G. Reduce overcrowding when possible.
- H. For roundworms: Have pets treated, and avoid stray animals.

TREATMENT PLAN

Parasitic infection is easily treated with medication. All family members need to be treated.

Activity: Resume normal activities after treatment is complete and symptoms improve.

Diet: No special foods are needed.

Medication:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Reappearance of worms after treatment
- B. New or unexplained symptoms. Drugs used in treatment may produce side effects.
- C. Other: _____

Phone: _____

SCABIES

PROBLEM

Scabies is a common condition characterized by severe itching. You may have noticed small burrows between your fingers and in other locations, or you may have some redness and skin irritation that is aggravated by scratching.

CAUSE

Scabies is caused by an infestation of the skin by a mite. You contract scabies by coming in close contact with an individual who has the condition.

PREVENTION/CARE

You can prevent reinfection of scabies by following these measures:

- A. Make sure all close contacts, sexual partners, family, and household contacts are treated.
- B. All bedding and clothing that has touched infected skin should be machine washed and machine dried on the highest heat cycle.
- C. Any clothing or bedding that cannot be laundered in the way previously mentioned should be placed in a plastic bag that is securely tied for at least a week. The mites cannot live this long away from human skin.
- D. Coats, furniture, rugs, floors, and walls do not require any special cleaning or treatment.

TREATMENT PLAN

- A. Most patients with scabies are successfully treated with only one overnight application of a cream known as a scabicide.
- B. You should let your practitioner know if you are pregnant or breastfeeding.
- C. You may itch for up to a week even with successful treatment.
- D. If you still have symptoms after 2 weeks, you should see your practitioner, who will determine if you need a second treatment.

Activity: Affected children in day care or school can return the day after treatment is completed.

Diet: There is no special diet.

Medications: The most common medications used to treat scabies include:

- A. Permethrin (Elimite cream), which is applied to all body areas from the neck down and washed off in 8 to 14 hours.
- B. Lindane (Kwell cream), which is applied to all skin surfaces from the neck down and washed off in 8 to 12 hours.
- C. You may be told to use Benadryl 25 to 50 mg if needed for itching.
- D. Do not use near your eyes.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have new symptoms.
- B. You have a reaction to the medication.
- C. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

SEBORRHEIC DERMATITIS

PROBLEM

Seborrheic dermatitis is a skin condition characterized by greasy or dry, white, flaking scales over reddish patches on the skin. The scales anchor to the hair shafts and may itch, but they are usually painless unless complicated by infection.

CAUSE

The cause is unknown. The risk of seborrheic dermatitis increases with stress; hot and humid or cold and dry weather; infrequent shampoos; oily skin; and other skin disorders such as rosacea, acne, or psoriasis; obesity; Parkinson's disease; use of lotions that contain alcohol; and HIV/AIDS.

PREVENTION/CARE

- A. There are no specific preventive measures.
- B. The goal of care is to minimize the severity or frequency of symptoms.
 - 1. Shampoo vigorously and as often as once a day. The type of shampoo is not as important as the way you scrub your scalp. To loosen scales, scrub with your fingernails while shampooing, and scrub at least 5 minutes.
 - 2. If you suffer from minor dandruff, you may use nonprescription dandruff shampoos with selenium sulfide (Selsun Blue, Exsel) or zinc pyrithione (Zincon) and lubricating skin lotion.
 - 3. For severe problems, shampoos that contain coal tar or scalp creams that contain cortisone may be prescribed. **Do not use coal tar products on infants or children without specific physician prescription.**
 - 4. To apply medication to the scalp, part the hair a few strands at a time, and rub the ointment or lotion vigorously into the scalp.
 - 5. Topical steroids may be prescribed for other affected parts of the skin.
 - 6. Be sure to dry skin folds thoroughly after bathing.
 - 7. Wear loose, ventilating clothing. Avoid constant cap wearing.

TREATMENT PLAN

Activity: No restrictions. Outdoor activities in the summer may help alleviate symptoms.

Diet: Eat a well-balanced diet. Drink eight to 10 glasses of water per day. Avoid foods that seem to worsen your condition.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. You have an adverse reaction to any of the prescribed medications.
- B. You are unable to tolerate any of the medications.
- C. You have any secondary infection in affected area.
- D. Other: _____

Phone: _____

SHORTNESS OF BREATH

PROBLEM

You have been diagnosed with shortness of breath. Shortness of breath may be due to different reasons, or a combination of reasons. The symptom can come on suddenly or develop slowly, over several months. Some common reasons for shortness of breath are listed subsequently.

CAUSES

- A. Being overweight or out of shape
- B. Heart or lung disorders
- C. Asthma
- D. Infections of the upper or lower respiratory systems
- E. Pregnancy
- F. Nervousness/excessive stress
- G. Allergies

PREVENTION/CARE

- A. There is no way to prevent shortness of breath that is due to an underlying cause. It can be treated, however, by treating the underlying disorder.
- B. One way to help discover the cause of your shortness of breath is to keep a “diary” of what makes the symptoms worse, and how often it happens.

TREATMENT PLAN

- A. You should see your health care provider to have your shortness of breath evaluated.
- B. Based on the reason for your shortness of breath, a more active lifestyle may be recommended.
- C. Everyone’s shortness of breath is different, and discovering the cause of your symptoms is important to determine your treatment.

Activity:

- A. Your recommended activity level is based on the cause of your shortness of breath.

Diet: There is no special diet for shortness of breath, unless certain foods make the symptoms worse.

Medications:

The medicines used to treat shortness of breath are chosen based on the underlying reason for the symptom.

You Need to Call the Office Immediately If:

- A. Your shortness of breath comes on suddenly or has worsened.

B. Other: _____

Phone: _____

RESOURCES

Chronic Obstructive Pulmonary Disease, Including Emphysema: www.uptodate.com

PATIENT TEACHING GUIDE

SINUSITIS

PROBLEM

Sinusitis (sinus infection) is classified as an acute, subacute, or chronic condition. In acute sinusitis, the infection is resolved after treatment. In subacute sinusitis, there is a persistent, yellow to green nasal discharge despite treatment. In chronic sinusitis, episodes of prolonged inflammation continue longer than 3 months despite treatment.

CAUSE

Sinusitis occurs when the mucous lining in your sinus cavities becomes inflamed and infected with bacteria or an allergen. This can occur after a cold or tooth abscess.

PREVENTION/CARE

- A. If you have a tooth abscess, see your dentist and finish all your antibiotics.
- B. Do not blow your nose too frequently or too hard. It may cause your eardrum to perforate (tear). Blow through both nostrils at the same time to equalize pressure.
- C. To prevent spreading germs to others, cover your mouth when you cough.
 - 1. Use tissues when you blow your nose. Dispose of them and then wash your hands.
 - 2. If no tissue is available, do the “elbow sneeze” into the bend of your arm (away from your open hands).
- D. Always wash your hands after coughing or using tissues.

TREATMENT PLAN

- A. Avoid smoking and secondhand smoke.
- B. Use steam inhalation to liquefy secretions.
- C. Use a room humidifier. Keep your humidifier clean—it can grow bacteria.

Activity: There are no activity restrictions; however, diving, swimming, and flying may increase the occurrence of symptoms or make them worse. Make sure to get plenty of rest each day.

Diet: Eat a healthy diet. Drink at least 8 to 10 glasses of liquid every day.

Medications: Take all of your prescribed antibiotics, even if you feel better.

Over-the-Counter Medications:

- A. **Pain relievers:** Ibuprofen (Advil) or acetaminophen (Tylenol) as needed for facial pain.
- B. **Antihistamines:** Some antihistamines may cause drowsiness. Use with caution. You may consider using a different antihistamine during the day that does not cause drowsiness.
- C. **Decongestants:** Decongestants may increase blood pressure and may also interact with other medications. Please consult with your provider before using these medications.
- D. **Nasal sprays:** Nasal saline spray is safe to use in the nose several times a day. Nasal decongestant sprays may be used for a short period of time. Do not use longer than 3 days to prevent causing rebound side effects from this medication. Consult with your provider if you are using a nasal decongestant spray.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Call the Office If:

- A. Your eyelids begin to swell or droop, or you experience decreased vision.
- B. You have stiffness in your neck or increased fever.
- C. You have asthma, and you are getting worse.
- D. You begin vomiting and are unable to keep down your antibiotic.
- E. You are a diabetic and your blood sugars are elevated, or you notice ketones in your urine.
- F. Other: _____

Phone: _____

SKIN CARE ASSESSMENT

PROBLEM

Skin cancer is the most common type of cancer. In 2006, the Centers for Disease Control and Prevention (CDC) noted that the rate of skin cancer varies by the state where you live. A state map is located on the Internet at www.cdc.gov/cancer/skin/statistics/state.htm.

