

INDIAN HEALTH SERVICE



Volume IV Patient and Family Education Protocols and Codes (PEPC) M - Q

21st Edition
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About This Document

Volume 4 of the Patient Education manual consists of the protocols and codes for patient education, protocols starting with the letters M – Q and what protocols changed.

You can print this volume in its entirety or print individual protocols.

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

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New Codes for 2014, M – Q

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

MSAF MEDICAL SAFETY

MSAF-C
MSAF-FU
MSAF-HY
MSAF-L
MSAF-M
MSAF-P
MSAF-
MSAF-PRO

M MEDICATIONS

M-DI
M-FU
M-I
M-MB
M-MD
M-NEB
M-S

MNG MENINGITIS

MNG-EQ
MNG-EX
MNG-HY
MNG-INF
MNG-M
MNG-MNT
MNG-SM

MH MEN'S HEALTH

MH-EX
MH-HY
MH-M
MH-MNT
MH-SM
MH-TSE

MPS MENOPAUSE

MPS-LA
MPS-M

MNTL MENTAL HEALTH

MNTL-AS
MNTL-CD
MNTL-CR
MNTL-HPDP
MNTL-SM
Inactivate PSY

MR MENTAL RETARDATION

MR-EX
MR-HY
MR-M
MR-MNT
MR-SM

MSX METABOLIC SYNDROME

MSX-EX
MSX-LA
MSX-M
MSX-MNT
MSX-SM

MDRO MULTIDRUG-RESISTANT ORGANISMS

MDRO-HY
MDRO-INF
MDRO-M

MS MULTIPLE SCLEROSIS

MS-ADL
MS-EQ
MS-EX
MS-HY

New codes for 2014, M - Q

MS-M
MS-MNT
MS-SM

MD MUSCULAR DYSTROPHY

MD-EQ
MS-EX
MD-HY
MD-M
MD-MNT
MD-SM

NDR NEAR DROWNING

NDR-BH
NDR-M

NF NEONATAL FEVER

NF-INF
NF-M

NJ NEONATAL JAUNDICE

NJ-C
NJ-EQ

ND NEUROLOGICAL DISORDER

ND-AP
ND-EQ
ND-EX
ND-FU
ND-LA
ND-M
ND-MNT
ND-N
ND-S
ND-TX

NOSE NOSE BLEED (EPISTAXIS)

NOSE-AP
NOSE-C
NOSE-DP
NOSE-FU
NOSE-HY

NOSE-M
NOSE-P
NOSE-PRO
NOSE-S
NOSE-TX

OBS OBESITY

OBS-EX
OBS-HY
OBS-M
OBS-MNT
OBS-SM

OBSC OBESITY IN CHILDREN

OBSC-EX
OBSC-HY
OBSC-M
OBSC-MNT
OBSC-SM

OCD OBSESSIVE-COMPULSIVE DISORDER

OCD-EX
OCD-HY
OCD-M
OCD-SM

OSA OBSTRUCTIVE SLEEP APNEA

OSA-EQ
OSA-M
OSA-MNT

OCCU OCCUPATIONAL HEALTH

OCCU-EQ
OCCU-EX
OCCU-FU
OCCU-HPDP
OCCU-HY
OCCU-L
OCCU-LA
OCCU-M
OCCU-OR
OCCU-P

New codes for 2014, M - Q

OCCU-S
OCCU-SM
OCCU-WC

**ODM OCULAR DIABETES
MELLITUS**

ODM-AP
OCM-EX
ODM-FU
ODM-LA
ODM-M
ODM-PM
ODM-S
ODM-TLH
ODM-TX

**ODD OPPOSITIONAL DEFIANT
DISORDER**

ODD-M
ODD-SM

OPT OPTOMETRY

OPT-EQ
OPT-EX
OPT-HY
OPT-M
OPT-MNT
OPT-SCR
OPT-SM

**TPLNT ORGAN
DONATION/TRANSPLANT**

TPLNT-ADL
TPLNT-HY
TPLNT-INF
TPLNT-LA
TPLNT-M

ORTH ORTHOPEDICS

ORTH-AP
ORTH-C
ORTH-EQ
ORTH-FU

ORTH-L
ORTH-M
ORTH-MNT
ORTH-N
ORTH-P
ORTH-PM
ORTH-TX
ORTH-W

OA OSTEOARTHRITIS

OA-AP
OA-DP
OA-EQ
OA-EX
OA-FU
OA-HPDP
OA-HY
OA-LA
OA-M
OA-MNT
OA-S
OA-SM
OA-TX

OS OSTEOPOROSIS

OS-AP
OS-DP
OS-EQ
OS-EX
OS-FU
OS-HM
OS-M
OS-MNT

OST OSTOMY

OST-AP
OST-C
OST-DP
OST-EQ
OST-EX
OST-LA
OST-M
OST-MNT
OST-N

OST-SM
OST-WC

OEX OTITIS EXTERNA

OEX-AP
OEX-FU
OEX-M
OEX-P
OEX-TX

OM OTITIS MEDIA

OM-AP
OM-C
OM-DP
OM-FU
OM-HM
OM-M
OM-P
OM-TX

PM PAIN MANAGEMENT

PM-EQ
PM-EX
PM-M
PM-MNT
PM-P
PM-TX

PC PANCREATITIS

PC-AP
PC-C
PC-FU
PC-L
PC-LA
PC-M
PC-MNT
PC-PRO
PC-TX

PANIC PANIC DISORDER

PANIC-DP
PANIC-M
PANIC-SM

PRK PARKINSON DISEASE

PRK-AP
PRK-BH
PRK-C
PRK-DP
PRK-EQ
PRK-EX
PRK-FU
PRK-HELP
PRK-HPDP
PRK-HY
PRK-L
PRK-LA
PRK-M
PRK-MNT
PRK-N
PRK-PRO
PRK-S
PRK-SM
PRK-TX

PNL PERINATAL LOSS

PNL-LA
PNL-M

PERIO PERIODONTAL DISEASE

PERIO-HY
PERIO-M

**PVD PERIPHERAL VASCULAR
DISEASE**

PVD-C
PVD-HM
PVD-M
PVD-MNT

PERSD PERSONALITY DISORDER

PERSD-C
PERSD-M
PERSD-SM

New codes for 2014, M - Q

**PDD PERVASIVE DEVELOPMENT
DISORDERS**

PDD-DP
PDD-EX
PDD-HY
PDD-M
PDD-MNT
PDD-SM

PHOB PHOBIAS

PHOB-C
PHOV-M
PHOB-SM

PT PHYSICAL THERAPY

PT-EQ

PNM PNEUMONIA

PNM-INF
PNM-IS
PNM-M
PNM-MNT

**PCOS POLYCYSTIC OVARY
SYNDROME**

PCOS-C
PCOS-M

PP POSTPARTUM

PP-EX
PP-HY
PP-M
PP-MNT

PDEP POSTPARTUM DEPRESSION

PDEP-C
PDEP-EX
PDEP-M
DPEP-MNT
DPEP-SM

**PTSD POSTTRAUMATIC STRESS
DISORDER**

PTSD-M
PTSD-SM

PCC PRE-CONCEPTION CARE

PCC-EX
PCC-M
PCC-MNT
PCC-SM

PDM PREDIABETES

PDM-AP
PDM-C
PDM-DP
PDM-EX
PDM-M
PDM-MNT
PDM-N
PDM-SM

PN PRENATAL

PN-3T
PN-DM
PN-EX
PN-GDM
PN-IB
PN-M
PN-MNT
PN-PTL
PN-SM

PU PRESSURE ULCERS

PU-AP
PU-C
PU-DP
PU-EQ
PU-FU
PU-HM
PU-M
PU-MNT
PU-N
PU-PRO

PU-TX
PU-WC

PSR PSORIASIS

PSR-M
PSR-MNT
PSR-SM

PSYD PSYCHOTIC DISORDERS

PSYD-C
PSYD-DP
PSYD-EX
PSYD-HY
PSYD-LA
PSYD-M
PSYD-MNT
PSYD-SM

PL PULMONARY DISEASE

PL-ADL
PL-HY
PL-INF
PL-LA
PL-M

PYELO PYELONEPHRITIS

PYELO-EQ
PYELO-EX
PYELO-INF
PYELO-M
PYELO-P

M

MSAF - Medical Safety

MSAF-C COMPLICATIONS

OUTCOME: The patient/family will understand the importance of preventing and managing medical errors.

STANDARDS:

1. Discuss that it is important to take an active role in the patient's healthcare.
2. Discuss how to contact the appropriate healthcare provider with questions regarding medical therapy or potential medical errors.
3. Discuss when it is appropriate to go to the emergency room if a medical error, medication side-effect, or other emergency situation occurs as a result of medical treatments.

MSAF-FU FOLLOW-UP

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

STANDARDS:

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

MSAF-HY HYGIENE

OUTCOME: The patient/family will understand the importance of hygiene in preventing and controlling the spread of infection.

STANDARDS:

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

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

MSAF-I INFORMATION

OUTCOME: The patient/family will be able to identify the patient's primary provider and the condition(s) for which the patient is being treated.

STANDARDS:

1. Emphasize the importance of knowing the identity of the physician in charge of the total care.
2. Assist the patient/family in identifying the patient's primary physician.
3. Inform the patient/family of the reporting methods related to care, treatment, and services and patient safety issues.
4. Refer to reliable resources for more information as appropriate.

MSAF-L LITERATURE

OUTCOME: The patient/family will receive literature about medical safety.

STANDARDS:

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

MSAF-M MEDICATIONS

OUTCOME: The patient/family will understand that medications are a potential source for medical errors.

STANDARDS:

1. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation and interaction review.
2. Discuss the importance of informing the providers of any allergies or adverse medication reactions that the patient may have experienced.
3. Discuss the importance of being able to identify medications by the name, strength, purpose, and dosing directions and calling attention to the provider, pharmacist, or nurse when the medications provided do not appear to be correct. Instruct the patient to check the medication labels each time medicine is filled to verify the patient's name on the medication and that medication labels are easily understood.
4. Discuss the storage of the medication:
 - a. Use of safety caps and non-safety caps
 - b. Keep medicine and pill boxes out of reach of children
 - c. Keep medication in correctly labeled original container. Do not mix or put medications into unlabeled containers, with the exception of medication pill boxes.
 - d. Dispose of medications appropriately:
 - i. Follow specific disposal instructions on label
 - ii. Take unused medications to community drug take-back programs
 - iii. If disposing of medications in the garbage, take out of the original container and mix with coffee grounds, cat litter, or dirt. Put them in a sealable bag, empty can, or other container.
 - iv. Place needles or syringes in a glass container or heavy plastic container and dispose of in household garbage.
 - v. Do not flush medications down the toilet unless instructed.
 - vi. If unsure on how to dispose of medications, talk with the pharmacist.
5. Explain the importance of not sharing or selling medications with others.

MSAF-P PREVENTION

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

STANDARDS:

1. Explain that medical errors can occur anywhere in the healthcare system including the hospital, clinic, outpatient surgery center, doctor's office, nursing home, pharmacy, patient's home, and referral services. Discuss the types of medical errors, which may include but not limited to:
 - a. medicine
 - b. surgery/procedures
 - c. diagnosis
 - d. equipment
 - e. test reports
 - f. hospital-acquired infections
2. Discuss with patient/family members that it is important for them to take an active role in the patient's healthcare. Instruct the patient that if necessary, a family member or friend may attend the appointment.
3. Discuss the importance of knowing who the patient may contact for medical advice and information and concerns regarding the care, treatment, services, and patient safety issues. Encourage the patient/family to report concerns about safety.
4. Discuss infection prevention measures of hand hygiene practices, respiratory hygiene practices, and contact precautions according to the patient's condition.
5. Discuss the importance of all healthcare workers being aware of the patient's health and care and having the patient's medical record available.
6. Explain that when possible, select a hospital that has experience in the procedures that the patient needs.

MSAF-PRO PROCEDURE

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

STANDARDS:

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

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

MSAF-TE TESTS

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

STANDARDS:

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

M - Medications

M-ADD ADDICTION

OUTCOME: The patient/family will have an awareness of addiction potential to some prescription medications.

STANDARDS:

1. Discuss that medications should be taken as prescribed. Feeling the need to take more medicine than prescribed may become problematic and should be discussed with a medical provider.
2. Explain that some medicines have higher addiction potential than others.
3. Explain that some conditions do require large amounts of medication to control symptoms. Tolerance and addiction are different and some people may become medically dependent on some medications. This is not considered addiction.
4. Refer to treatment programs as appropriate. **Refer to AOD** (in Volume II of this manual set).

M-DI DRUG INTERACTION

OUTCOME: The patient/family will have an awareness of potential drug, food, or alcohol interactions associated with the prescribed medications.

STANDARDS:

1. Explain the potentially serious adverse effects of the specific interactions with other drugs (including OTC medications and traditional or herbal medicines).
2. Specifically discuss the adverse effects of this medication when combined with certain foods.
3. Emphasize the importance of informing the provider (e.g., physician, pharmacist, nurse) of any drug interaction(s) that have occurred in the past.
4. Inform the patient of the procedure to follow in the event of a drug interaction.

M-FU FOLLOW-UP

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

STANDARDS:

1. Review the treatment plan with the patient, emphasizing the need for keeping appointments, fully participating with medication therapy, returning for appropriate follow-up, lab tests, and appointments.

2. Discuss the importance of informing all healthcare providers of medications taken, including prescription, over-the-counter, herbal, supplements, and traditional medicine (medication reconciliation).
3. Discuss the signs/symptoms that should prompt for immediate follow-up.
4. Discuss the importance of follow up of medication therapy to assess adverse drug effects, safety, and efficacy of the prescribed medications.
5. Discuss the procedure for obtaining refills and renewals for medications.
6. Assist the patient in obtaining a follow-up appointment as necessary.

M-I INFORMATION

OUTCOME: The patient/family will demonstrate knowledge of the use and benefits of the medications in the treatment plan.

STANDARDS:

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

M-L LITERATURE

OUTCOME: The patient/family will receive literature about the medication(s) prescribed.

STANDARDS:

1. Provide the patient/family with literature on the medication(s) prescribed.
2. Discuss the content of the literature.

M-MB MEDICATION BOX TEACHING

OUTCOME: The patient/family will be able to fill and use a medication box correctly.

STANDARDS:

1. Explain the benefits of using medication boxes.
2. Demonstrate to the patient/family how to correctly fill the medication box.
3. Discuss the importance of reading medication labels carefully.
4. Discuss non-child resistant boxes and the proper storage as appropriate.
5. Instruct the patient/family on mechanisms to overcome barriers to proper use of medication boxes.
6. Participate in return demonstration of opening and filling the medication box and showing the correct slot for next dosage time.

M-MDI METERED-DOSE INHALERS

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

STANDARDS:

1. Instruct and demonstrate the steps for standard or alternate use procedure for metered-dose inhalers and ways to clean and store the inhaler properly.
2. Review the importance of using consistent inhalation technique.
3. Discuss the purpose of a spacer device. Instruct and demonstrate the proper technique for spacer use. Discuss the proper care and cleaning of spacers.

M-MR MEDICATIONS RECONCILIATION

OUTCOME: The patient/family will receive and review a printed medication profile.

STANDARDS:

1. Emphasize the importance of maintaining an accurate and updated medication profile.
2. Provide the patient/family with a copy of the patient's medication profile.
3. Discuss the content of the medication profile with the patient/family. Emphasize that the profile should consist of all medications including prescription, over-the-counter, herbals, traditional, and medications dispensed at any pharmacy.
4. Emphasize the need to provide a copy of the complete medication profile at every medical visit.

M-NEB NEBULIZER

OUTCOME: The patient will be able to demonstrate effective use of the nebulizer device, to discuss the proper care and cleaning of the system, and to describe its place in the care plan.

STANDARDS:

1. Describe the proper use of the nebulizer including the preparation of the inhalation mixture, the inhalation technique, and the care of the equipment.
2. Discuss the nebulizer treatment as it relates to the medication regimen.

M-PRX MEDICATION DISPENSATION TO PROXY

OUTCOME: The person to whom the medication is dispensed will understand information about the medication and will develop a plan to assure proper medication use.

PROXY – Defined as a person who is picking up the patient’s medications when: (a) the patient is not present and (b) the proxy was not present during the patient visit. If the patient or family member is picking up the medication, or if the person picking up the medication was present during the patient’s visit (e.g., family member), use the M-I.

STANDARDS:

1. The proxy will receive information on proper administration of the medications dispensed.
2. The proxy will understand that they are responsible for conveying the education to the patient when picking up the patient’s medications.
3. The proxy will understand the responsibility for delivering the patient’s medications. The pharmacy is no longer responsible for the medications once they leave the pharmacy.

M-S SAFETY

OUTCOME: The patient/family will understand the factors associated with medication safety.

STANDARDS:

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

2. Discuss the importance of informing the providers of any allergies or adverse medication reactions that the patient may have experienced.
3. Discuss the importance of being able to identify medications by the name, strength, purpose, and dosing directions and calling attention to the provider, pharmacist, or nurse when the medications provided do not appear to be correct. Instruct the patient to check the medication labels each time medicine is filled to verify the patient's name on the medication and that medication labels are easily understood.
4. Discuss the storage and disposal of the medication:
 - a. Use of safety caps and non-safety caps
 - b. Keep medicine and pill boxes out of reach of children
 - c. Keep medication in correctly labeled original container. Do not mix or put medications into unlabeled containers, with the exception of medication pill boxes.
 - d. Dispose of medications appropriately:
 - i. Follow specific disposal instructions on label
 - ii. Take unused medications to community drug take-back programs
 - iii. If disposing of medications in the garbage, take out of the original container and mix with coffee grounds, cat litter, or dirt. Put them in a sealable bag, empty can, or other container.
 - iv. Place needles or syringes in a glass container or heavy plastic container and dispose of in household garbage.
 - v. Do not flush medications down the toilet unless instructed.
 - vi. If unsure on how to dispose of medications, talk with the pharmacist.
5. Explain the importance of not sharing or selling medications with others.

M-TE TESTS

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

STANDARDS:

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

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

MNG - Meningitis

MNG-ADV ADVANCE DIRECTIVE

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

STANDARDS:

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

MNG-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the brain and spinal cord and other associated central nervous system structures.
2. Discuss the changes to anatomy and physiology as a result of meningitis.
3. Discuss the impact of these changes on the patient's health or well-being.

MNG-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

MNG-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common complications of meningitis. The complications of meningitis can be severe. The longer one has the disease without treatment, the greater the risk of seizures and permanent neurological damage, including:
 - a. Hearing loss
 - b. Blindness
 - c. Memory difficulty
 - d. Loss of speech
 - e. Learning disabilities
 - f. Behavior problems
 - g. Brain damage
 - h. ParalysisOther complications may include:
 - i. Kidney failure
 - j. Adrenal gland failure
 - k. Shock
 - l. Death

2. Describe the signs/symptoms of common complications of meningitis.

MNG-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

MNG-DP DISEASE PROCESS

OUTCOME: The patient/family will understand meningitis.

STANDARDS:

1. Discuss the disease process of meningitis. Meningitis usually results from a viral infection, but the cause may also be a bacterial infection. Less commonly, a fungal infection may cause meningitis. Because bacterial infections are the most serious and can be life-threatening, identifying the source of the infection is an important part of developing a treatment plan.
2. Discuss the types of meningitis.
 - a. Acute bacterial meningitis usually occurs when bacteria enter the bloodstream and migrate to the brain and spinal cord. But it can also occur when bacteria directly invades the meninges, as a result of an ear or sinus infection or a skull fracture. A number of strains of bacteria can cause acute bacterial meningitis.
 - b. Viral meningitis is usually mild and often clears on its own within two weeks. Each year, viruses cause a greater number of cases of meningitis than do bacteria. A group of viruses known as enteroviruses are responsible for most viral meningitis cases in the United States. Many viral meningitis episodes never have a specific virus identified as the cause. The most common signs and symptoms of enteroviral infections are rash, sore throat, diarrhea, joint aches, and headache. These viruses tend to circulate in late summer and early fall. Viruses such as herpes simplex virus, La Crosse virus, West Nile virus and others also can cause viral meningitis.

- c. Chronic forms of meningitis occur when slow-growing organisms invade the membranes and fluid surrounding the brain. Although acute meningitis strikes suddenly, chronic meningitis develops over two weeks or more. Nevertheless, the signs and symptoms of chronic meningitis (headaches, fever, vomiting and mental cloudiness) are similar to those of acute meningitis. This type of meningitis is rare.
 - d. Fungal meningitis is relatively uncommon and causes chronic meningitis. Occasionally it can mimic acute bacterial meningitis. Cryptococcal meningitis is a common fungal form of the disease that affects people with immune deficiencies, such as AIDS. It's life-threatening if not treated with an antifungal medication.
 - e. Meningitis can also result from noninfectious causes, such as drug allergies, some types of cancer, and inflammatory diseases such as lupus.
3. Review the symptoms of meningitis.
- a. The hallmark signs of meningitis are sudden fever, severe headache, and a stiff neck. In more severe cases, neurological symptoms may include nausea and vomiting, confusion and disorientation, drowsiness, sensitivity to bright light, and poor appetite.
 - b. Meningitis often appears with flu-like symptoms that develop over 1-2 days. Distinctive rashes are typically seen in some forms of the disease. Meningococcal meningitis may be associated with kidney and adrenal gland failure and shock.

MNG-EQ EQUIPMENT

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

STANDARDS:

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

3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

MNG-EX EXERCISE

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

STANDARDS:

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

MNG-FU FOLLOW-UP

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

STANDARDS:

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

MNG-HELP HELP LINE

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

STANDARDS:

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

2. Provide the help line phone number or Internet address (URL), such as:

<http://www.cdc.gov/meningitis/index.html>

http://www.ninds.nih.gov/disorders/encephalitis_meningitis/encephalitis_meningitis.htm

Meningitis Foundation of America, Inc.
supportmfa@musa.org
Tel: 480-270-2652
<http://www.musa.org>

National Meningitis Association
support@nmaus.org
Tel: 866-FONE-NMA (366-3662)
<http://www.nmaus.org>

MNG-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of long-term recovery from meningitis.

STANDARDS:

1. Explain the home management techniques. Patients with mild viral meningitis may be allowed to stay at home, while those who have a more serious infection may be hospitalized for supportive care. Patients with mild cases, which often cause only flu-like symptoms, may be treated with fluids, bed rest (preferably in a quiet, dark room), and analgesics for pain and fever.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

MNG-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

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

MNG-HY HYGIENE

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

STANDARDS:

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

MNG-INF INFECTION CONTROL

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

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.

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

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

MNG-L LITERATURE

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

STANDARDS:

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

MNG-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for long-term recovery from meningitis.

STANDARDS:

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

MNG-M MEDICATIONS

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

STANDARDS:

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

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

MNG-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for long-term recovery from meningitis.

STANDARDS:

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

MNG-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to long-term recovery from meningitis.

STANDARDS:

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

MNG-P PREVENTION

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

STANDARDS:

1. Discuss the prevention of meningitis. Meningitis typically results from contagious infections. Common bacteria or viruses that can cause meningitis can spread through coughing, sneezing, kissing, or sharing eating utensils, a toothbrush or a cigarette. The patient is also at increased risk if living or working with someone who has the disease. These steps can help prevent meningitis:
 - a. Careful hand washing is important to avoiding exposure to infectious agents. Teach children to wash their hands often, especially before they eat and after using the toilet, spending time in a crowded public place or petting animals. Show them how to wash their hands vigorously, covering both the front and back of each hand with soap and rinsing thoroughly under running water.
 - b. Maintain the patient's immune system by getting enough rest, exercising regularly, and eating a healthy diet with plenty of fresh fruits, vegetables and whole grains.
 - c. When the patient needs to cough or sneeze, be sure to cover the mouth and nose. Reduce the risk of meningitis caused by listeriosis if the patient is pregnant by cooking meat thoroughly and avoiding cheeses made from unpasteurized milk.
2. Explain that some forms of bacterial meningitis are preventable with the following vaccinations:
 - a. Haemophilus influenzae type b (Hib) vaccine. Children in the United States routinely receive this vaccine as part of the recommended schedule of vaccines, starting at about 2 months of age. The vaccine is also recommended for some adults, including those who have sickle cell disease or AIDS and those who don't have a spleen.
 - b. Pneumococcal conjugate vaccine (PCV7). This vaccine is also part of the regular immunization schedule for children younger than 2 years in the United States. In addition, it's recommended for children between the ages of 2 and 5 who are at high risk of pneumococcal disease, including children who have chronic heart or lung disease or cancer.
 - c. Pneumococcal polysaccharide vaccine (PPSV). Older children and adults who need protection from pneumococcal bacteria may receive this vaccine. The Centers for Disease Control and Prevention recommends the PPSV vaccine for all adults older than 65, for younger adults and children who have weak immune systems or chronic illnesses such as heart disease, diabetes or sickle cell anemia, and for those who don't have a spleen.

- d. Meningococcal conjugate vaccine (MCV4). The Centers for Disease Control and Prevention recommends that a single dose of MCV4 be given to children ages 11 to 12 or to any children ages 11 to 18 who haven't yet been vaccinated. However, this vaccine can be given to younger children who are at high risk of bacterial meningitis or who have been exposed to someone with the disease. It is approved for use in children as young as 9 months old. It is also used to vaccinate healthy people who have been exposed in outbreaks but have not been previously vaccinated.

MNG-PM PAIN MANAGEMENT

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

STANDARDS:

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

MNG-PRO PROCEDURE

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

STANDARDS:

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

5. Discuss pain management as appropriate.

MNG-SM STRESS MANAGEMENT

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

STANDARDS:

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

MNG-TE TESTS

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

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing: (i.e., Neurological examination, laboratory testing of blood, urine, or bodily secretions, throat culture, lumbar puncture for cerebrospinal fluid collection and analysis, CT scan, MRI, or EEG.)
 - b. necessity, benefits, and risks of test(s) to be performed

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

MNG-TLH TELE-HEALTH

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

STANDARDS:

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

MNG-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that early treatment of bacterial meningitis with antibiotics is important to its outcome.
 - a. Antibiotics may be necessary through an IV. Antibiotics may also be given to prevent other bacterial infections. Appropriate antibiotic treatment for most types of meningitis can reduce the risk of dying from the disease.

- b. Infected sinuses may need to be drained. Corticosteroids such as prednisone may be ordered to relieve brain pressure and swelling and to prevent hearing loss that is common in patients with *Haemophilus influenzae* meningitis. Pain medicine and sedatives may be given to make patients more comfortable. Lyme disease is treated with intravenous antibiotics.
 - c. Unlike bacteria, viruses cannot be killed by antibiotics (an exception is the herpes virus, which may be treated with antiviral drugs). Anticonvulsants may be prescribed to prevent seizures and corticosteroids may be prescribed to reduce brain inflammation. If inflammation is severe, pain medicine and sedatives may be prescribed to make the patient more comfortable.
 - d. Acute disseminated encephalomyelitis is treated with steroids. Fungal meningitis is treated with intravenous antifungal medications.
- 4. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
 - 5. Discuss the importance of maintaining a positive mental attitude.

MH - Men's Health

MH-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand the male breast, reproductive system, and genitalia.

STANDARDS:

1. Explain the normal anatomy and physiology of the breast. Discuss the areola, nipple, ducts, and glands.
2. Discuss the changes to anatomy and physiology of the male reproductive system. Identify the functions of the testes, prostate, and penis.
3. Explain the normal anatomy and physiology of the male genitalia. Identify the penis, foreskin, scrotum, and perineal area.

MH-BE BREAST EXAM

OUTCOME: The patient/family will understand the importance of breast self-exam and clinical breast exam on physicals.

STANDARDS:

1. Discuss breast anatomy and that cancer can occur in males as well as in females.
2. Emphasize the importance of examination for early detection of breast cancer.
3. Explain that survival rates are markedly higher when cancer is detected and treated early.
4. Teach breast self-exam. Participate in return demonstration.
5. Discuss the importance of routine annual clinical examination.

MH-CRC COLORECTAL CANCER SCREENING

OUTCOME: The patient/family will understand the importance of colorectal cancer screening as it relates to maintaining optimal health.

STANDARDS:

1. Explain that screening for colorectal cancer should begin at age 50 or sooner if there is a family history of cancer. Explain that diagnosing cancer at the earliest stage often provides the best chance for a cure.

2. Discuss the following risk factors: older age, African American race, personal history of colorectal cancer or polyps, history of ulcerative colitis or Crohn's disease, genetic syndromes, family history of colon cancer or colon polyps, low-fiber and high fat diet, sedentary lifestyle, diabetes, obesity, smoking, heavy alcohol use, radiation therapy for previous cancers.
3. Discuss environmental factors that may contribute to the development of colorectal cancer such as asbestos, benzene, and cigarette smoke.
4. Discuss available techniques and recommended intervals for screening for colorectal cancer, as appropriate. Discuss necessary pre-test preparation including foods to avoid, medications to stop or start, bowel preparation, and testing procedure.
 - a. Fecal Occult Blood Testing
 - b. Sigmoidoscopy
 - c. Colonoscopy
5. Discuss the importance of follow-up for results, and further testing if needed for definitive diagnosis.

MH-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

MH-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity and will make a plan to increase regular activity by an agreed-upon amount.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any exercise, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.

3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Encourage the patient to increase the intensity and duration of the activity when becoming more fit.
5. Refer to community resources as appropriate.

MH-FU FOLLOW-UP

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

STANDARDS:

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

MH-HY HYGIENE

OUTCOME: The patient will recognize good personal hygiene as an aspect of wellness.

STANDARDS:

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

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

MH-IM IMMUNIZATIONS

OUTCOME: The patient will understand the immunizations necessary for preventing communicable diseases. **Refer to IM** (in Volume III of this manual set).

STANDARDS:

1. Discuss the schedule for recommended immunizations and illnesses they prevent. Review when the following immunizations would be used, as appropriate:
 - a. Tetanus
 - b. Pneumonia
 - c. Influenza
 - d. MMR (measles, mumps, rubella)
 - e. HPR (for certain types of cervical cancer)
 - f. Hepatitis A and B
 - g. Meningococcal
 - h. Zoster (shingles)
2. Discuss the side effects and potential adverse reactions that are common to this immunization.
3. Discuss the potential consequences of vaccine refusal.
4. Discuss the treatment of side effects and home care after immunizations.

MH-L LITERATURE

OUTCOME: The patient/family will receive literature about men's health issues.

STANDARDS:

1. Provide the patient/family with literature on men's health issues.
2. Discuss the content of the literature.

MH-M MEDICATIONS

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

STANDARDS:

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

MH-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

MH-N NUTRITION

OUTCOME: The patient will understand the role of nutrition and men's health.

STANDARDS:

1. Review normal nutritional needs for optimal health. Discuss food choices when eating away from home.
2. Explain the benefits of a healthy weight and exercise in preventing or delaying the onset of medical problems.
3. Discourage intake of more than two alcoholic drinks per day and encourage adequate water intake.
4. Refer to a registered dietitian for MNT as appropriate.

MH-PCC PRE-CONCEPTION CARE

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

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screen and treatment for STIs, including HIV
2. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
3. Discuss the man's perceived role in child rearing and the importance of discussing this with partner. This may include primary or supportive roles and legal responsibilities.

MH-PRS PROSTATE HEALTH

OUTCOME: The patient will understand the importance of prostate health and cancer prevention.

STANDARDS:

1. Discuss the prostate and the normal changes that occur with age.

2. Discuss the prostate exam and emphasize the importance of examination in early detection of prostate cancer. Explain that survival rates are markedly higher when cancer is detected and treated early.
3. Explain that patients who have first-degree relatives with prostate cancer are at significantly higher risk for cancer.
4. Emphasize the importance of follow-up exams.
5. Discuss the role of prostate-specific antigen testing in the early detection of prostate cancer.

MH-SM STRESS MANAGEMENT

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

STANDARDS:

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

6. Provide referrals as appropriate.

MH-SX SEXUALITY

OUTCOME: The patient will understand the important aspects of sexuality.

STANDARDS:

1. Discuss that the decision to have sex is an individual decision. Peer pressure to have sex can be intense. The decision to have sex should always be discussed between partners.
2. Discuss healthy sexual behavior:
 - a. monogamous relationships
 - b. consensual sex
 - c. open and honest conversations with partner about sexual likes and dislikes
 - d. family planning and use of effective birth control
3. Explain sexual terms such as orgasm, foreplay, ejaculation, or any other terms unfamiliar to patient. Also explain what to expect during intercourse and symptoms that should be reported to a healthcare provider.
4. Discuss the importance of making a reproductive plan and pre-conception care when applicable.
5. Explain that promiscuous sexual behavior substantially increases the risk of sexually transmitted infections. These infections can lead to ectopic pregnancy, infertility, systemic infections, or chronic pelvic pain. Also emphasize that HIV, hepatitis, and herpes can be sexually transmitted and have no cures.
6. Emphasize that abuse, (i.e., sexual, emotional, or physical) should not be tolerated. Emphasize the importance of reporting domestic violence to the proper law enforcement and child welfare/protective agencies and the patient's healthcare provider. Discuss the availability of shelters and other support options in the area. Offer a list of resources and make referrals as appropriate. **Refer to DV-REF**(in Volume II of this manual set).

MH-TE TESTS

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

STANDARDS:

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

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

MH-TO TOBACCO

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

STANDARDS:

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

MH-TSE TESTICULAR SELF-EXAM

OUTCOME: The patient will understand the importance of routine testicular self-exam.

STANDARDS:

1. Explain that the purpose of the TSE is to screen for abnormal signs and symptoms of the testes.
2. Emphasize the importance of routine two-step basic TSE. Encourage patients to associate the TSE routine with an important monthly date.

MPS - Menopause

MPS-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the female reproductive system, and the changes associated with menopause.

STANDARDS:

1. Explain the normal anatomy and physiology of the female reproductive system.
2. Explain that hormones produced by the ovaries have wide ranging effects that involve not only the uterus and ovaries but also the brain, skin, blood vessels, heart, bones, breasts, and the urinary system.
3. Discuss the impact of these changes on the patient's health or well-being.

MPS-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of menopause that require a change in lifestyle (**refer to [MPS-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in menopause, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the acceptance and coping process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial, and the importance of seeking help in accepting and coping with a normal development process.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
6. Refer to a mental health agency or provider.

MPS-C COMPLICATIONS

OUTCOME: The patient/family will understand some of the potential changes associated with menopause.

STANDARDS:

1. Discuss the changes that may occur with menopause and the impact of these changes on the patient's health.
 - a. Loss of bone density leading to osteoporosis may include oral cavity changes
 - b. Increased cardiovascular risks
 - c. Loss of fertility
 - d. Vasomotor symptoms, hot flashes
 - e. Mood changes (irritability, anxiety, mood swings, depression, agitation, changes in libido) and sleep disturbances
 - f. Urogenital symptoms: atrophy, thinning, dryness, vulvar itching/irritation, loss of vaginal elasticity, pain/discomfort with sexual activity, frequent urination, urinary urgency, stress incontinence, pelvic relaxation
 - g. Mild concentration and memory impairment
 - h. Ocular changes (dryness, burning, pressure, sensitivity to light, blurred vision, increased lacrimation)
 - i. Weight gain, palpitations, skin changes, joint pain, and headache
 - j. Less hair on the head, possible increase of hair on face
2. Explain how the complications/symptoms of menopause are related to decreased estrogen and other hormones.

MPS-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

MPS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the changes that may occur with menopause.

STANDARDS:

1. Discuss how menopause relates to altered hormone production as a result of a normal developmental process.
2. Explain that menopause may be caused by medical interventions, such as surgery, chemotherapy, or pelvic radiation.
3. Explain that menopause may last several months or years.
4. Discuss the common manifestations of menopause.

MPS-EX EXERCISE

OUTCOME: The patient/family will understand the relationship between exercise and the changes of menopause.

STANDARDS:

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

MPS-FU FOLLOW-UP

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

STANDARDS:

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

MPS-L LITERATURE

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

STANDARDS:

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

MPS-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living that may be associated with menopausal changes.

STANDARDS:

1. Discuss behaviors which promote good health and reduce the risk of potential complications associated with menopausal changes, e.g., osteoporosis and cardiovascular disease including:
 - a. Avoidance of tobacco, excessive caffeine, and other drugs of abuse
 - b. Regular weight bearing exercise to reduce the risk of osteoporosis and regular aerobic exercise to reduce the risk of cardiovascular disease
 - c. Stress reduction
 - d. Balanced diet low in fat and rich in calcium and Vitamin D
 - e. Maintenance of a healthy weight
2. Advise the patient of potential triggers for hot flashes and avoidance of triggers:
 - a. Stress and anxiety
 - b. Spicy foods
 - c. Caffeine
 - d. Hot drinks
 - e. Alcoholic beverages
 - f. Hot environment
3. Discuss the current recommendations for breast exams including mammography. Refer the patient to a physician for the most current information.
4. Define activities of daily living (ADL) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient's ability to perform ADL affects the ability to live independently.
5. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, structuring leisure time, keeping clean, and using transportation.