CAUSE

Skin cancer is frequently caused by damage from the ultraviolet rays of the sun. Some people are at a higher risk of developing skin cancer. These risk factors include:

- A. Fair complexion
- B. Advanced age with sun-damaged skin
- C. A history of severe sunburn
- D. A history of spending long hours outdoors
- E. Having a history of x-ray procedures for skin conditions
- F. Genetic susceptibility

PREVENTION/CARE

- A. Protect yourself and prevent sun exposure to your skin by staying out of the harmful rays as much as possible, especially between the hours of 11:00 a.m. and 2:30 p.m. This time frame accounts for approximately 70% of the harmful ultraviolet radiation.
- B. If you are exposed to the sun, wear a sunscreen product with an SPF of 15 or greater at all times.
- C. Wear hats that screen your face and neck, as well as your ears.
- D. Clothing is available with sun-protective materials. Regular long shirts and long pants also help to protect your skin.
- E. Sit in the shade to rest.
- F. Do not use a tanning booth.

Steps to Take to Prevent Yourself From Being a Victim of Skin Cancer

- A. Examine your skin monthly.
 - 1. Use a good light source and a mirror to see areas of your skin not clearly visible.
 - 2. Examine your entire body closely.
 - 3. Pay particular attention to areas that are frequently exposed to the sun, especially your face, lips, eyes, neck, scalp, and ears.
 - 4. Monthly screening allows you to familiarize yourself with birthmarks and moles. Note the size, shape, and color of these marks. Note any changes in these marks, using the “ABCDE” method:
 - a. *Asymmetry*: The shape of the mark should be noted. Any change in shape or irregularity of the mark needs to be evaluated by your health care provider.
 - b. *Border*: Look carefully at the border of the mark. If the border edge is ragged, notched, and not smooth, your health care provider needs to evaluate it.
 - c. *Color*: Note the color of moles. If you notice any change in color, or if you notice the mole to have several colors (brown, black, tan, red, etc.), you need to alert your health care provider.
 - d. *Diameter*: Measure the size of the mark and document it. Any change in size, especially if it is greater than 6 mm, should be brought to the attention of your health care provider.
 - e. *Elevation*: Note elevation of the lesion, change in size, and any evolving changes of the lesion. You need to alert your health care provider if changes occur.
 - 5. You should also evaluate lesions on your skin for any type of change. If the lesions begin bleeding or hurting, or change in texture or in any other way, your health care provider needs to evaluate the change.
 - 6. Be alerted to any skin ulcers that do not heal within 1 month. Also, any new moles or lesions need to be evaluated by your health care provider for proper diagnosis of the type of lesion.

(continued)

SKIN CARE ASSESSMENT *(continued)*

TREATMENT PLAN

Activity: As tolerated, but protect yourself from sun exposure.

Diet: There is no special diet that will stop skin cancer.

Medications: There are no medications that prevent skin cancer.

You Need to Notify the Office If You Have:

A. Any of the skin changes mentioned previously need to be evaluated by your health care provider

Phone: _____

SLEEP APNEA

PROBLEM

You have been diagnosed with sleep apnea. During your sleep your tongue and throat relax, causing less air to go down into your lungs. When you sleep and snore you have short periods when you stop breathing and may wake up gasping for breath. Your bed partner may shake you awake because of your loud snoring or may notice that you have stopped breathing. The sleep apnea makes you very tired, leading you to take daytime naps.

CAUSES

- A. Being overweight and having a “thick neck” can cause sleep apnea.
- B. As you get older you are more likely to have sleep apnea.
- C. After menopause, women may start having sleep apnea.
- D. If you have not had your tonsils removed, they may be part of the problem as your tongue and throat relax.
- E. Alcohol and some medicines cause sleep apnea.
- F. Allergies may also cause some sleep apnea.

PREVENTION/CARE

- A. There is no way to prevent sleep apnea once you have it.
- B. One way to help your sleep apnea is to lose weight.

TREATMENT PLAN

- A. Review all of your medicines and any herbal products with your health care provider.
- B. You may be told to sleep with your head up on two pillows, use a tennis ball under your pillow, or even sleep with a backpack under your pillow. This raises your head up higher and prevents your tongue from making your wind pipe smaller.
- C. You may also need a mouthpiece to help your tongue from relaxing when you sleep. Your dentist will need to help you find the best one.
- D. You may be sent to a lung specialist to help with your treatment.
- E. You may be told you need to have a sleep study to check out and measure how often you stop breathing at night.
- F. After your sleep study, your lung specialist may order you to have a sleep machine called continuous positive airway pressure (CPAP) or biphasic positive airway pressure (BiPAP).
 - 1. The sleep machine uses nose tubing, a nasal mask, or a full face mask.
 - 2. The machine is small and portable.
 - 3. Your CPAP machine can be taken through the airport.
 - 4. You will have a supplier send you more tubing and breathing tubes/masks on a regular schedule.

Activity:

- A. You will continue to need to sleep with your head higher, use the mouth piece, or use the sleep machine to keep from having sleep apnea.
- B. Exercise; losing even a small amount of weight will help with sleep apnea.
- C. Stop smoking.
- D. Avoid alcohol, especially near your bedtime.

Diet: There is no special diet for sleep apnea, but losing weight helps.

Medications:

There are no medicines for sleep apnea.

(continued)

PATIENT TEACHING GUIDE

SLEEP APNEA *(continued)***You Need to Notify the Office If:**

- A. Your bed partner complains that your snoring or sleep apnea has worsened.
- B. You want to make an appointment to discuss having a sleep study.
- C. Other: _____

Phone: _____

RESOURCE

The National Sleep Foundation: www.sleepfoundation.org

SLEEP DISORDERS/INSOMNIA

PROBLEM

Continued loss of sleep over a long period (several days to weeks) can produce a decrease in daytime awareness and functioning, as well as work and driving impairment.

CAUSE

Most sleep difficulties are related to situational problems and are best treated without medications. Medical illness may also predispose you to a sleeping disorder.

PREVENTION/CARE

A. Practice good “sleep hygiene.” Here are a few tips:

1. Try to get to bed at the same time every night (even on weekends).
2. Plan for 8 hours of sleep.
3. Maintain the same waking time every morning (even on weekends).
4. Reserve the bedroom for sleeping. Do not do your work/homework in the bed. Do not watch TV in the bedroom, unless you sit in a chair. Do not read in bed.
5. Put your children in their own beds/bedrooms.
6. Try a small bedtime snack.
7. Do not drink any liquids for at least 1 hour before going to bed. This helps prevent getting up to go to the bathroom during the night.
8. Review all of your prescription medications, over-the-counter (OTC) drugs, and herbal products with your health care provider to evaluate if the drugs are making you stay awake.
9. Avoid alcohol and tobacco.

B. If you do not get a restful night of sleep, awaken yourself snoring, or your partner complains of your snoring, gasping, or stopping breathing, you may need to have a sleep study.

TREATMENT PLAN

- A. Develop a “sleeping ritual”: Wear your favorite pajamas and use your favorite pillows.
- B. Keep the room dark and quiet. Try not to use a nightlight.
- C. Run a small fan for background noise.
- D. Arise promptly in the morning.
- E. Avoid sleeping medication if possible.
- F. Try some relaxation exercises, like yoga, self-hypnosis, or meditation. There are many books on these subjects that will assist you in developing good sleep hygiene. (Try your local library or bookstore.)
- G. Keep a sleep diary to help identify the causes of your inability to sleep.
- H. Discuss snoring and your partner’s concerns about your breathing and the need for a sleep study.

Activity: Regular exercise during the day helps. (Do not exercise vigorously 1 hour before your bedtime—this could keep you awake.)

Relaxation techniques, such as progressive relaxation, biofeedback, self-hypnosis, and meditation, are helpful when done before bedtime. Avoid vigorous mental activities late in the evening.

Diet:

- A. Avoid caffeinated drinks, including coffee, tea, and soda.
- B. Avoid large meals in the evening.
- C. Eat a nutritious balanced diet.
- D. Limit your liquids to early evening. Do not drink water after 8 p.m.

Medications: Discuss the need for *short-term* medications to help you sleep.

(continued)

PATIENT TEACHING GUIDE

SLEEP DISORDERS/INSOMNIA *(continued)*

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. No relief of your symptoms and you are following the previous recommendations
- B. No relief of your symptoms and you are taking your medications as directed
- C. Feelings of depression or thoughts of hurting yourself or others
- D. Noticeable physical symptoms that were not mentioned in your office visit or any new symptoms that you are concerned about
- E. Other _____

Phone: _____

RESOURCES

National Institutes of Health: www.health.nih.gov/topic/SleepDisorders

The National Sleep Foundation: www.sleepfoundation.org

SUPERFICIAL THROMBOPHLEBITIS

PROBLEM

Superficial thrombophlebitis occurs when a vein is irritated or injured. The portion of the vein that is affected can develop a blood clot or become infected, causing redness, swelling, and pain. If untreated, the infection and/or blood clot can progress into a life-threatening condition like sepsis, deep vein thrombosis, or pulmonary embolism.