MPS-M MEDICATIONS

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

STANDARDS:

1. Describe that hormone replacement therapy (HRT) is an option to relieve the symptoms of menopause and may protect against osteoporosis.
2. Discuss the current understanding of medications/herbals/etc. in the treatment of menopausal changes.
3. Describe the name, strength, purpose, dosing directions, and storage of the medication.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

MPS-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

MPS-N NUTRITION

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

STANDARDS:

1. Emphasize that achieving and maintaining a healthy weight includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Discuss the appropriate caloric intake in response to metabolic changes associated with aging, and the importance to maintaining adequate intake of calcium and vitamin D in the diet and/or supplementation as needed.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

MPS-PRO PROCEDURES

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as possible results of not having the procedure performed.

STANDARDS:

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

MPS-SM STRESS MANAGEMENT

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

STANDARDS:

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

MPS-TE TESTS

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

STANDARDS:

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

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

MPS-TO TOBACCO

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

STANDARDS:

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

MNTL - Mental Health

MNTL-AM ANGER MANAGEMENT

OUTCOME: The patient/family will apply anger management skills, and learn appropriate anger expression.

STANDARDS:

1. Explain/review the elements of the anger management skills under consideration:
 - a. Fair fighting techniques
 - b. Identifying the level or severity of the anger, (i.e., recognizing anger)
 - c. The effects of anger on the body and mind
 - d. Identifying self-talk and its influence on anger
 - e. Identifying the payoffs
 - f. The effects of suppression or repression of anger
 - g. Expressing/communicating anger appropriately (i.e., directing anger)
 - h. Aggression, passivity, and assertiveness
 - i. Understanding the source(s) of anger
2. Discuss the specific skills, homework, and applications regarding anger management, including:
 - a. Anger journal
 - b. Time out procedures
 - c. Mindfulness and gaining distance from anger
 - d. Expressing anger appropriately
 - e. Treating the source of the anger
 - f. Problem solving skills and constructive conflict resolution (refer to [MNTL-CR](#))
 - g. Release techniques (e.g., exercise, meditation, hate letters, etc.)

MNTL-AS ASSERTIVENESS SKILLS

OUTCOME: The patient/family will apply assertiveness skills and ways of meeting their needs.

STANDARDS:

1. Discuss assertive behavior, and explore the patient's historical obstacles to assertive behavior, including childhood and family dynamics, fears of the reaction of others.
2. Discuss the techniques for assertive communication and behavior, including:
 - a. Remaining firm and decisive
 - b. Goal-setting
 - c. Problem solving and constructive conflict resolution (**refer to [MNTL-CR](#)**)
 - d. Expressing interest in others/mutual respect for self and others
 - e. Practicing assertive communication and behavior
 - f. Establishing appropriate boundaries
 - g. Learning way to trust one's own judgment

MNTL-CD COGNITIVE DISTORTIONS

OUTCOME: The patient/family will identify and alter the distortions in thinking.

STANDARDS:

1. Explain that cognitive distortions are exaggerated or irrational thoughts and beliefs, also known as logical fallacies, which may cause or perpetuate depression, anxiety, and other mental disorders, as well as interfere with relationships or normal daily functioning.
2. Discuss the distortions potentially noted in the patient/family:
 - a. **Black and white/All or nothing thinking** involves thinking in absolute terms, using words such as 'always', 'never', 'every'.
 - b. **Over-generalization** involves taking isolated cases and using them to make wide generalizations.
 - c. **Jumping to conclusions** involves drawing conclusions from little or no evidence, including:
 - i. **mind-reading:** assuming special knowledge of others, or expecting others to have special knowledge of one's self.
 - ii. fortune-telling: exaggerating how things will turn out before they happen.
 - d. **Disqualifying the positive** involves continually de-emphasizing or "shooting down" the positive for arbitrary or ad hoc reasons.
 - e. **Emotional reasoning** involves assuming that one's feelings reflect reality.
 - f. **Magnification and minimization** involves distorting aspects of memories or situations that they do not correspond to objective reality.

- g. **Catastrophizing** involves focusing on the worst possible outcome, however unlikely, and believing that this uncomfortable situation is “unbearable.”
 - h. **Should statement** involves the rigid implication that things will always apply no matter the circumstances.
 - i. **Labeling or mislabeling** involves explaining behaviors or events simply by naming them.
 - j. **Personalization** involves attributing personal responsibility for things over which one has no control.
 - k. **Errors in blaming** involve attributing responsibility to others for things over which they have no control.
3. Discuss the methods for observing one’s own thoughts and “self-talk,” and how to change or correct the faulty thinking.

MNTL-COM COMMUNICATION SKILLS

OUTCOME: The patient/family will learn how to apply communication skills in their personal or professional life.

STANDARDS:

1. Explain the specific skills necessary for effective communication:
 - a. Expressive skills, such as use of “I” statements, conveying accurate information simply, and anticipation of assumptions and potentially defensive reactions.
 - b. Listening skills such as mirroring, validation, and empathy before responding.
 - c. Patience and attunement to timing, emotional reactions, and fair fighting techniques.
2. Discuss the importance of attunement to verbal and non-verbal communication, including body language, cultural differences, and the context.
3. Demonstrate or role-play effective communication.

MNTL-COP COPING SKILLS

OUTCOME: The patient/family will learn to build adaptive coping strategies in efforts to improve stress tolerance and mental health conditions.

STANDARDS:

1. Discuss the importance of developing internal coping skills, as opposed to unhealthy, external sources, such as drugs, alcohol, sex, and co-dependency.
2. Explain/review the ways of internalizing coping skills, including:
 - a. Breathing and other relaxation exercises

- b. Mindfulness Based Stress Reduction/Being present
- c. Appropriate feelings expression/Talk to a trusted party as soon as problems arise
- d. Safe place for exercises, imagery
- e. Affect Containment/Container exercises
- f. Grounding exercises
- g. Visualization techniques
- h. Writing/Art (i.e., organizing and slowing down one's thoughts)
- i. Learning to observe thoughts and feelings objectively
- j. Take responsibility for one's feelings and life (i.e., avoid victim stance)
- k. Recognizing distorted thoughts (**refer to [MNTL-CD](#)**)

MNTL-CR CONFLICT RESOLUTION

OUTCOME: The patient/family will learn the skills for effective conflict resolution.

STANDARDS:

1. Discuss the mindset and attitude necessary for effective conflict resolution:
 - a. Normalize or reframe conflict as essential for healthy relationship as a means for dealing with differences. When handled in a respectful and positive way, conflict can result in opportunities for growth.
 - b. Explain that problems will continue to surface and may worsen if conflict is avoided.
 - c. Explain that successful conflict resolution depends on one's ability to regulate stress and one's own emotions.
 - d. Explain that psychotherapy may be necessary to address the source of strong emotional reactions if it continues to interfere with resolution.
2. Discuss the skills necessary for healthy conflict resolution within the context of the culture of the patient:
 - a. The capacity to recognize and respond to the things that matter to the other person
 - b. Pay attention to the feelings being expressed
 - c. Seek win-win solutions, and avoid the tendency to be "right"
 - d. Calm, non-defensive, and respectful reactions
 - e. A readiness to forgive and forget, and to move past the conflict without holding resentments or anger
 - f. The ability to seek compromise and avoid punishing

- g. A belief that facing conflict head-on is the best thing for both sides
- h. Fair fighting techniques

MNTL-DEF DEFENSES/RESISTENCE

OUTCOME: The patient/family will become aware of their defensive reactions, and develop mature responses to problems.

STANDARDS:

1. Explain the normal tendency of individuals to unconsciously resist the change they are seeking, and the ability to make more conscious choices with awareness.
2. Explain the defense under consideration.
3. Acknowledge the vulnerability in lowering defenses, and emphasize the importance of choosing the context to do so (e.g., therapeutic settings, intimate partner, etc.).
4. Assist the patient/family in safely turning defensiveness into openness.

MNTL-FI FEELING IDENTIFICATION

OUTCOME: The patient/family will understand the emotional/feeling states and reactions.

STANDARDS:

1. Assist in identifying the current emotional state, which may include a feelings chart or equivalent.
2. Discuss the strategies for improving emotional awareness and feeling identification, including writing exercises or feelings journals.

MNTL-GP GRIEVING PROCESS

OUTCOME: The patient/family will understand the emotional/feeling states and reactions.

STANDARDS:

1. Explore any feelings of loss that affect the patient and the patient's loved ones.
2. Discuss the importance of keeping open communication and promoting social interaction in preserving the dignity of the patient.
3. Explore how separation and mourning are aspects of the bereavement process.
4. Explain that the need to repeatedly verbalize feelings is a normal part of grieving.

MNTL-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

MNTL-INTER INTERPERSONAL RELATIONSHIPS

OUTCOME: The patient/family will understand the differences between healthy and unhealthy relationships.

STANDARDS:

1. Discuss the elements of healthy relationships and methods for building them, including:
 - a. Mutual respect
 - b. Safety/Security
 - c. Trust
 - d. Honesty
 - e. Vulnerability/Intimacy
 - f. Support/Caring
 - g. Fairness/Equality
 - h. Self-care/Privacy

- i. Separate identities, and maintenance of friends and family
 - j. Good communication
 - k. Fair fighting techniques
 - l. A sense of playfulness/fondness
2. Discuss the elements of unhealthy relationships and how to avoid them or resolve the problems, including:
 - a. Domestic violence/lack of safety
 - b. Unilateral decisions
 - c. Putting one's needs before the other
 - d. One partner controlling the resources
 - e. Pressuring one's partner into agreeing with one
 - f. Lack of privacy/monitoring partner's time, space, cell phone, mileage, etc.
 - g. Have no common friends or lack a respect for partner's friends and families
 - h. Do not prioritize quality time together
 - i. Experience lack of fairness or equality
 - j. Enmeshment/Lack of social network outside the relationship
3. Discuss the reasons that one remains in an unhealthy relationship, even when one has decided to leave. Address these issues, including fear of being alone, shame, insecurities/feelings of worthlessness, financial reasons, etc.

MNTL-L LITERATURE

OUTCOME: The patient/family will receive literature about the topic or condition under consideration.

STANDARDS:

1. Provide the patient/family with literature on the topic or condition under consideration.
2. Discuss the content of the literature.

MNTL-PA PARENTING

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

STANDARDS:

1. Discuss the methods for appropriate parenting at home, including the appropriate use of rewards and consequences, and methods for improving the adult-child relationship.
2. Discuss the physical, emotional, and cognitive needs of the child based on age and level of development.
3. Emphasize the importance communicating in a way that the child understands.
4. Discuss the methods for providing emotional support and unconditional assistance to the child.
5. Refer the family to mental health services/family counseling if the family/child(ren) are becoming overwhelmed.

MNTL-SM STRESS MANAGEMENT

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

STANDARDS:

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

MR - Mental Retardation

MR-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with mental retardation as a life-altering illness that requires a change in lifestyle (**refer to [MR-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common for families who learn about their relative's diagnosis.
3. Discuss the danger of further complications or mental health diagnoses related to untreated emotional turmoil (**refer to [MR-C](#)**).
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Refer to a mental health agency or provider.

MR-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications associated with mental retardation.

STANDARDS:

1. Explain that the lack of communication skills may predispose the individual to emotional instability (e.g. lability of mood) or behavioral dyscontrol (e.g. aggressiveness), and may develop into other co-morbid conditions, such as depressive disorders (**refer to DEP** in Volume II of this manual set) and Impulse Control Disorders (**refer to IMPLS** in Volume III of this manual set).
2. Explain that individuals diagnosed with mental retardation are often vulnerable to exploitation or abuse.
3. Discuss possible psychosocial complications, including the inability to care for self, the inability to interact with others appropriately, and social isolation.

MR-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

1. Explain that the current standardized tests of aptitude and adaptive functioning scales do not accurately reflect the Native American population in their standardization sample, and may therefore reflect inaccurate scores.
2. Discuss the efforts made to ensure that interpretation of intelligence test procedures and scores reflect adequate attention to the individual's ethnic or cultural background.
3. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
4. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

MR-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms, course, and causes of mental retardation.

STANDARDS:

1. Explain the criteria for the diagnosis of mental retardation:
 - a. Significantly sub-average intellectual functioning as scored on standardized intelligence tests (IQ tests).
 - b. Concurrent deficits or impairments in present adaptive functioning, i.e., the person's effectiveness in meeting standards expected for the person's age and cultural group.
 - c. The degree of severity reflecting the level of intellectual impairment:
2. Explain that the age of onset must be before 18 years old, and the course of the mental retardation is influenced by the course of the underlying general medical conditions or by environmental factors at the root of mental retardation:
3. Explain that mental retardation is not necessarily a lifelong disorder, and that individuals with a mild severity may develop good adaptive skills and no longer have the level of impairment required for a formal diagnosis.
4. Explain that some individuals are passive, placid, and dependent, while others are aggressive and impulsive.
5. Discuss the causes or potential causes of the mental retardation, including hereditary/genetic, prenatal causes, childhood illness, and environmental causes.
6. Discuss the prognosis for the individual, which may vary according to the cause and severity of the mental retardation.

MR-EX EXERCISE

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

STANDARDS:

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

MR-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of complications associated with mental retardation.

STANDARDS:

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

MR-HELP HELP LINE

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

STANDARDS:

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

MR-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

MR-HY HYGIENE

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

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.

4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

MR-L LITERATURE

OUTCOME: The patient/family will receive literature about mental retardation.

STANDARDS:

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

MR-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary for compensating to impairment in functioning, or coping with the family member's limitations.

STANDARDS:

1. Discuss that the family may also require lifestyle adaptations to care for the patient, including the skills needed for special needs.
2. Discuss ways to optimize the quality of life.
3. Refer to community services, resources, or support groups, as available.

MR-M MEDICATIONS

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

STANDARDS:

1. Explain the usefulness of medications in alleviating symptoms of associated disorders or features, such as depression (**refer to DEP-M** in Volume II of this manual set) or aggressive behavior.
2. Describe the name, strength, purpose, dosing directions, and storage of the medication.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.

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

MR-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

MR-N NUTRITION

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

STANDARDS:

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

MR-PCC PRE-CONCEPTION CARE

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

STANDARDS:

1. Discuss the importance of managing the symptoms of mental retardation during preconception and pregnancy to reduce risk of the birth defects and complications.
2. Discuss temporary alternative measures for managing mood shifts and other symptoms during pregnancy, including the benefits of psychotherapy and lifestyle choices.
3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist.
4. Refer to medical and psychosocial support services for any risk factor identified.

MR-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to the adaptive functioning of the individual with mental retardation, and the risk of harm to self or others.

STANDARDS:

1. Discuss the potential consequences of the individual's limitations in self-care, problem solving, conflict resolution, and impulse control.
2. Discuss the importance of providing a safe environment, as appropriate. **Refer to CHT-S** (in Volume II of this manual set).
3. Discuss/review the safety plan with the patient and family, including emergency procedures should the individual decompensate in terms of emotional stability and behavioral control.
4. Review the local resources and phone numbers, including the police, who may be utilized during a crisis, and may assist in transportation and safety compliance.

MR-SCR SCREENING

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

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., guaiac, blood pressure, hearing, vision, development, mental health.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

MR-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with emotional instability and behavioral problems associated with mental retardation.

STANDARDS:

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

MR-TE TESTS

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

STANDARDS:

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

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

MR-TLH TELE-HEALTH

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

STANDARDS:

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

MR-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in treatment plan.
 - a. Explain that the primary goal of treatment is to develop the person's potential to the fullest, and includes social skills to help the person function as normally as possible.
 - b. Explain that some forms of mental retardation are treatable medically, such as those caused by hypothyroidism.
 - c. Explain that special education and training may begin as early as infancy.
 - d. Explain that behavioral approaches are important for people with mental retardation. No treatment exists to improve intellectual ability.
 - e. Explain that older individuals may learn independent living and job skills, which depends on the degree of impairment.

2. Explain that separate treatment will be necessary for co-morbid conditions, such as depression or aggressive behavior, and may include psychopharmacological intervention.

MSX - Metabolic Syndrome

MSX-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

MSX-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

MSX-C COMPLICATIONS

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

STANDARDS:

1. Discuss that metabolic syndrome is a precursor to cardiovascular disease and diabetes.
2. Explain that good control of blood glucose and weight loss can reverse or prevent progression of pre-diabetes.
3. Explain that arteriosclerosis and atherosclerosis impede blood flow through the circulatory system. Discuss the following as appropriate:
 - a. Heart attacks may result from the heart having to work harder to pump blood through congested and hardened arteries.
 - b. Strokes may result due to injured blood vessels in the neck or brain.
 - c. Blindness may result from injured blood vessels in the eye.
 - d. Leg pain may result due to injured blood vessels in the legs.

MSX-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

MSX-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that metabolic syndrome is a combination of increase in abdominal fat, dyslipidemia, hypertension, and pre-diabetes (insulin resistance).
2. Review the risk factors and causative factors of increase in abdominal fat, dyslipidemia, hypertension and pre-diabetes.
3. Discuss HDL, non-HDL, LDL, and triglycerides. Define the normal ranges.
4. Explain the difference between systolic and diastolic pressure. Define the normal ranges.

5. Discuss the role of insulin resistance. Define the normal ranges.
6. Discuss the role of abdominal fat, waist circumference, or BMI. Define normal ranges.

MSX-EQ EQUIPMENT

OUTCOME: The patient/family will understand the home blood pressure monitors, blood sugar monitors, and pedometers.

STANDARDS:

1. Provide the patient with information on the use of the specific home blood pressure, blood sugar monitors and pedometers.
2. Discuss the use of blood pressure monitoring equipment in public places, such as stores.
3. Discuss the correct way to record blood pressure, blood sugar, and pedometer activity in a logbook and bring the log to clinic visits.
4. Discuss when to contact a healthcare provider for a blood pressure value that is outside the patient's personal guidelines.
5. Discuss the proper use and care of the medical equipment.
6. Discuss the signs of equipment malfunction and the proper action to take in case of malfunction.

MSX-EX EXERCISE

OUTCOME: The patient/family will understand the importance of exercise and weight loss to achieve metabolic control. The patient will develop a physical activity plan.

STANDARDS:

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

MSX-FU FOLLOW-UP

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

STANDARDS:

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

MSX-HELP HELP LINE

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

STANDARDS:

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

MSX-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

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

MSX-L LITERATURE

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

STANDARDS:

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

MSX-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to prevent or delay the progression of metabolic syndrome and develop a realistic plan to accomplish this.

STANDARDS:

1. Emphasize that healthy food choices, a healthy weight, and regular physical activity are the critical components in gaining metabolic control and preventing the progression to diabetes and cardiovascular disease.
2. Explain that while medications may help, lifestyle adaptations are the key to improving health.
3. Discuss the importance of tobacco cessation. Make referral to tobacco cessation programs if available.
4. Discuss the relationship of stress to metabolic syndrome and suggest ways to reduce stress. Refer to stress reduction program as appropriate.
5. Assist the patient/family to develop a self-care plan.

MSX-M MEDICATIONS

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

STANDARDS:

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

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

MSX-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

MSX-N NUTRITION

OUTCOME: The patient/family will understand the importance of nutritional management in the improvement of metabolic syndrome.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, healthy food choices (eat fewer calories, eat less saturated fats, eat more whole grains, fruits and vegetables, eat more fish, use healthier fats, avoid trans fats), appropriate serving sizes, and food preparation. Refer to registered dietitian for MNT as appropriate.
2. Explain that consuming a diet low in fat and cholesterol, controlling weight, and exercising may help prevent complications from metabolic syndrome or progression to cardiovascular disease and diabetes.
3. Explain that reducing consumption of alcohol in conjunction to diet modifications can reduce triglycerides.
4. Explain that excessive salt intake may play a role in hypertension and discuss ways to decrease salt intake.

MSX-P PREVENTION

OUTCOME: The patient/family will understand the ways to prevent cardiovascular disease and diabetes.

STANDARDS:

1. Explain that consuming a diet low in fat and cholesterol, controlling weight, and exercising may help prevent complications from metabolic syndrome or progression to cardiovascular disease and diabetes.
2. Emphasize the importance of regular blood sugar, blood pressure, and lipid screening. Discuss the current recommendations for screening and/or monitoring.
3. Explain that metabolic syndrome tends to run in families and that the patient's family members should be evaluated by a physician or other healthcare provider.
4. Explain that breastfeeding for 6 months to a year can decrease the risk of diabetes for mother and infant. Explain that child bearing can lead to the development of metabolic syndrome and that part of the association may be through weight gain and lack of exercise.

MSX-PCC PRE-CONCEPTION CARE

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

STANDARDS:

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

3. Explain that breastfeeding for 6 months to a year can decrease the risk of diabetes for mother and infant. Explain that child bearing can lead to the development of metabolic syndrome and that part of the association may be through weight gain and lack of exercise.
4. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
5. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
6. Refer to medical and psychosocial support services for any risk factor identified.

MSX-SCR SCREENING

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

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., blood sugar, blood pressure, physical activity, BMI or waist circumference.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

MSX-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress can cause increased release of stress hormones which can contribute to insulin resistance, dyslipidemia, obesity, and hypertension. This can lead to increased morbidity and mortality from all disease processes included in metabolic syndrome.
2. Explain that uncontrolled stress can interfere with the treatment of metabolic syndrome.

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

MSX-TE TESTS

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

STANDARDS:

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

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

MSX-TLH TELE-HEALTH

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

STANDARDS:

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

MSX-TX TREATMENT

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

STANDARDS:

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

MDRO – Multidrug-resistant Organism

MDRO-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with multidrug-resistant organism (MDRO) infections.

STANDARDS:

1. Review the symptoms of a worsening infection, e.g., high fever, changes in mental status, decreased urine output.
2. As appropriate, review the complications of uncontrolled infection, e.g., loss of limb, multi-organ failure, death.
3. Emphasize the importance of early treatment to prevent complications.

MDRO-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

MDRO-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the causes and impact of multidrug-resistant organism infections on health and wellness.

STANDARDS:

1. Explain that most infections are controlled by the body's defense mechanisms. However, some infectious agents cannot be controlled by the body's defenses and require antibiotics.
2. Discuss that antibiotic resistance occurs:
 - a. when bacteria change their structure and/or DNA so antibiotics no longer work

- b. frequently when antibiotics are used for conditions where they are not needed (e.g., colds)
 - c. when antibiotics are not taken for a complete treatment course (e.g., stopped before end of treatment)
 - d. when antibiotics are shared or saved for later use without input from a healthcare provider
3. Discuss that some bacteria have developed ways to survive antibiotics that are meant to kill them. Some bacteria have become resistant to multiple antibiotics and require special antibiotic treatments. These are referred to as Multidrug-resistant Organisms or MDROs. Common ones are:
 - a. Methicillin-resistant Staphylococcus Aureus (MRSA)
 - b. Vancomycin-resistant Enterococcus (VRE)
 - c. Multi-Drug-resistant Tuberculosis (MDRTB)
 4. Discuss the meaning and impact of colonization.

MDRO-EQ EQUIPMENT

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

STANDARDS:

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

MDRO-FU FOLLOW-UP

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

STANDARDS:

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

MDRO-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of the specific multidrug-resistant organism infection.

STANDARDS:

1. Explain the necessary home management techniques based on the status of the patient. Explain that these home management techniques may change on a day-to-day or week-to-week basis.
2. Explain that isolation of the patient prevents the spread of the infection to healthcare providers, other patients, and family members. Discuss that elderly, children, and immunocompromised persons are most at risk.
3. Describe the type of home/community isolation being implemented and the associated precautions.

MDRO-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene in preventing and controlling the spread of the multidrug-resistant organism infection.

STANDARDS:

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

2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Stress the importance of not sharing personal item, such as towels or razors. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant’s label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.

MDRO-INF INFECTION CONTROL

OUTCOME: The patient/family will receive information regarding the importance of infection control as it relates to multidrug-resistant organism infections.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
 - d. **Refer to [MDRO-HY](#)** for personal hygiene.
2. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
3. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections. **Refer to [MDRO-WC](#)**.

- b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to UCATH and VENT-VAP** in Volume V of this manual set.
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., MRSA, influenza, *C. Difficile*) are present. **Refer to [MDRO-ISO](#)**.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
4. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** in Volume II of this manual set.
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

MDRO-ISO ISOLATION

OUTCOME: The patient/family will understand the reasons and procedures for isolation of the patient in preventing and controlling the spread of multidrug-resistant organism infections.

STANDARDS:

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

MDRO-L LITERATURE

OUTCOME: The patient/family will receive literature about this particular multidrug-resistant organism infection.

STANDARDS:

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

MDRO-M MEDICATIONS

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

STANDARDS:

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

MDRO-P PREVENTION

OUTCOME: The patient/family will understand the appropriate measures to prevent this multidrug-resistant organism infection or the spread of this infection.

STANDARDS:

1. Emphasize that the appropriate use of antibiotics can reduce the likelihood of the development of MDROs.
2. Discuss the importance of and the procedure for hand hygiene and/or respiratory precautions in preventing the spread of this MDRO infection.
3. Discuss the importance of and procedure for contact precautions in preventing the spread of this MDRO infection, such as:

- a. If participating in contact sports where there is skin-to-skin contact, stress the importance of showering immediately after the activity and not sharing personal items such as towels or razors. Stress the importance of frequently sanitizing surfaces that come into frequent contact with bare skin, e.g., exercise equipment, counter tops, toys, door knobs, telephones, electronic controls.
 - b. Explain the importance of preventing skin abrasions or cuts and keeping them covered with clean, dry bandages.
4. Review the importance of maintaining good general health and controlling chronic medical conditions, e.g. glycemic control in diabetes.
 5. Explain that limiting exposure to healthcare settings may reduce the risk of acquiring this MDRO infection.

MDRO-PRO PROCEDURES

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

STANDARDS:

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

MDRO-TE TESTS

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

STANDARDS:

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

MDRO-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for multidrug-resistant organism infections.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan and the consequences of not completing the agreed-upon treatment.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

MDRO-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures. As appropriate they will demonstrate the necessary wound care techniques.

STANDARDS:

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

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

MS – Multiple Sclerosis

MS-ADL ACTIVITIES OF DAILY LIVING

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

STANDARDS:

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

MS-ADV ADVANCE DIRECTIVE

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

STANDARDS:

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

MS-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the organs affected by multiple sclerosis.

STANDARDS:

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

MS-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

MS-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common complications of multiple sclerosis. Explain that in some cases, people with multiple sclerosis may also develop:
 - a. muscle stiffness or spasms

- b. paralysis, most typically in the legs
 - c. problems with bladder, bowel, or sexual function
 - d. mental changes, such as forgetfulness or difficulties concentrating
 - e. depression
 - f. epilepsy
2. Describe the signs/symptoms of common complications of multiple sclerosis. Explain that signs and symptoms of multiple sclerosis vary widely, depending on the location of the affected nerve fibers. The signs and symptoms of multiple sclerosis may include:
- a. numbness or weakness in one or more limbs, which typically occurs on one side of the body at a time or the bottom half of the body
 - b. partial or complete loss of vision, usually in one eye at a time, often with pain during eye movement (optic neuritis)
 - c. double vision or blurring of vision
 - d. tingling or pain in parts of the body
 - e. electric shock sensations that occur with certain head movements
 - f. tremor, lack of coordination or unsteady gait
 - g. fatigue
 - h. dizziness
3. Describe that most people with multiple sclerosis, particularly in the beginning stages of the disease, experience relapses of symptoms, which are followed by periods of complete or partial remission. Signs and symptoms of multiple sclerosis often are triggered or worsened by an increase in body temperature.

MS-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

MS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand multiple sclerosis.

STANDARDS:

1. Discuss that multiple sclerosis is a potentially debilitating disease in which the body's immune system eats away at the protective sheath that covers the nerves. This interferes with the communication between the brain and the rest of the body. Ultimately, this may result in deterioration of the nerves themselves, a process that is not reversible.
2. Explain that there is no cure for multiple sclerosis. However, treatments can help treat attacks, modify the course of the disease, and treat symptoms.

MS-EQ EQUIPMENT

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

STANDARDS:

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

MS-EX EXERCISE

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

STANDARDS:

1. Discuss the medical clearance issues for physical activity.

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

MS-FU FOLLOW-UP

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

STANDARDS:

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

MS-HELP HELP LINE

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

STANDARDS:

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

MS-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain the home management techniques. Provide information to reduce the risk of falls. Some ideas include:
 - a. wearing non-skid slippers when out of bed may prevent slipping and falling

- b. using side rails in a safe manner, as appropriate
 - c. removing obstacles, such as throw rugs, wires/cords across the floor, objects on the floor, non-level floors, wet or moist floors, uneven carpeting, pets in the home, small children playing on the floor
 - d. having elevated toilet seats
2. Discuss the implementation of hygiene and infection control measures.
 3. Refer to community resources, hospice, or support groups, as appropriate.

MS-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

MS-HY HYGIENE

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

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.

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

MS-L LITERATURE

OUTCOME: The patient/family will receive literature about multiple sclerosis.

STANDARDS:

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

MS-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

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

MS-M MEDICATIONS

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

STANDARDS:

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

MS-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

MS-N NUTRITION

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

STANDARDS:

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

4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

MS-PM PAIN MANAGEMENT

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

STANDARDS:

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

MS-PRO PROCEDURE

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

STANDARDS:

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

MS-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

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

MS-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in multiple sclerosis.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly

- h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

MS-TE TESTS

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

STANDARDS:

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

MS-TLH TELE-HEALTH

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

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.

3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

MS-TX TREATMENT

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

STANDARDS:

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

MD - Muscular Dystrophy

MD-ADV **ADVANCE DIRECTIVE**

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

STANDARDS:

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

MD-AP **ANATOMY AND PHYSIOLOGY**

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

STANDARDS:

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

MD-BH **BEHAVIORAL AND EMOTIONAL HEALTH**

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

STANDARDS:

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

MD-C COMPLICATIONS

OUTCOME: The patient/family will understand the common complications of muscular dystrophy.

STANDARDS:

1. Discuss the common complications of muscular dystrophy: cardiomyopathy, decreased ability to care for self, decreased mobility, joint contractures, mental impairment, respiratory failure, and scoliosis.
2. Describe the signs/symptoms of common complications of muscular dystrophy, such as lost ability to walk, to sit upright, to breathe easily, to move the arms and hands.

MD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

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

MD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand that muscular dystrophy is a group of disorders that involve muscle weakness and loss of muscle tissue that gets worse over time. There are no known cures.

STANDARDS:

1. Discuss that muscular dystrophy is caused by incorrect or missing genetic information that prevents the body from making the proteins needed to build and maintain healthy muscles.
2. Explain that muscular dystrophy is a genetic disorder that gradually weakens the body's muscles. Specific muscle groups are affected by different types of muscular dystrophy and signs include: curved spine, joint contractures, low muscle tone, heart muscle and disturbed heart rhythm.
3. Explain that there is no cure for muscular dystrophy, but researchers are quickly learning more about how to prevent, treat, and slow its progression. Some types of muscular dystrophy are deadly. Other types cause little disability and people with them have a normal lifespan.

MD-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device

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

MD-EX EXERCISE

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

STANDARDS:

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

MD-FU FOLLOW-UP

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

STANDARDS:

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

MD-HELP HELP LINE

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

STANDARDS:

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

MD-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain the home management techniques, such as remodeling a home related to stairs, wheelchair accessibility to shower/bathroom, bedroom, living room, dining area, and vehicle.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

MD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

MD-HY HYGIENE

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

STANDARDS:

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

MD-L LITERATURE

OUTCOME: The patient/family will receive literature about muscular dystrophy.

STANDARDS:

1. Provide the patient/family with literature on the specific type of muscular dystrophy.
2. Discuss the content of the literature.

MD-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to muscular dystrophy.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.

3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

MD-M MEDICATIONS

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

STANDARDS:

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

MD-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

MD-N NUTRITION

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

STANDARDS:

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

MD-P PREVENTION

OUTCOME: The patient/family will understand that genetic counseling is advised when there is a family history of muscular dystrophy.

STANDARDS:

1. Discuss that women may have no symptoms but still carry the gene for the disorder.
2. Explain that Duchenne muscular dystrophy can be accurately detected by genetic studies performed during pregnancy. **Refer to FP-ST** (in Volume III of this manual set).

MD-PM PAIN MANAGEMENT

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

STANDARDS:

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

MD-PRO PROCEDURE

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

STANDARDS:

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

MD-S SAFETY

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

STANDARDS:

1. Discuss muscle weakness and frequent falls.
2. Explain the importance of home safety.
3. Provide the information to reduce the risk of falls. Some ideas are:
 - a. wearing non-skid slippers when out of bed may prevent slipping and falling
 - b. using side rails in a safe manner, as appropriate
 - c. removing obstacles, such as throw rugs, wires/cords across the floor, objects on the floor, non-level floors, wet or moist floors, uneven carpeting, pets in the home, small children playing on the floor

MD-SM STRESS MANAGEMENT

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

STANDARDS:

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

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

MD-TE TESTS

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

STANDARDS:

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

MD-TLH TELE-HEALTH

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

STANDARDS:

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

MD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan, and the goal of treatment is to control symptoms.

STANDARDS:

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

N

NDR – Near Drowning

NDR-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of the complications associated with near drowning, which potentially could require a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in near drowning experiences, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
6. Refer to a mental health agency or provider.

NDR-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications resulting from near drowning and how it relates to their specific condition.

STANDARDS:

1. Explain that the following may result from the near drowning experience:
 - a. Neurologic injury (c spine or head trauma)
 - b. Pulmonary edema or ARDS
 - c. Secondary pulmonary infection
 - d. Multiple organ system failure
 - e. Acute tubular necrosis
 - f. Myoglobinuria

- g. Hemoglobinuria
- 2. Explain that the risk of serious complications may be reduced by seeking prompt medical attention.
- 3. Explain the danger of developing mental health diagnoses as a result of near drowning, including a water phobia (**refer to [PHOB](#)**) and Posttraumatic Stress Disorder (**refer to [PTSD](#)**).

NDR-DP DISEASE PROCESS

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

STANDARDS:

- 1. Explain that the most important contribution to morbidity and mortality resulting from near drowning is lack of oxygen.
- 2. Explain that lack of oxygen can cause lung, heart, and brain damage.
- 3. Explain the effects of hypothermia in near drowning. It can slow down metabolism or could be potentially fatal.

NDR-FU FOLLOW-UP

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

STANDARDS:

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

NDR-L LITERATURE

OUTCOME: The patient/family will receive literature about near drowning.

STANDARDS:

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

NDR-M MEDICATIONS

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

STANDARDS:

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

NDR-P PREVENTION

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

STANDARDS:

1. Explain that the key to the prevention of drowning is education regarding safety around water. This includes the following elements:
 - a. Parents should be aware of their own as well as their children's limitations around water. Children must be supervised when near water even if not swimming.
 - b. Never swim alone and always supervise children when swimming.
 - c. Safe conduct around water and during boating and water or jet skiing is extremely important.
 - d. The use of alcohol or recreational drugs while around water is a common factor in water-related accidents.
 - e. The use of appropriate boating equipment (personal flotation devices) is important.
 - f. Awareness of weather and water conditions prior to boating or swimming may prevent being stranded in water during a storm.

- g. Check water depth and underwater hazards (e.g., rocks, drop-offs, currents) prior to swimming and diving.
 - h. Provide fencing and locking gates around swimming pools.
2. Explain that the following medical conditions may increase risk for drowning:
 - a. Seizure disorders
 - b. Diabetes mellitus
 - c. Significant coronary artery disease
 - d. Severe arthritis
 - e. Musculoskeletal disorders
3. Encourage patient/family members to learn CPR and rescue techniques.

NDR-TE TESTS

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

STANDARDS:

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

NF - Neonatal Fever

NF-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of neonatal fever.

STANDARDS:

1. Explain that neonatal fever may be the result of bacterial infection and that this may result in serious injury or death.
2. Discuss the need to have a neonate with fever evaluated immediately to decrease the risk of these complications.

NF-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

1. Discuss the potential risk of infection to the neonate from cultural/spiritual traditions, practices and beliefs. **Refer to [NF-P](#).**
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

NF-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the possible etiologies of neonatal fever and why neonatal fever is so potentially devastating.

STANDARDS:

1. Explain that in the first 60 days of life an infant's immune system is not as competent at fighting infection as it is later in life. Explain that neonates are often unable to contain an infection in a certain body system and that the infection can become overwhelming and wide-spread in a very short period of time.
2. Explain that an infection, especially a bacterial infection can be fatal to a neonate.
3. Explain that fever can be a sign of many different things, among them, infections with various bacteria or viruses.
4. Discuss the need to have a neonate with fever evaluated immediately to decrease the risk of complications from neonatal infection.