CAUSE

Many things can cause irritation and injury to veins. These include a recent intravenous (IV) line placed during a hospital stay, infection, some medications, and pregnancy. Some risk factors cannot be changed, like genetics, while others can be changed, including inactivity and excessive weight.

PREVENTION/CARE

- A. Avoid standing or sitting for long periods of time.
- B. If you smoke, stop or reduce the amount you smoke.
- C. If overweight or obese, lose weight. Discuss what you can do to lose weight with your health care provider.

TREATMENT PLAN

- A. Take your medications as ordered by your health care provider.
- B. Raise the affected arm or leg whenever lying down to improve pain and swelling.
- C. Warm compresses to the affected area may improve pain.
- D. Wear compression stockings. Put them on before getting out of bed in the morning. Take them off just before going to bed at night.
- E. Avoid standing or sitting for long periods of time.
- F. Follow up with your primary health care provider on a regularly scheduled basis.

Activity:

- A. Get regular exercise. Discuss with your health care provider what type and frequency of exercise is safe for you.
- B. Exercise leg muscles by pumping ankles when sitting. Rocking in a rocking chair is another option.

Diet:

- A. Discuss with your health care provider the type of diet that best suits your needs: Diabetic diet, low-fat diet, low-cholesterol diet, and/or low-sodium diet.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Fever greater than 101°F
- B. Sudden shortness of breath
- C. Chest pain
- D. New pain, swelling, or warmth in an arm or leg
- E. If you are taking a blood-thinning medication and have any of these symptoms:
 - 1. Vomit that is bright red or dark and looks like coffee grounds
 - 2. Bright red blood in your stools or black, tarry stools
 - 3. Severe headache
 - 4. Sudden weakness in an arm or leg
 - 5. Memory loss or confusion

(continued)

PATIENT TEACHING GUIDE

SUPERFICIAL THROMBOPHLEBITIS *(continued)*

- 6. Sudden change in vision
- 7. Trouble speaking or understanding others

F. Other: _____

Phone: _____

RESOURCES

Mayo Clinic—Thrombophlebitis: mayoclinic.com/health/thrombophlebitis/DS00223

Patient Education Center—Superficial Thrombophlebitis: patienteducationcenter.org/articles/superficial-thrombophlebitis

SYPHILIS

PROBLEM

You may have round or oval painless lesions, most commonly in the genital region, but they may occur anywhere on the body where transmission occurred.

- A. You may experience a rash covering your body, including palms of hands and soles of feet.
- B. **Flu-like symptoms** include fever; headache; sore throat; swollen, tender lymph nodes; and decreased appetite.

CAUSE

Syphilis is contracted by genital or oral contact with someone who has the infection. The infection is spread when lesions are present.

PREVENTION/CARE

- A. Use condoms.
- B. Limit sexual partners.
- C. Screen new sexual partners by asking about any known infections.

TREATMENT PLAN

Do not engage in sexual activity while lesions are present. Notify all partners of the need for treatment. Keep follow-up appointments to determine if treatment has been effective.

Diet: There is no special diet.

Medications: Penicillin is the drug of choice for treating syphilis. Other antibiotics can be used if you are allergic to penicillin. Within 24 hours of receiving antibiotic treatment, you may experience a fever or headache. Aspirin, acetaminophen (Tylenol), or ibuprofen may be taken if these symptoms occur.

You Have Been Prescribed: _____

You Need to Take: _____

You need to finish all of your antibiotics.

You Need to Notify the Office If You Have:

- A. Any new symptoms
- B. Any reaction to your antibiotics
- C. Any other concerns about syphilis

Phone: _____

PATIENT TEACHING GUIDE

SYSTEMIC LUPUS ERYTHEMATOSUS

PROBLEM

You have been diagnosed with a condition called systemic lupus erythematosus (SLE) or lupus. Lupus is a chronic, inflammatory, autoimmune disorder. There is currently no cure for lupus; however, it can be managed and can go into remission or a dormant state. Rashes, hair loss, arthritis-like joint pain, and fatigue are very common problems with lupus.

CAUSE

Lupus causes your body to attack its own cells. The exact cause is unknown. Lupus tends to run in families, but it is not contagious.

PREVENTION/CARE

There is no known prevention, only long-term management.

TREATMENT PLAN

A. Avoid sun exposure:

1. Many lupus patients' eyes are sensitive to light; wear sunglasses, and avoid direct exposure.
2. Light exposure can make your rash worse.
3. Apply a protective lotion or sunscreen to your skin while outside.
4. Wear long sleeves and use hats.

B. You may be given steroids for your skin rashes or lesions.

C. Avoid exposure to drugs and chemicals.

D. Review all of your medications and over-the-counter (OTC) drugs with your health care provider.

E. Avoid hair sprays and hair-coloring agents.

F. Mouth ulcers may occur with lupus:

1. Avoid hot or spicy foods that might cause irritation to ulcers.
2. Use good oral hygiene:
 - a. Get regular dental examinations.
 - b. Floss your teeth daily.
 - c. Brush your teeth at least twice a day.

G. Rest and drugs called nonsteroidal anti-inflammatory drugs (NSAIDs) are used for minor joint pain.

H. It is very important for you to have your eyes examined **twice** a year to monitor eye changes.

I. Talk to your health care provider if you are planning a pregnancy.

Activity: You may get tired more easily; plan rest periods. However, you should still get some exercise as tolerated. Many people gain some weight from steroids.

Diet: Eat a regular diet as tolerated; you do not need any special foods.

Medications:

You Have Been Prescribed the Following Steroid: _____

You Need to Take: _____

A. Do not stop taking your steroid abruptly.

B. **Steroid medication should be tapered off (decreased until you are off of it).**

You Need to Notify the Office If:

A. You are unable to tolerate your medication.

B. You have any sign of infections, sinusitis, bronchitis, flu, or urinary tract infections (UTIs).

(continued)

SYSTEMIC LUPUS ERYTHEMATOSUS *(continued)*

- C. You are getting worse or do not feel better.
- D. You are planning a pregnancy or think you are pregnant.
- E. Other: _____

Phone: _____

RESOURCES

Lupus Foundation of America: 800-558-0121 or www.lupus.org

Lupus Research Institute: www.lupusresearchinstitute.org; 212-812-9881 e-mail: lupus@lupusny.org

PATIENT TEACHING GUIDE

TESTICULAR SELF-EXAMINATION

The testicular self-examination is easy to do and does not take very much time to perform. Checking every month is a good way to become familiar with this area of your body and will help detect testicular cancer.

Set a date for the same day every month. An easy way to remember is choosing the first day of the month, or the last day of the month, or your birth date. The best time to check your testicles is during or after a hot bath or shower. (Heat makes the testicles relax.)

Tumors can be felt. Boys and men from 15 to 35 years are at the highest risk because of hormonal activity.

PROCEDURE

- A. If possible, do the self-examination in front of a mirror after a hot bath or shower.
- B. Check for any swelling of the skin.
- C. Support each testicle with one hand and examine it with the other hand.
- D. Use both hands to feel all of the scrotal bag.
 - 1. With one hand, lift your penis, and check your sac with the other hand. Feel any change in shape or size.
 - 2. Look for red veins or veins that are bigger than they used to be.
 - 3. The left side may hang slightly lower than the right (this is normal).
- E. Check each testicle.
 - 1. Place your left thumb on the front of your left testicle and your index and middle fingers behind it.
 - 2. Gently but firmly roll the testicle between your thumb and fingers.
 - 3. Then use your right hand to examine the right testicle the same way.
 - 4. The testicles should feel smooth, rubbery, oval shaped, and slightly tender. They should move freely.
 - 5. Locate the epididymis and spermatic cord. The epididymis is the irregular, cord-like structure on the top and the back of the testicle.
 - a. Gently squeeze the spermatic cord above your left testicle between your thumb and the first two fingers of your left hand.
 - b. Check for lumps and masses along the entire length of the cords.
 - c. Repeat on the right side, using your right hand.
- F. Call your health care provider if you notice:
 - 1. Any lumps, even small pea-sized ones
 - 2. Any masses, like a bag of worms
 - 3. A dull ache in the lower abdomen or in the groin
 - 4. A feeling of heaviness in the scrotum
 - 5. A significant loss of size in one of the testicles
 - 6. Pain or discomfort in a testicle or in the scrotum
 - 7. Any other changes since the last time you felt yourself for your examination
- G. Your health care provider may refer you to a urologist for further evaluation.