NF-FU FOLLOW-UP

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

STANDARDS:

1. Explain that it is especially important to follow-up neonatal fever if the fever has been treated by outpatient management and that this follow-up should continue until the physician or provider has declared that the risk from the fever has past.
2. Explain that follow-up of neonatal fever that has been treated as an inpatient is important to assure that the infant has been fully treated and is recovering from the disease process that caused the fever.
3. Explain the process for making follow-up appointments and assist the parent/family as necessary in obtaining follow-up care.

NF-INF INFECTION CONTROL

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

STANDARDS:

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

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

NF-L LITERATURE

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

STANDARDS:

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

NF-M MEDICATIONS

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

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Explain that because bacterial infections in neonates can be fatal extra caution is in order and many providers will give antibiotics before the causative agent has been identified. This is done to protect the neonate (with a incompletely developed immune system) from the potentially devastating consequences of bacterial infection.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food interactions, as appropriate.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the parent/family to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

NF-P PREVENTION

OUTCOME: The patient/family will understand that neonatal fever can often be prevented and the measures to take to prevent the neonate from acquiring an infection.

STANDARDS:

1. Explain that because an infant in the first 60 days of life has a less competent immune system it is important to protect the neonate from germs (bacteria/viruses).
2. Explain that bacteria and viruses are usually passed from one human to another.
3. Explain that it is important to keep the neonate out of public places for the first 60 days of life to decrease exposure to other humans. (Public places or are any place one can reasonably anticipate seeing more than 4 or 5 people, such as grocery stores, department stores, ball games, school functions, restaurants, churches.) Avoid bringing the neonate to a healthcare facility unless medical attention is needed.
4. Explain that hand washing at home is an effective way to prevent the spread of bacteria and viruses in the home.
5. Explain that family members who become ill should avoid contact with the neonate if at all possible.

6. Explain that breastfeeding improves the neonate's immune system by the passing of antibodies in the mother's milk to the infant. Encourage the mother to continue breastfeeding even when she is sick. **Refer to BF-BB.**

NF-TE TESTS

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

STANDARDS:

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

NJ – Neonatal Jaundice

NJ-C COMPLICATIONS

OUTCOME: The patient/family will understand the common or serious complications of neonatal jaundice.

STANDARDS:

1. Explain that the most common complication of neonatal jaundice is lethargy resulting in decreased feeding followed by increased dehydration and worsening jaundice.
2. Explain that the most serious complication of neonatal jaundice is acute bilirubin encephalopathy and kernicterus.
3. Emphasize the importance of watching for jaundice and seeking medical care if jaundice is noticed to prevent complications.
4. Discuss the complications associated with the treatment of neonatal jaundice:
 - a. Eye damage from phototherapy lights
 - b. Dehydration
 - c. Blood borne pathogens from exchange transfusions
 - d. Bonding process delays
 - e. Breastfeeding complications

NJ-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the basic pathophysiology of neonatal jaundice.

STANDARDS:

1. Explain that neonatal jaundice:
 - a. Occurs in more than 50% of newborns
 - b. Is characterized by yellow discoloration of the skin and in some cases the whites of the eyes.
 - c. Is caused by a chemical in the blood called bilirubin which is a breakdown product of red blood cells.
2. Explain that in-utero the bilirubin is broken down by the mother's liver but the most common reason for neonatal jaundice is immaturity of the newborn's liver enzymes that are unable to break down the bilirubin fast enough to prevent jaundice.

3. Discuss other less common reasons for jaundice as appropriate:
 - a. Maternal antibodies against the newborn's blood resulting in hemolysis
 - b. Extensive bruising or cephalohematoma secondary to the birth process
 - c. Dehydration or excessive weight loss after birth
 - d. Prematurity
 - e. G6PD deficiency resulting in hemolysis
 - f. Other hemolytic processes
4. Explain, as appropriate, that some individuals are at higher risk for developing jaundice:
 - a. Persons whose sibling required phototherapy
 - b. Infants less than 38 weeks gestation
 - c. Breastfed infants, especially when there is difficulty initiating breastfeeding
 - d. Macrosomic infants of gestational diabetic mothers
 - e. Infants with significant weight loss
 - f. Infants born to mothers >25 years of age
 - g. Male infants
5. Explain that many cases of jaundice are harmless; however some cases of jaundice can indicate serious disease. The presence of jaundice should be evaluated by a healthcare provider.

NJ-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device

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

NJ-P PREVENTION

OUTCOME: The patient/family will understand the measures that may prevent jaundice or complications from jaundice.

STANDARDS:

1. Explain that breastfeeding 8–12 times per day will help to prevent jaundice or significant complications from jaundice.
2. Emphasize the importance of watching for jaundice and seeking medical care if jaundice is noticed to prevent complications.
3. Emphasize that the evaluation of blood bilirubin levels as soon as jaundice is identified can help reduce complications by initiating therapy when indicated.
4. Explain that interventions such as medical phototherapy or exchange transfusions can decrease the incidence of complications such as acute bilirubin encephalopathy and kernicterus.

NJ-TE TESTS

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

STANDARDS:

1. Explain that there are two ways to test for bilirubin levels:
 - a. Blood bilirubin levels (more accurate)
 - b. Transcutaneous bilirubinometer
2. Emphasize that visual estimation of bilirubin levels leads to errors.
3. Explain that numerous blood draw may be necessary to avoid complications.

NJ-TX TREATMENT

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

STANDARDS:

1. Explain that not all cases of neonatal jaundice will require treatment.
2. Explain that when treatment is required, it will be determined by:

- a. the baby's bilirubin level
 - b. how fast the level has been rising
 - c. whether the baby was born early
 - d. how old the baby is
3. Discuss the treatment options for the baby:
- a. hydration with breast milk or formula to encourage frequent bowel movements (**refer to BF-BB** in Volume II of this manual set)
 - b. phototherapy or warm artificial lighting
 - c. exchange transfusion for dangerously high bilirubin levels or if acute bilirubin

ND - Neurological Disorder

ND-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

ND-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

ND-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

ND-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the patient's neurological disease process.

STANDARDS:

1. Review the anatomy and physiology of the nervous system as it relates to the patient's disease process and its relationship to the patient's activities of daily living.
2. Discuss the pathophysiology of the patient's neurological disorder and how it may affect function and lifestyle.

ND-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the indications for and benefits of prescribed medical equipment to be used during the hospital stay and/or at home after discharge.
2. Discuss and/or demonstrate the proper use and care of medical equipment; participate in return demonstration by patient/family.
3. Emphasize safe use of equipment.

ND-EX EXERCISE

OUTCOME: The patient/family will understand the importance of exercise in enhancing physical and psychological well-being.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.

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

ND-FU FOLLOW-UP

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

STANDARDS:

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

ND-L LITERATURE

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

STANDARDS:

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

ND-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to cope with the patient's specific neurological disorder.

STANDARDS:

1. Assess the patient's and family's level of acceptance of the disorder.
2. Refer to Social Services, Mental Health, Physical Therapy, Rehabilitative Services, and/or community resources as appropriate.

3. Review the lifestyle areas that may require adaptations: diet, physical activity, sexual activity, bladder/bowel habits, role changes, communication skills, and interpersonal relationships.
4. Refer to occupational therapy as indicated for assistance with activities of daily living.

ND-M MEDICATIONS

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

STANDARDS:

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

ND-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

ND-N NUTRITION

OUTCOME: The patient/family will understand what dietary modifications may be necessary for a patient with a neurological disorder.

STANDARDS:

1. Review the feeding technique appropriate for the patient.
2. Identify problems associated with feeding a neurologically impaired patient:
 - a. Motor impairment: Feeding may take more time, swallowing may be difficult, and aspiration is a risk.
 - b. Sensory impairment: Loss of taste. Inability to sense temperature may result in burns.
 - c. Refer to a registered dietitian as appropriate.
3. Consider referral to Social Services for help in obtaining equipment and home health services.

ND-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the importance of appropriate management of pain.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain that narcotics and other medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
5. Explain non-pharmacologic measures that may be helpful with pain control.
6. Explain that all chest pain must be evaluated by the medical provider to rule out the possibility of myocardial infarction.

ND-S SAFETY

OUTCOME: The patient and/or appropriate family member(s) will understand the importance of injury prevention and implementation of safety measures.

STANDARDS:

1. Explain the importance of body mechanics and proper lifting techniques to avoid injury.
2. Assist the family in identifying ways to adapt the home to improve safety and to prevent injuries, e.g., remove throw rugs, install bars in tub/shower, secure electrical cords.
3. Stress the importance and proper use of mobility devices (cane, walker, wheel chair).

ND-TE TESTS

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

STANDARDS:

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

ND-TX TREATMENT

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

STANDARDS:

1. Explain that the treatment plan will be made by the patient and medical team after reviewing the available options.
2. Discuss the treatment plan, including the lifestyle adaptation, pharmacologic, surgical, and psychosocial aspects of the treatment plan.

3. Discuss the importance of fully participating in the treatment plan, including scheduled follow-up.

NOSE – Nose Bleed (Epistaxis)

NOSE-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology of the nasal passage as they relate to nose bleeds.

STANDARDS:

1. Explain that the inside of the nose is covered with mucosa that has a rich blood supply. This warms and moistens the inhaled air as it travels through the nostrils to the lungs. A thin flexible wall called a septum separates the two nostrils.
2. Discuss how damaged or injured blood vessels inside the nose can cause nose bleeds.
3. Explain that nose bleeds can happen in the anterior (front) or posterior (back) part of the nose.

NOSE-C COMPLICATIONS

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

STANDARDS:

1. Discuss the common or significant complications associated with nose bleeds (e.g., infection, blood loss, vomiting).
2. Discuss how these complications may be prevented by proper treatment.
3. Discuss the common or significant complications that may result from treatment.

NOSE-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the general information about nose bleeds.

STANDARDS:

1. Discuss how the following may cause or increase the risks of having a nose bleed:
 - a. Trauma (directly breaks blood vessels)
 - b. Extreme temperatures (hot, cold, dry)
 - c. Inflammation (widens blood vessels)
 - d. Medicines (dries/thins nasal mucosa, vasodilates blood vessels, thins blood)
 - e. Heavy alcohol, smoking, or illegal drug use (thins nasal lining)

- f. Others (high blood pressure, bleeding problems, abnormal blood vessels in the nose, and tumors)
2. Discuss that the symptoms of nose bleeds may include, dark or bright red blood from the nose, trouble breathing, smelling, or talking (if blood clots block the nostrils). Posterior nose bleeds may present as coffee ground emesis or black & tarry stools.
3. Explain that nose bleeds are the result of blood vessels in the nose breaking.
4. Explain that nose bleeds are usually self-limiting. Prompt treatment is needed for prolonged bleeding.

NOSE-FU FOLLOW-UP

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

STANDARDS:

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

NOSE-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain that nose bleeds are usually self-limiting and can often be treated at home using first aid techniques.
2. Explain and demonstrate first aid for nose bleeds.
 - a. Lean forward to keep blood from going down the back of the throat, and breathe through the mouth.
 - b. Pinch the lower soft part of the nose tightly.
 - c. While pinching the nose, apply ice to the bridge of the nose to slow down the bleeding.
 - d. After pinching the nose for 5 minutes, release to check for bleeding. If the bleeding continues, repeat pinching and icing for up to 20 minutes.

- e. Seek medical help if:
 - i. Bleeding cannot be stopped or keeps reappearing.
 - ii. Bleeding is rapid or if blood loss is large.
 - iii. Feeling weak or faint, presumably from blood loss.
 - iv. Taking medications (such as warfarin) for blood thinning.
 - v. Bleeding begins by going down the back of the throat rather than the front of the nose.

NOSE-HY HYGIENE

OUTCOME: The patient/family will understand hygiene as it relates to nose bleeds.

STANDARDS:

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

NOSE-L LITERATURE

OUTCOME: The patient/family will receive literature about nose bleeds.

STANDARDS:

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

NOSE-M MEDICATIONS

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

STANDARDS:

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

NOSE-P PREVENTION

OUTCOME: The patient/family will understand the ways to prevent nose bleeds.

STANDARDS:

1. Discuss how prevention strategies for nose bleeds are directly related to causative factors.
2. Review the following ways of preventing nose bleeds as applicable:
 - a. Protect the nose from injury by not picking the nose, wearing helmets while playing sports, avoiding fist fights.
 - b. Keep the nasal passage moist with the use of saline nose drops/spray or other lubricants. Use of a humidifier in the home may also reduce nasal dryness.
 - c. For environmental allergies, take allergy medicine as prescribed. These medicines will help prevent inflammation in the nasal cavity.
 - d. Review the medication list for medications that cause anti-cholinergic (drying) side effects. Dose reductions or medication changes may be warranted.
 - e. Quitting or reducing alcohol, smoking, or illegal drug use.
 - f. Management of other conditions that may increase the chance of nose bleeds (hypertension, bleeding problems).

NOSE-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure for nose bleeds.

STANDARDS:

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

NOSE-S SAFETY

OUTCOME: The patient/family will understand safety concerns related to nose bleeds.

STANDARDS:

1. Explain that blood can carry disease and should be handled with standard precautions.
2. Discuss the use of protective head gear in reducing injuries that cause nose bleeds.

NOSE-TE TESTS

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

STANDARDS:

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

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

NOSE-TX TREATMENT

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

STANDARDS:

1. Explain that the goal of treatment for nose bleeds is to control bleeding and to treat the underlying cause.
2. Explain and demonstrate first aid for nose bleeds.
 - a. Lean forward to keep blood from going down the back of the throat, and breathe through the mouth.
 - b. Pinch the lower soft part of the nose tightly.
 - c. While pinching the nose, apply ice to the bridge of the nose to slow down the bleeding.
 - d. After pinching the nose for 5 minutes, release to check for bleeding. If the bleeding continues, repeat pinching and icing for up to 20 minutes.
3. Explain that nose bleeds are usually self-limiting, but prompt treatment is needed to prevent prolonged bleeding.
4. Discuss that different treatments are available for nose bleeds depending on the severity. These treatment options may include: vasoconstricting medicines, nasal packing, laser therapy, or surgery.
5. Review the ways of preventing recurrence:
 - a. Do not pick or blow nose (sniffing is all right).
 - b. Do not strain or bend down to lift anything heavy.
 - c. Keep head higher than the level of the heart.

O

OBS - Obesity

OBS-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of a healthy weight.
2. Discuss the changes to anatomy and physiology as a result of obesity.
3. Discuss the impact of these changes on the patient's health or well-being.
4. Discuss that obesity is defined as having a Body Mass Index of 30 or greater.
5. Discuss that morbid obesity is defined as having a Body Mass Index of 35 or greater.

OBS-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

OBS-C COMPLICATIONS

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

STANDARDS:

1. Emphasize that obesity is one of the most important risk factors in the onset of Diabetes Mellitus type 2 and can increase complications related to Diabetes type 2.
2. Explain that obesity increases the risk for chronic disease (i.e., insulin resistance, glucose intolerance, cardiovascular disease, metabolic syndrome, hypertension, acanthosis nigricans, infertility, cholelithiasis, fatty liver, joint problems, sleep apnea, and certain types of cancers) and mortality.
3. Explain that eating disorders can contribute to obesity or can be a complication of obesity.
4. Discuss psychosocial issues related to obesity such as decreased self-esteem, self-image, self-efficacy and isolation/depression.

OBS-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

OBS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand obesity as a chronic disease.

STANDARDS:

1. Explain that genetics and environment can play a significant role in obesity.
2. Explain that a sedentary lifestyle and over nutrition has been implicated with obesity and chronic disease.

3. Explain that hypothalamic injury, endocrine disease, and long-term use of certain medications can contribute or enhance obesity.

OBS-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in achieving and maintaining a healthy body weight.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any exercise, such as weight loss, increased energy, improvement in well-being, stress reduction, improved sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan. **Refer to HPDP-EX** (in Volume III of this manual set).
4. Encourage the patient to increase the frequency, intensity, and duration of the activity as the patient becomes more fit.
5. Refer to community resources as appropriate.

OBS-FU FOLLOW-UP

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

STANDARDS:

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

OBS-HELP HELP LINE

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

STANDARDS:

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

OBS-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

OBS-HY HYGIENE

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

STANDARDS:

1. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
2. Review the importance of daily dental hygiene, with attention to brushing and flossing.
3. Emphasize the importance of good hygiene to prevent infections due to excessive perspiration and excessive skin folds that promote bacterial or fungal growth.

OBS-L LITERATURE

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

STANDARDS:

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

OBS-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to achieve and maintain a healthy weight.

STANDARDS:

1. Discuss the specific lifestyle changes to obesity, for example, practicing portion control, making lower calorie choices, reducing snacking, limiting sugar beverages, keeping food journals, increasing physical activities, and/or avoiding alcoholic beverages.
2. Discuss that the family may also require lifestyle adaptations to care for the patient. Review the intervention treatment plan with the patient/family.
3. Discuss the pros and cons of alternative weight loss options, e.g., caloric restriction diets, other diets, weight-loss surgery, medications, or herbal therapies/commercial supplements.
4. Discuss that obesity may be related to other emotional issues. Explain that the patient may need to consider mental health assistance.
5. Refer to community services, resources, or support groups, as available.

OBS-M MEDICATIONS

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

STANDARDS:

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

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

OBS-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

OBS-N NUTRITION

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

STANDARDS:

1. Explain the importance of regular meals, especially breakfast for a healthy weight. Discuss the benefits of eating a variety of foods, e.g., fruits, vegetables, whole grains, lean meats, and low fat dairy products.
2. Discuss the benefits of adequate water intake. Reduce the use of sugar beverages, coffee, and alcohol.
3. Discuss the risks or benefits of popular diets, and refer to a registered dietitian for MNT. Refer to a community weight management program as available.
4. Discuss that overeating may be influenced by psychological or social stressors, depression, or other emotional issues.
5. Explain how reading food labels, including how to identify various ingredients on the labels, may be helpful in monitoring portion size and caloric intake.

OBS-P PREVENTION

OUTCOME: The patient/family will understand the importance of attaining and maintaining a healthy body weight throughout the life span.

STANDARDS:

1. Emphasize that obesity often begins at conception. Discuss the roles of maternal obesity, gestational diabetes, and overfeeding of infants. Breastfeeding decreases the incidence of childhood obesity and helps women to lose pregnancy weight more efficiently.
2. Encourage a physically active lifestyle. **Refer to HPDP-EX** (in Volume III of this manual set).
3. **Refer to HPDP-N** (in Volume III of this manual set) and [OBS-C](#).
4. Identify cultural, familial, and personal perceptions of body image and their relationship to obesity and health.

OBS-PCC PRE-CONCEPTION CARE

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

STANDARDS:

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

- c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
5. Refer for medical and psychosocial support services for any risk factor identified.

OBS-SCR SCREENING

OUTCOME: The patient/family will understand the proposed screening, follow-up, and the meaning of the results.

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., BMI, body composition analysis, body fold measurement.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.
4. Refer to dietitian or other professional(s) as appropriate.

OBS-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that uncontrolled stress is linked with an increased incidence of obesity, which increases the patient's risk of cardiovascular disease, diabetes mellitus, stroke, etc.
2. Explain that uncontrolled stress can interfere with the treatment of obesity.
3. Explain that effective stress management may reduce the complications associated with obesity, as well as, help improve the patient's self-esteem, health, and well-being.
4. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use as well as overeating, all of which can increase the risk of morbidity and mortality from obesity.
5. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits and setting realistic goals
 - c. talking with people you trust about your worries or problems

- d. getting adequate sleep
 - e. maintaining a healthy diet
 - f. exercising regularly
 - g. taking breaks or vacations from everyday routine
 - h. practicing meditation, self-hypnosis, and positive imagery
 - i. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - j. participating in spiritual or cultural activities
6. Provide referrals as appropriate.

OBS-TE TESTS

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

STANDARDS:

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

OBS-TX TREATMENT

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

STANDARDS:

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

2. Discuss the therapies that may be utilized, such as medications or surgery. Explain the important role of diet and exercise.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude and measuring success in small increments.

OBSC – Obesity in Children (up to 18 Years)

OBSC-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to obesity in children aged infancy to 18 years.

STANDARDS:

1. Explain the normal anatomy and physiology of the child, as appropriate.
2. Discuss the changes to anatomy and physiology as a result of obesity.
3. Discuss the impact of these changes on the patient’s health or well-being.

OBSC-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

OBSC-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of obesity in children.

STANDARDS:

1. Explain that obesity increases the risk for Diabetes Mellitus type 2 and increases an earlier onset for diabetes complications.

2. Explain that obesity increases the risk for hypertension, cardiovascular disease, cholelithiasis, sleep apnea, hyperlipidemia, insulin resistance, glucose intolerance, acanthosis nigricans, fatty liver, pseudotumor cerebri, orthopedic conditions, early maturation, and polycystic ovary disease.
3. Explain that obesity increases the risk of hip disorders (e.g., Slipped Capital Femoral Epiphysis (SCFE)) related to the shear force around the proximal growth plate at the hip.
4. Discuss the relationship of obesity to psychosocial issues such as decreased self-esteem, decreased self-image, bullying, and isolation/depression.
5. Explain that eating disorders can contribute to obesity or can be a complication of obesity.

OBSC-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on achieving and maintaining a healthy weight.

STANDARDS:

1. Discuss cultural norms/perceptions regarding weight and its relationship to a healthy weight. Discuss mechanisms for coping with family pressure to increase weight.
2. Explain that the outcome of disease processes may be influenced by choices related to health and lifestyles, e.g., diet, physical activity, sleep, stress management, hygiene, full participation in the medical plan.
3. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining a healthy weight. Refer to clergy services, traditional healers, or other culturally appropriate resources.
4. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

OBSC-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the causes of obesity.

STANDARDS:

1. Explain the relationship between increased caloric intake and decreased energy expenditure in relation to obesity.
2. Explain that genes and environment play a role in obesity, for example, family and parental obesity.

3. Explain that a sedentary lifestyle has been related to obesity and chronic disease.
4. Explain that obesity can also be caused by hypothalamic injury and endocrine disease.
5. Explain the role of prenatal care and low birth weight in relation to obesity.

OBSC-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in achieving and maintaining a healthy body weight.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, increased self-image, and weight loss.
3. Discuss that one hour or more of active play or physical activity daily is beneficial in treating and preventing child obesity.
 - a. Discuss the three types of activities that are recommended for children:
 - i. aerobic (swimming, skate boarding, bike riding)
 - ii. muscle-strengthening (games such as tug of war, push-ups, climbing)
 - iii. bone-strengthening (hopping, skipping, jumping, and sports such as gymnastics, baseball, volleyball)
 - b. Discuss that each type has important health benefits.
4. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
 - a. Discuss safe and recommended duration of exercise for the individual.
 - b. Discuss safe introduction and types of exercise for obese children.
5. Discuss the appropriate frequency, intensity, time, and type of activity.
6. Refer to community resources as appropriate.

OBSC-FU FOLLOW-UP

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

STANDARDS:

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

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

OBSC-HELP HELP LINE

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

STANDARDS:

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

OBSC-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and maintain a healthy weight and prevent or reduce overweight and obesity.

STANDARDS:

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

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

OBSC-HY HYGIENE

OUTCOME: The patient/family will understand personal hygiene.

STANDARDS:

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

OBSC-L LITERATURE

OUTCOME: The patient/family will receive literature about achieving and maintaining a healthy weight.

STANDARDS:

1. Provide the patient/family with literature on achieving and maintaining a healthy weight.
2. Discuss the content of the literature.

OBSC-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the importance of making lifestyle adaptations to achieve and maintain a healthy weight.

STANDARDS:

1. Discuss the specific lifestyle changes for increasing physical activity such as walking, participating in sports, and active play. Emphasize the importance of decreasing time spent watching TV, playing video game, and other sedentary activities. **Refer to [OBSC-EX](#).**
2. Encourage the active play or physical activities that the patient enjoys.
3. Discuss how to identify and avoid stimuli that trigger unhealthy eating or overeating. E.g., frequently eating fast foods, and unintentional eating while participating in sedentary activities.
4. Discuss that the family may also require lifestyle adaptations to care for the patient.
5. Discuss ways to optimize the quality of life.
6. Refer to community services, resources, or support groups, as available.

OBSC-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy in relation to weight loss and weight gain.

STANDARDS:

1. Explain that prescription medications are not routinely used for childhood obesity.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate. Discuss medications that can increase appetite or cause weight gain.

OBSC-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of obesity in children and their families.

STANDARDS:

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

OBSC-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in achieving and maintaining a healthy weight.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating. Discuss strategies to assist the child in making healthy choices away from home (e.g., at school).
2. Emphasize food label reading.
3. Explain that six to eight small meals at frequent intervals is beneficial in reducing overeating.
4. Explain that intake of sugar-sweetened beverages increases caloric intake. Explain that adequate water intake is necessary in achieving and maintaining a healthy weight.
5. Discuss the growth and development for appropriate age group, and the contraindications of fad diets.
6. Refer to registered dietitian for MNT for weight management.

OBSC-P PREVENTION

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

STANDARDS:

1. Discuss obesity in children.
2. Explain that healthy eating and exercise may help reduce the risk of developing obesity in children. **Refer to [OBSC-EX](#) and [OBSC-N](#).**

OBSC-SCR SCREENING

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

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., BMI, body composition analysis, body fold measurement.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

OBSC-SM STRESS MANAGEMENT

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

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect. I.e., overeating maybe a coping mechanism to deal with stress.
2. Explain that stress is related to decreased energy and can compromise physical activity.
3. Explain that being overweight can cause emotional and physical stress.
4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. practicing positive imagery, as appropriate
 - i. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - j. participating in spiritual or cultural activities
5. Provide referrals as appropriate.

OBSC-TE TESTS

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

STANDARDS:

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

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

OBSC-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized, such as medications or surgery. Explain the important role of diet and exercise.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude and measuring success in small increments.

OCD - Obsessive-Compulsive Disorder

OCD-C COMPLICATIONS

OUTCOME: The patient/family will understand some of the complications associated with obsessive-compulsive disorder.

STANDARDS:

1. Explain that individuals diagnosed with obsessive-compulsive disorder often develop guilt feelings, a pathological sense of responsibility, and sleep disturbances.
2. Explain that obsessive intrusions can be distracting and interfere with attention, memory, and learning.
3. Explain that hypochondriacal concerns are common in individuals diagnosed with OCD, which includes repeated visits to physicians to seek assurance.
4. Explain that obsessive-compulsive disorder may be associated with depression (**refer to DEP** in Volume II of this manual set), other anxiety disorders (e.g., specific phobia/social phobia, (**refer to PHOB**) and substance-related disorders (**refer to AOD** in Volume II of this manual set) as a consequence of self-medicating the anxiety. Also, there is an especially high incidence of OCD in patients also diagnosed with Tourette's disorder (**refer to TICD** in Volume V of this manual set).

OCD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

OCD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of obsessive-compulsive disorder.

STANDARDS:

1. Explain that the essential features of obsessive-compulsive disorder include:
 - a. **Obsessions** are defined by:
 - i. Recurrent and persistent thoughts, impulses, or images usually about:
 - (1) contamination (e.g., by shaking hands)
 - (2) repeated doubts (e.g., wondering whether one has left the door unlocked)
 - (3) a need to have things in a particular order
 - (4) aggressive or horrific impulses (e.g., to hurt one's child),
 - (5) sexual imagery (e.g., repeated pornographic images)
 - ii. Obsessions are experienced as intrusive and inappropriate, are not simply worries, and cause marked anxiety or distress.
 - iii. The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action.
 - iv. The person recognizes that the obsessions are a product of one's own mind, and are not the kind of thoughts that one would expect to have (although children are not expected to make this judgment).
 - b. **Compulsions** are defined by:
 - i. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.
 - ii. The behaviors and mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation, but they are clearly excessive and are not connected in a realistic way with what they are designed to neutralize or prevent.
2. Explain that obsessions are not simply worries about real life problems, such as financial problems, and are unlikely to be related to real life problems. An individual's insight about the reasonableness of their obsessions and compulsions may vary across times and situations.
3. Explain that the obsessions and compulsions cause marked distress, are time consuming (more than 1 hour a day), or significantly interfere with the person's normal routine, occupational/academic functioning, or usual social activities or relationships.
4. Explain that the disturbance is not due to the effects of a substance.

OCD-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity in this patient's disease process and will make a plan to increase regular activity by an agreed-upon amount.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the role that exercise will have in raising body awareness, and thereby improve one's ability to manage the OCD symptoms more effectively.
3. Discuss the other benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
4. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
5. Discuss the appropriate frequency, intensity, time, and type of activity.
6. Refer to community resources as appropriate.

OCD-FU FOLLOW-UP

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

STANDARDS:

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

OCD-HY HYGIENE

OUTCOME: The patient/family will understand the realistic versus unrealistic hygiene procedure as it relates to obsessive-compulsive disorder.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance especially during food preparation and eating, diaper changing, toilet use, and wound management.

- b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Review examples of unrealistic or excessive hygienic practices that may be unhealthy or impractical.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

OCD-L LITERATURE

OUTCOME: The patient/family will receive literature about obsessive-compulsive disorder.

STANDARDS:

1. Provide the patient/family with literature on obsessive-compulsive disorder.
2. Discuss the content of the literature.

OCD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for obsessive-compulsive disorder.

STANDARDS:

1. Discuss the specific lifestyle adaptations for obsessive-compulsive disorder:
 - a. Take medications as prescribed, even when feeling better and feel a desire to skip doses.
 - b. Learn and keep track of the warning signs of OCD to uncover potential triggers of anxieties related to obsessions and compulsions.
 - c. Avoid illicit drugs and alcohol.
 - d. Stay focused on goals and remember that recovery from OCD is an on-going process that requires constant motivation.
 - e. Explore healthy ways to channel energy, such as hobbies, exercise, and recreational activities.
 - f. Learn relaxation and stress management techniques (**refer to [OCD-SM](#)**).

- g. Learn to structure time and get organized.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

OCD-M MEDICATIONS

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

STANDARDS:

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

OCD-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to obsessive-compulsive disorder.

STANDARDS:

1. Discuss/review the safety plan and/or administrative treatment plan with the patient and family, including the no-harm contract and emergency procedures.
2. Review the local resources and phone numbers, including the police that may be utilized during a crisis, and may assist in transportation and safety compliance.

OCD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in treating obsessive-compulsive disorder.

STANDARDS:

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

OCD-TLH TELE-HEALTH

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

STANDARDS:

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

OCD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for obsessive-compulsive disorder.

STANDARDS:

1. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone. The patient has a right to choose either option or both, and that the patient's active participation in the treatment decisions is critical to a good outcome.
2. Explain that therapists have different styles and orientations of therapy, and that no one approach has been shown to be more effective than others, although some styles may suit the patient better.
3. Explain that medication intervention is the crucial factor for maintaining stability in OCD. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.
4. Explain that medication and psychotherapy may also be useful in treating comorbid conditions that exacerbate the course of OCD, and may help improve quality of life.
5. Explain that medication and psychotherapy may also be useful in treating comorbid conditions that exacerbate the course of OCD, and may help improve quality of life.

OSA – Obstructive Sleep Apnea

OSA-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of oropharynx and respiratory system.
 - a. All of the muscles in the body become more relaxed during sleep. This includes the muscles that help keep the airway open and allow air to flow into the lungs.
 - b. Normally, the upper throat still remains open enough during sleep to let air pass by. However, some people have a narrower throat area. When the muscles in their upper throat relax during sleep, their breathing can stop for a period of time (often more than 10 seconds). This is called apnea.
 - c. The snoring in people with obstructive sleep apnea is caused by the air trying to squeeze through the narrowed or blocked airway. However, everyone who snores does not have sleep apnea.
2. Discuss the changes to anatomy and physiology resulting in obstructive sleep apnea.
 - a. A lower jaw that is short compared to the upper jaw
 - b. Certain shapes of the palate or airway that cause the airway to be narrower or collapse more easily
 - c. Large tonsils and adenoids that can block the airway
 - d. Large neck or collar size (17 inches or more in men and 16 inches or more in women)
 - e. Large tongue, which may fall back and block the airway
 - f. Obesity
3. Discuss the impact of these changes on the patient's health or well-being.
 - a. Untreated sleep apnea prevents a good night's sleep. When breathing is paused, the natural sleep rhythm is awakened briefly.
 - b. To be energetic, mentally sharp, and productive the next day, less time in light sleep and more time in the deep, restorative sleep is needed.
 - c. Chronic sleep deprivation results in daytime sleepiness, slow reflexes, poor concentration, and an increased risk of accidents. Sleep apnea can also lead to serious health problems over time, including diabetes, high blood pressure, heart disease, stroke, and weight gain.

OSA-C COMPLICATIONS

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

STANDARDS:

1. Explain that untreated sleep apnea can prevent a good night's sleep. When breathing is paused, the natural sleep rhythm is awakened briefly. To be energetic, mentally sharp, and product the next day, less time in light sleep and more time in the deep, restorative sleep is needed.
2. Explain that this chronic sleep deprivation results in daytime sleepiness, slow reflexes, poor concentration, and an increased risk of accidents.
3. Explain that dry mouth can result in dental problems.
4. Explain that obstructive sleep apnea is considered a serious medical condition and if left untreated, can increase the risk of high blood pressure, diabetes, weight gain, heart failure, heart attack, and stroke.
5. Explain that early diagnosis and treatment of sleep apnea can reduce the incidence of severe complications.

OSA-DP DISEASE PROCESS

OUTCOME: The patient/family will understand obstructive sleep apnea.

STANDARDS:

1. Explain that sleep apnea is a breathing disorder in which there is a break or pause in breathing or reduction of airflow during sleep. Such apneas may occur hundreds of times every night.
2. Explain that obstructive sleep apnea is usually caused by abnormalities in the anatomy and muscle control of the pharyngeal airway. The recurrent obstruction causes loud snoring, brief awakenings, and a rise in blood pressure.
3. Discuss the common symptoms of sleep apnea:
 - a. waking up with a very sore and/or dry throat
 - b. waking up with a choking or gasping sensation
 - c. sleepiness during the day
 - d. morning headaches
 - e. loud snoring
4. Explain that sleep apnea can be a potentially serious disorder, so when the warning signs start, see a doctor right away. An official diagnosis of sleep apnea may require a home-based sleep test using a portable monitor, an overnight stay at a sleep clinic, or seeing a sleep specialist.

5. Discuss that anyone can develop sleep apnea, male, female, and children. Those who are at a higher risk for sleep apnea are: male, smoker, overweight, or if there is a family has a history of sleep apnea.
6. Discuss that obstructive sleep apnea can be common in children, but it is not easy to recognize.
 - a. Children with sleep apnea may adopt strange sleeping positions and suffer from bedwetting, excessive perspiration at night, or night terrors as well as have continuous loud snoring.
 - b. Children with sleep apnea may also exhibit changes in their daytime behavior, such as:
 - i. hyperactivity or inattention
 - ii. developmental and growth problems
 - iii. decrease in school performance
 - iv. irritable, angry, or hostile behavior
 - v. breathing through mouth instead of nose

OSA-EQ EQUIPMENT

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

STANDARDS:

1. Explain that a sleep study will be conducted to determine if the patient has obstructive sleep apnea. If sleep apnea is diagnosed, the patient will be given a small machine that sits beside the bed. This machine is called a Continuous Positive Airflow Pressure machine or CPAP for short.
 - a. Use of a CPAP is the most common treatment for sleep apnea and helps the patient to breathe easier when asleep.
 - b. Explain that the CPAP is provided by a medical supply company and that the company will meet with the patient to discuss the specifics of using the CPAP machine.
2. Briefly explain that the CPAP machine requires the patient to wear a mask over the nose/mouth that provides a constant stream of air which keeps the breathing passages open while asleep. Use the CPAP machine whenever sleeping.
3. Explain that one might experience some trouble sleeping with the sleep apnea device. It takes some time to get accustomed to sleeping while wearing a CPAP device. There are things to do make the adjustment easier:

- a. Make sure the CPAP device fits correctly. The straps should not be too tight or too loose and that the mask seals completely over the nose and mouth. A follow-up appointment with the medical supply company will be scheduled to check the fit.
 - b. The CPAP will need to be brought in for a reading of the results.
 - c. Treatment progress will be evaluated by the doctor.
 - d. It might be necessary to talk to the medical supply company about trying different tubing, masks, or straps with the CPAP device to find the right fit. Ask about soft pads to reduce skin irritation, nasal pillows for nose discomfort, and chin-straps to keep the mouth closed and reduce throat irritation.
 - e. Use a humidifier to decrease dryness and skin irritation. Try a special face moisturizer for dry skin. Many CPAP devices come with a built-in humidifier.
 - f. Try a saline nasal spray or a nasal decongestant for nasal congestion.
4. Explain to keep the mask, tubing, and headgear clean. To ensure comfort and benefit, replace the humidifier filters regularly and keep the unit clean.

OSA-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care to discuss the use of any devices that assist the patient to sleep. Without treatment, the sleep deprivation and lack of oxygen caused by sleep apnea increases health risks such as cardiovascular disease, high blood pressure, stroke, diabetes, clinical depression, weight gain, and obesity.
2. Discuss the procedure and process for obtaining follow-up appointments. A periodic face-to-face visit may be required for continued use.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

OSA-HELP HELP LINE

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

STANDARDS:

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

OSA-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

1. Explain that sleep apnea is a treatable condition and that there are many things to do to help manage the sleep apnea:
 - a. Losing weight can impact moderate to severe sleep apnea. A small amount of weight loss can open up the throat and improve sleep apnea symptoms.
 - b. Quit smoking. Smoking is believed to contribute to sleep apnea by increasing inflammation and fluid retention in the throat and upper airway.
 - c. Avoid alcohol, sleeping pills, and sedatives, especially before bedtime. They relax the muscles in the throat and interfere with breathing.
 - d. Avoid caffeine and heavy meals within two hours of going to bed.
 - e. Maintain regular sleep hours. Sticking to a steady sleep schedule will help to relax and sleep better. Apnea episodes decrease when one gets plenty of sleep.
 - f. Practice sleeping on the side. Avoid sleeping on the back, because gravity makes it more likely for the tongue and soft tissues to drop and obstruct the airway.
 - g. Prop up the head. Elevate the head of the bed by 4 to 6 inches or elevate the body from the waist up by using a foam wedge. Use a special cervical pillow.
 - h. Open the nasal passages. Try keeping the nasal passages open at night using a nasal dilator, saline spray, or breathing strips.
2. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
3. Review the community resources available for help in achieving behavior changes.

OSA-L LITERATURE

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

STANDARDS:

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

OSA-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations that can improve obstructive sleep apnea and prevent complications.

STANDARDS:

1. Discuss individualized lifestyle adaptations specific to obstructive sleep apnea:
 - a. weight loss
 - b. alcohol reduction
 - c. change in sleeping position (avoid sleeping on back)
 - d. tobacco cessation
 - e. avoid sleeping pills, narcotics, or barbiturates
2. Discuss ways to optimize the quality of life.
3. Refer to community services, resources, or support groups, as available.

OSA-M MEDICATIONS

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

STANDARDS:

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

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

OSA-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

OSA-N NUTRITION

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

STANDARDS:

1. Emphasize nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Explain that a low-calorie meal plan is needed for weight loss to improve the sleep apnea.
4. Refer to registered dietitian for MNT or other local resources as appropriate.

OSA-PRO PROCEDURE

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

STANDARDS:

1. Discuss that a polysomnogram may be performed in a sleep center or at home.

- a. Polysomnography is the technical term for an overnight sleep study that involves recording brain waves and other sleep-related activity. Polysomnography involves many measurements and is typically performed at a sleep center.
 - b. The patient arrives about 2 hours before bedtime without having made any changes in daily habits. Polysomnography electronically monitors the passing or failure through the various sleep stages.
 - c. Changes in breathing and blood oxygen levels are also recorded. For those suspected to have sleep apnea, the sleep expert will track instances of apnea and hypopnea that last longer than 10 seconds.
2. Explain that after the diagnosis of sleep apnea is made, another night at the sleep center is scheduled in order to have CPAP started (CPAP titration).
 3. Discuss other surgical procedures, such as laryngoscopy, tonsillectomy, palate-uveloplasty, as appropriate.

OSA-TE TESTS

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

STANDARDS:

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

OSA-TO TOBACCO

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

STANDARDS:

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

OSA-TX TREATMENT

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

STANDARDS:

1. Explain that the causes of obstructive sleep apnea are variable and there is seldom one specific treatment that will cure the problem. A sleep specialist can evaluate the symptoms and help find an effective treatment:
 - a. Treating the underlying medical condition causing the apnea, such as a heart or neuromuscular disorder.
 - b. Using supplemental oxygen while the patient sleeps.
 - c. Breathing devices can be used to manage obstructive sleep apnea. Explain that the most common breathing devices is the Continuous Positive Airflow Pressure (CPAP for short). This device is the most common treatment for moderate to severe obstructive sleep apnea. The CPAP device is a mask-like machine that provides a constant stream of air which keeps breathing passages open while sleeping. Most CPAP devices are the size of a tissue box.
2. Explain that some remedies and lifestyle modifications can go a long way in reducing sleep apnea symptoms. Lifestyle changes that can help sleep apnea:
 - a. Lose weight. Some people find that even moderate to severe sleep apnea can be completely corrected by losing excess weight. For others, even a small amount of weight loss can open up the throat and improve sleep apnea symptoms.
 - b. Quit smoking. Smoking is believed to contribute to sleep apnea by increasing inflammation and fluid retention in your throat and upper airway.
 - c. Avoid alcohol, sleeping pills, and sedatives, especially before bedtime, because they relax the muscles in the throat and interfere with breathing.
 - d. Avoid caffeine and heavy meals within two hours of going to bed.

- e. Maintain regular sleep hours. Sticking to a steady sleep schedule will help one to relax and sleep better. Apnea episodes decrease when getting plenty of sleep.
3. Explain some bedtime tips for managing sleep apnea:
 - a. Sleep on the side. Avoid sleeping on the back, because gravity makes it more likely for the tongue and soft tissues to drop and obstruct the airway.
 - b. Prop head up. Elevate the head of the bed by 4 to 6 inches or elevate the body from the waist up by using a foam wedge. Also, use a special cervical pillow.
 - c. Try over-the-counter nasal airway strips.
4. Discuss the options for treating obstructive sleep apnea:
 - a. Adjustable airway pressure devices that a sleep specialist may recommend
 - b. Available dental appliances
 - c. Surgical options:
 - i. Increase the size of the airway, thus reducing the episodes of sleep apnea.
 - ii. Remove the tonsils, adenoids, or excess tissue at the back of the throat or inside the nose.
 - iii. Reconstruct the jaw to enlarge the upper airway.
5. Discuss that surgery carries risks of complications and infections, and in some rare cases, symptoms can become worse after surgery.

OCCU – Occupational Health

OCCU-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. types and features of the equipment
 - b. proper function of the equipment
 - c. signs of equipment malfunction and proper action in case of malfunction
 - d. infection control principles, including proper disposal of associated medical supplies
 - e. importance of not tampering with any medical device
 - f. the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
2. Discuss the use of the equipment as related to the health of the employee.

OCCU-EX EXERCISE

OUTCOME: The employee will understand the role of physical activity in maintaining health.

STANDARDS:

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

OCCU-FU FOLLOW-UP

OUTCOME: The employee will understand the importance of follow-up in the treatment of employment-related injuries/illnesses.

STANDARDS:

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

OCCU-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

OCCU-HY HYGIENE

OUTCOME: The employee will understand personal routine hygiene as it relates to the work environment.

STANDARDS:

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

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

OCCU-IM IMMUNIZATIONS

OUTCOME: The employee will understand the immunizations necessary for preventing communicable diseases. **Refer to IM** (in Volume III of this manual set).

STANDARDS:

1. Discuss the illness that the recommended immunization prevents.
2. Discuss the side effects and potential adverse reactions that are common to this immunization.
3. Discuss the local policy concerning refusal. Discuss any alternatives to the immunization.

OCCU-L LITERATURE

OUTCOME: The employee will receive literature about the specific occupational health issue.

STANDARDS:

1. Provide the employee with literature on the specific occupational health issue.
2. Discuss the content of the literature.

OCCU-LA LIFESTYLE ADAPTATIONS

OUTCOME: The employee will understand the necessary lifestyle adaptations for maintaining adequate health to maintain employment.

STANDARDS:

1. Discuss the lifestyle changes specific to the illness/injury and how they relate to employment.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

OCCU-M MEDICATIONS

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

STANDARDS:

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

OCCU-OR ORIENTATION

OUTCOME: The new employee will understand measures that are necessary for employees to prevent the spread of infections.

STANDARDS:

1. Discuss the circumstances when screens will be conducted for infections or other risks when employees may have been exposed.
2. Describe the symptoms of personal illness that should be reported to the supervisor/Occupational Health Nurse according to the facility policy. Explain when restrictions will be imposed from providing direct patient care and/or the employee will be required to remain away from the healthcare facility entirely.

3. Explain the measures that may be required to evaluate employees and volunteers exposed to patients with infections and communicable diseases.
4. Explain that each new employee will meet with the Occupational Health Nurse for the following:
 - a. screening for communicable diseases, such as TB
 - b. evaluation of immunization status for designated infectious diseases
 - c. fit-testing and use of personal protective equipment
5. Explain that on-going education will be required regarding the prevention and control of infections and communicable diseases.

OCCU-P PREVENTION

OUTCOME: The employee will understand ways to reduce the risk of acquiring an employment-related injury or illness.

STANDARDS:

1. Discuss the activity that causes the employee to be at risk for acquiring an employment-related injury or illness.
2. Explain ways to prevent the specific employment-related injury or illness.

OCCU-PM PAIN MANAGEMENT

OUTCOME: The employee will understand and fully participate in the plan for pain management.

STANDARDS:

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

OCCU-S SAFETY

OUTCOME: The employee will understand safety as it relates to the employee's work.

STANDARDS:

1. Discuss the specific hazards related to the employee's specific assigned work.

2. Explain safety measures that are in place to prevent injuries and how these measures should be utilized.

OCCU-SCR SCREENING

OUTCOME: The employee will understand the proposed screening including indications.

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., guaiac, blood pressure, hearing, vision, development, mental health.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

OCCU-SM STRESS MANAGEMENT

OUTCOME: The employee will understand the role of stress management in maintaining health and optimal function at work.

STANDARDS:

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

OCCU-TE TESTS

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

STANDARDS:

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

OCCU-TX TREATMENT

OUTCOME: The employee will understand the treatment plan.

STANDARDS:

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

OCCU-WC WOUND CARE

OUTCOME: The employee will understand proper wound care and infection control measures.

STANDARDS:

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

ODM - Ocular Diabetes Mellitus

ODM-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

ODM-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

ODM-C COMPLICATIONS

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

STANDARDS:

1. Explain that the ocular complications of diabetes result from high blood glucose and that good control of blood glucose helps prevent loss of vision.

2. Discuss that glaucoma, cataracts, vision loss and/or blindness are complications of ODM.

ODM-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the effect of diabetes on the patient's eyes and vision.

STANDARDS:

1. Review the current information regarding ocular diabetes. Explain that diabetic retinopathy is a result of retinal ischemia and edema which can result in vision loss or total blindness.
2. Discuss that microvascular changes secondary to hyperglycemia can lead to retinal detachment and blindness.
3. Explain that high blood glucose levels can cause swelling of the lens of the eye which can result in blurred vision which may resolve when the blood glucose is under good control. Control blood glucose before ordering new glasses.
4. Explain that the damage caused by ocular diabetes is not reversible but effective treatment can delay progression.

ODM-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in ocular diabetes mellitus.

STANDARDS:

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

ODM-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care.

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

ODM-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of ocular diabetes mellitus.

STANDARDS:

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

ODM-L LITERATURE

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

STANDARDS:

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

ODM-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Explain that lifestyle adaptations are the key components to preventing or delaying the progression of ODM.
2. Emphasize that nutrition and physical activity aid in weight loss and are critical components in addressing insulin resistance.
3. Explain that the use of tobacco products can exacerbate the disease process and lead to loss of vision.

ODM-LT LASER THERAPY

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

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure as well as the alternatives and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Discuss pain management as appropriate.

ODM-M MEDICATIONS

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

STANDARDS:

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

ODM-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand pain relief may be available.

STANDARDS:

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

3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain that narcotics and other medications may be helpful to control pain and the symptoms associated with pain or nausea and vomiting.
5. Explain non-pharmacologic measures that may be helpful with pain control.
6. Discuss the symptoms which should prompt an evaluation such as increasing pain unresponsive to the usual measures.

ODM-PRO PROCEDURE

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

STANDARDS:

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

ODM-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to ocular diabetes mellitus.

STANDARDS:

1. Explain that loss of vision may increase the risk of falls or other injury.
2. Discuss the ways the patient can reduce the risk of falls or injury in the home such as:
 - a. clear travel paths in hallways and through rooms that eliminate trip hazards

- b. paint doors and their trims contrasting colors from the walls and use gentle self-closing devices on doors and cabinets
 - c. mark all steps and handrails with contrasting colors
 - d. lighting sources should be bright and consistent throughout the house. Use flat paints on the wall and window blinds/shades to reduce glare
 - e. recommend appliances with controls on the front
 - f. install grab bars for the tub and shower
3. Discuss the ability to operate motorized vehicles.

ODM-TE TESTS

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

STANDARDS:

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

ODM-TLH TELE-HEALTH

OUTCOME: The patient/family will understand teleophthalmology.

STANDARDS:

1. Explain that digital images of the eye are acquired and transmitted to the qualified ophthalmologists for interpretation.
2. Explain the purpose of the assessment is for eye complications resulting from diabetes and that there is no preparation required.

ODM-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the need to modify, as appropriate, the treatment plan for underlying diabetes, hypertension, etc. Stress tobacco avoidance.
5. Discuss the importance of maintaining a positive mental attitude.

ODD - Oppositional Defiant Disorder

ODD-C COMPLICATIONS

OUTCOME: The patient/family will understand the possible complications related to oppositional defiant disorder.

STANDARDS:

1. Explain that oppositional defiant disorder may be associated with school suspension, problems at home, problems with work adjustment, risky sexual behavior, early tobacco, alcohol, and drug use.
2. Explain that individuals diagnosed with oppositional defiant disorder are also at risk for developing learning or communication disorders, conduct disorder (**refer to COND** in Volume II of this manual set), attention deficit hyperactivity disorder (**refer to ADHD** in Volume II of this manual set), posttraumatic stress disorder (**refer to PTSD**), other anxiety and mood disorders, and substance-related disorders (**refer to AOD** in Volume II of this manual set).

ODD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

ODD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of oppositional defiant disorder.

STANDARDS:

1. Explain that oppositional defiant disorder is a pattern of negativistic, hostile, and defiant behavior, which is significantly less severe than conduct disorder, and doesn't include aggression, theft, deceit, or destruction of property. It usually includes at least four of the following symptoms:

- a. Often loses temper
 - b. Often argues with adults
 - c. Often actively defies or refuses to comply with adults' requests or rules
 - d. Often deliberately annoys people
 - e. Often blames others for one's mistakes or misbehavior
 - f. Is often touchy or easily annoyed by others
 - g. Is often angry and resentful
 - h. Is often spiteful and vindictive
2. Explain the associated features of oppositional defiant disorder, including low self-esteem, mood lability, low frustration tolerance, swearing, and precocious use of alcohol, tobacco, and illicit drugs.
 3. Discuss the course of oppositional defiant disorder:
 - a. It usually occurs by the age of 8, is rarely diagnosed after early adolescence, and has a gradual onset.
 - b. The oppositional symptoms often emerge in the home setting, but over time may appear in other settings as well.
 - c. In a significant portion of cases, the disorder may gradually progress into conduct disorder.
 4. Explain that the disturbance causes clinically significant impairment in social, academic, or occupational functioning, does not occur exclusively during the course of a psychotic or mood disorder, nor conduct disorder.
 5. Explain that oppositional defiant disorder is more prevalent in families in which child care is disrupted by a succession of different caregivers or in families in which harsh, inconsistent, or neglectful child-rearing practices are common.

ODD-FU FOLLOW-UP

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

STANDARDS:

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

ODD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

ODD-L LITERATURE

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

STANDARDS:

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

ODD-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the specific lifestyle changes for oppositional defiant disorder, such as following rules, being respectful of self and others, and taking responsibility for one's own feelings and actions.

2. Discuss that the family may also require lifestyle adaptations to care for the patient, including creating greater structure in the home, being more involved with the child, taking responsibility for the child, making all behavioral health appointments, and consistency in enforcing rules.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

ODD-M MEDICATIONS

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

STANDARDS:

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

ODD-PA PARENTING

OUTCOME: The patient/family will understand the parenting issues related to oppositional defiant disorder.

STANDARDS:

1. Discuss the appropriate and consistent methods for applying rewards and consequences to the patient with oppositional defiant disorder.
2. Discuss the need for appropriate physical and emotional involvement with the child, which may include specific activities to improve the relationship.
3. Refer the parent(s) to parenting classes as appropriate.

ODD-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to oppositional defiant disorder.

STANDARDS:

1. Discuss/review the safety plan and/or administrative treatment plan with the patient and family, including the no-harm contract and emergency procedures.
2. Discuss the potential and process of voluntary or involuntary hospitalization should the patient have difficulties staying safe or refraining from acting on the impulses to hurt oneself or another.
3. Explain the importance of reporting any abuse, neglect, or potentially dangerous situations.
4. Review the local resources and phone numbers, including the police that may be utilized during a crisis, and may assist in transportation and safety compliance.

ODD-SM STRESS MANAGEMENT

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

STANDARDS:

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

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

ODD-TLH TELE-HEALTH

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

STANDARDS:

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

ODD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment and options for oppositional defiant disorder.

STANDARDS:

1. Discuss issues of safety, confidentiality, and responsibility, and emphasize open and honest participation in the treatment as critical to good outcome.
2. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone. The patient has a right to choose either option or both.
3. Explain that therapists have different styles and orientations for treating oppositional defiant disorder.
 - a. Therapy may include anger management groups (in addition to individual psychotherapy) and the exploration and treatment of underlying traumatic events and co-occurring disorders.
 - b. Treatment is optimized when parents attend parenting classes, adjunct family therapy sessions, or their own individual psychotherapy sessions.
4. Discuss that medications may be prescribed intermittently or throughout the treatment process. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.

5. Discuss the importance of managing symptoms of oppositional defiant disorder with alternative measures or coping skills during preconception and pregnancy when medications are contraindicated in adolescents of childbearing age as appropriate.

OPT - Optometry

OPT-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the eye, related structures and functions, including vision, visual systems and vision information processing.
2. Discuss the changes to anatomy and physiology as a result of defects/damage/injury and disease of the eye.
3. Discuss the impact of these changes on the patient's health or well-being.

OPT-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications relating to defects/damage/injury and disease of the eye.

STANDARDS:

1. Discuss the common complications from defects/damage/injury of the eye. Discuss that damage to the eye is often related to the outer surface of the eye, but can relate to other structures of the eye.
2. Discuss that the eye can tolerate minor impact without damage.
3. Discuss that many eye injuries do not affect the eyeball and are thus not dangerous even though extensive bruising and swelling to surrounding structures often make them look worse than they are.
4. Discuss that injury occasionally damages the eye so severely that vision is affected and sometimes completely lost. In rare instances, the eye must be removed.
5. Discuss the signs/symptoms of common complications of damage or disease of the eye that should trigger concern may include:
 - a. blood in eye
 - b. blurriness
 - c. crusty eyelid or eyelashes
 - d. dark spots in vision
 - e. discharge from eye
 - f. double vision

- g. dryness
- h. flashes of light
- i. floaters in vision
- j. grittiness
- k. itchiness
- l. pain in eye
- m. tearing
- n. vision loss (central vision)

OPT-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the causes resulting in defects/damage/injury or disease of the eye, as well as common vision problems.

STANDARDS:

1. Discuss the common loss of visual acuity and vision as a result from age, vision strain consistent eye strain. Discuss the common vision problems: Astigmatism, Double Vision (Diplopia), Higher-Order Aberrations (HOAs) , Hyperopia (Farsightedness), Myopia (Nearsightedness), Peripheral Vision Loss, Presbyopia.
2. Discuss various disease of the eye and conditions that influence these diseases:
 - a. Discuss disease of the eye: Conjunctivitis, Herpes of the Eye, Glaucoma, Diabetic Retinopathy, Keratoconus, Macular Degeneration (AMD), Macular Dystrophy, Ocular Hypertension, Retinitis Pigmentosa, Stargardt's Disease (STGD).
 - b. Discuss the common conditions that influence disease of the eye include but not limited to diabetes, hypertension, neurological disorders, and age.
 - c. Discuss eye conditions and factors related to conditions:
 - i. Eye Infections: Discuss the difference between bacterial, viral, and fungal eye infections and conditions resulting from eye infections including: Blepharitis, Chalazion, and Corneal Ulcer
 - ii. Inherited related eye conditions: Eye Allergies, Color Blindness, Ocular Rosacea
 - iii. Developmentally related eye condition: Acanthamoeba Keratitis, hyper-viscosity, Bell's Palsy
 - iv. Irritation: Dry Eye Syndrome
 - v. Age Related: Cataracts and Macular Hole

- vi. Disease-influenced conditions: Eye Occlusions (Eye Strokes), Floaters, Flashes and Spots, Ocular Migraine, Optic Neuritis and Optic Neuropathy, Photophobia (Light Sensitivity)
 - vii. Retinal Detachment may be a result of injury, eye surgery, or abnormalities with the structure of the eye
3. Discuss environmental, domestic, or industrial accidents that may influence eye injury:
 - a. carpentry
 - b. liquid chemicals or cleaners
 - c. assault
 - d. car battery explosions
 - e. sports injuries (ex. air-gun or paint pellet-gun injuries)
 - f. motor vehicle collisions (ex. air-bag injuries, direct sunlight exposure (causing solar retinopathy)
 - g. retinal vein or artery occlusion
 - h. exposure to strong ultraviolet light (ex. welding arc or bright sunlight reflected off snow) resulting in corneal
 - i. disorders (ex. superficial punctate keratitis)
 4. Discuss that contact lens may cause infection, irritation, and injury to the eye.
Refer to [OPT-HY](#) and [OPT-P](#).

OPT-EQ EQUIPMENT

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

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. lens care for eye glasses
 - b. indication for the equipment
 - c. benefits of using the equipment
 - d. types and features of the equipment
 - e. proper function of the equipment
 - f. sign of equipment malfunction and proper action in case of malfunction
 - g. infection control principles, including proper disposal of associated medical supplies
 - h. importance of not tampering with any medical device

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

OPT-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in eye care and complications relating to defects/damage/injury and disease of the eye.

STANDARDS:

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

OPT-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of eye care and defects/damage/injury and disease of the eye.

STANDARDS:

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

OPT-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

OPT-HY HYGIENE

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

STANDARDS:

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

OPT-L LITERATURE

OUTCOME: The patient/family will receive literature regarding optometry and eye care.

STANDARDS:

1. Provide the patient/family with literature on eye health including defects/damage/injury and disease of the eye.
2. Discuss the content of the literature.

OPT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for defects/damage/injury and disease of the eye.

STANDARDS:

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

OPT-M MEDICATIONS

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

STANDARDS:

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

OPT-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for defects/damage/injury and disease of the eye.

STANDARDS:

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

OPT-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to defects/damage/injury and disease of the eye.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
4. Review vitamins, minerals and other nutrients that have been shown to be essential for good vision and may protect your eyes from sight-robbing conditions and diseases:
 - a. beta-carotene (carrots, sweet potatoes): may protect against night blindness and dry eyes
 - b. bioflavonoids (tea, red wine, citrus fruits, bilberries, blueberries, cherries, legumes, soy products): may protect against cataracts and macular degeneration (AMD)
 - c. lutein and zeaxanthin (spinach, kale, turnip greens, collard greens, squash): may prevent cataracts and AMD
 - d. omega-3 fatty acids (cold-water fish such as salmon, mackerel and herring; flaxseed oil and fish oil; ground flaxseeds and walnuts): may help prevent AMD and dry eyes

- e. selenium (seafood (shrimp, crab, salmon, halibut); Brazil nuts; enriched noodles; brown rice): may reduce risk of advanced AMD when combined with carotenoids and vitamins C and E
 - f. vitamin A (beef or chicken liver, cod liver oil, eggs, butter, milk): may protect against night blindness and dry eyes
 - g. vitamin C (sweet peppers (red or green), kale, strawberries, broccoli, oranges, cantaloupe): May reduce the risk of cataracts and AMD
 - h. vitamin D (salmon, sardines, mackerel, milk, orange juice fortified with vitamin D): may reduce the risk of AMD
 - i. vitamin E (almonds, sunflower seeds, hazelnuts): may reduce the risk of advanced AMD when combined with carotenoids and vitamin C
 - j. zinc (oysters; beef, Dungeness crab, turkey (dark meat).): helps vitamin A reduce the risk of night blindness and may play a role in reducing risk of advanced AMD
5. Discuss that the optometrist or medical provider may recommend oral nutritional vitamins to help improve or prevent eye defects or diseases. Discuss recommended regime for vitamins.
 6. Refer to registered dietitian for MNT or other local resources as appropriate.

OPT-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing defects/damage/injury and disease of the eye.

STANDARDS:

1. Discuss the importance of protective eyewear. A majority of eye injuries may be prevented by taking safety precautions in the home, work-place, vehicle (airbag deployment) and with activities/sports (paintball). Examples: goggles, seat safety belt. **Refer to [OPT-S](#).**
2. Discuss that looking directly at the light beam of a laser pointer can cause temporary vision loss and even permanent damage to the retina.
3. Discuss the importance of practicing safety as related to fireworks. Discuss fireworks-related injuries and tips for the prevention of eye injury. Examples: never let children play with fireworks, view fireworks from at least 500 feet away, only trained professionals should light fireworks, don't touch any unexploded fireworks remains (instead, notify the fire or police department).
4. Discuss the importance of blood glucose and blood pressure control in preventing eye disease.

5. Discuss that routine eye exams can detect vision problems, eye disease, and general health problems before the problem exists. However, vision screenings are not a substitute for a comprehensive eye exam. Eye exams should be conducted by a licensed eye doctor.
6. Discuss that early treatment of eye infections may prevent permanent eye damage.

OPT-PM PAIN MANAGEMENT

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

STANDARDS:

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

OPT-PRO PROCEDURE

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

STANDARDS:

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

OPT-S SAFETY

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

STANDARDS:

1. Discuss the importance of protective eye glasses.
2. Discuss fireworks safety.
3. Explain that a majority of eye injuries maybe prevented by wearing protective eye wear and practicing safety.
4. Discuss lens care for eye glasses.
5. Encourage the patient to talk with optometrist regarding eye safety.

OPT-SCR SCREENING

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

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., blood pressure, vision, development, mental health.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

OPT-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

1. Explain that second-hand smoke is known as “passive smoking.” Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.

5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car.

OPT-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in defects/damage/injury and disease of the eye.

STANDARDS:

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

OPT-TE TESTS

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

STANDARDS:

1. Discuss the common tests related to optometry: eye exam, visual field testing , glaucoma tests, dilated exam, color blind tests, contrast sensitivity test, contact lens eye exam, sports vision tests.
2. Explain test(s) that have been ordered (explain as appropriate):

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

OPT-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized. Examples: corrective eye lens, contact lens, and medicines.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.
5. Discuss that conditions of the eye are generally treated with medication, eye glasses, contact lens, ocular lubricants, surgery, bifocals, magnification, appropriate lighting or other visual aids.
6. Discuss that some conditions of the eye occasionally have no treatment and will resolve on their own. Example: Ocular Migraine.

OPT-WC WOUND CARE

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

STANDARDS:

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

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

TPLNT – Organ Donation/Transplant

TPLNT-ADL ACTIVITIES OF DAILY LIVING

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

STANDARDS:

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

TPLNT-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the organ or tissue donated or transplanted.

STANDARDS:

1. Explain the normal anatomy and physiology of the organ or tissue.
 - a. Organ transplantation involves replacing an individual's (the recipient) damaged or failing organ, such as heart, kidney, liver, lung, pancreas, or intestine, with a working organ from another individual (the donor).
 - b. Tissues that are transplanted include bones, tendons, corneas, heart valves, veins, and skin.
2. Discuss the changes to anatomy and physiology as a result of the donation or transplantation.
3. Discuss the impact of these changes on the patient's health or well-being.

TPLNT-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to organ or tissue donation or transplantation.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being an organ or tissue donor or recipient, and how it may require a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common when being an organ or tissue donor or recipient, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process may incorporate traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential dangers of self-medication with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
6. Refer to a mental health agency or provider, as appropriate.

TPLNT-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with organ or tissue donation or implantation.

STANDARDS:

1. Discuss the common complications of organ or tissue donation or implantation:
 - a. transmission of infections from the donor to the recipient
 - b. rejection of the transplanted organ or tissue
 - c. compromised immune response due to medications necessary to prevent rejection of a transplanted organ
2. Describe the signs/symptoms of common complications of organ or tissue donation or implantation.

TPLNT-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

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

TPLNT-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up as it relates to organ or tissue donation or implantation.

STANDARDS:

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

TPLNT-HELP HELP LINE

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

STANDARDS:

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

TPLNT-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to organ or tissue donation or implantation.

STANDARDS:

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

- c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the importance of covering the mouth preferably with the arm when coughing or sneezing.
6. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant’s label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.

TPLNT-INF INFECTION CONTROL

OUTCOME: The patient/family will receive information regarding the importance of infection control as it relates to organ or tissue donation or implantation.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
 - d. **Refer to [TPLNT-HY](#)** for personal hygiene.
2. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
3. Explain other basic infection prevention aspects as they pertain to the patient.

- a. Explain the importance of asepsis with wound care in preventing wound infections. **Refer to [TPLNT-WC](#).**
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to UCATH and VENT-VAP** (in Volume V of this manual set).
 - c. Review appropriate use of personal protective equipment (PPE).
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., MRSA, influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing transplant recipients to communicable diseases.
4. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate:
- a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, fever, diarrhea
 - d. **refer to ABX** (in Volume II of this manual set)

TPLNT-L LITERATURE

OUTCOME: The patient/family will receive literature about organ or tissue donation or implantation.

STANDARDS:

1. Provide the patient/family with literature on organ or tissue donation or implantation.
2. Discuss the content of the literature.

TPLNT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living for organ or tissue donation or implantation.

STANDARDS:

1. Discuss the lifestyle changes specific to organ or tissue donation or implantation. Discuss that the daily routine may revolve around medication administration.

2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.
5. Define activities of daily living (ADL) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient's ability to perform ADL affects the ability to live independently.
6. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, structuring leisure time, keeping clean, and using transportation.

TPLNT-M MEDICATIONS

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

STANDARDS:

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

TPLNT-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for organ or tissue donation or implantation.

STANDARDS:

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

TPLNT-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to organ or tissue donation or implantation.

STANDARDS:

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

TPLNT-PCC PRE-CONCEPTION CARE

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

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence

- f. attain a healthy weight before conception
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. receive screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
 3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
 4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
 5. Refer to medical and psychosocial support services for any risk factor identified.

TPLNT-PM PAIN MANAGEMENT

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

STANDARDS:

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

TPLNT-PRO PROCEDURE

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

STANDARDS:

1. Discuss organ tissue donation. Refer to trained personnel for further information.
2. Discuss the indications, risks, and benefits of the proposed procedure as well as the alternatives and the risk of non-treatment.
3. Explain the process and what is expected after the procedure.
4. Explain the necessary preparation for the procedure.
5. Discuss pain management as appropriate.

TPLNT-TE TESTS

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

STANDARDS:

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

TPLNT-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss that the daily routine may revolve around life-long medication administration.
3. Discuss the therapies that may be utilized.

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

TPLNT-WC WOUND CARE

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

STANDARDS:

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

ORTH - Orthopedics

ORTH-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will have a basic understanding of the anatomy and physiology as it relates to the disease state or condition.

STANDARDS:

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

ORTH-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of orthopedic conditions and/or procedures.

STANDARDS:

1. Explain that failure to fully participate in the prescribed therapy may result in a deficit in function of the limb or body part involved.
2. Discuss common and important complications associated with this illness, injury, or condition.

ORTH-CC CAST CARE

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

STANDARDS:

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

ORTH-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the current knowledge regarding the patient's orthopedic condition and symptoms.

STANDARDS:

1. Explain that an orthopedic condition involves the bones and/or joints. Describe the specific condition.
2. Discuss the current information regarding causative factors and pathophysiology of this disease state/condition.
3. Discuss the signs/symptoms and usual progression of this disease state/condition.
4. Discuss the signs/symptoms of exacerbation/worsening of this disease state/condition.

ORTH-EQ EQUIPMENT

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

STANDARDS:

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

ORTH-FU FOLLOW-UP

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

STANDARDS:

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

ORTH-L LITERATURE

OUTCOME: The patient/family will receive literature regarding the specific type of orthopedic condition/injury and its treatment.

STANDARDS:

1. Provide the patient/family with literature on the specific type of orthopedic condition/injury and its treatment.
2. Discuss the content of the literature.

ORTH-M MEDICATIONS

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

STANDARDS:

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

ORTH-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

5. Refer to other providers or community resources as needed.

ORTH-N NUTRITION

OUTCOME: The patient/family will understand the role that nutrition plays in treating orthopedic conditions or injuries.

STANDARDS:

1. Explain that diet can be a contributing factor in the disease process, such as vitamin or mineral deficiencies. Refer to a registered dietitian as appropriate.
2. Explain that diet alone cannot usually treat orthopedic conditions.
3. Encourage the patient to include foods rich in calcium, such as dairy products.

ORTH-P PREVENTION

OUTCOME: The patient/family will understand that healthy lifestyle behaviors can reduce the risk of developing diseases, conditions, injuries, and complications.

STANDARDS:

1. List lifestyle habits that increase the risk for the onset, progression, or spread of the specific orthopedic condition or predispose to injury.
2. Identify behaviors that reduce the risk for the onset, progression, or spread of the specific orthopedic condition or predispose to injury.
3. Assist the patient in developing a plan for prevention of orthopedic conditions and/or injuries.

ORTH-PM PAIN MANAGEMENT

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

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain with the patient/family the risks and benefits of noninvasive and alternative pain relief measures, e.g., medications, TENS units, heat, cold, massage, meditation, imagery, acupuncture, healing touch, traditional healer, hypnosis.
3. Discuss with the patient/family the possible appropriate procedural or operative pain management techniques, e.g., nerve block, intrathecal narcotics, local anesthesia.

ORTH-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure(s), as well as, the risks, benefits, alternatives to the proposed procedure(s) and associated factors affecting the patient.

STANDARDS:

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

ORTH-PT PHYSICAL THERAPY

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

STANDARDS:

1. Assist the patient/family with a physical therapy plan indicated for this condition/injury. Explain that this may include visits with the physical therapist as well as home exercises. **Refer to [PT](#).**
2. Explain the benefits, risks, and alternatives to the physical therapy plan.
3. Emphasize that it is the responsibility of the patient to follow the plan.

ORTH-S SAFETY

OUTCOME: The patient/family will understand the principles of injury prevention and plan a safe environment.

STANDARDS:

1. Assist the family in identifying ways to adapt the home to improve safety and prevent injuries, as appropriate.
2. Discuss injury prevention adaptations appropriate to the patient's age, disease state, or condition, e.g., seat belts, car seats, and obeying the speed limit.
3. Explain that the use of alcohol and/or drugs increases the risk of injury or death, especially when used by someone operating a motor vehicle or other equipment.
4. Identify which community resources promote safety and injury prevention and refer as appropriate.

ORTH-TE TESTS

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

STANDARDS:

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

ORTH-TX TREATMENT

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

STANDARDS:

1. Explain that the treatment plan will be made by the patient and medical team after reviewing available options. Discuss the importance of fully participating in the treatment plan, including scheduled follow-up and physical therapy.

2. Discuss the treatment plan, including lifestyle adaptations, pharmacologic, surgical, and psychosocial aspects of the treatment plan.

OA - Osteoarthritis

OA-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

OA-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

OA-C COMPLICATIONS

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

STANDARDS:

1. Discuss the progressive osteoarthritis can result in loss of range of motion.
2. Discuss the impact of the complications based on the joint(s) involved.

OA-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

OA-DP DISEASE PROCESS

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

STANDARDS:

1. Review the disease process of osteoarthritis. Osteoarthritis occurs with failure of a movable, synovial-lined joint due to thinning of the joint surface, weakening and splitting of the cartilage. The most common joints affected are joints of the neck, back, hands, knees, and hips, and joint involvement is often asymmetric.
2. Explain the high prevalence of osteoarthritis as the most common joint disease.
3. Discuss the possible cause of OA as primary (idiopathic) or secondary to another cause (e.g., trauma, congenital/developmental, metabolic, obesity, rheumatoid arthritis).
4. Discuss applicable risk factors for the development or worsening of OA: age (65 years of age and older, and nearly everyone over 75), female gender, genetics, obesity, occupation-related repetitive injury, physical trauma, congenital/developmental defects, and metabolic/endocrine disease.
5. Explain and discuss the signs and symptoms of OA. Diagnosis of OA is based on symptoms, physical examination, and absence of systemic findings, minimal articular inflammation, and radiography. Symptoms may include:
 - a. Pain upon awakening or pain at long periods of rest (early osteoarthritis: localized, increased with activity, and resolving with rest; late osteoarthritis: pain at rest)
 - b. Stiffness (after periods of inactivity, commonly, morning stiffness, usually lasting less than 30 minutes)
 - c. Bony enlargement
 - d. Crepitus on motion (cracking-like sensation)

- e. Limited joint motion
 - f. Radiographic evidence (early: no change; moderate: joint space narrowing, late: deformity osteophytes, “lipping”)
6. Refer to the National Arthritis Foundation self-help course and book, community resources, or Web site, as appropriate.