TINEA VERSICOLOR

PROBLEM

A yeast infection of the skin, tinea versicolor may cause color changes of the skin, commonly on the chest, back, shoulders, arms, and trunk. During the summer, these spots usually appear pale and do not tan. During the winter, the spots may appear pinker or darker than the normal skin color.

CAUSE

Tinea versicolor is caused by an increased production of yeast on the skin, which is influenced by warm, moist conditions. It is common to have recurring episodes.

PREVENTION/TREATMENT PLAN

- A. Air dry skin as much as possible.
- B. Apply medication as directed.
- C. Patches on skin (color changes) may take several weeks to resolve.
- D. Monthly treatments may help prevent recurrences.

Activity: There are no activity restrictions with tinea versicolor.

Diet: There is no special diet.

Medications:

- A. Apply Selsun Blue shampoo or other medication as directed.
- B. Most medications may be washed off of skin 30 minutes after application.
- C. Selsun Blue shampoo may be used daily on affected skin for 2 weeks.
- D. Keep shampoo out of the eyes and genital area.
- E. Leave it on skin for about 20 minutes and then rinse it off.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You:

- A. Do not see improvement, despite proper treatment
- B. Develop new symptoms
- C. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

TINNITUS

PROBLEM

Tinnitus is an irritating noise or sound that is heard in one or both ears, commonly referred to as a buzzing, humming, or ringing noise.

CAUSE

Tinnitus is caused by a change in the normal hearing pathway of the ears. This can be caused from damage or irritation of the hearing pathway, which may be temporary or permanent. Damage to the nerves in the ear, fluid, wax buildup and/or a mass in the middle ear are a few causes for tinnitus.

TREATMENT PLAN

- A. A hearing evaluation will be performed to determine if there is hearing loss.
- B. A CT or MRI may be performed to evaluate for the cause of the tinnitus.
- C. Once the cause of the tinnitus is noted, treating the cause will begin.
- D. There are some medications that are used to help decrease the “ringing, buzzing” noise that you are hearing. Ask your health care provider about these medications.
- E. Surgery may be considered if a mass is noted on the CT or MRI scan.
- F. Rest and exercise are encouraged to reduce the amount of stress that can worsen symptoms of tinnitus.

Activity: There is no activity restriction.

Diet: Some foods may make the tinnitus worsen. Therefore, reducing the amount of caffeine (tea, coffee, soft drinks) is encouraged.

Medications: Avoid aspirin. Aspirin has been known to aggravate the symptoms of tinnitus.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Fever
- B. Ear pain
- C. Noticed a change in hearing loss or speech development
- D. Any other new symptoms that occur
- E. Other: _____

Phone: _____

TOXOPLASMOSIS

PROBLEM

Toxoplasmosis is an infection acquired through contact with infected cat feces or from eating raw or undercooked meat.

CAUSE

Toxoplasmosis is caused by a parasite. Cats are the primary host, and humans are the intermediate host. **You do not need to destroy your cat.**

PREVENTION/CARE

- A. Avoid uncooked eggs and unpasteurized milk.
- B. Wash hands after handling raw meat.
- C. Meat should be thoroughly cooked at 152°F or higher, or frozen for 24 hours in a household freezer before eating (smoked meats and meats cured in brine are considered safe). Avoid tasting meat while cooking.
- D. Wash fruits and vegetables before eating.
- E. Wash all kitchen surfaces that come into contact with uncooked meats.
- F. Avoid drinking unfiltered water in any setting.
- G. Use care in gardening where cats have access.
- H. Wear gloves for gardening and landscaping.
- I. Wear gloves for handling kitty litter, and wash hands after contact with cats. **Change kitty litter daily.**
- J. Keep outdoor sandboxes covered.
- K. Domestic cats can be protected from infection by feeding them commercially prepared cat food and preventing them from eating undercooked kitchen scraps and hunting wild rodents.
- L. If you are not pregnant and have toxoplasmosis, you should not get pregnant for at least 6 months.

TREATMENT PLAN

- A. If you are pregnant, you may be referred to a specialist.
- B. If you have AIDS, you will be referred to a specialist.

Activity: There is no activity restriction for toxoplasmosis.

Diet: There is no special diet for toxoplasmosis. Avoid uncooked eggs and unpasteurized milk. Meat should be thoroughly cooked.

Medications: Depending on your risk, you may be prescribed one or two medications. You may be required to take the medication for several weeks.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Headache, dull and constant, with no relief from acetaminophen (Tylenol)
- B. Abnormal speech
- C. Seizures
- D. Loss of visual acuity
- E. Poor concentration, forgetfulness
- F. Personality changes
- G. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

TRANSIENT ISCHEMIC ATTACK

PROBLEM/CAUSE

A transient ischemic attack (TIA) is a temporary loss of brain function due to a decrease of blood flow to the brain. It is considered a mini stroke. The symptoms may last only a few minutes, but the risk for a stroke is increased over the next week.

RISK FACTORS FOR TIAs

- A. High blood pressure
- B. Irregular heartbeat (atrial fibrillation)
- C. Smoking
- D. High cholesterol
- E. Being overweight
- F. Diabetes
- G. Obstructive sleep apnea

WARNING SIGNS OF A TIA

- A. Weakness or numbness of face, arm, or leg on one side of the body
- B. Trouble talking or understanding others when they talk
- C. Changes in eyesight such as dimness, double vision, or loss of vision
- D. Dizziness, unsteadiness, or sudden falls
- E. Sudden severe headaches

If you experience any of these signs, seek medical attention (call 911) immediately.

PREVENTION/CARE

- A. A full workup is necessary to decide why you are having TIAs.
- B. You may be referred to a neurologist—a doctor who specializes in medical problems involving the brain.
- C. Special tests or surgery may be done to evaluate your heart and blood vessels. A carotid angioplasty and carotid endarterectomy are two procedures that may be performed to insert a stent into the artery or remove a blockage from the artery. Other treatment depends on your test results.
- D. Treatment starts with modifying your risk factors. Weight loss, eating a healthy diet, lowering your cholesterol, and eliminating alcohol in your diet are encouraged. If you are a diabetic, you must keep your diabetes under control to lower your risk.
- E. Do not smoke or use any tobacco products.
- F. Aspirin is commonly prescribed after a TIA. You may be prescribed a blood thinner. Some blood thinners require regular laboratory testing. Discuss treatment with your health care provider.
- G. If you are taking a blood thinner, get a Medic Alert bracelet/necklace, or carry a card in your wallet and car in case you are in an accident. Medic Alert jewelry can be purchased at local drug stores, and there are multiple websites for ordering a Medic Alert identification. You can build your own identification bracelets or neck chains from American Medical ID: www.americanmedical-id.com

Activity: You need to exercise at least 30 minutes daily three to four times a week. Please make sure you have been released by your health care provider to begin exercising.

Diet: Eat a low-fat, low-cholesterol, and low-sodium diet.

Medications:

(continued)

TRANSIENT ISCHEMIC ATTACK *(continued)*

You Have Been Prescribed: _____

You Need to Take: _____

Phone: _____

RESOURCES

American Heart Association
7272 Greenville Avenue
Dallas, TX 75231-4596
www.heart.org

National Stroke Association
9707 East Easter Lane, Suite B
Centennial, CO 80112-3747
www.stroke.org

PATIENT TEACHING GUIDE

TRICHOMONIASIS

PROBLEM

You may experience increased vaginal discharge that is yellow-green or watery gray in color. It may have a foul odor. You may also have vaginal itching or irritation, burning during urination, discomfort during sexual intercourse, spotting or bleeding during or after sexual intercourse, or abdominal discomfort.

CAUSE

Trichomonas vaginalis is acquired by having sex with someone who has the infection.

PREVENTION/CARE

- A. Use condom with each act of intercourse.
- B. Limit the number of sexual partners.
- C. Screen new sexual partners.

TREATMENT PLAN

Do not have sexual activity until you and your partner have both completed your medications. There are no limitations in other physical activity.

Diet: Do not drink alcohol during the use of medication and for 3 days after taking the last dose of your medicine. Alcohol use while taking this medication may result in nausea, vomiting, and severe upset stomach. You may have a metallic taste from the medicine that may slightly alter the taste of food. No other limitations in diet are required.

Medications: Metronidazole (Flagyl) is used to treat the infection.

You Have Been Prescribed: _____

You Need to Take: _____

Finish all of the medication.

You Need to Notify the Office If:

- A. You are unable to tolerate the medicine.
- B. Any new symptoms develop
- C. Other: _____

Phone: _____

TRIGEMINAL NEURALGIA

PROBLEM

Trigeminal neuralgia is a nerve disorder of the face, causing extreme, sporadic, sudden burning or shock-like pain of the cheek area. It is most commonly caused from an irritation of the trigeminal nerve, such as a blood vessel pressing on the nerve, which carries sensation from your face to your brain. It occurs most often in people older than age 50 years, but can occur at any age. With treatment, approximately 80% of patients will become pain free. Other treatment options are available if medications do not improve symptoms.