OA-EQ EQUIPMENT

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

STANDARDS:

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

OA-EX EXERCISE

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

STANDARDS:

1. Discuss the role of weight-bearing and non-weight bearing exercise. Encourage exercise with limited stress upon joints, such as pool exercises. Educate about joint protection when exercising.
2. Emphasize that physical activity is important for maintaining muscle strength, weight loss, and flexibility. Emphasize the importance of warm-ups and cool-downs.

3. Discuss medical clearance issues for physical activity. Review the prescribed physical activity program. Caution the patient not to overexert, as appropriate.
4. Educate on role of physical therapy and occupational therapy in patients with functional limitations by utilizing joint manipulation, stretching, and strengthening.

OA-FU FOLLOW-UP

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

STANDARDS:

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

OA-HELP HELP LINE

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

STANDARDS:

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

OA-HM HOME MANAGEMENT

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

STANDARDS:

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

OA-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

OA-HY HYGIENE

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

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.

4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

OA-L LITERATURE

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

STANDARDS:

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

OA-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss Activities of Daily Living (ADL) aids. Make a referral to social services for assistance in procuring such devices, as appropriate.
2. Discuss how self-image, pain, fatigue, inflammation, limited joint mobility, and medications can alter the life style. Assess the level of acceptance and offer support and referral to social services and community resources as appropriate.

OA-M MEDICATIONS

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

STANDARDS:

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

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

OA-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

OA-N NUTRITION

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

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that eating foods rich in omega-3-fatty acids found in fish, walnuts, and flaxseed several times a week may help suppress inflammation.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

OA-PM PAIN MANAGEMENT

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

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.

2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control, e.g., use of heat and cold, physical therapy, weight loss.

OA-PRO PROCEDURE

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

STANDARDS:

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

OA-PT PHYSICAL THERAPY

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

STANDARDS:

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

OA-S SAFETY

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

STANDARDS:

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

OA-SM STRESS MANAGEMENT

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

STANDARDS:

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

4. Provide referrals as appropriate.

OA-TE TESTS

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

STANDARDS:

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

OA-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized, such as exercise, medications, alternative therapies, joint injections, or surgery, such as joint replacement.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Review the treatment plan with the patient. Explain that complications may be worsened by not participating in the treatment plan.

OS - Osteoporosis

OS-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

OS-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

OS-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of untreated or advanced osteoporosis.

STANDARDS:

1. Explain that the most common complication of untreated or advanced osteoporosis is fracture.

- a. Explain that spinal compression fractures are common and result in back pain and the typical “buffalo hump” often seen in elderly patients.
- b. Explain that fractures of the long bones including fractures of the hip are common and may be debilitating.
2. Explain that pain (especially early morning low back pain) may be a symptom of osteoporosis even in the absence of demonstrable fractures. This can be mistaken for arthritis.
3. Explain that osteoporosis may cause tooth loss secondary to gingival bone loss. Stress the importance of good oral hygiene.

OS-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

OS-DP DISEASE PROCESS

OUTCOME: The patient/family will know some of the causes and symptoms of osteoporosis.

STANDARDS:

1. Explain that humans reach their peak bone mass at about 30. After age 30 progressive bone loss typically occurs.
2. Explain that bone loss may be slowed by consistent daily exercise and appropriate calcium intake. **Refer to [OS-N](#).**
3. State that progressive bone loss may result in fractures and/or pain. **Refer to [OS-C](#).**
4. Discuss the risk factors for earlier onset or more severe osteoporosis, such as petite frame, sedentary lifestyle, smoking, inadequate calcium intake, caffeine intake.
5. Discuss the current state of understanding about the role of estrogen and other hormones as they relate to osteoporosis.

OS-EQ EQUIPMENT

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

STANDARDS:

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

OS-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity in this patient's disease process and will make a plan to increase regular activity by an agreed-upon amount.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan. **Refer to HPDP-EX** (in Volume III of this manual set).
3. Explain that exercise should be consistent and of sufficient duration and intensity to obtain the desired outcome. Explain that exercise decreases bone loss by repetitive use of muscle groups. This repetitive use of muscles causes stress on the bones resulting in build-up of bone mass.
4. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and self-image. Explain that exercises involving weight bearing and many muscle groups are more beneficial. Some examples of weight bearing exercises are walking, dancing, bowling, tennis, basketball, volleyball, soccer, and for elderly patients using hand-held weights.
5. Refer to community resources as appropriate.

OS-FU FOLLOW-UP

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

STANDARDS:

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

OS-HELP HELP LINE

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

STANDARDS:

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

OS-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the needed home management plan to maintain function and optimal health.

STANDARDS:

1. Explain the lifestyle areas that may require adaptation, e.g., diet, exercise.
2. Stress the importance of a calcium rich diet, regular weight-bearing exercise, decreased stress, not smoking, reduced alcohol intake, and estrogen replacement therapy as appropriate.
3. Explain the importance of proper body mechanics and lifting techniques to avoid injury.
4. Assist the family/patient in identifying ways to adapt the home to improve safety and prevent injury, e.g., remove throw rugs, install grab bars in tubs and showers, secure electrical cords.

OS-L LITERATURE

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

STANDARDS:

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

OS-M MEDICATIONS

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

STANDARDS:

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

OS-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

OS-N NUTRITION

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

STANDARDS:

1. Discuss that intake of calcium such as dairy products, some greens like turnip greens, kale, broccoli, collard greens and mustard greens, fish with bones like sardines and salmon, and calcium fortified foods, and soy will reduce the risk of developing osteoporosis.
2. Explain that carbonated beverages, very high protein diets, or caffeine may result in an overall loss of calcium from the body.
3. Explain that adequate intake of Vitamin D is needed to absorb calcium in the diet.
4. Refer to a registered dietitian for MNT as appropriate.

OS-P PREVENTION

OUTCOME: The patient/family will be aware of the methods for reducing the development of osteoporosis.

STANDARDS:

1. Explain how regular exercise increases bone mass thereby reducing the risk of osteoporosis. Regular exercise after age 30 will decrease the rate of bone loss and in some cases may reverse bone loss.
2. Explain that daily intake of calcium will help prevent bone loss and if adequate calcium intake is accomplished in childhood and adolescence there will be a larger peak bone mass.
3. Explain the current knowledge about appropriate intake of calcium for various age levels. **Refer to [OS-M](#).**
4. Explain that certain illnesses, medications, and other factors can increase the risk of developing osteoporosis.

OS-PM PAIN MANAGEMENT

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

STANDARDS:

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

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

OS-TE TESTS

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

STANDARDS:

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

OS-TX TREATMENT

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

STANDARDS:

1. Discuss the importance of fully participating in the treatment plan, including scheduled follow-up.
2. Explain that the major treatment for osteoporosis is physical activity and appropriate intake of calcium and Vitamin D.
3. Explain that some patients will require other medications in addition to the above mentioned treatment. **Refer to [OS-M](#).**

OST - Ostomy

OST-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the function of the affected organ.

STANDARDS:

1. Explain the anticipated duration of the ostomy (temporary or permanent).
2. Explain the anatomy and functions of the affected organ. Identify and explain the patient's ostomy type.
3. Explain the normal characteristics, function, and classification of the stoma. Explain the color, consistency, amount and frequency of output expected from the ostomy.

OST-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

OST-C COMPLICATIONS

OUTCOME: The patient/family will understand the common and important complications from the ostomy.

STANDARDS:

1. Explain that complications may be delayed, minimized, or prevented with prompt treatment.
2. Review the signs and symptoms of the common and important complications of the ostomy, e.g., wound infections, peristomal skin breakdown, intestinal obstruction, hemorrhage, peristomal hernia, stoma prolapse, stoma structure, stoma retraction, and stoma necrosis.
3. Discuss the symptoms that would require the patient to seek medical attention, such as abnormal abdominal distention; vomiting; blood from the stoma; dusky, dark red, purplish, brown or black stoma; separation between skin and stoma; non-healing peristomal skin irritation or breakdown; lack of output beyond the expected time interval; abdominal pain, protrusion of viscera from stoma, or unusual bulging around the stoma.
4. Discuss the importance of following the prescribed treatment plan, including diet, exercise, medications, hygiene and stress management to help prevent complications.

OST-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pathophysiology, symptoms, and prognosis of the disease or condition related to the patient's colostomy.

STANDARDS:

1. State the definition of the specific disease or condition related to the colostomy and its effects on the body (Refer to Cancer - **CA**, Crohn's, Disease - **CRN**, Diverticulitis/Diverticulosis - **DIV**, and Ulcerative Colitis - **UC**).
2. Review the causative factors of the disease or condition as they relate to the patient.
3. Discuss the signs and symptoms and usual progression of the disease or condition.

OST-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate the proper use and care of the ostomy system.

STANDARDS:

1. Refer to the ostomy specialty nurse, if available, for selection and fitting of colostomy pouching system.
2. Discuss the types and features of ostomy appliance systems. Discuss the indications for and benefits of the prescribed ostomy appliance system.

3. Discuss and demonstrate the proper use, care, storage, and disposal of the ostomy system. Participate in return demonstration.
4. Discuss the frequency of evaluation of the ostomy system.
5. Emphasize the safe use of the ostomy system e.g., avoid using sharps around pouch, avoid using pin holes in pouch.
6. Inform the patient of local ostomy product suppliers and costs, as appropriate. Refer to resources for assistance with ostomy supplies, as appropriate.

OST-EX EXERCISE

OUTCOME: The patient/family will understand the relationship of physical activity to the disease state or condition and to the feelings of well-being and will develop a plan to achieve an appropriate activity level.

STANDARDS:

1. Advise the patient to consult with a healthcare provider before starting any exercise program.
2. Explain the benefits of a regular exercise program to health and well-being including reduced stress, better sleep, bowel regulation, improved self-image, and a sense of well-being. **Refer to HPDP-EX** (in Volume III of this manual set).
3. Review the basic exercise or activity recommendations of the treatment plan including activity or exercise restrictions.
4. Refer, as appropriate, to community resources or physical therapy.

OST-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care. Write down questions that can be discussed at the follow-up visit. Discuss the patient's responsibility in the management of the colostomy.
2. Review the treatment plan with the patient emphasizing the need for making and keeping appointments in order to prevent complications and to make necessary adjustments in medications or treatment.
3. Discuss the signs and symptoms of exacerbation or worsening of the disease that should prompt immediate follow-up.
4. Discuss the availability of community resources, including transportation, and support services, and refer as appropriate.

OST-HELP HELP LINE

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

STANDARDS:

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

OST-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home understand, develop, and implement a plan for of ostomy.

STANDARDS:

1. Demonstrate and receive return demonstration of ostomy care, as appropriate, including the following:
 - a. Cleansing of stoma, peristomal skin care.
 - b. Emptying and cleansing of pouch.
 - c. Measuring stoma for correct pouch size and application of ostomy pouch.
 - d. Irrigating the colostomy.
 - e. Burping the colostomy pouch.
 - f. Avoiding pinholes in the pouch.
 - g. Storing and disposing of ostomy supplies.
2. Emphasize the importance of good personal hygiene. **Refer to HPDP-HY** (in Volume III of this manual set). Discuss methods of controlling odor with deodorant drops, bismuth/chlorophyll preparations, or parsley.
3. Refer, as indicated, to an enterostomal therapist, the United Ostomy Association (800-826-0826) or other local support group for ostomates and other interested persons. Refer to home health, as needed.

OST-L LITERATURE

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

STANDARDS:

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

OST-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Encourage the resumption of activities of daily living. Discuss, as appropriate, adaptations that might be necessary to participate in sports, e.g., caution when participating in contact sports, use of belt or abdominal binder for extra security, framing edges of pouch with waterproof tape for swimming.
2. Explain that modification of clothing is usually not necessary. Discuss any clothing issues that apply or are of concern to the patient/family. Discuss having an ostomy supply kit available to deal with unplanned excrement during work or travel.
3. Encourage verbalization of feelings about the ostomy, body image changes and sexual issues and acknowledge that negative feelings toward the ostomy are normal. Explain, when appropriate, that an ostomy does not preclude a successful pregnancy.
4. Discuss the methods of concealing the pouch during intimacy, such as pouch covers, caps, or mini pouches. As indicated, recommend different positions and techniques for sexual activity to decrease stoma friction and skin irritation.
5. Encourage the patient/family to utilize the usual support systems, such as family, church, traditional healers, and community groups. Refer to behavioral health and other community resources as necessary.

OST-M MEDICATIONS

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

STANDARDS:

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

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

OST-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

OST-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and to assist in the control of the ostomy function.

STANDARDS:

1. Assist the patient's current dietary habits to determine patterns and preferences. Identify any bowel irritants.
2. Recommend consistency and moderation in dietary habits.
3. Discuss gas-forming and odor-producing foods, such as beans, cabbage, broccoli, Brussels sprouts, and cauliflower. Stress the trial-and-error method to establish which foods can be tolerated. Discuss introducing new foods one at a time.
4. Discuss eating slowly, no excessive talking, chewing food well, and eating regular meals. Stress avoiding carbonated beverages, drinking with a straw, and temperature extremes of foods.
5. Recommend that the patient should avoid foods that contribute to diarrhea, such as prunes, coffee, fruit juices, alcohol, and certain fruits and vegetables. Discuss foods that provide bulk, such as applesauce, bananas, smooth peanut butter, cheese, boiled rice, and yogurt. Refer to a registered dietitian for MNT.

OST-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management as it relates to bowel function.

STANDARDS:

1. Explain uncontrolled stress can increase constipation or diarrhea, abdominal pain, and fatigue.
2. Explain that effective stress management may help reduce the severity of constipation or diarrhea, abdominal pain, and fatigue, as well as, helping to improve health and a sense of well-being.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as inappropriate eating, all of which can increase the risk of morbidity. **Refer to [OST-N](#).**
4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
5. Provide referrals as appropriate.

OST-WC WOUND CARE

OUTCOME: The patient/family will understand and demonstrate the procedure for ostomy related wound care.

STANDARDS:

1. Explain the reasons for appropriate stoma care, e.g., decreased infection rate, decreased odor, decreased peristomal skin breakdown.

2. Discuss the signs and symptoms that should prompt immediate follow-up, e.g., peristomal skin redness, breakdown or discharge, change in stoma color, decreased drainage, diarrhea, abdominal distention with cramping pain, nausea, vomiting, enlargement of stoma, unattainable pouch seal, or moderate bright red stomal drainage. **Refer to [OST-HM](#).**
3. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.

OEX - Otitis Externa

OEX-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to otitis externa, also known as swimmer's ear.

STANDARDS:

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

OEX-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of inflammation of the external auditory canal.

STANDARDS:

1. Discuss the effects of acute and chronic otitis externa.
2. Discuss that unless visualization of the tympanic membrane is observed and found to be intact, flushing of the external canal should not be attempted. Small perforations are often missed and a tympanic membrane already weakened by infection can be disrupted.
3. Discuss that individuals with diabetes or disorders of the immune system are more like to get external otitis. It can progress to bony ear canal and the soft tissues leading to malignant otitis externa.
4. Discuss that other conditions may require further evaluation.

OEX-DP DISEASE PROCESS

OUTCOME: The patient/family will better understand the disease process of otitis externa.

STANDARDS:

1. Discuss that otitis externa is an inflammation of the external auditory canal and is often caused by bacteria, fungus, or non-infectious or dermatologic conditions.
2. Discuss that the most common presenting symptoms of otitis externa are ear pain and drainage. Discomfort can range from itching to severe pain that is made worse by motion of the ear, including chewing. Patients may also complain of ear fullness and loss of hearing.

3. Explain the long-term effects of chronic otitis externa as appropriate.

OEX-FU FOLLOW-UP

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

STANDARDS:

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

OEX-L LITERATURE

OUTCOME: The patient/family will receive literature about otitis externa.

STANDARDS:

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

OEX-M MEDICATIONS

OUTCOME: The patient/family will understand the use of medications in otitis externa.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the importance of completing the course of antibiotics (to eradicate the infection and reduce the likelihood of emergence of resistant organisms) as appropriate.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation in the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.

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

OEX-P PREVENTION

OUTCOME: The patient/family will understand some ways to decrease recurrence of otitis externa.

STANDARDS:

1. Discuss that if symptoms of acute external otitis are beginning, avoid washing hair, or swimming. Drying the external ear can help to prevent infections in person prone to otitis externa.
2. Explain that the ear canal is self-cleaning and self-drying (evaporation). Avoid inserting anything into the ear canal to reduce otitis externa.
3. Explain that otitis externa commonly occurs in swimmers/divers. Avoid prolonged swimming, avoid swimming in polluted water, and dry out the ear after swimming.

OEX-PM PAIN MANAGEMENT

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

STANDARDS:

1. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
2. Explain that medications (such as acetaminophen, non-steroidal anti-inflammatory or drops) may be helpful to control the symptoms of pain.
3. Explain non-pharmacologic measures that may be helpful with pain control, e.g., warm packs.

OEX-PRO PROCEDURE

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

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.

3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

OEX-TE TESTS

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

STANDARDS:

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

OEX-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.

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

OM - Otitis Media

OM-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

OM-C COMPLICATIONS

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

STANDARDS:

1. Explain that most ear infections don't cause long-term complications but frequent or persistent infections and persistent fluid build-up can result in some serious complications.
2. Discuss the possible complications of chronic OM and/or chronic middle ear fluid:
 - a. mild hearing loss can occur but is usually temporary; more significant hearing loss can occur as a result of persistent infection or persistent fluid in the middle ear
 - b. infants and toddlers may experience delay in speech, social, and developmental skills if hearing is temporarily or permanently impaired
 - c. infection may spread to the mastoid bone behind the ear (mastoiditis); this infection is extremely rare
 - d. tympanic membrane may rupture; this is caused by pressure on the eardrum due to buildup of fluid in the middle ear; it usually heals itself in a couple weeks

OM-DP DISEASE PROCESS

OUTCOME: The patient/family will better understand the disease process of otitis media.

STANDARDS:

1. Explain otitis media is an infection of the middle ear which occurs when fluid builds up behind the eardrum. OM can be caused by bacteria or virus.
2. Discuss OM is more common in children than adults because the child's Eustachian tubes are smaller and straighter, making it easier for bacteria to enter the middle ear.
3. Discuss the common symptoms of OM:
 - a. ear pain; for children who cannot localize pain, watch for other signs like rubbing or tugging on the ear and fussiness or irritability
 - b. difficulty hearing or lack of response to sounds in infants, young children
 - c. ringing in the ears
 - d. dizziness
 - e. nausea, vomiting, or loss of appetite
 - f. fever; especially in infants and young children
 - g. fluid draining from the ear
4. Discuss that OM is multifactorial and may be related to illnesses and other factors including:
 - a. allergies
 - b. upper respiratory infection such as a cold or flu
 - c. infected or overgrown adenoids
 - d. exposure to smoke (tobacco, wood smoke used for cooking/heating)
 - e. baby drinking from a bottle while lying on the back
5. Discuss the common myths about otitis media, e.g., things that do not cause OM (i.e., getting water in the ear, failure to cover the ear in the wind, or exposure to cold air).

OM-FU FOLLOW-UP

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

STANDARDS:

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

4. Discuss the signs/symptoms that should prompt immediate follow-up (i.e., pain or swelling behind or around the ear, continued fever or ear pain, child acts lethargic, responds poorly, or is inconsolable).
5. Discuss the availability of community resources and support services and refer as appropriate (i.e., specialty referrals such as ENT specialist, audiologist, speech therapist).

OM-HM HOME MANAGEMENT

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

STANDARDS:

1. Explain the home management techniques for individuals with OM:
 - a. apply warm compresses to the ear to relieve pain
 - b. if cigarette smoker, quit; do not smoke near children; avoid exposure to second/third hand smoke; patronize smoke free facilities or businesses; (**refer to [OM-SHS](#)**)
 - c. give prescribed medications as directed (i.e. antibiotics, ear drops)
 - d. to manage pain or fever, over-the-counter medications may be given as directed (i.e., ibuprofen or acetaminophen); do not give aspirin to children under 18 years of age
2. Discuss the implementation of hygiene and infection control measures:
 - a. wash hands frequently to prevent the spread of germs which can help prevent exposure to a cold or the flu
 - b. limit or avoid exposure to people who are sick
 - c. do not allow children to share toys they put in their mouth; disinfect toys before allowing children to play with them again
3. Discuss the participation in activities for individuals who have an ear infection:
 - a. swimming is okay as long as there is no perforation of the eardrum or drainage from the ear; ask healthcare provider if earplugs are needed
 - b. air travel is safe, although temporary pain is possible during takeoff and landing; chew gum on descent or have child suck on a pacifier to help relieve discomfort during air travel
 - c. return to work, school, or daycare when feeling better and fever is gone

OM-L LITERATURE

OUTCOME: The patient/family will receive literature about otitis media.

STANDARDS:

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

OM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand how changes in lifestyle can impact otitis media.

STANDARDS:

1. Discuss the importance of assessing the effectiveness of therapy as it relates to prevention of complications of OM.
2. Explain the negative effect of passive smoking. Discourage smoking in the home and car, as appropriate; frequent facilities or businesses that are smoke-free.
Refer to [OM-SHS](#).
3. Explain that drinking from a bottle, especially in a supine position increases the likelihood of developing OM. Encourage weaning from the bottle by one year of age. **Refer to [CHT-W](#)** (in Volume II of this manual set).
4. Explain that breastfeeding has been shown to lower the incidence of ear infections; antibodies in breast milk reduce the risk of ear infections.
5. Discuss the need to limit or avoid exposure to people who are sick.

OM-M MEDICATIONS

OUTCOME: The patient/family will understand the use of medications in otitis media.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
 - a. Discuss the importance of completing the course of antibiotics (to eradicate the infection and reduce the likelihood of emergence of resistant organisms) as appropriate.
 - b. Discuss the indications for and use of chronic suppressive antibiotics as appropriate.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.

5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.
6. Discuss the use of analgesia in pain control. **Refer to [OM-PM](#).**

OM-P PREVENTION

OUTCOME: The patient/family will understand some ways to reduce the risk of developing otitis media (ear infection).

STANDARDS:

1. Explain that the best way to prevent ear infections is to reduce the risk factors associated with them:
 - a. Breastfeed the baby during the first 6 to 12 months of life; breast milk contains antibodies that may offer protection from ear infections.
 - b. Feed child upright if bottle fed to prevent fluid from flowing into the Eustachian tubes; do not lay baby down when bottle feeding; encourage weaning from the bottle by one year of age. **Refer to [CHT-W](#)** (in Volume II of this manual set).
 - c. Do not allow the child to drink from a sippy cup while lying down.
 - d. Stop smoking and avoid all exposure to second/third hand smoke. Children exposed to smoke have more episodes of OM. **Refer to [OM-SHS](#).**
 - e. Avoid contact with known allergy-causing agents.
 - f. Wash hands frequently to prevent the spread of germs which can help prevent exposure to a cold or the flu.
 - g. Limit or avoid exposure to people who are sick.
2. Emphasize to keep up to date on recommended vaccinations (seasonal flu, pneumococcal, and haemophilus vaccines) which may help prevent ear infections.

OM-PET PRESSURE EQUALIZATION TUBES

OUTCOME: The patient/family will understand the purpose and important complications of pressure equalization tubes.

STANDARDS:

1. Discuss what PET are and how they work.
2. Discuss the common and important complications of surgery and anesthesia. **Refer to [ANS](#) and [SPE](#).**

3. Discuss the 1% chance of chronic tympanic membrane perforation after PET placement.
4. Discuss the importance of protecting the ears from water after PET placement.

OM-PM PAIN MANAGEMENT

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

STANDARDS:

1. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
2. Explain that short term use of narcotics may be helpful in pain management as appropriate.
3. Explain that other medications (such as acetaminophen, non-steroidal anti-inflammatory or drops) may be helpful to control the symptoms of pain.
4. Discuss non-pharmacologic measures that may be helpful with pain control, e.g., warm packs.

OM-PRO PROCEDURE

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

STANDARDS:

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

OM-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

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

OM-TE TESTS

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

STANDARDS:

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

- d. recommendations based on the test results

OM-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Explain that in children, if the symptoms are not severe, the patient is otherwise healthy and older than six months of age, observation and comfort care may be appropriate, and if symptoms resolve in a few days, no antibiotics may be necessary.

P**PM - Pain Management****PM-AP ANATOMY AND PHYSIOLOGY**

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

STANDARDS:

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

PM-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

PM-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

PM-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that the patient is the primary source of information about the pain's location, quality, intensity, onset, precipitating or aggravating factors, and the measures that bring relief.
2. Emphasize the importance of communicating information about the pain to the provider. Explain the pain scale and how it is used in developing a plan to manage pain.
3. Discuss that the patient's presentation of symptoms is a unique combination of the type of pain, individual experiences, and sociocultural adaptive responses.
4. Explain that pain tolerance varies greatly from person to person and in the same individual under different circumstances.
5. Explain that it is rare for patients to become addicted to medications administered for a short period of time for the relief of acute pain.

PM-EQ EQUIPMENT

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

STANDARDS:

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

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

PM-EX EXERCISE

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

STANDARDS:

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

PM-FU FOLLOW-UP

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

STANDARDS:

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

PM-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

PM-L LITERATURE

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

STANDARDS:

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

PM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary for pain management.

STANDARDS:

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

PM-M MEDICATIONS

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

STANDARDS:

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

PM-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

PM-N NUTRITION

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

STANDARDS:

1. Explain that constipation is a common side effect of opiates. Review dietary measures to aid in relief of constipation.

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

PM-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing increased pain related to the disease process or injury.

STANDARDS:

1. Discuss the importance of fully participating in the treatment plan for an acute injury to reduce the risk of residual chronic pain.
2. Discuss good body mechanics in order to reduce the risk of musculoskeletal injuries.

PM-S SAFETY

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

STANDARDS:

1. Explain the importance of body mechanics to avoid injury.
2. Assist in identifying ways to improve safety and prevent injury in the home.
3. Stress the importance and proper use of mobility devices, for example cane, walker, wheel chair.
4. Discuss safety while operating motor vehicle/heavy equipment while on pain medication.

PM-TE TESTS

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

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing

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

PM-TX TREATMENT

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

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the risks and benefits of non-invasive and alternative pain relief measures e.g., medications, TENS unit, heat, cold, massage, meditation, imagery, acupuncture, healing touch, traditional healer, and hypnosis.
5. Discuss the possible appropriate procedural or operative pain management techniques e.g., nerve block, intrathecal narcotics, local anesthesia.
6. Discuss the importance of maintaining a positive mental attitude.

PC - Pancreatitis

PC-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

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

PC-C COMPLICATIONS

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

STANDARDS:

1. Explain that the complications of pancreatitis include sepsis, acute renal failure, hypovolemia, circulatory shock, and pancreatic necrosis. diabetes.
2. Explain that some patients with acute pancreatitis go on to have chronic pancreatitis.
3. Discuss that abdominal pain can become chronic.

PC-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

PC-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that pancreatitis is an inflammation of the pancreas caused by activation of digestive enzymes produced by the pancreas.
2. Discuss the signs and symptoms of pancreatitis, e.g., steady, boring pain radiating to the back or shoulder; low-grade fever; bulky, pale, foul-smelling stools; nausea and/or vomiting; abdominal distention, jaundice.
3. Explain that some common causes, e.g., chronic alcohol ingestion, high triglycerides, biliary tract disease, postoperative or post-trauma, metabolic conditions, infections, drug-associated, and connective tissue disorders with vasculitis.

PC-FU FOLLOW-UP

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

STANDARDS:

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

PC-HELP HELP LINE

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

STANDARDS:

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

PC-L LITERATURE

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

STANDARDS:

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

PC-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

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

PC-M MEDICATIONS

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

STANDARDS:

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

PC-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

PC-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in preventing or minimizing future episodes of pancreatitis.

STANDARDS:

1. Review the relationship between alcohol and pancreatitis, and emphasize the importance of total abstinence from alcohol.
2. Explain the necessity of nutrition support via total parenteral nutrition (TPN) as appropriate.
3. Explain that coffee, tea, nicotine, and other gastric stimulants should be avoided.
4. Explain that in many cases a regular diet may be gradually resumed and eating small frequent meals that are bland is best.
5. Discuss tips for handling nausea and vomiting (e.g., dry meals, taking liquids a few hours before or after meals, use of ice chips, sipping beverages).
6. Assist the patient in developing an appropriate diet plan, and refer to a registered dietitian as appropriate.

PC-P PREVENTION

OUTCOME: The patient/family be able to identify factors related to pancreatitis and, if appropriate, have a plan to prevent future episodes.

STANDARDS:

1. Explain that a major cause of pancreatitis is chronic alcohol ingestion and complete abstinence from alcohol will decrease the chance of future episodes.
2. Explain that, in some cases, dietary changes may prevent attacks or reduce their severity.

PC-PM PAIN MANAGEMENT

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

STANDARDS:

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

PC-PRO PROCEDURE

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

STANDARDS:

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

PC-TE TESTS

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

STANDARDS:

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

PC-TX TREATMENT

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

STANDARDS:

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

PANIC - Panic Disorder

PANIC-C COMPLICATIONS

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

STANDARDS:

1. Explain that individuals diagnosed with panic disorder also report constant or intermittent anxiety between panic attacks that often disrupt job duties, interpersonal relationships, and recreational activities.
2. Explain that demoralization is a common consequence of panic disorder, with many individuals becoming discouraged, ashamed, and unhappy about the difficulties of carrying out their normal routines.
3. Explain that individuals with panic disorder may often develop major depressive disorder (**refer to DEP** in Volume II of this manual set), have co-morbidity with other anxiety disorders, and develop a substance-related disorder (**refer to AOD** in Volume II of this manual set) as a consequence of self-medicating the anxiety.

PANIC-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

PANIC-DP DISEASE PROCESS

OUTCOME: The patient/family will understand some of the current information about the symptoms and expected course of panic disorder.

STANDARDS:

1. Explain that the essential features of panic disorder include:

- a. The presence of recurrent (at least two), unexpected panic attacks (that is only one among three types of attacks that are common in anxiety disorders, including situationally-bound and situationally predisposed panic attacks).
 - b. At least one month of persistent concern about having another panic attack, worry about the implications or consequences of a panic attack, or a significant behavioral change related to the attacks, such as quitting a job due to the panic.
2. Explain that a panic attack is a discrete period of intense fear or discomfort which includes at least four of the following symptoms that develop abruptly and reach a peak within 10 minutes:
 - a. palpitations, pounding heart, or accelerated heart rate
 - b. sweating
 - c. trembling or shaking
 - d. sensations of shortness of breath or smothering
 - e. feelings of choking
 - f. chest pain or discomfort
 - g. nausea or abdominal distress
 - h. feeling dizzy, unsteady, light-headed or faint
 - i. derealization or depersonalization
 - j. fear of losing control or going crazy
 - k. fear of dying
 - l. paresthesias (numbness or tingling sensations)
 - m. chills or hot flashes
 3. Explain that individuals who experience panic attacks develop a tendency to magnify normal body sensations and interpret them catastrophically, such as sensing an increase in heart rate during exercise and believing that it is a heart attack, which then triggers a sympathetic nervous system response.
 4. Explain that the age of onset for panic disorder varies considerably, but is most typically between late adolescents and the mid-30s. Explain that the usual course is chronic, but waxing and waning, while others may have episodic outbreaks with years of remission in between, or continuous, recurrent severe symptomology.
 5. Explain that individuals with panic disorder display characteristic concerns or beliefs that run counter to medical testing and reassurance, such as the presence of an undiagnosed, life-threatening illness (e.g., cardiac disease, seizure disorder, or hypertensive distress).

PANIC-FU FOLLOW-UP

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

STANDARDS:

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

PANIC-HELP HELP LINE

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

STANDARDS:

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

PANIC-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

- d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PANIC-L LITERATURE

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

STANDARDS:

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

PANIC-M MEDICATIONS

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

STANDARDS:

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

PANIC-SM STRESS MANAGEMENT

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

STANDARDS:

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

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

PANIC-TLH TELE-HEALTH

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

STANDARDS:

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

PANIC-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for panic disorder.

STANDARDS:

1. Discuss the issues of safety, confidentiality, and responsibility, and emphasize open and honest participation in the treatment as critical to a good outcome.
2. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone. The patient has a right to choose either option or both.
3. Explain that therapists have different styles and orientations for treating panic disorder.
 - a. Cognitive Behavioral Therapy and techniques have been shown to be effective in treating panic by helping patients to break the association between the physiological arousal and the catastrophic thoughts, and introducing new coping statements and stress management techniques.
 - b. Some therapists have had success in using other techniques and orientations to address other unresolved problems that may have exacerbated or given rise to anxiety and panic attacks.
 - c. Eclectic techniques have also been shown to be effective in encouraging remission.
4. Explain that medications may be prescribed intermittently or throughout the treatment process, although it is often discouraged because treatments that entail building a tolerance to the symptoms may delay remission or worsen the condition when the medication is stopped. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.
5. Discuss the importance of managing symptoms of panic disorder with alternative measures during pre-conception and pregnancy when medications are contraindicated in women in childbearing age, as appropriate.

PRK - Parkinson Disease

PRK-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as it relates to Parkinson disease.

STANDARDS:

1. Explain the normal anatomy and physiology of the neuro-muscular pathways. The brain produces dopamine, which allows smooth, coordinated function of the body's muscles.
2. Explain that PD is a brain disorder that occurs when certain nerve cells in the substantia nigra die or become impaired. When enough dopamine-producing cells are damaged, the symptoms of PD appear.
3. Discuss the impact of these changes on the patient's health or well-being.

PRK-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

PRK-C COMPLICATIONS

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

STANDARDS:

1. Discuss the physical complications of PD such as: tremors, stiffness, rigidity, slow or purposeful movements, difficulty speaking, shaky handwriting, tendency to fall, and depression.
2. Describe that as PD progresses, patients may have difficulty in adjusting psychologically to the challenges that PD may present. These difficulties may also impact others close to the patient and can include:
 - a. persistently high levels of anxiety
 - b. intrusive thoughts
 - c. body self-absorption
 - d. hypersensitivity
 - e. social withdrawal
 - f. inability to tolerate frustration
 - g. anger
 - h. depression

PRK-DP DISEASE PROCESS

OUTCOME: The patient/family will understand Parkinson disease and its impact on the individual/family/caregiver.

STANDARDS:

1. Discuss that the PD has no cure. It is a progressive movement disorder.
2. Emphasize the risk factors including: age greater than 65 and family history of PD.
3. Discuss that signs and symptoms begin mildly but worsen over time. These include:
 - a. tremors
 - b. stiffness and rigidity of muscle (usually starts on one side of the body)
 - c. short steps
 - d. slow or purposeful movements
 - e. difficulty speaking (flat monotone voice, stuttering)
 - f. shaky or spidery handwriting
 - g. instability of gait
 - h. depression
 - i. difficulty thinking or problem solving

4. Discuss that late stages of PD involve significant movement disorders that disrupt activities of daily living.

PRK-EQ EQUIPMENT

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

STANDARDS:

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

PRK-EX EXERCISE

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

STANDARDS:

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

PRK-FU FOLLOW-UP

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

STANDARDS:

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

PRK-HELP HELP LINE

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

STANDARDS:

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

PRK-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

- d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PRK-HY HYGIENE

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

STANDARDS:

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

PRK-L LITERATURE

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

STANDARDS:

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

PRK-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

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

PRK-M MEDICATIONS

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

STANDARDS:

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

PRK-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

PRK-N NUTRITION

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

STANDARDS:

1. Discuss the importance of regular meals and adequate fluid intake.
2. Explain that using semisolid foods rather than fluids if sucking/swallowing reflexes are reduced may improve a patient's ability to eat. Using a liquid thickener is helpful.
3. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal. A vitamin and mineral supplement is recommended. Small, frequent feedings are best.
4. Explain that as PD progresses, the use of nutrition support such as enteral feeding or total parenteral feeding may be necessary.
5. Refer to registered dietitian for MNT.