PREVENTION/CARE

- A. Irritating factors can make symptoms worse. Avoid triggers such as:
 - 1. Shaving
 - 2. Stroking face
 - 3. Too much pressure putting on makeup
 - 4. Wind exposure
 - 5. Vigorous washing of face
 - 6. Drinking too hot or cold beverages
 - 7. Eating tough meat or hard candies
- B. If prescribed medication, take your medication as ordered and report any side effects to your primary care provider or neurologist. Avoid taking medications without provider input.
- C. Pain varies and may be sudden and sporadic, affecting a small area of the face, or more widespread. Trigeminal neuralgia is unpredictable. You may have periods of being pain free for days, weeks, or months. Then it may return unexpectedly. If pain worsens, notify your health care provider immediately.

Activity: Engage in activities as tolerated, avoiding triggers as much as possible. Use caution in activities if experiencing side effects of balance impairment, drowsiness, or dizziness.

Medications: You may be treated with an anticonvulsant medication, such as carbamazepine (Tegretol), phenytoin (Dilantin), gabapentin (Neurontin), lamotrigine (Lamictal), topiramate (Topamax), valproic acid (Depakote), or others. Muscle relaxants, such as baclofen, may also be prescribed with the anticonvulsant medication for symptoms.

You Have Been Prescribed: _____

You Need to Notify the Office If You Have:

- A. Worsening pain
- B. Side effects of medications
- C. Any new symptoms
- D. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

ULCER MANAGEMENT

PROBLEM

An ulcer is a sore in the lining of the stomach or intestine that occurs in areas exposed to acid and pepsin. Complications include bleeding ulcer and perforation, and obstruction can be life threatening.

CAUSE

Although the exact cause of ulcer formation is not completely understood, the process appears to involve excess acid. A type of bacteria called *Helicobacter pylori* and certain medications have been suggested as causing ulcers.

PREVENTION/CARE

Modify your lifestyle to include health practices that prevent recurrences of ulcer pain and bleeding.

TREATMENT PLAN

- A. If aspirin or a nonsteroidal anti-inflammatory drug (NSAID) causes the ulcer, eliminate the drug. If you need the drug for other health problems, discuss other options with your health care provider. You may need to stop the medicine or take a lower dose.
- B. Avoid caffeine, colas, alcohol, and chocolate because they may increase acid production.
- C. Stop smoking: It slows the ulcer's healing and increases its chance of coming back.
- D. Be sure to tell health care providers about your history of ulcer and gastrointestinal (GI) pain if you need new prescriptions or are sent to the hospital.
- E. Review all of your medications, over-the-counter (OTC) medications, and herbal products for possible causes or ulcer irritants.

Activity: Exercise daily. Plan rest periods, avoid fatigue, and learn to cope with or avoid stressful situations.

Diet:

- A. Eat a well-balanced diet with high-fiber content.
- B. Eat meals at regular intervals. Frequent small feedings are unnecessary. Avoid bedtime snacks.
- C. Eliminate foods that cause pain or distress; otherwise, your diet is usually not restricted. Examples of foods that cause worse pain are:
 - 1. Peppermint
 - 2. Spicy food
 - 3. Alcohol
- D. Avoid extremely hot or cold food or fluids, chew thoroughly, and eat slowly while relaxed for better digestion.

Medications:

- A. Acid blockers and medicines called proton pump inhibitors (PPIs) reduce stomach acid.
- B. You may need to take antibiotics to fight *H. pylori* infection.
- C. Other medications may be prescribed to coat the ulcer area. Antacids can be taken during the ulcer treatment, but should not be used 1 hour before or 2 hours after the ulcer treatments because antacids can interfere with absorption.
- D. Take the entire prescription: Do not stop when you feel better.
- E. If you have been prescribed metronidazole (Flagyl) or clarithromycin, you may notice a metallic taste in your mouth.
- F. Alcohol (including wine) should be avoided when taking Flagyl. The interaction can cause skin flushing, headache, nausea, and vomiting.
- G. If you are prescribed bismuth, you may notice black bowel movements.

You Have Been Prescribed: _____

(continued)

ULCER MANAGEMENT *(continued)*

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Worsening symptoms while taking your medication
- B. Vomiting that is bloody or looks like coffee grounds
- C. Tar-colored or “grape jelly” bowel movements. If this occurs, bring a stool sample to the office.
- D. Diarrhea and/or severe pain despite treatment
- E. Unusual weakness or paleness
- F. Other: _____

Phone: _____

PATIENT TEACHING GUIDE

URINARY INCONTINENCE: WOMEN

PROBLEM

Urinary incontinence is the condition in which you are unable to hold your urine.

CAUSE

The cause depends on the type of incontinence you have.

PREVENTION/CARE

Exercise regularly, and practice pelvic floor exercises, commonly called Kegel exercises. Do not become constipated so you do not strain to have a bowel movement. Stop smoking. If you have a cough, you may need to see your health care provider to help treat it.

TREATMENT PLAN

Treatment depends on the cause and type of incontinence. Fill out the bladder diary to help figure out what kind of problem you have (see the following table).

- A. Pelvic floor exercises should be done every morning, afternoon, and evening; repeat the exercise five times for each set, gradually increase to 10 times each set. To perform these exercises:
 1. Start by doing your pelvic muscle exercises lying down. When your muscles get stronger, do your exercises while sitting or standing.
 2. Do not tighten your tummy, leg, or butt muscles: Just squeeze the muscles you use to start and stop the flow of urine.
 3. Do not hold your breath or practice while you are on the toilet urinating.
 4. Pull in pelvic muscles and hold it tight for a count of 5.
 5. Repeat five times.
 6. Work up to doing 3 sets of 10 repeats.
 7. Kegel exercises take just a few minutes a day, and most women notice an improvement after a few weeks of daily exercise.
- B. Empty your bladder frequently. As soon as you feel the urge to urinate, go to the bathroom.
- C. You may be taught relaxation techniques to control the feeling of having to go quickly.
- D. Fill out your bladder diary and return it to your health care provider.

Activity: Try to get daily exercise. Use absorbent undergarments until your bladder leaking is under control.

Diet: Eat a well-balanced diet. If you are overweight, consider a weight-loss program. Avoid drinking lots of liquids, especially caffeinated beverages and alcohol.

Medications: What you take depends on the type of bladder leakage you have.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have: _____

Phone: _____

RESOURCES

American Urogynecologic Society: www.augs.org
 American Urological Association: www.UrologyHealth.org
 National Association for Continence: www.nafc.org
 The Simon Foundation for Continence: www.simonfoundation.org

(continued)

URINARY INCONTINENCE: WOMEN *(continued)*

Bladder Control Diary

Your Daily Bladder Diary

This diary will help you and your health care team figure out the causes of your bladder control trouble. The "sample" line shows you how to use the diary. Use this sheet as a master for making copies that you can use as a bladder diary for as many days as you need.

Your name: _____

Date: _____

Time	Drinks		Trips to the Bathroom		Accidental Leaks			Did You Feel a Strong Urge to Go?	What Were You Doing at the Time?
	What Kind?	How Much?	How Many Times?	How Much Urine? (circle one)	How Much? (circle one)			(circle one)	Sneezing, Exercising, Having Sex, Lifting, etc.
Sample	Coffee	2 cups	✓ ✓	<input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input checked="" type="radio"/> med <input type="radio"/> lg	Yes <input checked="" type="radio"/> No		Running	
6-7 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
7-8 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
8-9 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
9-10 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
10-11 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
11-12 noon				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
12-1 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
1-2 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
2-3 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
3-4 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
4-5 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
5-6 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
6-7 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
7-8 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
8-9 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
9-10 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
10-11 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
11-12 midnight				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
12-1 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
1-2 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
2-3 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
3-4 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
4-5 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			
5-6 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes No			

I used _____ pads today. I used _____ diapers today (write number).

Questions to ask my health care team: _____

Let's Talk About Bladder Control for Women is a public health awareness campaign conducted by the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), an information dissemination service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.

Adapted from NKUDIC, National Institutes of Health (NIH). (www.niddk.nih.gov/health-information/health-topics/urologic-disease/urinary-incontinence-women/pages/insertb.aspx)

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PATIENT TEACHING GUIDE

URINARY TRACT INFECTION (ACUTE CYSTITIS)

PROBLEM

You have a bladder infection. The symptoms include painful, frequent urination, and pain over the bladder. Your symptoms may be mild, moderate, or painful.

CAUSE

Bacteria caused the infection of the bladder. A bladder infection is more common in women and in men who have prostate problems.

PREVENTION/CARE

- A. Empty your bladder often:
 - 1. As soon as you feel the urge to go, empty your bladder at that time. Do not hold your urine.
 - 2. You may need to urinate on a schedule during the day, at least every 2 to 3 hours.
- B. Wash your hands after going to the bathroom (both urine and bowel movements [BM]).
- C. Good hygiene for females:
 - 1. Wipe front to back every time you empty your bladder and especially after bowel movements.
 - 2. Take showers instead of baths; do not take bubble baths.
 - 3. Empty your bladder before and after sex.
 - 4. Avoid feminine hygiene sprays and douches.
- D. Wear cotton underwear. Do not wear tight underwear and clothes. Take off your underwear at night while sleeping.

TREATMENT PLAN

Treatment depends on how bad (severity) the infection is. Antibiotics are used to kill bacteria that cause infections. The most important thing is to finish all of your medications even if you feel better.

Activity: Rest; avoid strenuous activity. Avoid sexual activity until you finish the antibiotics.

Diet:

- A. Increase fluids; drink at least one large glass of liquid every hour.
- B. Avoid foods that irritate the bladder: Caffeine, alcohol, and spicy foods.
- C. Drink cranberry juice to help fight bladder infections. If you do not like plain cranberry juice, mix it with another juice such as orange juice.

Medications:

- A. Antibiotics kill bacteria that cause infection. Make sure you take all of your medications, not just until you feel better.
- B. Take acetaminophen (Tylenol) for fever.
- C. You may be prescribed a medication to prevent bladder spasms and pain while urinating. This changes the color of your urine to orange or blue.

You Have Been Prescribed the Following Antibiotics: _____

You Need to Take: _____

Take all of your antibiotics, even if you feel better.

You Have Been Prescribed the Following for Discomfort: _____

You Need to Take: _____

(continued)

URINARY TRACT INFECTION (ACUTE CYSTITIS) *(continued)*

You Need to Notify the Office If You Have:

- A. Worsening symptoms or symptoms not improving during treatment.
 - B. Fever higher than 100.4°F.
 - C. Blood in your urine.
 - D. Symptoms that come back after you finish all of your medications: painful urination, back pain, fever, chills, or nausea.
 - E. Other: _____
- Phone: _____

PATIENT TEACHING GUIDE

URINARY TRACT INFECTION DURING PREGNANCY: PYELONEPHRITIS

PROBLEM

You have been diagnosed with an infection of the kidney (where urine is made). Bladder infections can spread to the kidney.

CAUSE

Bacteria from the bladder can move up to the kidney and cause a kidney infection. Other causes are blockage in the urine system or having a catheter, or tube, in the bladder.

PREVENTION/CARE

- A. Urinate frequently. Do not hold urine for a long period.
- B. Empty your bladder as soon as you feel it is filling.
- C. Urinate before and after sexual intercourse.
- D. After urinating, always wipe from front to back with toilet tissue.
- E. Do not wear tight underwear or pants that can cause increased moistness and warmth in the perineal area.
- F. Cotton panties are the best.
- G. Wash your hands every time after going to the bathroom.
- H. Do not use the same tissue that you blow your nose with to wipe after emptying your bladder: This spreads infection.

TREATMENT PLAN

Antibiotics kill the bacteria that cause infection.

Activity: Rest; do not engage in strenuous physical activity.

Diet: Increase fluids; drink at least one large glass of water every hour while you are awake. Drink cranberry juice to help fight and prevent urinary tract infections (UTIs). If you do not like the taste of cranberry juice, mix cranberry juice with another juice like grape juice.

Medications: You will be prescribed antibiotics to kill the bacteria causing infection. The drugs may be changed if your urine culture results show different bacteria. You may need mild pain relievers if you have a lot of back pain. Medications, such as Tylenol, may be used to bring down fever. You may be prescribed a medicine to stop bladder spasm and pain.

You Have Been Prescribed the Following Antibiotics: _____

You Need to Take: _____

Finish all of your antibiotics even if you feel better.

You Have Been Prescribed the Following for Bladder Spasms: _____

You Need to Take: _____

This medicine will make your urine turn a different color.

You Need to Notify the Office If You Have:

- A. Symptoms that worsen or do not get better during treatment.
 - B. New symptoms that develop during treatment.
 - C. Symptoms that return after treatment when you finish all of your antibiotics.
 - D. Difficulty taking your medication (you break out or vomit)
 - E. Other: _____
- Phone: _____

VAGINAL BLEEDING: FIRST TRIMESTER

PROBLEM

Vaginal bleeding may occur in the first trimester of pregnancy. The amount of bleeding may range from spotting to a complete miscarriage.

CAUSE

Bleeding may occur for a variety of reasons, including smoking, trauma, abnormal fetus, or other problems.

PREVENTION/CARE

In most cases, the cause of vaginal bleeding may not be prevented. If bleeding is light, it may lessen or stop. You need to avoid sexual intercourse, tampons, and douches. If you smoke, it is highly recommended that you cut down and stop smoking.

TREATMENT PLAN

Treatment depends on the cause or suspected cause of your bleeding.

Activity:

- A. Many women experience less bleeding and cramping while on limited activities or bed rest. Unfortunately, activity restriction does not prevent miscarriage.
- B. Avoid sexual intercourse until at least 2 weeks after the bleeding has stopped, or until your provider tells you.
- C. If bed rest is prescribed, perform simple range of motion (ROM) activities as directed by the practitioner. Examples are foot circles and moving legs in bed.
- D. Do not use tampons during this period. Use pads so that you can evaluate how much you are bleeding.
 - 1. **Scant amount:** Blood only on tissue when wiped or less than 1-inch stain on Peri-Pad.
 - 2. **Light amount:** Less than 4-inch stain on Peri-Pad.
 - 3. **Moderate amount:** Less than 6-inch stain on Peri-Pad.
 - 4. **Heavy amount:** Saturated Peri-Pad within 1 hour.

Diet: As tolerated. If you are on bed rest, eat fresh vegetables, fruits, and bran cereal to avoid becoming constipated.

Medications: You may not be prescribed any medications.

You Need to Notify the Office If:

- A. You develop a fever with your bleeding.
- B. You have a gush of blood from your vagina that is more than a period.
- C. You pass blood clots or tissue from your vagina.
- D. Your vaginal bleeding has a foul odor.
- E. You experience abdominal pain or uterine cramping not relieved by taking acetaminophen.
- F. Other: _____

Phone: _____

VAGINAL BLEEDING: SECOND AND THIRD TRIMESTERS

PROBLEM

Vaginal bleeding may occur during the second and third trimesters of pregnancy (more than 12 weeks). The bleeding may range from spotting of blood on your panties to bleeding like a menstrual period.

CAUSE

A small amount of bloody mucous discharge or spotting may occur for about 1 day following a pelvic examination or sexual intercourse. This is normal if it is not associated with cramping or contractions.

Other causes of vaginal bleeding may be related to the location of the placenta (placenta previa) or premature separation (abruption) of the placenta from your womb. Placental abruption can be associated with cocaine use, cigarette smoking, and trauma (injuries from car wrecks or physical violence).

PREVENTION/CARE

There is no known way to prevent most types of vaginal bleeding. If you have been diagnosed with placenta previa, you may be able to prevent bleeding by avoiding sexual intercourse and maintaining bed rest.

There is no known method of preventing placenta previa. Smoking has been associated with placental abruption and placenta previa. You should not smoke or at least you should try to cut down and stop smoking during pregnancy. When you stop smoking, it is also good for your baby's health after delivery.

TREATMENT PLAN

- A. Treatment depends on the cause of your vaginal bleeding. You may be placed on bed rest.
- B. Stop smoking. Ask your provider for a handout on tips to stop smoking.
- C. You may need to be on a rest schedule.
- D. You may need to stop working.
- E. You need to arrange help for child care, grocery shopping, and housework.

Activity: The checked activity restriction(s) are prescribed by the provider.

Level 1: As tolerated, avoid heavy lifting above 20 lb.

Level 2: Modified bed rest.

You may be out of bed for breakfast; rest (lying down) for 2 hours in the morning with moderate activity until lunch; rest for 2 hours with moderate activity until dinner.

Go to bed by 8 p.m.

Moderate activity consists of short periods of cooking and light housework.

Level 3: Strict bed rest.

You may be out of the bed only to go to the bathroom or to move to the couch.

You may take a shower, use the toilet, and brush your teeth, but then return immediately to bed.

No sexual intercourse.

Perform range-of-motion (ROM) exercises as directed by your practitioner.

Diet: Eat fresh vegetables, fruits, and bran cereal to avoid becoming constipated on bed rest. Drinking extra liquids (especially water) also helps to prevent constipation.

Medications: Continue taking your prenatal vitamins every day.