PRK-PRO PROCEDURE

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

STANDARDS:

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

PRK-S SAFETY

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

STANDARDS:

1. Explain the risks of operating machinery and driving.
2. Discuss use of safety features to help prevent falls due to instability.
 - a. Wear non-skid slippers or flat shoes when out of bed.
 - b. Avoid throw rugs, electrical cords, objects on the floor, unlevel or wet floors, and stairs.
 - c. Be aware of pets or small children playing on the floor.
 - d. Obtain assistance when getting up from bed or seated position.
 - e. Obtain and use assistive mobility devices, as recommended.

PRK-SM STRESS MANAGEMENT

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

STANDARDS:

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

4. Provide referrals as appropriate.

PRK-TE TESTS

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

STANDARDS:

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

PRK-TX TREATMENT

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

STANDARDS:

1. Explain that the treatment goal is not to extinguish all signs of PD (that leads to over-treatment), but to maintain functionality.
2. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
3. Discuss the therapies that may be utilized.
4. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
5. Discuss the importance of maintaining a positive mental attitude.

PNL - Perinatal Loss

PNL-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family/significant other(s) will understand the behavioral, emotional, and psychological components to perinatal loss.

STANDARDS:

1. Discuss the common difficulty in coping with the impact of perinatal loss.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in perinatal loss, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process may incorporate traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the importance of seeking help in accepting and coping with the loss.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
6. Refer to a mental health agency or provider, as appropriate.

PNL-C COMPLICATIONS

OUTCOME: The patient/family/significant other(s) will understand the complications of perinatal loss.

STANDARDS:

1. Instruct the patient on the signs and symptoms of postpartum complications, e.g., hemorrhage, infections, and the possibility of decreased fertility.
2. Explain that perinatal loss may develop complications if it remains unexpressed, if it is exaggerated, if grief from previous losses resurfaces, or if it is masked by significant physical/behavioral symptoms, such as angry outbursts or somatizations.
3. Explain that relationship difficulties are common after perinatal loss. Encourage open discussion and family counseling or support groups as appropriate.
4. Discuss that unresolved loss or survivor guilt may further result in the development of major depressive disorder (**refer to DEP** in Volume II of this manual set), posttraumatic stress disorder (**refer to PTSD**), substance-related disorders (**refer to AOD** in Volume II of this manual set), and somatoform disorders (**refer to SOMA** in Volume V of this manual set).

PNL-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The parent/family/significant other(s) will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

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

PNL-DP DISEASE PROCESS

OUTCOME: The patient/family/significant others(s) will understand the type of perinatal loss, e.g., miscarriage, ectopic pregnancy, intrauterine death, or stillbirth.

STANDARDS:

1. Explain that perinatal loss is common and is most often not a result of actions or lack of actions of the mother.
2. Discuss what type of perinatal loss the patient had, e.g., miscarriage, stillbirth. If appropriate, explain the cause for the perinatal loss if identified and/or the implications of this loss on future pregnancies.
3. Explain what the course of the medical treatment will be, e.g., incomplete miscarriage, dilation and curettage, stillbirth, induction of labor, and vaginal delivery.

PNL-EX EXERCISE

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

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.

3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

PNL-FU FOLLOW-UP

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

STANDARDS:

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

PNL-GP GRIEVING PROCESS

OUTCOME: The patient/family/significant other(s) will understand the grieving process, signs, and symptoms as it pertains to miscarriage, ectopic pregnancy, stillbirth, or neonatal death.

STANDARDS:

1. Discuss that culture plays an important role in the grieving process. (Before any teaching/counseling is initiated a discussion with the patient and significant other(s) will be done to ascertain any cultural beliefs and/or taboos associated with death and the grieving process. Cultural preferences should be honored.)
2. Explain that it is normal to grieve over the loss of the baby, that everyone may grieve differently, and that different reactions are normal. Offer grief information and different options to assist their grieving process.
3. Explain that physiologic changes, like breast milk let down or hormonal fluctuations, may exacerbate grief.
4. Explain that anniversary reactions, increased grief during trigger events (e.g., pregnancy of a friend or family member, holidays) are normal.
5. Discuss the various options available to help with the grieving process.
6. As appropriate, encourage viewing of the infant/fetus, picture taking, and naming of the infant/fetus.

PNL-L LITERATURE

OUTCOME: The patient/family/significant other(s) will receive literature about perinatal loss and/or related issues.

STANDARDS:

1. Provide the patient/family with literature on perinatal loss and/or related issues.
2. Discuss the content of the literature.

PNL-LA LIFESTYLE ADAPTATIONS

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

STANDARDS:

1. Discuss the lifestyle changes specific to prenatal loss.
2. Discuss that the family may also require lifestyle adaptations to care for the patient.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.
5. Define activities of daily living (ADL) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient's ability to perform ADL affects the ability to live independently.
6. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, structuring leisure time, keeping clean, and using transportation.

PNL-M MEDICATIONS

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

STANDARDS:

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

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

PNL-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

PNL-N NUTRITION

OUTCOME: The patient/ family/significant other(s) will understand the need for a balanced diet or special diet as indicated by her medical condition.

STANDARDS:

1. Instruct the patient on diet prior to discharge.
2. Discuss the importance of regular meals and adequate fluid intake.
3. Encourage the patient to continue taking prenatal vitamins or multi vitamin with folic acid as appropriate.
4. Refer as appropriate to registered dietitian or other resources as available.

PNL-PCC PRE-CONCEPTION CARE

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

STANDARDS:

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

PNL-PM PAIN MANAGEMENT

OUTCOME: The patient/family/significant other(s) will understand the pain management plan.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.

2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain non-pharmacologic measures that may be helpful with pain control.

PNL-SM STRESS MANAGEMENT

OUTCOME: The patient/family/significant other(s) will understand the role of stress management in perinatal loss.

STANDARDS:

1. Explain that perinatal loss may lead to uncontrolled stress, which can contribute to physical illness, emotional distress, and early mortality of the family member.
2. Explain that effective stress management may enable the family member to deal with the loss, as well as, help improve the health and well-being.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as disordered eating, all which can increase the risk of depression or suicidal behaviors.
4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from daily routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
5. Provide referrals as appropriate.

PNL-TX TREATMENT

OUTCOME: The patient/ family/significant other(s) will understand the necessary medical and psychological treatment as a result of the perinatal loss if any.

STANDARDS:

1. Explain to the patient and significant others the course of the medical treatment, e.g., dilation and curettage, induction of labor and vaginal delivery, laparoscopy, or open abdominal surgery.
2. Discuss issues related to sexual activity and family planning, as appropriate.
3. Explain that individual psychotherapy is the treatment of choice to facilitate the grieving process because the symptoms are an understandable reaction to a loss, which often involves understanding how to stressor affected their lives.
4. Explain that medication interventions are not usually prescribed for loss, although anti-depressants or anti-anxiety medications may be prescribed in conjunction with therapy for short periods to improve sleep, co-occurring disorders (e.g., major depression), or overall functioning.
5. Discuss how to integrate the social, cultural, or spiritual traditions of the patient and family into the treatment process, based on the assessment of their needs and perceptions about loss.

PERIO - Periodontal Disease

(Correlates to American Dental Association (ADA) code 1330)

PERIO-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand the supportive structures of the tooth.

STANDARDS:

1. Discuss the importance of the supportive structures of the tooth which are composed of attached tissue, periodontal ligaments and alveolar bone.
2. Explain the importance of healthy gum tissue.
3. Explain what healthy gum tissue looks like. Explain the characteristics of unhealthy gum tissue versus healthy gum tissue.

PERIO-C COMPLICATIONS

OUTCOME: The patient/family will understand some of the complications of periodontal disease.

STANDARDS:

1. Discuss that periodontal disease may cause seeding of the blood with bacteria. Some of the complications of this may be:
 - a. Valvular heart disease
 - b. Myocardial infarction
 - c. Stroke
 - d. Low birth-weight infants
 - e. Pre-term delivery
 - f. Elevated blood sugars
2. Discuss that periodontal disease often results in loss of alveolar bone and loosening of teeth. This may eventually result in tooth loss.
3. Discuss that periodontal disease almost always results in bad breath.
4. Discuss that periodontal disease may result in dental caries. **Refer to DC** (in Volume II of this manual set).

PERIO-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the periodontal disease process and list some of the causes.

STANDARDS:

1. Explain that bacterial plaque release toxins that irritate and damage the gums. Over time this infectious process may progress to involve the supporting structures of the tooth leading to bone loss and eventual loss of the tooth/teeth.
2. Explain that genetics and lifestyle choices play a role in the development of periodontal disease, e.g., diseases of the immune system, uncontrolled diabetes, and tobacco and/or alcohol use. Discuss the role of certain medications; poor oral hygiene and local factors (i.e., braces and malocclusion) in the development of periodontal disease.
3. Explain that early seeding of the mouth with pathologic bacteria may predispose to the development of periodontal disease.

PERIO-FU FOLLOW-UP

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

STANDARDS:

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

PERIO-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

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

PERIO-HY HYGIENE

OUTCOME: The patient/family will recognize good oral hygiene as an aspect of wellness.

STANDARDS:

1. Discuss hygiene as part of a positive self-image.
2. Review daily dental hygiene habits.
3. Discuss the importance of daily oral care in preventing cavities and gum disease.

PERIO-L LITERATURE

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

STANDARDS:

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

PERIO-M MEDICATIONS

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

STANDARDS:

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

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

PERIO-N NUTRITION

OUTCOME: The patient/family will understand the importance of a balanced diet, low in carbohydrates, especially simple sugars, and with adequate calcium and fluoride.

STANDARDS:

1. Discuss that with bone loss there is an increased risk of root caries. Discuss the relationship between a diet high in carbohydrates, especially simple sugars, and the development of dental caries. Give examples of foods high in simple sugars, e.g., crackers, potato chips, candy, pre-sweetened cereals.
2. Discuss the importance of calcium and fluoride intake as it relates to tooth development/mineralization.
3. Discuss foods that may be contraindicated secondary to instability of the teeth, e.g., apples, corn on the cob.
4. Refer to a registered dietitian as appropriate.

PERIO-P PREVENTION

OUTCOME: The patient will be able to identify some ways to help prevent periodontal disease.

STANDARDS:

1. Discuss that early entry (prenatal and infancy) into dental care is important in the prevention of periodontal disease.
2. Emphasize the importance of treating all family members with periodontal disease, especially if the family includes children ages 6 months to 8 years.
3. Explain that the best preventive measures are daily plaque removal, primarily by brushing and flossing.
4. Emphasize the importance of regular and timely dental examination and professional cleaning in the prevention of periodontal disease.

PERIO-PM PAIN MANAGEMENT

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

STANDARDS:

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

PERIO-PRO PROCEDURES

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

STANDARDS:

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

PERIO-TE TESTS

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

STANDARDS:

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

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

PERIO-TO TOBACCO

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

STANDARDS:

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

PERIO-TX TREATMENT

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

STANDARDS:

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

PERIO-WC WOUND CARE

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

STANDARDS:

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

PVD - Peripheral Vascular Disease

PVD-ADV ADVANCE DIRECTIVE

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

STANDARDS:

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

PVD-AP ANATOMY AND PHYSIOLOGY

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

STANDARDS:

1. Explain the normal anatomy and physiology of the vascular system.
2. Discuss the anatomy and physiology changes to the arteries, veins, or lymph vessels as a result of peripheral vascular disease.
3. Discuss the impact of these changes on the patient's health or well-being.

PVD-BH BEHAVIORAL AND EMOTIONAL HEALTH

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

STANDARDS:

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

PVD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of peripheral vascular disease (PVD).

STANDARDS:

1. Discuss the common and important complications of PVD, e.g., numbness, tingling in the lower extremities, pain, infection, injury, gangrene, erectile dysfunction, or amputation.
2. Describe the signs/symptoms of common complications of PVD.
3. Emphasize the importance of early medical intervention for any injury, increased pain, decreased sensation, or signs/symptoms of infection (pain, redness, warmth).

PVD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

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

STANDARDS:

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

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

PVD-DP DISEASE PROCESS

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

STANDARDS:

1. Explain that PVD is caused by the occlusion of an artery by a clot or by plaque buildup in the interior walls of the vessels in the extremities (hands and feet).
2. Explain that PVD is a chronic, progressive, but treatable disease.
3. Explain that the causes of PVD include heavy smoking, arterial embolism, obesity, diabetes mellitus, hypertension, and atherosclerosis. Emphasize that patients with PVD are at increased risk for other vascular diseases (CAD, CVA).
4. Discuss the symptoms of PVD (pain in extremities during exercise, coolness of hands and/or feet, ulcers of the extremities, skin pallor).

PVD-EX EXERCISE

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

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of physical activity in improving PVD.
3. Discuss the obstacles to a personal physical activity plan and solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

PVD-FU FOLLOW-UP

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

STANDARDS:

1. Emphasize the importance of follow-up care.

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

PVD-HELP HELP LINE

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

STANDARDS:

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

PVD-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to maintain optimal health.

STANDARDS:

1. Emphasize that the most important component of home management in the prevention and treatment of peripheral vascular disease is the patient's adaptation to a healthier, lower risk lifestyle.
2. Discuss lifestyle adaptations that may reduce further risk of peripheral vascular disease and improve the quality of life (cease use of tobacco products, control hypertension and elevated cholesterol through medications, diet and exercise, lose weight as indicated, control diabetes, and increase activity as prescribed by the physician).

PVD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

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

STANDARDS:

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

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

PVD-L LITERATURE

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

STANDARDS:

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

PVD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations to maintain optimal health.

STANDARDS:

1. Discuss the specific lifestyle changes for PVD.
2. Emphasize the importance of the patient's adaptation to a healthier and lower risk lifestyle in the treatment of peripheral vascular disease.
3. Explain that lifestyle adaptations such as tobacco cessation, control of blood pressure, diabetes, and cholesterol via diet, physical activity, and weight loss may reduce the progression of peripheral vascular disease.
4. Discuss that the family may also require lifestyle adaptations to care for the patient.
5. Discuss ways to optimize the quality of life.
6. Refer to community services, resources, or support groups, as available.

PVD-M MEDICATIONS

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

STANDARDS:

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

PVD-MNT MEDICAL NUTRITION THERAPY

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

STANDARDS:

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

PVD-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to peripheral vascular disease.

STANDARDS:

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

2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain the need for a low fat and high fiber diet. Discuss the benefits of adding omega 3 fatty acids to the diet.
5. Refer to registered dietician for MNT.

PVD-P PREVENTION

OUTCOME: The patient/family will understand how to prevent peripheral vascular disease.

STANDARDS:

1. Explain the benefits of a low fat diet, regular physical activity, achieving a healthy weight, and blood pressure control in reducing the risk for PVD.
2. Explain that people with uncontrolled diabetes and/or blood pressure are more likely to develop PVD. Stress the importance of controlling these disease processes. **Refer to DM** (in Volume II of this manual set) and **HTN** (in Volume III of this manual set).
3. Stress the importance of tobacco cessation. **Refer to TO-QT** (in Volume V of this manual set).

PVD-PM PAIN MANAGEMENT

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

STANDARDS:

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

PVD-PRO PROCEDURE

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

STANDARDS:

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

PVD-SCR SCREENING

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

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening, e.g., Ankle-Brachial Index, Ultrasound for Abdominal Aortic Aneurysm in male smokers over age 65. **Refer to [PVD-TE](#).**
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.

PVD-SHS SECOND-HAND/THIRD-HAND SMOKE

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

STANDARDS:

1. Explain that second-hand smoke is known as “passive smoking.” Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.

3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car.

PVD-TE TESTS

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

STANDARDS:

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

PVD-TO TOBACCO

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

STANDARDS:

1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.

2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

PVD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

PVD-WC WOUND CARE

OUTCOME: The patient/family will understand proper wound care and infection control measures.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.
2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

PERSD - Personality Disorders

PERSD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications related to personality disorders.

STANDARDS:

1. Explain that individuals with personality disorders are at risk for committing suicide, self-injurious behavior, or repeatedly threatening suicide as a manipulative ploy, which must always be taken seriously.
2. Explain that individuals with personality disorders are at risk of developing psychotic symptoms or disorders (**refer to PSYD**), including hallucinations, body-image distortions, ideas of reference, and hypnagogic phenomena.
3. Explain that individuals diagnosed with personality disorders also often have other associated disorders, including other personality disorders or features, major depressive disorder (**refer to DEP** in Volume II of this manual set), and substance-related disorders (**refer to AOD** in Volume II of this manual set).

PERSD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PERSD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of the personality disorder under consideration.

STANDARDS:

1. Discuss the general diagnostic criteria for a personality disorder:

- a. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture that can be traced back to adolescence, and is manifested by:
 - i. Cognition, i.e., ways of perceiving and interpreting self, other people, and events
 - ii. Affectivity, i.e., range, intensity, lability, and appropriateness of emotional responses
 - iii. Interpersonal functioning
 - iv. Impulse control
 - b. The enduring pattern has the following attributes:
 - i. Is inflexible and pervasive across a broad range of personal and social situations
 - ii. Is stable and of long duration
 - iii. Leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning
2. Explain the essential features of the personality disorder under consideration:
- a. **Borderline Personality Disorder** is a pattern of instability in interpersonal relationship, self-image, affects, and marked impulsivity, that is characterized by feelings of emptiness, fear and frantic avoidance of abandonment, inability to maintain healthy relationships, self-sabotage, recurrent suicidal ideation and gestures, marked reactivity of mood (e.g., intense anger), and manipulative behavior.
 - b. **Antisocial Personality Disorder** is a pattern of disregard for, and violation of, the rights of others, as characterized by deceitfulness, superficial charm, irresponsibility, irritability, lack of remorse, and reckless disregard for the law and the safety of self and others.
 - c. **Narcissistic Personality Disorder** is a pattern of grandiosity, need for admiration, and lack of empathy, as characterized by a sense of entitlement, exploitation, devaluation, and arrogance with a concomitant underlying feeling of insecurity, worthlessness, and need for external validation.
 - d. **Histrionic Personality Disorder** is a pattern of excessive emotionality and attention seeking, characterized by a need to be the center of attention, emotional shallowness, self-dramatization, and theatricality.
 - e. **Dependent Personality Disorder** is a pattern of submissiveness and clinging behavior related to excessive need to be taken care of.
 - f. **Avoidant Personality Disorder** is a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.

- g. **Obsessive-Compulsive Personality Disorder** is a pattern of preoccupation with orderliness, perfectionism, and control, but which does not have the true obsessions and compulsions as seen in the Axis I obsessive-compulsive disorder (**refer to OCD**).
 - h. **Paranoid, Schizoid, and Schizotypal Personality Disorders** represent a cluster of disorders that are characterized by individuals who appear odd or eccentric, distrustful, limited in range of emotion, and uncomfortable in relationships, which must be distinguished from Axis I psychotic disorders (**refer to PSYD**).
 - i. **Personality Disorder Not Otherwise Specified (NOS)** is diagnosed when:
 - i. The individual's personality pattern meets the general criteria for a personality disorder, and the traits of several different personality disorders are present without full criteria for any specific disorder.
 - ii. The individual is deemed to have a personality disorder under general criteria, but is not included in the classifications above.
3. Explain that the interpersonal difficulties in individuals with personality disorders include outright avoidance, overt argumentativeness, sabotage (e.g., unfaithfulness), secretiveness, recurrent complaining, lack of trust, lack of empathy, hostile aloofness, and manipulations (e.g., seeking to control their partner through emotional manipulation or seductiveness on the one hand and displaying a marked dependency on the other).
 4. Explain that personality disorders are considered Axis II diagnoses and usually have other concomitant Axis I diagnoses.
 5. Explain that paranoid, schizoid, and/or schizotypal personality disorders may often precede, follow, or co-exist with psychotic disorders (**refer to PSYD**).

PERSD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of personality disorders.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PERSD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PERSD-L LITERATURE

OUTCOME: The patient/family will receive literature about personality disorder.

STANDARDS:

1. Provide the patient/family with literature on personality disorder.
2. Discuss the content of the literature.

PERSD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary for personality disorders.

STANDARDS:

1. Discuss lifestyle adaptations specific to the personality disorder under consideration, such as following rules, being respectful of self and others, avoiding risky behavior, abiding by commitments, plans, and contracts, including safety contracts and treatment plans, and taking responsibility for one's own feelings and actions.

2. Discuss that the family may also require lifestyle adaptations to care for the patient, such as avoiding enabling behaviors.
3. Discuss ways to optimize the quality of life.
4. Refer to community services, resources, or support groups, as available.

PERSD-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PERSD-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to personality disorders, and the risk of suicide, aggressive behavior, or other risky behavior.

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures.
2. Discuss the potential and process of voluntary or involuntary hospitalization should the patient have difficulties staying safe or refraining from acting on the impulses to hurt oneself or another.
3. Explain the importance of reporting any abuse, neglect, or potentially dangerous situations.
4. Review the local resources and phone numbers, including the police that may be utilized during a crisis, and may assist in transportation and safety compliance.

PERSD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in personality disorders.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in preventing and/or abating mood changes and/or decompensation.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PERSD-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.

3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

PERSD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for personality disorders.

STANDARDS:

1. Discuss issues of safety, confidentiality, and responsibility, and emphasize open and honest participation in the treatment as critical to a good outcome.
2. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone. The patient has a right to choose either option or both.
3. Explain that therapists have different styles and orientations for treating the different personality disorders, and some styles may suit the patient better.
 - a. Administrative treatment plans are often useful to improve communication among providers, to prevent the patient's manipulations or splitting staff members, and to prevent suicidal or aggressive behaviors.
 - b. The treatment of choice for Borderline Personality Disorder usually includes Dialectical Behavior Therapy (DBT), in group and individual formats. DBT incorporates methods for initially reducing therapy-interfering behaviors and suicidal/homicidal gestures, followed by affect identification and tolerance techniques, and trauma work.
 - c. Individuals with antisocial personality disorder usually do not learn from past experiences and therefore usually do not profit from therapy.
 - d. Treating the personality disorders usually takes a long time and requires much effort and insight by the patient.
4. Explain that medications may be prescribed intermittently or throughout the treatment process.
 - a. Medication may be prescribed to address aggressive behaviors, mood lability, anxiety, or other symptoms of personality and co-occurring disorders.
 - b. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.
5. Explain the importance for patients to learn to talk about any traumatic experiences in the safe context of the therapeutic environment. Support groups may be useful as well.

PDD - Pervasive Developmental Disorders

PDD-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to pervasive developmental disorders.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with a pervasive developmental disorder as a life-altering illness that requires a change in lifestyle for the caretakers (**refer to [PDD-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common for families who learn about the diagnosis.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).

PDD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications associated with pervasive developmental disorders.

STANDARDS:

1. Explain that individuals with pervasive developmental disorders often develop a range of behavioral symptoms, including hyperactivity, short attention span, impulsivity, aggressiveness, self-injurious behavior, and temper tantrums.
2. Explain that seizures and EEG abnormalities may develop in adolescents with pervasive developmental disorders.

PDD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.

2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PDD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pervasive developmental disorders.

STANDARDS:

1. Explain that pervasive developmental disorders are characterized by severe impairment and deviance in several areas of development:
 - a. **Reciprocal social interaction** including non-verbal behaviors such as eye contact, facial expressions, and body postures.
 - b. **Communication skills** including marked delay in spoken language, stereotyped language, and inability to sustain a conversation.
 - c. **Presence of stereotyped behaviors, interests, and activities** including abnormal preoccupation with restrictive patterns of interest and inflexible adherence to non-functional routines.
2. Discuss the specific pervasive developmental disorder:
 - a. **Autistic Disorder** is diagnosed before the age of three years, and includes impairment in all areas of development.
 - b. **Rett's Disorder** is characterized by normal prenatal and perinatal development and normal psychomotor development through the first five months of life, followed by a deceleration of head growth, loss of previously acquired hand skills, poorly coordinated gait, and regression in developmental skills.
 - c. **Childhood Disintegrative Disorder** is characterized by apparently normal development for at least the first two years of life followed by significant loss of previously acquired developmental skills.
 - d. **Asperger's Disorder** is characterized by some impairment in development except there is no delay in language, cognitive development, self-help skills, and adaptive behavior.
 - e. **Pervasive Developmental Disorder Not Otherwise Specified** includes other developmental conditions that do not meet the criteria for any specific disorder.
3. Explain that in most cases, the pervasive developmental disorders include abnormalities of mood, behavior, eating patterns, and the development of cognitive skills.

4. Explain that the specific causes of PDD are not known, although they are presumed to be related to central nervous system dysfunction. There is no link between autism and vaccines containing thimerosal.
5. Explain that pervasive developmental disorders are usually life-long and include a co-morbid diagnosis of mental retardation (**refer to MR**), although the course and development of each condition is distinctive and variable, depending on the condition and its severity.

PDD-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in maintaining health and wellness.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

PDD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of pervasive developmental disorders.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PDD-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding pervasive developmental disorders.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding pervasive developmental disorders and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

PDD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PDD-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to pervasive developmental disorders.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.

2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

PDD-L LITERATURE

OUTCOME: The patient/family will receive literature about pervasive developmental disorders.

STANDARDS:

1. Provide the patient/family with literature on pervasive developmental disorders.
2. Discuss the content of the literature.

PDD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for coping with pervasive developmental disorders.

STANDARDS:

1. Discuss that the family may also require lifestyle adaptations to care for the patient, including the skills needed for special needs.
2. Discuss ways to optimize the quality of life.
3. Refer to community services, resources, or support groups, as available.

PDD-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.

3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PDD-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for pervasive developmental disorders.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PDD-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to pervasive developmental disorders.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

PDD-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to pervasive developmental disorder, and the risk of harm to self or others.

STANDARDS:

1. Discuss the potential consequences of the individual's limitations in self-care, problem solving, conflict resolution, and impulse control.
2. Discuss the importance of providing a safe environment, as appropriate. **Refer to CHT-S** (in Volume II of this manual set).
3. Discuss/review the safety plan with the patient and family, including emergency procedures should the individual decompensate in terms of emotional stability and behavioral control.
4. Review the local resources and phone numbers, including the police, who may be utilized during a crisis, and may assist in transportation and safety compliance.

PDD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in coping with emotional instability and behavioral problems associated with pervasive developmental disorders.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in pervasive developmental disorders.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery

- j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PDD-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

PDD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Discuss the individualized treatment plan. Emphasize the importance of active participation by the family in the development of and participation in the treatment plan.
 - a. Explain that some children require highly structured, specialized classrooms with attention to specific academic needs, while others are able to function in a regular classroom with less specialized attention.
 - b. Explain that treatment may also include:
 - i. Speech Therapy
 - ii. Occupational Therapy
 - iii. Social Skills Training
 - iv. Behavioral Therapy
2. Explain the importance of treating any associated conditions or co-occurring conditions, including depression and aggressive behaviors.

3. Explain that medication is beneficial for some symptoms of PDD and associated conditions.
4. Discuss the importance of support groups and programs for the family or caregivers of the individual.
5. Discuss the prognosis for the individual, which may vary according to the cause and severity of the pervasive developmental disorder, the opportunities afforded the individual, and treatment outcomes. Some individuals may lead productive lives and function on their own, while others need structured living environments.

PHOB - Phobias

PHOB-C COMPLICATIONS

OUTCOME: The patient/family will understand some of the complications associated with phobias.

STANDARDS:

1. Explain that there is frequent co-occurrence of phobias with other anxiety disorders, especially panic disorder (**refer to [PANIC](#)**). Sometimes full panic attacks are experienced in response to the phobic stimulus.
2. Explain that phobias often result in restricted lifestyles or interference with certain occupations, such as avoiding a job promotion because it requires extensive travel, when one experiences anticipatory anxiety about flying.
3. Discuss the adverse impact of phobias on the patient's lifestyle, such as social isolation, depression (**refer to [DEP](#)** in Volume II of this manual set), and substance abuse (**refer to [AOD](#)** in Volume II of this manual set).

PHOB-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.
3. Review any possible cultural meanings for the specific phobias, such as a fear of snakes arising from a traditional belief in it as a negative omen.

PHOB-DP DISEASE PROCESS

OUTCOME: The patient/family will understand some of the current information about the symptoms and expected course of phobias.

STANDARDS:

1. Discuss the essential feature(s) of the specific phobia under consideration:

- a. Explain that **Social Phobia** is a marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others and which is experienced as humiliating or embarrassing.
 - b. Explain that **Agoraphobia** is anxiety about being in places or situations from which escape may be difficult or embarrassing or in which help may not be available in the event of having a panic attack. Agoraphobia is usually diagnosed with Panic Disorder (**refer to PANIC**), and includes characteristic clusters of situations that include being outside the home, being in a crowd, standing in a line, traveling on a bus or train, or being on a bridge.
 - c. Explain that **Specific Phobia** is a marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation. Specific phobias may include:
 - i. Animal Type: spiders, snakes, dogs, cats, etc.
 - ii. Natural Environment Type: heights, storms, water
 - iii. Blood-Injection-Injury Type: includes medical procedures
 - iv. Situational Type: bridges, elevators, flying, enclosed places
 - v. Other Type: fear or avoidance of situations that may lead to choking, vomiting or contracting an illness, falling down
2. Discuss the associated features experienced by the patient, including:
 - a. Exposure to the phobic stimulus almost invariably provokes an anxiety response, which may take the form of a situational predisposed panic attack.
 - b. Recognizing that the fear is excessive or irrational (except children).
 - c. Avoiding the phobic situation or enduring it with intense anxiety or distress.
 3. Discuss the degree to which anxiety, avoidance, or distress in the feared situation interferes significantly with the patient's normal routine, occupational/academic functioning, or social activities or relationships. The patient may also have a marked level of distress about having the phobia.
 4. Explain that fears are very common in childhood, and that the phobia must last at least six months and must impair social, academic, or recreational functioning to warrant the diagnosis for individuals under 18 years of age.

PHOB-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of phobias.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.

3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PHOB-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding phobias.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding phobias and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

PHOB-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PHOB-L LITERATURE

OUTCOME: The patient/family will receive literature about phobias.

STANDARDS:

1. Provide the patient/family with literature on phobias.
2. Discuss the content of the literature.

PHOB-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PHOB-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in phobias.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in phobias, which is actually a key component to reduction of anxiety.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep

- f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PHOB-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

PHOB-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for phobias.

STANDARDS:

1. Discuss issues of safety, confidentiality, and responsibility, and emphasize open and honest participation in the treatment as critical to good outcome.
2. Explain that the patient has a right to choose combination of psychotherapy, medication interventions, or both, but that:
 - a. psychotherapeutic techniques alone have been shown to be effective in reducing or eliminating symptoms of phobias.
 - b. medication management is only necessary if the patient is unable to function effectively.
3. Explain that therapists have different styles and orientations for treating phobias.

- a. Cognitive Behavioral Therapy and techniques have been shown to be effective in treating phobias including systematic desensitization and visualization techniques.
 - b. Other eclectic techniques have also been effective in eliminating phobic symptoms/phobias, including hypnosis, and Eye Movement Desensitization and Reprocessing (EMDR), and other exposure therapies.
 - c. Some providers have had success in using other techniques and orientations to address other unresolved problems that may have exacerbated or given rise to the underlying anxiety.
4. Explain that medications may be prescribed intermittently or throughout the treatment process. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.
 5. Discuss the importance of managing symptoms of conduct disorder with alternative measures or coping skills during preconception and pregnancy when medications are contraindicated in women of childbearing age as appropriate.

PT - Physical Therapy

PT-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the musculoskeletal condition requiring physical therapy.

STANDARDS:

1. Explain the normal anatomy and physiology of the muscles, soft tissues, and bones of the affected area.
2. Discuss the changes to anatomy and physiology as a result of the condition.
3. Discuss the impact of these changes on the patient's health or well-being.

PF-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the musculoskeletal condition requiring physical therapy.

STANDARDS:

1. Review the current information about the patient's specific diagnosis.
2. Review the effects that this condition has on the patient's physical status. Emphasize the short/long term effects and the degree of control that the patient has over the condition.
3. Discuss the symptoms that may indicate progression of the condition.

PT-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper the use of equipment.

STANDARDS:

1. Discuss the indications for and benefits of the prescribed equipment.
2. Discuss the types and features of the medical equipment as appropriate.
3. Discuss and/or demonstrate the proper use and care of the medical equipment which may include orthotic, protective, and support devices pertaining to the physical findings, diagnosis, and prognosis. Participate in return demonstration by patient/family as appropriate.
4. Discuss the signs of equipment malfunction and the proper action to take in case of malfunction.

5. Emphasize the safe use of equipment. Discuss the proper disposal of any associated medical supplies.

PT-EX EXERCISE

OUTCOME: The patient/family will relate the exercise program to optimal health and plan to follow the customized exercise program developed with the physical therapist.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the three types of exercise: aerobic, flexibility, and endurance, as appropriate.
3. Review the recommendations of an exercise program:
 - a. Start out slowly.
 - b. Modification of exercises to accommodate specific health problems.
 - c. Exercise according to the specific plan developed for the individual.
4. As appropriate, demonstrate and assist in practicing the exercise(s) in the program.
5. Discuss and emphasize the importance of following the customized exercise plan developed with the physical therapist to achieve optimal benefit.
6. Review the exercise programs available in the community.

PT-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment plan.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PT-GT GAIT TRAINING

OUTCOME: The patient/family will understand the importance of improved gait and the plan for training.

STANDARDS:

1. Discuss the components necessary for optimal gait:
 - a. Normal range of motion
 - b. Proper cadence or rhythm
 - c. Appropriate stride length
 - d. Heel-to-toe pattern to step
2. Discuss the importance of normal range of motion as appropriate. Demonstrate and assist in return demonstrations of specific exercises to increase the range of motion of the affected joint(s) or extremity(s).
3. Discuss the value of cadence or rhythm in walking as appropriate. Demonstrate and assist to accomplish an improved cadence.
4. Discuss stride length as appropriate. Demonstrate appropriate stride length and assist in improving stride.
5. Discuss and demonstrate the usual heel-to-toe pattern of a normal step as appropriate. Assist the patient to learn modification techniques.
6. Emphasize the importance of intentionally practicing improved gait.

PT-L LITERATURE

OUTCOME: The patient/family will receive literature about the physical therapy plan.

STANDARDS:

1. Provide the patient/family with literature on the physical therapy plan.
2. Discuss the content of the literature.

PT-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand functional training in work (job, school, play community) and leisure integration or reintegration.

STANDARDS:

1. Discuss and provide recommendations related to barrier accommodations or modifications.

2. Discuss functional training programs e.g. back schools, job coaching, simulated environments and tasks, task adaptation; task training, work conditioning, work hardening, and IADL training (work training with tools).
 - a. Injury prevention or reduction e.g. injury prevention education during work (job, school, play) and community.
 - b. Injury prevention education with use of devices and equipment.
3. Discuss safety awareness training during work (job, school, play) and community.
4. Explain leisure integration or reintegration and play activities and training.

PT-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and physical therapy.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Refer to registered dietitian for MNT as needed.

PT-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to physical therapy.

STANDARDS:

1. Discuss fall prevention.
2. Explain the need for protective equipment, handicap-accessible environment, as applicable.

PT-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.

3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

PT-WC WOUND CARE

OUTCOME: The patient/family will understand the necessity and procedure for proper wound care.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.
2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

PNM - Pneumonia

PNM-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to pneumonia.

STANDARDS:

1. Explain the normal anatomy and physiology of lungs.
2. Discuss the changes to anatomy and physiology as a result of infection.
3. Discuss the impact of these changes on the patient's health or well-being.

PNM-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of pneumonia.

STANDARDS:

1. Discuss the possible complications, e.g. pleural effusion, sustained hypotension, lung collapse due to mucus plugs, blood stream infection, septic shock, respiratory failure requiring intubation and mechanical ventilation, and death.
2. Explain that complications may be prevented with prompt treatment and appropriate antibiotic therapy.

PNM-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PNM-DP DISEASE PROCESS

OUTCOME: The patient/family will understand pneumonia and its symptoms.

STANDARDS:

1. Explain that pneumonia is an inflammatory process, involving the terminal airways and alveoli of the lung and is caused by infectious agents making it hard for lungs to get oxygen into the blood.
2. Explain that pneumonia may be contracted by aspiration of oropharyngeal contents, by inhalation of respiratory secretions from infected individuals, through the bloodstream, or directly during surgery or trauma.
3. Explain that patients with bacterial pneumonia may have had an underlying disease that impairs the defenses, such as a preceding viral illness.
4. Explain that weakness and fatigue may persist for weeks after the infection. Encourage a gradual return to normal activities.

PNM-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and the care of the equipment.

STANDARDS:

1. Discuss considerations specific to the equipment and understand their role in the management of pneumonia:
 - a. Bilevel (or continuous) positive airway pressure ventilation
 - i. BiPAP or CPAP is delivered utilizing a tight-fitting mask over the nose and/or mouth
 - ii. Patient cooperation is vital to successful BiPAP or CPAP management
 - b. Nebulizer: Describe the proper use of the nebulizer including the preparation of the inhalation mixture, the inhalation technique, and the care of the equipment. Discuss the nebulizer treatment as it relates to the medication regimen. **Refer to [M-NEB](#).**
 - c. Oxygen:
 - i. Discuss how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate the management of pneumonia.
 - ii. Emphasize that O₂ flow rate should be changed only upon the order of a physician because altering the flow rate may worsen the condition.
 - d. Peak flow meter:
 - i. Discuss the care of the peak flow meter as a tool for measuring the peak expiratory flow rate (PEFR) and the degree of airway obstruction. Discuss peak flow zones in the management of airway disease.

- ii. Explain how monitoring the measurement of PEFR can provide an objective way to determine current respiratory function.
 - iii. Emphasize how a regular monitoring schedule can help determine when emergency care is needed, prevent exacerbations through early intervention, and facilitate the management of pneumonia.
2. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. signs of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
3. Demonstrate and participate in the return demonstration of the safe and proper use, care, and cleaning of the equipment, as appropriate.
4. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

PNM-EX EXERCISE

OUTCOME: The patient/family will be able to demonstrate the appropriate deep breathing and coughing exercises.

STANDARDS:

1. Instruct the patient in deep breathing and coughing exercises.
2. Instruct the patient in techniques to cough effectively.
3. Explain that weakness and fatigue may persist for weeks after the infection. Encourage a gradual return to normal activities.

PNM-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of pneumonia.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.

3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PNM-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to pneumonia.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to the face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.

- a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to UCATH and VENT-VAP** (in Volume V of this manual set).
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
- a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

PNM-IS INCENTIVE SPIROMETRY

OUTCOME: The patient/family will understand the reason for using the incentive spirometer and demonstrate its appropriate use.

STANDARDS:

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.
2. Explain that the optimal body position for incentive spirometry is the semi-Fowler's position which allows for free movement of the diaphragm.
3. Instruct the patient to exhale normally and evenly inhale maximally through the spirometer mouthpiece.
4. Encourage the patient to hold the maximal inspiration for a minimum of three seconds to allow redistributing the gas and opening the atelectatic areas.
5. Instruct the patient to exhale slowly and breathe normally between maneuvers.

6. Instruct the patient to repeat this maneuver as frequently as prescribed.

PNM-L LITERATURE

OUTCOME: The patient/family will receive literature about pneumonia.

STANDARDS:

1. Provide the patient/family with literature on pneumonia.
2. Discuss the content of the literature.

PNM-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PNM-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of pneumonia.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.

5. Refer to other providers or community resources as needed.

PNM-N NUTRITION

OUTCOME: The patient/family will understand nutrition, how to modify the diet to conserve energy and to promote healing.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT.

PNM-P PREVENTION

OUTCOME: The patient/family will understand actions that may be taken to prevent pneumonia.

STANDARDS:

1. Instruct the patient to avoid second-hand smoke and contact with people with upper respiratory infections.
2. Discuss the importance of tobacco cessation. **Refer to TO** (in Volume V of this manual set).
3. Explain that adequate diet, rest, and exercise are important to optimal health.
4. Encourage the patient (particularly if elderly or chronically ill) to obtain immunizations against influenza and pneumococcus. **Refer to IM** (in Volume III of this manual set).

PNM-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand and third-hand tobacco smoke.

STANDARDS:

1. Explain that second-hand smoke is known as “passive smoking.” Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Ceasing to smoke in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume V of this manual set).

PNM-TCB TURN, COUGH, DEEP BREATH

OUTCOME: The patient/family will understand why it is important to turn, cough, and deep breath.

STANDARDS:

1. Explain that it is important to frequently (every 1 to 2 hours) turn, cough, and breathe deeply. Explain that breathing deeply and coughing helps to mobilize and clear secretions and keep small airways open.
2. Describe appropriate deep breathing and coughing (take a large breath and hold it for 3–5 seconds, exhale, and cough shortly 2 to 3 times).
3. Demonstrate appropriate splinting techniques (e.g., using a pillow held tightly to the abdomen). Return demonstration as appropriate.

PNM-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed

- c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PNM-TO TOBACCO

OUTCOME: The patient/family will understand the adverse health consequences of tobacco use and exposure.

STANDARDS:

1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

PNM-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan for pneumonia.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Explain that antibiotics may be necessary to treat pneumonia. **Refer to [PNM-M](#).**
5. Explain that sometimes oxygen is required during the acute phase of the infection to maintain adequate oxygenation. **Refer to [PNM-EQ](#).**

6. Explain that, in some cases, intubation and mechanical ventilation may be needed.
Refer to VENT (in Volume V of this manual set).

POI - Poisoning

POI-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of poisoning.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

POI-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a poison help line.

STANDARDS:

1. Explain that the poison help line will provide immediate information regarding poisoning and immediate management.
2. Provide the help line phone number and explain that it is available 24/7. 1-800-222-1222.
3. Explain how the poison help line works and what can be expected from calling and/or participating in the services.

POI-I INFORMATION

OUTCOME: The patient/family will understand the steps to take when an incident of poisoning has been identified.

STANDARDS:

1. Discuss the importance of calling the Poison Control Center immediately.
2. Emphasize that immediate treatment increases the probability of a positive outcome.

3. Explain the importance of having the substance causing the poisoning available. Explain how this will assist medical personnel in making a correct diagnosis and treatment plan.

POI-L LITERATURE

OUTCOME: The patient/family will receive literature about poison prevention.

STANDARDS:

1. Provide the patient/family with literature on poison prevention.
2. Discuss the content of the literature.

POI-P PREVENTION

OUTCOME: The patient/family will understand necessary steps to poison prevention.

STANDARDS:

1. Discuss ways to poison proof the home by keeping poisons and medications in their original containers and stored safely and out of reach of children.
2. Explain to parents the necessity of discussing poison control with their children. Emphasize to parents to impress upon their children that medication is not candy.
3. Emphasize that child-locks, child-resistant medication containers and other child safety devices are not truly child proof.
4. Explain that poisonous chemicals should not be stored in food or drink containers. Poisonous chemical should be kept in original, properly labeled containers.

POI-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test

2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

POI-TX TREATMENT

OUTCOME: The patient/family will understand the components of the treatment plan and the risk of non-treatment.

STANDARDS:

1. Emphasize that immediate treatment increases the probability of a positive outcome.
2. Explain the importance of having the substance causing the poisoning available. Explain how this will assist medical personnel in making a correct diagnosis and treatment plan.
3. Discuss the use of syrup of ipecac. Explain that ipecac should only be used on the advice of the poison control center or medical personnel.
4. Discuss the treatment plan for this specific poisoning. Discuss suicide precautions if this was a non-accidental poisoning. **Refer to SI** (in Volume V of this manual set).

PCOS - Polycystic Ovary Syndrome

PCOP-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to polycystic ovary syndrome.

STANDARDS:

1. Explain the normal anatomy and physiology of the ovaries and sex hormones. Discuss that women have 2 kinds of female hormones (estrogen and progesterone) and small amounts of male hormones (androgens, i.e., testosterone).
2. Discuss the changes to anatomy and physiology as a result of polycystic ovary syndrome. Explain that PCOS is an endocrine disorder characterized by hyperandrogenism.
 - a. It is unknown why the hormone imbalances develop.
 - b. Cysts form on the ovaries and may be painful.
 - c. The combination of hormone changes and cysts prevents the ovaries from producing eggs necessary for fertility.
3. Discuss the impact of these changes on the patient's health or well-being.

PCOP-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to polycystic ovary syndrome.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with polycystic ovary syndrome as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with polycystic ovary syndrome, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
6. Refer to a mental health agency or provider.

PCOS-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications from polycystic ovary syndrome.

STANDARDS:

1. Discuss the common complications of polycystic ovary syndrome, such as infertility, amenorrhea, acne, hirsutism or virilization (development of male sex characteristics).
2. Describe the signs/symptoms of common complications of polycystic ovary syndrome.
3. Explain that other complications include a higher risk for endometrial and breast cancers.
4. Explain that polycystic ovary syndrome is often associated with obesity. Obesity-related complications (such as diabetes, hypertension, high cholesterol, metabolic syndrome) may develop.

PCOS-DP DISEASE PROCESS

OUTCOME: The patient/family will understand polycystic ovary syndrome.

STANDARDS:

1. Discuss that polycystic ovary syndrome occurs when a woman has an imbalance of sex hormones.
2. Explain that women produce female sex hormones estrogen and progesterone, as well as male sex hormones called androgens. In polycystic ovary syndrome, too much androgen is made. It is not known why or how.
3. Explain that PCOS is characterized by infertility, amenorrhea, acne, hirsutism or virilization (development of male sex characteristics).

PCOS-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of polycystic ovary syndrome.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.

5. Discuss the availability of community resources and support services and refer as appropriate.

PCOS-L LITERATURE

OUTCOME: The patient/family will receive literature about polycystic ovary syndrome.

STANDARDS:

1. Provide the patient/family with literature on polycystic ovary syndrome.
2. Discuss the content of the literature.

PCOS-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PCOS-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke

- d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
 3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
 4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
 5. Refer to medical and psychosocial support services for any risk factor identified.

PCOS-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification

- c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

PCOS-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PCOS-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized. Treatment may include weight management, medications, and rarely surgery. Emphasize that treatment can result in the restoration of fertility. **Refer to [PCOS-PCC](#).**
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

PP - Postpartum

PP-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to the postpartum period.

STANDARDS:

1. Explain the normal anatomy and physiology of the female reproductive system, breasts, and the body as a whole, i.e., constitution as well as weight, edema, anemia, and energy.
2. Discuss the changes to anatomy and physiology as a result of delivery of an infant i.e., involution, lochia, after birth cramps, breast engorgement (breastfeeding or not), weight loss, hair loss, and fatigue.
3. Discuss the impact of these changes on the patient's health or well-being.

PP-BF BREAST FEEDING

OUTCOME: The mother/family will understand the breast feeding considerations.

STANDARDS:

1. Explain the benefits of breastfeeding and that breast milk is the optimal method for feeding a baby. **Refer to BF-BB** (in Volume II of this manual set).
2. Discuss the potential barriers to breastfeeding and assist in making a plan for overcoming these barriers whenever possible.
3. Discuss the importance of continuing to breastfeed when managing a chronic disease as appropriate.
4. Discuss the importance of consulting with a healthcare provider before starting any new prescribed or OTC medications and/or any herbal/traditional therapies when breastfeeding. The mother/family should always ask the pharmacist about the safety of any medicine while breast feeding.
5. Explain the appropriate methods for collecting and storing breast milk. Discuss resources for manual and hospital grade electric pumps, including hospital, clinic, WIC, and community programs. **Refer to BF-CS** (in Volume II of this manual set).

PP-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components that may take place during and after pregnancy.

STANDARDS:

1. Discuss the common difficulty in coping with the complications of the postpartum period as a life-altering condition that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in the postpartum period. Explain that depression screening is available to assess for depression.
3. Discuss the importance of traditional medical, spiritual, mental/emotional, and cultural components during the postpartum period.
4. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
5. Refer to a mental health agency or provider.

PP-C COMPLICATIONS

OUTCOME: The patient/family will understand how to identify and prevent complications of the postpartum period.

STANDARDS:

1. Explain the need for immediate medical care for excessive bleeding, abdominal pain, cough or chest pain, fever, leg pain, or feeling of depression.
2. Discuss the etiology of blood clots, bleeding, and infection in the postpartum period. Discuss that some pain and bleeding are normal immediately after delivery. Excessive bleeding (or hemorrhage) occurs most often after long labors, multiple births, or when the uterus has become infected.
3. Explain that sometimes an incision called an episiotomy is made during delivery to keep the vagina from tearing. Explain that sitz baths, cold packs, or warm water applied to the area can help avoid infection, promote healing, and reduce tenderness.
4. Discuss the side effect of epidural post anesthesia as appropriate.
5. Discuss the more common complications of pregnancy and delivery (e.g., stretch marks, hemorrhoids, constipation, urge or stress urinary or fecal incontinence, hair loss, dyspareunia, as appropriate). Advise that fatigue and headaches are common.
6. As appropriate, **refer to BF** (in Volume II of this manual set) and/or **refer to [PDEP](#)**.

PP-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PP-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in the postpartum period.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Discuss Kegel exercises. **Refer to [PP-KE](#).**
6. Refer to community resources as appropriate.

PP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for postpartum.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PP-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a postpartum, breast feeding, or crisis intervention help line as available.

STANDARDS:

1. Explain that a post-partum, breast feeding or crisis intervention help line will provide immediate information and assistance.
2. Provide the help/crisis intervention line phone number and review the hours of operation.
3. Explain how the help/crisis intervention line works and what can be expected from calling and/or participating in the services.

PP-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to postpartum.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

PP-INFCA INFANT CARE

OUTCOME: The patient/family will understand the basic principles of infant care.

STANDARDS:

1. Discuss infant care, including diapering, bathing, cord care, burping, skin care, feeding, and benefits/risks for circumcision vs. non-circumcision, as applicable.
2. Explain the importance of protecting the infant from second-hand and third-hand smoke. **Refer to TO** (in Volume V of this manual set).
3. Explain the proper use and installation of infant car seats. **Refer to CHN-CAR** (in Volume II of this manual set).
4. Explain that laying the infant on the side or back provides a safe sleep environment. Explain that all infants sneeze. Discuss that nasal secretions are common. Discuss the procedure for using a nasal suction bulb and obligate nose breathers. Discuss other common newborn sounds and behaviors: newborn sigh, startle reflex, twitching during sleep.
5. Explain that infants frequently have rashes that may be normal. Emphasize that it is recommended to check with the healthcare provider.
6. Emphasize that a temperature greater than 100.4°F taken rectally in a newborn (less than 60 days old) should prompt immediate medical attention. This may be a sign of a life threatening condition.

PP-ISEC INFANT SECURITY

OUTCOME: The patient/family will understand the necessary infant security measures.

STANDARDS:

1. Explain infant security measures that have been implemented to decrease the chances of infant abduction from this facility.
2. Explain the roles and responsibilities parents and visitors have for maintaining infant security.

PP-KE KEGEL EXERCISES

OUTCOME: The patient/family will understand how to use Kegel exercises to prevent urinary stress incontinence.

STANDARDS:

1. Review the basic pelvic floor anatomy.
2. Define stress incontinence and discuss its causes.
3. Teach Kegel exercises. Encourage frequent practice of Kegel exercises.

PP-L LITERATURE

OUTCOME: The patient/family will receive literature about postpartum issues.

STANDARDS:

1. Provide the patient/family with literature on postpartum issues.
2. Discuss the content of the literature.

PP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the postpartum changes.

STANDARDS:

1. Discuss the common postpartum emotional changes, interpersonal relationships, and family dynamics.
 - a. Encourage the patient to share her feelings with her partner, friend, family, healthcare provider.
 - b. Identify stressors that can occur with a newborn in the household. Encourage the patient to “take time for herself and ask for help.”
 - i. Explain that infant sleep patterns differ from adult sleep patterns. Encourage the mother to sleep when the infant sleeps.
 - ii. Emphasize the important of parent-child bonding. Discuss Family Medical Leave Act forms, as applicable.
2. Explain the sexual activity.
3. Discuss options for birth control/contraception. **Refer to FP** (in Volume III of this manual set).

PP-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.

4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for postpartum care.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PP-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to postpartum.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that more calories are required when breast feeding and taking prenatal vitamins is recommended.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

PP-ORAL ORAL HEALTH

OUTCOME: The patient/family will understand how maternal health affects dental conditions in the mother and infant.

STANDARDS:

1. Explain that tooth decay (dental carries) is partially caused by strep mutants in the mouth.
2. Explain that this bacterium is transmitted from the mother to the infant. Emphasize the importance of never putting bottle nipples, pacifiers, or utensils in any mouth except the infant's mouth.

PP-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies

- f. childcare
- 5. Refer to medical and psychosocial support services for any risk factor identified.

PP-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand some methods for treating the pain that may be associated with the postpartum period.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that medications may be helpful to control pain from after birth cramping, breast engorgement, or nausea and vomiting.
3. Explain that increasing pain should prompt a visit or call to the patient's provider.
4. Discuss non-pharmacologic measures which may provide pain relief: sitz bath, massage, change of activity.

PP-TO TOBACCO

OUTCOME: The patient/family will understand the adverse health consequences of tobacco use and exposure.

STANDARDS:

1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

PP-WC WOUND CARE

OUTCOME: The patient/family will understand the necessity and procedure for proper wound care.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, to decrease infection rate and improve healing.

2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

PDEP - Postpartum Depression

PDEP-C COMPLICATIONS

OUTCOME: The patient/family will understand some of the complications associated with postpartum depression.

STANDARDS:

1. Discuss that postpartum depression, if left untreated, can:
 - a. interfere with mother-child bonding
 - b. create family problems
 - c. adversely affect self-image, hygiene, self-worth, etc.
 - d. develop into postpartum psychosis and chronic depressive disorders
2. Explain that children of mothers who have untreated postpartum depression are more likely to have behavioral problems, such as sleeping and eating difficulties, temper tantrums, and hyperactivity, as well as delays in language development.
3. Explain that even when treated, postpartum depression increases a woman's risk of future episodes of major depression.
4. Explain that depression may have adverse effect on the baby, such as withdrawal of breastfeeding and abuse or neglect.

PDEP-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PDEP-DP DISEASE PROCESS

OUTCOME: The patient/family will understand postpartum depression and its symptoms.

STANDARDS:

1. Explain that postpartum depression is caused by hormonal and other changes in brain chemistry, and is not the mother's fault or the result of a weak or unstable personality. Explain that postpartum depression is common and treatable.
2. Review some of the factors related to the development of postpartum depression:
 - a. **Biological:** Sudden drop in hormones after birth and/or changes in prolactin levels.
 - b. **Psychological/social:** Stressful life events such as financial problems, housing problems, lack of family interaction and support, new mothers facing new roles, lack of sleep, increased responsibility, single mothering, and/or marital problems.
 - c. Family or personal history of depression or mood disorders with or without pregnancy.
3. Describe the symptoms and levels of severity of postpartum depression.
 - a. **Baby Blues:** May last only a few days or weeks, and includes symptoms of tearfulness, irritability, mood swings, nervousness, feelings of vulnerability, difficulty concentrating, trouble sleeping, loss of appetite, lack of confidence, and feeling overwhelmed.
 - b. **PP Depression:** Is more intense and lasts longer than baby blues, and may interfere with ability to care for the baby and handle daily tasks, including symptoms of sadness or despondency, loss of interest in normal activities, inappropriate guilt, anxiety, fatigue, impaired concentration/memory, over concern for baby, hopelessness, panic attacks (**refer to PANIC**).
 - c. **PP Psychosis:** Is the rarest and most severe form of PP depression, which includes extreme confusion, incoherence, rapid speech or mania, refusal to eat, paranoia, irrational statements, agitation, hallucinations, bizarre or strange thoughts, or inability to stop an activity.
4. Discuss that postpartum depression is often not recognized by the mother or family. Emphasize the importance of discussing mood/behavior changes with a healthcare provider. Postpartum depression is reversible with early intervention and appropriate treatment.
5. Explain that patients with coexisting substance abuse may need more rapid referral. **Refer to AOD** (in Volume II of this manual set), as appropriate.

PDEP-EX EXERCISE

OUTCOME: The patient/family will understand that physical activity has a positive impact on physical and mental well-being.

STANDARDS:

1. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
2. Discuss the demands of a new born or infant and ways to incorporate physical activity in daily routines. Discuss any obstacles to physical activity. Assist the patient in developing a personal exercise plan.
3. Discuss the medical clearance issues for physical activity.
4. Refer to community resources as appropriate.

PDEP-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of postpartum depression.

STANDARDS:

1. Emphasize the importance of follow-up care, especially the immediate follow-up procedure for obtaining urgent and rapid referrals if the patient has:
 - a. suicidal thoughts/plans
 - b. thoughts/plans about harming the infant
 - c. thoughts/plans about harming others
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PDEP-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.

3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PDEP-L LITERATURE

OUTCOME: The patient/family will receive literature about postpartum depression.

STANDARDS:

1. Provide the patient/family with literature on postpartum depression.
2. Discuss the content of the literature.

PDEP-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary to recognize or decrease the risk for postpartum depression and to maintain optimal health.

STANDARDS:

1. Advise that the patient may be able to decrease the risk for postpartum depression by preparing during the pregnancy for the changes in lifestyle that motherhood will bring.
2. Emphasize lifestyle adaptations that will help speed recovery from postpartum depression:
 - a. Over-sleeping may be a symptom of depression but has also been shown to increase depressed feelings. Discourage remaining in bed or sleeping more than 8 hours a day.
 - b. Advise that natural light and exercise have an antidepressant effect. Encourage the patient to exercise, for example take a walk out of doors for at least ½-hour between 11 AM and 2 PM to take care of the need for bright light and exercise.
 - c. Emphasize the importance of totally abstaining from alcohol and recreational drugs. Alcohol and street drugs both induce depression and prevent antidepressants from working effectively. Advise your provider of all medications, drugs, herbals, and supplements you are taking to minimize this effect.

- d. Encourage the patient/family to accept the recommended help and assistance of others. There is no shame in asking for or accepting help.

PDEP-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.
6. Discuss that some medication may be excreted in breastmilk. Refer the patient to a physician or pharmacist who is knowledgeable in the use of medications during breastfeeding.

PDEP-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for postpartum depression.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PDEP-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition and postpartum depression.

STANDARDS:

1. Stress the importance of eating on a regular schedule and eating a variety of foods.
2. Explain that even marginal deficiencies in the diet will negatively affect the nervous system, mood, and breastfeeding. A daily multivitamin and mineral supplement may be recommended to help ensure an adequate intake.
3. Assist in developing an appropriate diet plan. Refer to dietitian or other local resources as available.
4. Discuss that overeating can be a symptom of depression and not a healthy behavior.

PDEP-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the effects of depression or to prevent recurrence of depressive episodes.

STANDARDS:

1. Explore any history of depression, especially postpartum depression, and explain the importance of continuous screening for it.
2. Discuss the signs and symptoms of postpartum depression, and the importance of early detection and screening after the baby is born.
3. Explain that a history of postpartum depression may warrant a prescription of anti-depressants following delivery.

PDEP-S SAFETY

OUTCOME: The patient/family will understand the safety plan as it relates to severe depression, and potential harm to self or baby.

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures should the condition worsen, if thoughts to harm self or baby arises, or if the patient feel urges to engage in risky/dangerous behavior.
2. Discuss the importance for screening for domestic violence. **Refer to DV** (in Volume II of this manual set).

3. Explain that the local police may also be available to assist in transportation and safety compliance.

PDEP-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in postpartum depression.

STANDARDS:

1. Explain that uncontrolled stress is attributed to an increase in severity of the symptoms of postpartum depression and can interfere with treatment. Explain that effective stress management may help reduce the severity of the symptoms of depression.
2. Explain that seeking professional help to improve the health and well-being of the patient is often necessary.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol, or other substance use as well as overeating, all of which can increase the severity of the depression or the risk of suicidal/homicidal behaviors.
4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals (e.g., sleeping when the baby sleeps if possible)
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
5. Provide referrals as appropriate.

PDEP-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for postpartum depression.

STANDARDS:

1. Explain that the treatment plan will be made by the patient, family, and treatment team after reviewing the available options. Explain that treatment for depression may vary according to the patient's life circumstances, severity of the condition, and available resources.
 - a. Baby blues often resolves on its own with enough rest and family support.
 - b. Postpartum depression may require long-term intervention comprised of one or a combination of interventions, including psychotherapy, medication, hormone therapy, or support groups.
 - c. Postpartum psychosis is more of a treatment challenge because some medications are not recommended for breast-feeding mothers. Explain that mothers with postpartum psychosis have a team of healthcare providers to help treat the symptoms.
2. Explain the lifestyle changes that are an important part of treatment (**refer to [PDEP-LA](#)**).
3. Encourage the family/patient to find someone to stay with and assist the patient at all times. Family and friends may offer support, reassurance, hope, and validation of the new mother's abilities.
4. Explain that treatment may begin at any point, even prior to pregnancy depending on the circumstance.

PTSD - Posttraumatic Stress Disorder

PTSD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of posttraumatic stress disorder.

STANDARDS:

1. Explain that complications of PTSD may include phobic avoidance of situations, interference with interpersonal relationships, marital/family conflict, divorce, or loss of job.
2. Explain that individuals diagnosed with PTSD are at an increased risk of other anxiety disorders, depressive disorders (**refer to DEP** in Volume II of this manual set), somatization disorders (**refer to SOMA** in Volume VI of this manual set), suicidal thoughts and behaviors (**refer to SI** in Volume V of this manual set), eating disorders (**refer to EAT** in Volume II of this manual set), and substance-related disorders (**refer to AOD** in Volume II of this manual set).
3. Discuss that complications of PTSD may be reduced or avoided by appropriate and timely treatment.

PTSD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PTSD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptom and course of posttraumatic stress disorder.

STANDARDS:

1. Explain that PTSD develops from the direct personal experience of a trauma that is associated with intense fear, horror, or helplessness.

2. Explain that the disorder can develop in individuals without any predisposing conditions, particularly if the stressor is especially extreme. Explain that the severity, duration, and proximity of an individual's exposure to the traumatic event are the most important factors affecting the likelihood of developing the disorder.
3. Discuss that the symptoms must be present for 30 days, and the intensity may be variable over the course of the illness. Frequently, the disturbance initially meets the criteria for acute stress disorder.
4. Explain that patients with PTSD persistently experience symptoms of:
 - a. re-experiencing the traumatic event
 - i. nightmares
 - ii. flashbacks or reliving the incident
 - iii. intrusive thoughts
 - iv. intense distress when exposed to reminders of the event
 - b. avoiding stimuli associated with the trauma or detaching from it (emotional numbing)
 - c. having increased arousal, such as:
 - i. sleep disturbance
 - ii. irritability/anger
 - iii. hypervigilance
 - iv. exaggerated startle responses
 - v. difficulty concentrating

PTSD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of posttraumatic stress disorder.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PTSD-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding posttraumatic stress disorder.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding PTSD and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

PTSD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PTSD-L LITERATURE

OUTCOME: The patient/family will receive literature about posttraumatic stress disorder.

STANDARDS:

1. Provide the patient/family with literature on PTSD.
2. Discuss the content of the literature.

PTSD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for coping with posttraumatic stress disorder.

STANDARDS:

1. Discuss the specific lifestyle changes to PTSD. Certain lifestyle changes can improve the condition:
 - a. join a trauma support group to learn about the disorder further and to avoid isolation and breakdown distrust of others
 - b. become more familiar with relaxation techniques (**refer to [PTSD-SM](#)**)
 - c. healthy eating
 - d. move to a safe neighborhood, if necessary
 - e. avoid alcohol and drugs, which appear to have short term benefits to distract from painful feelings, but has long term adverse consequences.
 - f. invest more in personal relationships, including intimate partners, children, and friends
 - g. keep a healthy work or volunteer schedule, and beware of excess work
2. Explain that exercise can help individuals with PTSD:
 - a. reduce physical tension
 - b. offer a break from difficult emotions
 - c. distract from painful memories
 - d. create feelings of personal control
3. Discuss that family may also require lifestyle adaptations.
4. Discuss ways to optimize the quality of life.
5. Refer to community services, resources, or support groups, as available.

PTSD-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.

3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PTSD-P PREVENTION

OUTCOME: The patient/family will understand some strategies to prevent the development of chronic posttraumatic stress disorder.

STANDARDS:

1. Explain that immediate treatment of acute PTSD or acute stress reaction is critical to preventing further symptoms of chronic PTSD; e.g., debriefing about the incident or de-escalating the symptoms.
2. Discuss that not all traumatic events can be prevented, but high-risk behaviors and exposure to potential trauma can be reduced.

PTSD-S SAFETY

OUTCOME: The patient/family will understand the safety plan as it relates to acute posttraumatic stress disorder, and potential suicidal ideation and/or behavior.

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures if the condition worsens, if suicidal or homicidal ideation arises, or if the patient feels urges to engage in risky/dangerous behavior.
2. Discuss the potential and process of voluntary or involuntary hospitalization should the patient have difficulties staying safe or refraining from acting on the impulses to hurt oneself or someone else.
3. Explain that the local police may also be available to assist in transportation and safety compliance.
4. Explain the importance of reporting any abuse, neglect, or potentially dangerous situations.

PTSD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in posttraumatic stress disorder.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in PTSD.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PTSD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan options for posttraumatic stress disorder.

STANDARDS:

1. Discuss issues of safety, confidentiality, and responsibility, and emphasize open and honest participation in the treatment as critical to a good outcome.
2. Explain that a combination of psychotherapy and medication interventions usually has better results than therapy or medication alone. The patient has a right to choose either option or both.
3. Explain that therapists have different styles and orientations for treating PTSD. Effective therapies include:

- a. Individual Psychotherapy
 - i. Eye Movement Desensitization and Reprocessing (EMDR)
 - Cognitive Behavioral Therapy (CBT)
 - Prolonged Exposure (PE)
 - Cognitive Processing Therapy (CPT)
 - ii. Brief Psychodynamic Therapy
 - b. Group Therapy
 - c. Family Therapy
4. Explain that anti-depressant and anti-anxiety medications are effective in reducing symptoms. Explain that decisions about timing and duration of medication will be made jointly by the provider(s) and the patient.
 5. Explain the importance for patients to learn to talk about the traumas in the safe context of the therapeutic environment. Support groups with patients who have experienced similar traumas may be useful to this end as well.
 6. Discuss the importance of managing symptoms of PTSD disorder with alternative measures or coping skills during preconception and pregnancy when medications are contraindicated in women of childbearing age, as appropriate.

PCC - Pre-Conception Care

PCC-AOD ALCOHOL AND OTHER DRUGS

OUTCOME: The patient/family will understand the disease process of chemical dependency and substance abuse and its relationship to pre-conception care.

STANDARDS:

1. Emphasize the importance of complete abstinence and avoidance from alcohol, inhalants, tobacco, and other drugs when trying to conceive because they are associated with birth defects and other complications. Evaluate the patient's use of substances and refer for treatment as appropriate. **Refer to AOD** (in Volume II of this manual set).
2. Encourage avoiding tobacco use and secondhand/third hand exposure. Exposure to tobacco is also associated with birth defects and complications. Encourage tobacco cessation or abstinence for the patient and family members, if applicable. **Refer to TO** (in Volume V of this manual set).
3. Discuss that alcohol use during the time of conception is directly associated with an identifiable syndrome in the child. This syndrome can cause developmental delay, hyperactivity, emotional and behavioral problems, mental retardation, learning disabilities, and decreased ability to function independently as an adult. **Refer to FASD** (in Volume III of this manual set).
4. Refer to community resources as available or appropriate.

PCC-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to pre-conception care.

STANDARDS:

1. Discuss the importance of being emotionally ready for conception.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in pre-conception care, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Refer to a mental health agency or provider, as appropriate.

PCC-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have in conception.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs have on planning for pregnancy. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with conception.

PCC-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in pre-conception care.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, weight loss, sleep, and the ability to conceive.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Discuss that attaining a healthy weight before conception can improve a woman's chance of getting pregnant and decrease complications during pregnancy.
6. Refer to community resources as appropriate.

PCC-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of pre-conception care.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PCC-GENE GENETIC TESTING

OUTCOME: The patient/family will understand that some diseases or conditions are inherited.

STANDARDS:

1. Explain that some diseases are inherited and genetic testing can be done to the parents prior to conceiving.
2. Discuss the risks versus benefits of conceiving with regards to inherited disorders. Include the odds of passing on inherited diseases or genes.
3. Provide the help line phone number or Internet address (URL).

PCC-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding pre-conception care.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding pre-conception care and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

PCC-L LITERATURE

OUTCOME: The patient/family will receive literature about pre-conception care.

STANDARDS:

1. Provide the patient/family with literature on pre-conception care.
2. Discuss the content of the literature.

PCC-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the recommended lifestyle adaptations important in pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)

- c. attain a healthy weight before conception
 - d. stay current on immunizations
 - e. limit exposure to occupational hazards
 - f. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (e.g., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.
 3. Discuss the benefits of breastfeeding for mother and baby as the primary feeding option. **Refer to BF-BB** (in Volume II of this manual set).
 4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
 5. Refer to community services, resources, or support groups, as available.

PCC-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PCC-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for pre-conception care.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PCC-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to pre-conception care.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Discuss that attaining a healthy weight before conception can improve a woman's chance of getting pregnant and decrease the complications during pregnancy.
6. Refer to registered dietitian for MNT or other local resources as appropriate.

PCC-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in pre-conception counseling.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in pre-conception care.

3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PCC-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PCC-TO TOBACCO

OUTCOME: The patient/family will understand the adverse health consequences of tobacco use and exposure.

STANDARDS:

1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

PDM - Prediabetes

PDM-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to prediabetes.

STANDARDS:

1. Explain normal sugar metabolism and pancreatic function.
2. Discuss the changes to anatomy and physiology as a result of prediabetes. Explain that insulin resistance and beta cell damage result in blood sugar levels that are higher than normal but not enough for a diagnosis of diabetes. Explain that prediabetes is often referred to as impaired glucose tolerance or impaired fasting glucose (IGT/IFG).
3. Discuss the impact of these changes on the patient's health or well-being.

PDM-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to prediabetes.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with prediabetes as a life-altering illness that requires a change in lifestyle (**refer to [PDM-LA](#)**).
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with prediabetes, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
6. Refer to a mental health agency or provider.

PDM-C COMPLICATIONS

OUTCOME: The patient/family/caregiver will understand common or serious complications of abnormal blood sugar level.

STANDARDS:

1. Explain that prediabetes will usually progress to Type 2 diabetes unless preventive measures are taken.
2. Emphasize that optimal control of blood sugar can reverse or prevent progression of prediabetes (PDM) or complications.
3. State that PDM is a disease that needs to be monitored for progression and complications. Routine examinations are essential.
4. Discuss complications that can occur if PDM develops into diabetes, e.g., heart disease, stroke, eye problems, kidney damage. **Refer to [MXS](#), CVA in Volume II of this manual set, CAD in Volume II of this manual set, DM in Volume II of this manual set, and [PVD](#).**

PDM-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PDM-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of prediabetes (PDM).

STANDARDS:

1. Discuss the role of insulin resistance and beta cell dysfunction in PDM and type 2 diabetes.
2. Describe the risk factors for the development and progression of PDM, e.g., including: ethnicity, age, family history, obesity, sedentary lifestyle, previous history of gestational diabetes, history of hypertension and dyslipidemia. **Refer to [MXS](#).**
3. Explain that prediabetes will usually progress to type 2 diabetes unless preventive measures are taken.

4. Emphasize that PDM is a condition that can be corrected, but requires permanent lifestyle changes and monitoring and medical follow up. Refer to [PDM-LA](#).

PDM-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in relation to prediabetes.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

PDM-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in prediabetes.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PDM-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.

2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PDM-L LITERATURE

OUTCOME: The patient/family will receive literature about prediabetes (PDM).

STANDARDS:

1. Provide the patient/family with literature on PDM.
2. Discuss the content of the literature.

PDM-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand lifestyle adaptations necessary for prediabetes (PDM).

STANDARDS:

1. Explain that lifestyle adaptations are the key components to preventing or delaying the progression of PDM.
2. Emphasize that nutrition and physical activity aid in weight loss and are critical components in addressing insulin resistance.
3. Explain that use of tobacco products can exacerbate the disease process and lead to complications.

PDM-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Explain that medical nutrition therapy and increased physical activity are the key components of blood glucose control and that medication(s) may be prescribed as an adjunct to help prevent or delay the onset of diabetes and its complications.
2. Describe the name, strength, purpose, dosing directions, and storage of the medication.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PDM-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of prediabetes.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PDM-N NUTRITION

OUTCOME: The patient/family will understand the importance of nutritional management with prediabetes (PDM).

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.

3. Identify techniques or strategies for eating out, social events, traditional eating practices, and family support in managing blood sugar.
4. Explain that emotional eating from boredom, anger, frustration, loneliness, and depression can interfere with blood sugar control, as appropriate. Alternative choices should be recommended.
5. Refer to registered dietitian for MNT or other local resources as appropriate.

PDM-P PREVENTION

OUTCOME: The patient/family will understand the major risk factors for the development of prediabetes.

STANDARDS:

1. Discuss the risk factors for PDM, e.g., obesity, sedentary lifestyle. **Refer to [MXS](#).**
2. Explain that following an appropriate meal plan and increasing activity levels will reduce the risk of progression of PDM.
3. Emphasize the importance and recommendations of regular blood sugar monitoring.

PDM-PCC PRE-CONCEPTION CARE

OUTCOME: The patient/family will understand the importance of pre-conception care.