You Need to Notify the Office If You Have:

- A. Contractions or cramps, eight in 1 hour or four in 20 minutes
- B. Bloody, mucous discharge not associated with recent sexual intercourse or a pelvic examination
- C. Bright-red or dark-red vaginal spotting
- D. Bleeding like a period

(continued)

VAGINAL BLEEDING: SECOND AND THIRD TRIMESTERS *(continued)*

- E. A gush of fluid or blood from your vagina
 - F. Sharp, knifelike pain in your abdomen that does not go away
 - G. Pelvic pressure or low backache not relieved with emptying your bladder and resting on one side
 - H. Noticed decreased movement of the baby
 - I. Other: _____
- Phone: _____

PATIENT TEACHING GUIDE

VAGINAL YEAST INFECTION

PROBLEM

You have been diagnosed with a vaginal yeast infection. This is an infection or inflammation of the vagina that is caused by a fungus known as yeast (*Monilia* or *Candida albicans*).

CAUSE

Yeast cells (*Monilia*) are normally present on the skin in healthy people. These cells may be found in the vagina or rectal area. However, due to a disturbance in the body's hormones and pH, an overproduction of these cells has occurred and has caused an infection. Several factors can cause this disturbance, which include menstrual periods, pregnancy, diabetes, antibiotics or other medications, increased dietary intake of sugars and alcohol, and an increase in moisture and warmth in the vaginal or rectal area by wearing tight, restrictive clothing.

PREVENTION/CARE

- A. Keep the vaginal and rectal areas clean and dry.
- B. Shower daily and avoid tub baths.
- C. Avoid tight, restrictive clothing such as tight jeans and underwear.
- D. Wear cotton panties that allow air to circulate. At bedtime, do not wear underwear with your pajamas.
- E. Obesity can contribute to this problem, too. If you have gained an excessive amount of weight, try to lose these extra pounds.
- F. Avoid douching because this changes the normal flora and pH of the vagina, which can contribute to causing yeast infections.

TREATMENT PLAN

A pelvic examination may have been necessary to identify the source of your infection. Practice preventive tips to speed your recovery.

Activity: Avoid excessive exercise and activities that produce excessive sweating; also avoid sexual intercourse until your infection is gone. Your partner may also need to be treated for this same infection.

Diet: Drink plenty of water and other liquids. Avoid alcohol and excessive sugars. Increase the intake of yogurt and buttermilk in your diet.

Medications: Antifungal medications may be prescribed for you.

1. Over-the-counter medications may include Monistat vaginal suppositories and cream. This is also known as miconazole nitrate, which you may find in the drug store at a much lower price and which can be just as effective.
2. You must use the full days of the over-the-counter medication. If you stop too early, the yeast can regrow.

If you have also been diagnosed with a bacterial infection of the vagina, other medications may also be prescribed. If your provider has prescribed Flagyl (metronidazole), **please do not drink any alcohol while taking this medication and for the next 3 days following this medication. The combination of this medication and alcohol can make you very sick.**

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. Over-the-counter medications do not help your symptoms.
- B. You develop other symptoms.
- C. Other: _____

Phone: _____

VARICOSE VEINS

PROBLEM

Varicose veins are caused when the valves inside of veins are damaged and allow blood to flow backward instead of toward the heart. This backflow of blood increases the pressure in the vein, leading to pain and swelling, and makes them more visible. Varicose veins can worsen and increase the risk of blood clots, infection, bleeding, and changes to the skin.

CAUSE

There are many factors that increase the chance of developing varicose veins. Some cannot be changed, like age and genetics. Some can be changed; these include prolonged standing, restrictive clothing, excessive weight, and smoking.

PREVENTION/CARE

- A. Avoid prolonged standing. If prolonged standing is required, shift weight from one leg to the other.
- B. Do not sit with legs dependent.

TREATMENT PLAN

- A. Raise the affected arm or leg whenever lying down to improve pain and swelling.
- B. Wear compression stockings. Put them on before getting out of bed in the morning. Take them off just before going to bed at night.
- C. Avoid standing or sitting for long periods of time.
- D. Follow up with your primary health care provider on a regularly scheduled basis.

Activity:

- A. Get regular exercise. Discuss with your health care provider what type and frequency of exercise is safe for you.
- B. Exercise leg muscles by pumping ankles when sitting. Rocking in a rocking chair is another option.

Diet:

- A. Discuss with your health care provider the type of diet that best suits your needs: Diabetic diet, low-fat diet, low-cholesterol diet, and/or low-sodium diet.
- B. If you are taking the blood thinner Coumadin, ask your health care provider about which foods are high in vitamin K and whether you should limit those foods in your diet.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. New pain, swelling, or warmth in an arm or leg
- B. Increased redness, pain, tenderness to touch, and/or warmth in the affected arm or leg
- C. Sudden shortness of breath
- D. Chest pain
- E. Other: _____

Phone: _____

RESOURCES

Patient Education Center—Varicose Veins: patienteducationcenter.org/articles/varicose-veins

Patient Handout—Varicose Veins: nursing.advancweb.com/sharedresources/ADVANCEfornurses/Resources/DownloadableResources/N1010504_p30handout.pdf

PATIENT TEACHING GUIDE

WARTS

PROBLEM

A wart is a raised, rough growth projecting from the skin, which can be contagious.

CAUSE

Warts are caused by a viral infection that stimulates the cells of the skin to multiply rapidly, which results in an outward growth.

PREVENTION/TREATMENT PLAN

- A. Wash hands well.
- B. Avoid scratching or picking warts. Warts bleed easily.
- C. Some warts go away spontaneously after time without any treatment.
- D. Medications may be prescribed.

To Enhance Destruction

- A. Soak the wart in warm water 10 to 15 minutes a day.
- B. After soaking, use an emery board to file the wart down.
- C. Apply over-the-counter medication as prescribed (Compound W) to the site.
- D. Duct tape may be applied over the wart. Perform these steps every night until resolved.
- E. Warts may reappear at the same spot or in other areas.
- F. Cryotherapy “freezing” is another treatment option. Discuss this with your health care provider.

Activity: There are no activity restrictions for warts.

Diet: There are no special diets for warts.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

A. You develop an infection at the site of the wart.

B. Other: _____

Phone: _____

WOUND CARE: LOWER EXTREMITY ULCERS

PROBLEM

An ulcer on the body that lies on the lower extremities

CAUSE

Edema, trauma, ischemia, venous insufficiency

PREVENTION/CARE

- A. Keep the area clean and free of foreign debris.
- B. Dressing changes: _____
- C. You may be prescribed antibiotics; if so, take all antibiotics until they are completely gone.

TREATMENT PLAN

Activity: Do not apply direct pressure to the site of the ulcer. You may be prescribed to elevate your lower extremities.

Diet: Eat a well-balanced diet. Increase protein intake.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. A reaction or cannot tolerate any of the prescribed medications
- B. A fever and a general ill feeling
- C. Any new or unexplained symptoms related to the ulcer
 - 1. Increase in size
 - 2. New odor
 - 3. Increased drainage
 - 4. Change in color of the drainage
 - 5. Increased pain at the site
- D. Any questions or concerns

Phone: _____

PATIENT TEACHING GUIDE

WOUND CARE: PRESSURE ULCERS

PROBLEM

An ulcer on the body that lies over a bony surface

CAUSE

Prolonged periods of pressure to the area of ulcer causing a breakdown of skin integrity.

PREVENTION/CARE

- A. Keep the area clean and free of foreign debris.
- B. You may be prescribed dressing changes.
 - 1. Remove dressing.
 - 2. Clean the ulcer with normal saline.
 - 3. Apply prescribed medication (see the following).
 - 4. Cover with dry dressing, change as ordered.
- C. You may be prescribed antibiotics; if so, take all antibiotics until they are completely gone.

TREATMENT PLAN

Activity: Do not apply direct pressure to the site of the ulcer.

Diet: Eat a well-balanced diet. Drink 8 to 10 glasses of water per day. Increase protein intake.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. A reaction or cannot tolerate any of the prescribed medications
- B. A fever and a general ill feeling
- C. Any new or unexplained symptoms
 - 1. Increase in size
 - 2. New odor
 - 3. Increased drainage
 - 4. Change in color of the drainage
 - 5. Increased pain at the site
- D. Any questions or concerns

Phone: _____

WOUND CARE: WOUNDS

PROBLEM

A wound is a break in the external surface of the body.

CAUSE

Wounds are often due to an accidental or intentional injury. Wound infection is usually caused by bacterial contamination of the site.

PREVENTION/CARE

- A. Prevent accidental or intentional injury.
- B. Immediately after injury, cleanse the wound well with soap and water.
- C. Remove all dirt and foreign material.
- D. You may be prescribed antibiotics; if so, take all antibiotics until they are completely gone.
- E. You may need a tetanus shot.

TREATMENT PLAN

Activity: No restrictions. If infection is present, you may need to increase rest.

Diet: Eat a well-balanced diet. Drink 8 to 10 glasses of water per day.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. A reaction or cannot tolerate any of the prescribed medications
- B. A fever and a general ill feeling
- C. A wound/infection that seems to worsen
- D. Any new or unexplained symptoms
- E. Any questions or concerns

Phone: _____

PATIENT TEACHING GUIDE

WOUND INFECTION: EPISIOTOMY AND CESAREAN SECTION

PROBLEM

You have an infection of your episiotomy site or cesarean section incision.

CAUSE

The cause is one or more types of bacteria that invaded the tissue following your delivery. The bacteria may be from the vagina, the bowel, or the environment.

TREATMENT PLAN

A. Take your temperature if you have fever and chills.

B. Episiotomy:

1. Wash hands before and after changing your sanitary pads and your baby's diaper.
2. Wipe or pat dry from front to back after every urination or bowel movement.
3. Apply and remove perineal pad from front to back.
4. Change perineal pad at least every 4 hours and after each void or bowel movement (BM).
5. Use a squeeze bottle: Position the nozzle between the legs, empty the entire bottle over the perineum, blot dry with toilet paper, and avoid contamination from the anal area.
6. Use a blow dryer on the lowest setting to "air dry" your stitches.
7. Wash the perineum with mild soap and warm water at least once daily.

C. Cesarean section incision:

1. Wash hands before and after dressing change and wound care.
2. Follow all of the aforementioned directions (except 6) for your bleeding, too.
3. After showering, gently pat dry your abdomen.
4. If the wound is draining, cover it with a clean dressing and call the office for instructions. Otherwise, leave it open to air.
5. Cleanse the incision with hydrogen peroxide and cotton swab. Do not clean the same area more than once with the same swab.
6. If your incision opens, notify your practitioner for further instructions.

Activity: Increased rest is recommended; try to lie down for a nap when the baby goes to sleep.

Diet: There are no dietary restrictions; eat well-balanced meals. Increase your fluid intake with an infection. Drink at least 10 to 12 glasses of liquid a day.

Medications: Continue your prenatal vitamins. You may take acetaminophen one to two tablets every 4 to 6 hours for your fever and/or discomfort.

You Have Been Prescribed the Following Antibiotics: _____

You Need to Take: _____

Take all of your antibiotics, even if you feel better, unless you have an adverse reaction to them. Then call the office.

You Need to Notify the Office If You Have:

- A. Temperature that rises significantly or reaches 101°F
- B. Foul-smelling drainage from the incision or episiotomy site
- C. Increased pain or tenderness
- D. Separation of wound or incision
- E. Other: _____

Phone: _____

XEROSIS (WINTER ITCH)

PROBLEM

Xerosis is severely chapped skin that becomes cracked, fissured, and inflamed. It can appear on skin anywhere on the body, but it is seen most commonly on the legs.

CAUSE

Xerosis is caused by insufficient oil on the skin's surface, which allows water to evaporate through the skin. Oil in the skin decreases with aging, excessive bathing, and excessive rubbing of the skin. An environment with low humidity also promotes dryness of the skin.

PREVENTION/CARE

- A. Reduce water loss from the skin.
 - 1. Decrease the frequency and duration of baths or showers; use tepid water.
 - 2. Use soap sparingly.
 - 3. Avoid detergent soaps.
 - 4. Pat skin dry rather than rubbing.
 - 5. Apply skin lubricants (Lac-Hydrin, Eucerin, etc.) to dry skin before chapped areas become inflamed.
 - 6. Use ultrasonic, cool-mist humidifiers if the air is very dry.
 - 7. Clean the humidifier daily.
 - 8. Oil (such as Nivea) in the bath water may be helpful.
 - 9. Apply lubricants after bathing when possible to trap additional moisture before evaporation occurs.
- B. Apply hand cream four to eight times a day to hands and twice daily on the trunk and extremities.

TREATMENT PLAN

Activity: No restrictions. Avoid long-term exposure to drying environments.

Diet: Eat a well-balanced diet; drink 8 to 10 glasses of water per day.

Medications:

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If You Have:

- A. Severely chapped skin, and self-care does not relieve the symptoms in 1 week
- B. Chapped skin that becomes inflamed or if you see any oozing
- C. Any questions or concerns

Phone: _____

PATIENT TEACHING GUIDE

ZIKA VIRUS INFECTION

PROBLEM

The Zika virus is a virus that is transmitted to humans by infected mosquitoes. Symptoms of the virus include low-grade fever, hand and/or foot joint pain, skin rash, headache, and/or eye discomfort or pain. The virus can spread to other humans by sexual contact with someone who is infected with the virus. A pregnant woman infected with the virus can spread the virus to her unborn baby.

CAUSE

The disease is caused by a bite from a mosquito infected with the Zika virus.

PREVENTION/CARE

Avoid traveling to countries with known cases of the Zika virus. The outbreak of this virus has been documented in Central and South America, Mexico, the Caribbean, and the Pacific Islands. It has also been documented in the United States territories of Puerto Rico, the U.S. Virgin Islands, and American Samoa.

There have been reported cases in the United States; however, the people diagnosed with the Zika virus had previously traveled to countries in which mosquitoes carry the virus.

TREATMENT PLAN

- A. There is no medication or vaccination approved to treat the Zika virus.
- B. Prevention of the virus is the most important thing one can do to protect from getting the virus. Avoid traveling to areas in which the Zika virus is transmitted by mosquitoes.
- C. Medications, such as acetaminophen (Tylenol), may be given to improve symptoms if present such as headaches, fever, joint pain, eye pain, and muscle weakness.
- D. It is thought that the Zika virus can cause another condition called Guillain-Barré syndrome, in which symptoms of severe muscle weakness can occur and even lead to paralysis. Notify your health care provider if you have any of these symptoms.

Activity:

Avoid sexual contact with any person thought to have the Zika virus.

A. Women:

1. If you have traveled to any of the countries at risk of the Zika virus you should use condoms with sexual activity or do not have sex for at least **8 WEEKS** after your symptoms start.
2. If you have traveled to any of the countries at risk of the Zika virus and you **DO NOT** have any symptoms, you should use condoms with sexual activity or do not have sex for at least **8 WEEKS** after returning.
3. Avoid becoming pregnant while traveling to high-risk areas and avoid becoming pregnant up to **8 WEEKS** after travel.

B. Men:

1. If you have traveled to any of the countries at risk of the Zika virus and you **HAVE** any of the above symptoms, you should use condoms with sexual activity or do not have sex for at least **6 MONTHS** after your symptoms started.
2. If you have traveled to any of the countries at risk of the Zika virus and you **DO NOT** have any symptoms, you should use condoms with sexual activity or do not have sex for at least **8 WEEKS** after returning.
3. If you have traveled to any of the countries at risk of the Zika virus and your **PARTNER IS PREGNANT** you should use condoms with sexual activity, or do not have sex, for the rest of your partner's pregnancy.

C. Precautions to use if you travel to a country with the Zika virus:

1. Stay indoors. Mosquitoes infected with the Zika virus usually bite during the daytime, but precautions should also be taken for evening and nighttime hours.
2. If screens in windows are not available, use a bed net to cover you while sleeping.
3. Small children in strollers should also be covered with netting for protection.
4. Wear loose clothing to cover most of your body (light-colored clothing, long sleeves and pants, hat) to avoid mosquito bites.
5. Spray clothing with an insect repellent that contains permethrin when going outdoors.

(continued)

ZIKA VIRUS INFECTION (continued)

6. Apply insect repellent that contains diethyltoluamide (DEET) or a chemical called *picaridin* to skin. Precautions should be used when using the insect repellent DEET on young children.
7. Insect repellent with DEET should not be used on children younger than 2 years old.
8. Apply insect repellent after sunscreen.
9. Avoid bodies of standing water such as pools, lakes, ponds, and so forth. Empty any containers with standing water such as buckets, plants, and so on.

Diet:

No special diet will prevent or improve the virus. You need to drink plenty of fluids to stay well hydrated.

Medications:

- A. Acetaminophen (Tylenol) may be used for fever, body pain, and joint pain.
- B. Avoid aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs; ibuprofen, naproxen) because of the risks of bleeding if other conditions are present.
- C. Children younger than 18 years should not use aspirin because of the risk of Reye's syndrome.

You Have Been Prescribed: _____

You Need to Take: _____

You Need to Notify the Office If:

- A. Muscle weakness occurs. Guillain-Barré syndrome is a condition that is thought to be triggered by the Zika virus. Symptoms include muscle weakness and can lead to paralysis of the muscles and even death.
- B. High fever, increased joint pain, severe headache, confusion, or any other new symptoms present.
- C. Other: _____

Phone: _____