STANDARDS:

1. Discuss how health and lifestyle factors influence reproductive health and childbearing.
 - a. intake of adequate folic acid, calcium and vitamin D
 - b. avoid tobacco use and encourage tobacco cessation, if applicable
 - c. avoid second-hand/third-hand smoke
 - d. avoid alcohol or other drugs
 - e. stay safe from violence (i.e., Intimate Partner Violence or Domestic Violence)
 - f. attain a healthy weight before conception.
 - g. stay current on immunizations
 - h. limit exposure to occupational hazards
 - i. screening and treatment for STIs, including HIV
2. Discuss the importance of managing chronic conditions (i.e., obesity, thyroid, blood pressure, diabetes, oral health) during preconception and pregnancy in planning to reduce risk of birth defects and complications.

3. Discuss the need to review all prescription and OTC medications including herbal products with a provider or pharmacist. Explain the health hazards of prescription drug abuse.
4. Discuss the importance of advanced family planning (reproductive planning). Discuss planning issues such as:
 - a. financial status
 - b. maternal age
 - c. lifestyle changes
 - d. employment
 - e. number and spacing of pregnancies
 - f. childcare
5. Refer to medical and psychosocial support services for any risk factor identified.

PDM-SCR SCREENING

OUTCOME: The patient/family will understand the proposed screening including indications.

STANDARDS:

1. Discuss the indication, risks, and benefits for the proposed screening.
2. Explain the process and what to expect after the screening.
3. Emphasize the importance of follow-up care.
4. Explain the recommended frequency of various screenings.

PDM-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in prediabetes.

STANDARDS:

1. Explain that unmanaged stress can:
 - a. contribute to insulin resistance
 - b. interfere with the treatment of prediabetes
2. Explain that effective stress management may reduce the adverse consequences of prediabetes, as well as help improve the health and well-being of the patient.
3. Discuss that stress may exacerbate adverse health behaviors such as increased tobacco, alcohol or other substance use as well as overeating, all which can increase the risk of morbidity and mortality and lead to diabetes.

4. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
5. Provide referrals as appropriate.

PDM-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PDM-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

PDM-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.

PN - Prenatal

PN-1T FIRST TRIMESTER (0 TO 12 WEEKS)

OUTCOME: The patient/family will understand the progression of pregnancy during the first trimester.

STANDARDS:

1. Explain the female reproductive organs and fetal growth and development.
 - a. Identify and explain the functions of the ovaries, fallopian tubes, uterus, cervix, placenta, and vagina as they relate to pregnancy. **Refer to [PN-AP](#).**
 - b. Discuss fetal growth and development during pregnancy. During the first trimester emphasize organ development. **Refer to [PN-GD](#).**
2. Discuss the course of prenatal care, visit schedule, anticipated tests, etc. **Refer to [PN-FU](#).**
3. Discuss the signs/symptoms that should prompt immediate medical assistance. Identify risks and warning signs for miscarriage (e.g., spotting, bleeding, discharge, cramping, unexplained abdominal pain, unexplained back ache, edema, dysuria, or headache).
4. Discuss the following pregnancy information and all other applicable subtopics listed in prenatal. This information is to be covered over a continuum of prenatal visits.
 - a. Discuss the patient's responsibility to herself and her growing child. Emphasize the importance of regular prenatal care and rest, prescribed vitamins, and good nutrition. **Refer to [PN-LA](#).**
 - b. Discuss the importance of good personal hygiene and oral health as it relates to health and a positive self-image. **Refer to [HPDP-HY](#)** (in Volume III of this manual set).
 - c. Discuss relief measures for the discomforts of pregnancy. **Refer to [PN-LA](#).**
 - d. Emphasize the advantages of exclusive breastfeeding for both mother and baby. **Refer to [BF](#)** (in Volume II of this manual set).
 - e. Discuss appropriate physical activity in pregnancy. Include medical clearance issues and appropriate footwear.
 - f. Discuss appropriate nutrition in pregnancy such as:
 - i. adequate folate intake before pregnancy and throughout the first trimester
 - ii. taking prescribed prenatal vitamins and minerals
 - iii. not eating soft cheeses, raw meats, raw eggs, and raw fish
 - iv. supplemental food programs and encourage enrollment. **Refer to [PN-N](#).**

- g. Explain that a healthy weight is important to prevent birth defects. Refer to Institute Of Medicine guidelines for recommendations for *Total and Rate of Weight Gain During Pregnancy*, by Pre-pregnancy BMI. **Refer to [PN-N](#).**
- h. Discuss that consumption of any amount of alcohol during pregnancy can cause Fetal Alcohol Spectrum Disorder (FASD), mental retardation, or other preventable complications. Discuss available treatment or intervention options, as appropriate. **Refer to [PN-FASD](#).**
- i. Discuss the dangers of tobacco use and second hand exposure in pregnancy. Emphasize the link to low birth weight. **Refer to [PN-TO](#).**
- j. Emphasize the importance of complete abstinence from all drugs of abuse. Point out that use of drugs during pregnancy can result in birth defects, premature birth, low birth weight, and addiction in the new born. Evaluate the patient's use of substances and refer for treatment as appropriate. **Refer to [AOD](#)** (in Volume II of this manual set).
- k. Discuss the father's/significant other's role in pregnancy, including support for the mother, education, and inclusion in birth plan as appropriate. **Refer to [PN-LA](#).**
- l. Discuss sex during pregnancy. Encourage the patient to ask questions. **Refer to [PN-LA](#).**
- m. Discuss sexual, emotional, and/or physical abuse. Emphasize that any type of abuse should not be tolerated and should be reported. Discuss the availability of shelters and other support options in the area. Offer a list of resources and make referrals as appropriate. **Refer to [PN-DV](#).**
- n. Discuss the importance of providing medical emergency contact information.
- o. Discuss seatbelt use. Seatbelts should be worn low on the hips and the shoulder belt should lie above the pregnant abdomen. Refer to PN-S.
- p. Discuss the dangers of fetal overheating in relation to hot baths, jacuzzis, sweat lodges, heating pads, etc. **Refer to [PN-S](#).**
- q. Discuss the dangers of exposure to infectious diseases, e.g., measles, toxoplasmosis, Sexually Transmitted Infections (STIs) (gonorrhea, chlamydia, syphilis, trichomonas) parvovirus (5th Disease), influenza, HIV, group B strep, hepatitis Explain that HIV testing is a routine part of prenatal care.
- r. Discuss the dangers of eating raw meat, working in the garden without gloves, changing cat litter. Discuss the importance of washing hands after working with dirt or cat litter. Have someone help with these tasks.
- s. Teach the patient to inform all healthcare providers of the pregnancy prior to obtaining treatment, e.g., x-rays, medications. **Refer to [PN-S](#).**
- t. Emphasize the importance for enrollment in prepared childbirth and parenting classes or group prenatal care.

- u. Discuss adoption and abortion, as appropriate. Refer to Community Resources, Behavioral Health, and/or Social Services as appropriate.

PN-2T SECOND TRIMESTER (13 TO 27 WEEKS)

OUTCOME: The patient/family will understand the progression of pregnancy during the second trimester and ensure (continue/repeat) primary education on the first trimester.

STANDARDS:

1. Discuss all information listed in the first trimester and/or ensure primary education on the first trimester has been completed. Although not listed here for the purposes of this manual, all information in PN-1T should be reviewed because this is a continuum of education. **Refer to [PN-1T](#).**
2. Identify the risks and warning signs for preterm labor (e.g., spotting, bleeding, discharge, cramping, unexplained abdominal pain, unexplained back ache, edema, dysuria, or headache).
3. Discuss fetal movement and the need for evaluation of decreased fetal movement.
4. Explain the importance of procedures or screening tests as appropriate. **Refer to [PN-TE](#).**
5. Discuss all other applicable subtopics listed in prenatal that pertain to the second trimester.
 - a. Discuss fetal growth and development in the second trimester.
 - b. Discuss the changes in the mother's body during the second trimester. Discuss exercise, rest, and relief measures for second trimester discomforts of pregnancy.
 - c. Discuss breastfeeding vs. bottle-feeding. Emphasize the advantages of breastfeeding for both mother and baby. **Refer to BF** (in Volume II of this manual set).

PN-3T THIRD TRIMESTER (28 TO 40 WEEKS)

OUTCOME: The patient/family will understand the progression of pregnancy during the third trimester and ensure primary education on the first and second trimester has been completed.

STANDARDS:

1. Discuss all information listed in the first and second trimester and/or ensure primary education on the first and second trimester has been completed. Although not listed here for the purposes of this manual, all information in PN-1T and PN-2T should also be reviewed because this is a continuum of education. **[Refer to \[PN-1T\]\(#\), \[PN-2T\]\(#\).](#)**

2. Discuss third trimester information, including:
 - a. Changes in the mother's body.
 - b. Exercise, rest, and relief measures for third trimester discomforts of pregnancy.
 - c. Discuss the anatomy and physiology of lactation and care of the breasts and nipples. **Refer to BF** (in Volume II of this manual set).
 - d. Discuss sex during the late stages of pregnancy and early postpartum period.
 - e. Discuss the family planning method to be used postpartum. Review methods of contraception including tubal ligation, and timing related to postpartum period and breast feeding. Explain the time frame of paper work needed prior to tubal ligation. Emphasize the importance of partner participation in family planning. **Refer to FP-MT or FP-ST** (in Volume III of this manual set) as appropriate.
 - f. Explain that a bacterium called *Group B strep* may be dangerous to the baby and explain the institution's screening procedure.
3. Discuss labor.
 - a. Assist the patient in developing a labor plan and the role of a labor partner, as appropriate. **Refer to [PN-RO](#)**.
 - b. Discuss the hospital admission routines, e.g., fetal monitoring, IVs, hydration, paired care, rooming in, post-partum bonding, induction. **Refer to [PN-ADM](#)**.
 - c. Discuss the signs of impending labor. Emphasize the importance of knowing "when you are in labor."
 - d. Discuss the three stages of labor.
 - e. Review breathing exercises and other exercises for labor. If feasible, refer the patient for childbirth education classes.
 - f. Discuss those events that require immediate attention, e.g., ruptured or leaking membranes, decreased fetal movement, bleeding, and fever. Emphasize the importance of knowing when to seek medical attention.
 - g. Discuss the possibility of a C-section.
 - h. **Refer to CB-PRO**.
4. Discuss all applicable topics/subtopics that pertain to first, second, and third trimesters. Examples include: Prenatal 1st Trimester (PN-1T), Prenatal 2nd Trimester (PN-2T), Childbirth (CB), Child Health Newborn (CHN), Post Partum (PP). Highlights from these protocols vital to 3rd trimester education include:
 - a. Postpartum - Refer and document in PP-Postpartum
 - i. Discuss the anatomy and physiology of lactation - **Refer to BF** (in Volume II of this manual set)
 - ii. Care of the breasts and nipples

- iii. Maternal engorgement
- iv. Discuss Anatomy and Physiology - **Refer to [PP](#)**
- v. Involution
- vi. Wound Care
- vii. Pain management
- b. Behavioral Health
 - i. Postpartum Depression - **Refer to [PDEP](#)**
 - ii. Cultural and Spiritual
 - iii. Exercise
 - iv. Complications
 - v. Postpartum Follow up
 - vi. Family Planning confirmation / follow-up - **Refer to FP-IC** (in Volume III of this manual set)
- c. Infant Care - **Refer to CHN** (in Volume II of this manual set)
 - i. Breastfeeding - **Refer to BF** (in Volume II of this manual set)
 - ii. Pediatrician Visits
 - iii. Newborn Care - **Refer to CHN** (in Volume II of this manual set)
 - iv. Infant Bonding / Infant communication
 - v. Car Seat - **Refer to CHN-CAR** (in Volume II of this manual set)
 - vi. SIDS

PN-ADM ADMISSION TO HOSPITAL

OUTCOME: The patient/family will understand the hospital admission process for delivery.

STANDARDS:

1. Discuss preparations for preadmission, as appropriate:
 - a. What paper work to do in advance.
 - b. When to come to the hospital.
 - c. Who will be the support.
 - d. Where to go for admission. This may include a hospital tour.
 - e. What to expect on admission.
2. Discuss what to bring to the hospital.
 - a. Labor plan

- b. Clothing for self and baby
3. Obtain a car seat in advance.

PN-AOD ALCOHOL AND OTHER DRUGS

OUTCOME: The patient/family will understand the disease process of chemical dependency/substance abuse and its relationship to fetal development.

STANDARDS:

1. Emphasize the importance of complete abstinence from alcohol, inhalants, other drugs, and tobacco because they are associated with birth defects and other complications. Evaluate the patient's use of substances and refer for treatment as appropriate. **Refer to AOD** (in Volume II of this manual set) and/or **TO**. (in Volume V of this manual set)
2. Discuss that alcohol use during pregnancy is directly associated with an identifiable syndrome in the child. This syndrome can cause developmental delay, hyperactivity, emotional and behavioral problems, mental retardation, learning disabilities, and decreased ability to function independently as an adult. **Refer to FASD** (in Volume III of this manual set).
3. Refer to community resources as available or appropriate.

PN-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to pregnancy.

STANDARDS:

1. Explain the normal anatomy and physiology of the female reproductive system and breasts.
2. Discuss the changes to anatomy and physiology as a result of pregnancy.
 - a. 0-16 Weeks - The patient:
 - i. might feel tired during this time - get all the needed rest
 - ii. might feel nauseated - try eating smaller meals
 - iii. might have the urge to urinate often
 - iv. might have tender breasts
 - b. 17-24 Weeks - The patient:
 - i. will start to look pregnant
 - ii. will start to feel the baby move
 - iii. will hear the baby's heartbeat

- iv. will change the center of gravity, thus might easily lose her balance, so be very careful not to fall
 - v. will experience discomforts related to pregnancy - refer to self-help measures.
 - c. 25-31 weeks - The patient:
 - i. may have weight increase notably toward the end of the second trimester (28 weeks)
 - ii. may consider weight guidelines
 - d. 32-34 weeks - The patient will:
 - i. experience the urge for frequent urination will return because her enlarged uterus presses on her bladder
 - ii. have the hormones soften her hip joints in order to prepare for delivery
 - iii. have the large uterus change her center of gravity - take special care to prevent falls
 - e. 35+ weeks - The patient may:
 - i. get tired
 - ii. have contractions - Braxton Hicks contractions are irregular in their timing and don't get closer together or more intense and usually do not mean she is in labor
 - iii. not sleep well
 - f. Postpartum - The patient might experience:
 - i. being tired - this is normal
 - ii. having baby blues
 - iii. **refer to [PP](#)**
3. Discuss the impact of these changes on the patient's health or well-being.

PN-BF BREAST FEEDING

OUTCOME: The mother/family will understand the breast feeding considerations.

STANDARDS:

1. Explain the benefits of breastfeeding and that breast milk is the optimal method for feeding a baby. **Refer to BF-BB** (in Volume II of this manual set).
2. Discuss the potential barriers to breastfeeding and assist in making a plan for overcoming these barriers whenever possible.
3. Discuss the importance of continuing to breastfeed when managing a chronic disease as appropriate.

4. Discuss the importance of consulting with a healthcare provider before starting any new prescribed or OTC medications and/or any herbal/traditional therapies when breastfeeding. The mother/family should always ask the pharmacist about the safety of any medicine while breast feeding.
5. Explain the appropriate methods for collecting and storing breast milk. Discuss resources for manual and hospital grade electric pumps, including hospital, clinic, WIC, and community programs. **Refer to BF-CS** (in Volume II of this manual set).

PN-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components that may take place during pregnancy.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of pregnancy that requires a change in lifestyle. Discuss emotional changes:
 - a. 0-16 Weeks - The patient might:
 - i. be concerned about herself and the changes taking place - this is normal
 - ii. have mixed feelings about the pregnancy
 - b. 17-24 Weeks - The patient might:
 - i. have decided how she feels about this pregnancy
 - ii. start thinking of the baby as a person
 - c. 25-31 weeks - The patient might:
 - i. start thinking of the baby's needs as her own
 - ii. start thinking about what she will need for the baby
 - d. 32-34 weeks - The patient might:
 - i. start thinking more about labor
 - ii. start thinking more about how she is going to care for the baby
 - e. 35+ weeks – The patient might:
 - i. start to feel “ready” for labor
 - ii. start looking forward to caring for her baby
 - iii. feel some anxiety about labor
 - f. Postpartum – The patient might have:
 - i. Additional stressors:
 - (1) physical changes and complications
 - (2) changes in family roles

- (3) newborn needs
 - (4) changes in parents' relationship
 - ii. Some emotional upset, baby blues, 3-5 days after birth that should not last more than a few days. If she continues to have feeling of anger, anxieties, or worry, tell her nurse or doctor.
2. Discuss that pregnancy is a state of hormonal flux and may result in rapid and unpredictable mood swings. Explain that although some emotional changes may be normal, others may require medication and/or other forms of treatment.
 3. Discuss any pre-existing depression or other mental health conditions in the patient or the patient's family. Instruct the patient to report any changes related to pre-existing depression.
 4. Discuss the signs and symptoms of post-partum depression. Refer to a mental health agency or provider. **Refer to [PDEP](#).**

PN-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of pregnancy and the appropriate action to take.

STANDARDS:

1. Discuss the symptoms of pre-term labor. Emphasize the importance of immediate evaluation by a physician for pre-term labor. Explain that immediate treatment may decrease but not eliminate the risk of neonatal death or lost pregnancy.
2. Explain that any bleeding should prompt an immediate evaluation by a provider. Explain that this bleeding may be an early sign of miscarriage.
3. Explain that decreased fetal movement in the third trimester should prompt an immediate evaluation. Instruct mother in counting fetal movement.
4. Emphasize to the patient that hypertension in pregnancy may be asymptomatic or may be accompanied by warning signs (persistent swelling, persistent headaches, visual changes, decreased fetal movement, sudden weight gain, nausea, and vomiting in the third trimester). Stress that immediate medical attention should be sought if warning signs occur. **Refer to [PN-HTNP](#).**
5. Discuss complications from prior pregnancies and any factors and/or behaviors that may make this pregnancy high risk.
6. Discuss that pregnant women are at higher risk for Deep Vein Thrombosis. **Refer to [DVT-P](#)** (in Volume II of this manual set).

PN-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.
3. Explain that use of cradle board is not a substitute for a car seat.

PN-DC DENTAL CARE

OUTCOME: The patient/family will understand how maternal oral health affects pregnancy.

STANDARDS:

1. Emphasize the importance of having an oral exam and treatments before the birth of the infant.
2. Discuss that dental caries and other oral diseases are common and associated with complications for women and infants, including pre-term labor.
3. Discuss the necessity of adequate calcium in the diet of prenatal patients to prevent calcium loss from bones and teeth.

PN-DM PREGNANCY IN PRE-EXISTING DIABETES

OUTCOME: The patient/family will understand how pre-existing diabetes can affect pregnancy.

STANDARDS:

1. Discuss blood sugar control at the time of conception and possible negatives outcomes due to hyperglycemia (i.e., birth defects, macrosomia, spontaneous abortions, or fetal death).
2. Discuss the management of pre-existing diabetes management by:
 - a. self-blood glucose monitoring
 - b. medication
 - c. individualized meal plan
 - d. physical activity
3. Emphasize that prenatal care for future pregnancies should begin prior to conception for early glucose control. Consider use of birth control for reproductive planning. **Refer to WH-PCC** (in Volume V of this manual set).

4. Explain that blood glucose control may be more difficult to achieve in the third trimester due to hormonal changes that elevate blood glucose.
5. Emphasize the need for follow-up care in the post-partum period to monitor blood glucose as recommended.

PN-DV DOMESTIC VIOLENCE

OUTCOME: The patient/family will understand the implications of domestic violence in pregnancy.

STANDARDS:

1. Discuss the risk of death (maternal or fetal) from domestic violence.
2. Discuss abusive/violent behaviors in the patient's environment.
 - a. Explain co-dependency as it relates to domestic violence.
 - b. Identify risk factors and "red flag" behaviors related to domestic violence, e.g., belittling, demeaning, humiliating, controlling behaviors, or physical, emotional, or sexual abuse.
 - c. Discuss the role of alcohol and substance abuse as it relates to domestic violence.
 - d. Explain that the natural course of domestic violence is one of escalation and that without intervention it will not resolve.
3. Discuss the availabilities of shelters and other support options available in the patient's area. Make referrals as appropriate.
4. Assist in developing a safety plan to protect all people in the environment of violence.

PN-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity during pregnancy.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity. As pregnancy progresses, the center of balance may change, and it may be necessary to modify the type of exercise.

5. Refer to community resources as appropriate.

PN-FASD FETAL ALCOHOL SPECTRUM DISORDER

OUTCOME: The patient/family will understand the consequences of alcohol use during pregnancy.

STANDARDS:

1. Discuss that consumption of any amount of alcohol during pregnancy can cause FASD. **Refer to FASD** (in Volume III of this manual set).
2. Emphasize the importance of abstinence from any alcohol use during pregnancy (including beer, wine, liquor, and wine coolers).
3. Discuss available treatment or intervention options, as appropriate.

PN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in prenatal care.

STANDARDS:

1. Emphasize the importance of follow-up care. Prenatal visits are a series of appointments related to the stages of gestation. The recommended follow up for an uncomplicated pregnancy is:
 - a. First seven months - once a month
 - b. Eighth month - twice a month
 - c. Ninth month - every week
2. Discuss the procedure and process for obtaining follow-up appointments.
 - a. Emphasize that all prenatal appointments should be kept.
 - b. Emphasize that she should have her provider's / clinic name and phone number with her at all times.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt medical emergency contact information to a provider. In an emergency go to the Emergency Room if the provider cannot be reached.
 - a. Blood or any fluid from vagina
 - b. Unpleasant odor or unusual vaginal discharge
 - c. Swelling of the face or fingers
 - d. Bad or long headache

- e. Dizziness/fainting
 - f. Cloudiness, blurry vision or spots before eyes
 - g. Problems breathing
 - h. Chest pain
 - i. Stomach / abdominal pain
 - j. Frequent nausea and vomiting
 - k. Chills or fever
 - l. Painful urination
 - m. Baby moves less
 - n. Regular rhythmic contraction
5. Discuss the availability of community resources and support services and refer as appropriate.

PN-GD GROWTH AND DEVELOPMENT

OUTCOME: The patient/family will understand unborn infant's growth and development during each trimester.

STANDARDS:

1. Explain the conception process, the implantation, and the cell division, as appropriate. Discuss the functions of the placenta, the amniotic sac, and umbilical cord, as appropriate.
2. Give a basic overview of the unborn infant's growth and development.
 - a. 0-16 Weeks
 - i. 6 weeks - brain and major organs developing
 - ii. 6 weeks - eyes formed
 - iii. 6-7 weeks - heart seen on ultrasound
 - iv. 7 weeks - muscles develop
 - v. 8 weeks - baby can move
 - vi. 8-9 weeks - ears forming
 - vii. 12 weeks - toes and fingers formed
 - viii. 15 weeks - lanugo, fine hair forming over body
 - b. 17-24 Weeks
 - i. 17 weeks - patient can feel the baby moving
 - ii. 20 weeks - scalp hair forming

- iii. 24 weeks - vernix, greasy skin covering forming
- c. 25-31 weeks
 - i. 27 weeks - baby gains the most weight the last 13 weeks
 - ii. 29 weeks - fat layer forming
- d. 32-34 weeks
 - i. 32 weeks - baby growing rapidly
 - ii. If the baby is born early (premature) it has a good chance of doing well
- e. 35+ weeks
 - i. 36 weeks - kidneys mature
 - ii. 37 weeks - lungs mature
 - iii. 40 weeks - estimated date of delivery
- f. Postpartum - **Refer to CHI** (in Volume II of this manual set)

PN-GDM GESTATIONAL DIABETES

OUTCOME: The patient/family will understand diabetes or carbohydrate intolerance during pregnancy and will establish a plan for control.

STANDARDS:

1. Discuss the management and careful monitoring of blood glucose.
2. Emphasize the need for an individualized meal plan by a registered dietitian.
3. Discuss that GDM increases the risk for developing Type 2 Diabetes. Discuss the effect of gestational diabetes on the infant (hypoglycemia in the early neonatal period, respiratory distress, complications of delivery, increased incidence of obesity and future development of Type 2 diabetes).
4. Emphasize that prenatal care for future pregnancies should begin prior to conception for early monitoring of GDM. Consider use of birth control for reproductive planning. **Refer to WH-PCC** (in Volume V of this manual set).
5. Explain that blood glucose control may be more difficult to achieve in the third trimester due to hormonal changes that elevate blood glucose and that insulin may be needed. Emphasize the need for follow-up care in the post-partum period to monitor blood glucose and screen for diabetes.

PN-GENE GENETIC TESTING

OUTCOME: The patient/family will understand that some diseases or conditions are inherited and that testing may be recommended.

STANDARDS:

1. Explain that some diseases or birth defects can be detected during pregnancy and tests that may be performed (e.g., ultrasound, blood tests, amniocentesis). Discuss the timing of the tests as appropriate.
2. Explain that after delivery, newborn blood testing may detect other disorders otherwise not detected.
3. Explain that not all patients are at equal risk for these conditions.
4. Refer appropriate patients to a physician or other provider for further evaluation.

PN-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding prenatal care.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding prenatal care and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

PN-HIV HUMAN IMMUNODEFICIENCY VIRUS

OUTCOME: The patient/family will understand the risk factors for HIV (mother and child).

STANDARDS:

1. Discuss the risk factors and indications for HIV testing (mother and child). Explain that HIV testing is a routine part of prenatal care.
2. Explain that early detection, early treatment, and full participation with the medication regimen as well as maintaining a healthy lifestyle can result in a better quality of life, slow the progression of the disease, and may have beneficial effects upon the delivery and longevity of the child.

PN-HTNP HYPERTENSION IN PREGNANCY

OUTCOME: The patient/family will understand the risk, symptoms, and treatment of hypertension in pregnancy and preeclampsia.

STANDARDS:

1. Explain the difference between systolic and diastolic blood pressure. Define normal ranges for the individual. Review predisposing factors for hypertension (e.g., obesity, high sodium intake, high fat and cholesterol intake, lack of exercise).
2. Discuss pregnancy as a contributing factor to hypertension - either by worsening existing hypertension or by the new onset of preeclampsia.
3. Emphasize that hypertension in pregnancy may be asymptomatic or may be accompanied by warning signs (persistent swelling, persistent headaches, visual changes, abdominal pain, decreased fetal movement, sudden weight gain, nausea, and vomiting in the third trimester). Stress that medical attention should be sought immediately if warning signs occur.
4. Discuss the complications, e.g., seizures, maternal/fetal brain injury or death and premature birth.
5. Discuss that the healthcare provider may prescribe bed rest.
6. Explain the need for close monitoring, i.e., ultrasound and kick counts.

PN-IB INSURANCE AND BENEFITS

OUTCOME: The patient/family will understand health care services and resources available as it relates to insurance and benefits.

STANDARDS:

1. Explain that many individuals qualify for direct payments and/or reimbursement for healthcare and related costs from certain programs.
2. Explain that direct payments include services that:
 - a. Are provided at the health care facility at no cost to the patient.
 - b. Are provided at other health care facilities through purchased/referred care.
3. Explain that in addition to Indian Health Systems, the other available programs include:
 - a. Medicare: a national healthcare program that covers people 65 years of age and older, individuals younger than 65 who are disabled or with end stage renal disease, and retired railroad employees.
 - i. Medicare Part A: Inpatient hospital services, skilled nursing facilities, home health and hospice care.
 - ii. Medicare Part B: Outpatient hospital services, doctors, certain medical equipment and other items not covered under Part A.
 - iii. Medicare Part D: Prescription medication and Medication Therapy Management (MTM) service coverage.

- b. Social Security Disability Insurance
 - c. State Children's Health Insurance Programs (SCHIP)
 - d. Supplemental Security Income (SSI)
 - e. Veterans Administration (VA)
 - f. Medicaid that provides resources to help pay for medical and long-term care assistance
 - g. Private Health Plans
 - h. Women, Infants, and Children (WIC)
 - i. State/federal aid for disabled children (Waiver Program)
 - j. Temporary Assistance for Needy Families (TANF)
4. Explain that a Benefits Coordinator is knowledgeable about federal and state programs and is a resource to help a patient determine program eligibility
 5. Review and explain applications for identifiable services.
 6. Explain that Indian Health Systems services can be enhanced due to revenue collected when a patient enrolls in additional health care resource.

PN-L LITERATURE

OUTCOME: The patient/family will receive literature about prenatal issues.

STANDARDS:

1. Provide the patient/family with literature on prenatal issues.
2. Discuss the content of the literature.

PN-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/father/significant other/family will understand the necessary lifestyle adaptations during pregnancy.

STANDARDS:

1. Discuss the specific lifestyle changes for the father's/significant other's role in the pregnancy.
 - a. Suggest that the father / significant other go to prenatal clinic visits.
 - b. Suggest that the father / significant other make the lifestyle changes such as a healthy diet, stop smoking, drinking or taking non-prescribed drugs if applicable, so that it will be easier for the expectant mother and family to do the same.

- c. Suggest that the father /significant other help with household chores and child care so the expectant mother can get some rest. After the baby is born it is important for the father /significant other help care for the baby.
 - d. Suggest that the father /significant other read about pregnancy and go to childbirth classes to find out how to help during labor and delivery.
 - e. Discuss that there may less leisure time spent together and that there may be relationship changes that need to be made. Work to minimize any conflict that these expected changes bring.
 - f. Suggest the father /significant other be emotionally supportive - take time to listen and talk about the changes that are taking place.
2. Discuss sibling rivalry and how to prepare siblings for the addition of the baby. Explain that a new baby needs lots of attention and can cause older children to feel less loved.
 3. Discuss that children can get angry and act out or act “babyish” but remember they are not bad; they may be trying to say they want attention too. Explain that babies sleep and cry a lot, cannot play games or talk, and needs everything done for them. Spend special one-on-one time with the children and allow them to participate in caring for the baby.
 4. Discuss the lifestyle adaptations and responsibilities for taking care of herself and her growing child such as regular prenatal care, rest, good physical hygiene, and positive self-image.
 5. Discuss the following relief measures for the discomforts of pregnancy:
 - a. Nausea/Vomiting/Indigestion: Try eating small frequent meals, avoiding fatty and spicy foods, drinking fluids between meals, and laying down right after a large meal.
 - b. Leg cramps/ swollen feet/ varicose veins: Wear supportive low heel shoes, wear support stockings, elevate feet, change positions often, and avoid high salt foods.
 - c. Constipation/ hemorrhoids: Eat more whole grains, fruits and vegetables, increase fluids, practice Kegal exercises, take sitz baths, and walk.
 - d. Backache: Use support hose, change positions often, squat rather than bend over, and avoid lifting heavy objects.
 - e. Dizzy Spells: Avoid prolonged standing, delaying meals and overheating, get up slowly, and increase fluids.
 - f. Muscle/ligament pain in abdomen: Avoid over extension, change positions often, and empty bladder often.
 - g. Frequent urination: Limit fluids after dinner to help cut down on bathroom visits during the night.
 - h. Headaches: Get plenty of rest and avoid skipping or delaying meals, reduce stress, use warm compress, do neck and shoulder exercises.

- i. Emotional ups and downs: Hormone balance changes during pregnancy may cause emotional changes.
6. Discuss sex during each trimester of pregnancy. Encourage the patient to ask questions.

PN-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy during pregnancy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PN-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of prenatal care.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PN-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in pregnancy as related to maternal health as well as fetal growth and development.

STANDARDS:

1. Explain the benefits of healthy eating habits.
 - a. Explain the purpose of appropriate weight gain in pregnancy. Refer to Institute Of Medicine guidelines for recommendations for Total and Rate of Weight Gain During Pregnancy, by Pre-pregnancy BMI.
 - b. Explain the actions to correct constipation, nausea, vomiting, or pica.
 - c. Explain that certain types of fish should be limited due to the risk of mercury contamination (e.g., salmon, mackerel, tuna, sword fish).
 - d. Explain that soft cheeses such as feta, Brie, Camembert, Roquefort, and Mexican soft cheeses may be contaminated with Listeria.
 - e. Explain all meats, eggs, and fish must be fully cooked before eating.
 - f. Encourage adequate calcium intake and calcium sources (e.g., milk products, calcium supplements). **Refer to [OS-N](#)** for other sources of calcium. Discuss the importance to taking prenatal vitamins and folate.
 - g. Encourage liberal intake of water.
2. Encourage a limited intake of artificial sweeteners and other foods or beverages sweetened by these products.
3. Discuss supplemental food programs (e.g., WIC, food distribution/commodity programs, food stamps).
4. Refer patients with GDM or diabetes in pregnancy to a registered dietitian for an individualized meal plan.

PN-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand some techniques for reducing discomfort during pregnancy.

STANDARDS:

1. Explain that headaches, abdominal and back discomfort, and other discomforts are common and expected in pregnancy.
2. Discuss measures that may relieve pain, e.g., warm bath, change of activity, massage.
3. Explain that most pain medications including NSAIDs should not be used in pregnancy, but that the patient's provider can recommend and/or prescribe pain medication if necessary.

PN-PTL PRE-TERM LABOR

OUTCOME: The patient/family will understand and identify risks and warning signs of pre-term labor.

STANDARDS:

1. Explain that preterm labor may not feel the same as term labor. Pre-term labor is defined at less than 37 weeks gestation.
2. Emphasize the importance of seeking immediate medical attention for any abnormal sensations/symptoms especially if they occur at regular interval (e.g., bleeding, cramping, backache, or unexplained abdominal pain).
3. Explain that early medical intervention may prevent preterm birth.
4. Explain that the healthcare provider may prescribe bed rest.

PN-RO ROLE OF LABOR PARTNER

OUTCOME: The patient and labor partner will understand their role and be able to demonstrate the various techniques taught.

STANDARDS:

1. Explain that the role of the labor partner during the stages of labor and birth is to help the mother focus and practice techniques and to assist in comfort measures.
2. **Refer to CB-RO** (in Volume II of this manual set).

PN-S SAFETY

OUTCOME: The patient/family will understand safety measures specific to pregnancy.

STANDARDS:

1. Discuss the regular use of seat belts, children's car seats and obeying the speed limit. Discuss that seatbelts should be worn low on the hips and the shoulder belt should lie above the pregnant abdomen.
2. Discuss that balance may be affected by pregnancy, increasing the risk for falls.
3. Discuss the dangers of fetal overheating in relation to hot baths, Jacuzzis, sweat lodges, heating pads, etc.
4. Discuss dangers eating raw meats, working in the garden without gloves, changing cat litter. Discuss the importance of washing hands after working with dirt or cat litter. Have someone help with these tasks.
5. Discuss domestic violence and assist to develop a safety plan to protect all people in the environment of violence. **Refer to [PN-DV](#).**

6. Teach the patient to inform all healthcare providers of the pregnancy prior to obtaining treatment, e.g., x-rays, medications.

PN-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand and third-hand tobacco smoke.

STANDARDS:

1. Explain “passive smoking” and ways in which exposure occurs, e.g., smoldering tobacco and exhaled smoke. Third-hand smoke is defined as residue in carpet, upholstery, and clothing.
2. Discuss harmful substances in smoke, e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Discuss the detrimental effects of second-hand smoke.
 - a. Explain the increased risk of illness in children and adults when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, lung cancer.
 - b. Emphasize that the infants who are exposed to smoke in the home are three times more likely to die of SIDS than infants who live in a non-smoker’s home.
4. Discuss that having household members smoke outside and removing smoke contaminated clothing may decrease exposure to second hand smoke.
5. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume V of this manual set).
6. Explain that tobacco exposure is harmful and should be assessed at every encounter. Refer to the 5A approach for tobacco screening (Ask, Advise, Assess, Assist, Arrange).

PN-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in overall health and well-being.

STANDARDS:

1. Explain uncontrolled stress may cause release of stress hormones that interfere with general health and well-being. Explain that effective stress management may help the patient have a more positive experience with pregnancy and childbirth.

2. Discuss that stress may exacerbate adverse health behaviors such as tobacco, alcohol, or other substance use as well as inappropriate eating all of which have been shown to have an adverse effect on the developing baby. Emphasize the importance of seeking professional help as needed to reduce stress.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PN-SOC SOCIAL HEALTH

OUTCOME: The patient/family will understand social services available.

STANDARDS:

1. Discuss the patient's living situation including access to adequate housing, electricity, refrigeration, sanitation, running water, and having adequate nutritional foods and food security.
2. Discuss the patient's access to transportation. Refer to community resources as available.
3. Discuss the patient's eligibility for state, federal, or tribal resource programs, e.g., WIC, state Medicaid, food stamps, commodities, housing assistance. Emphasize that IHS and/or Indian Health Service/Tribes/Urban (I/T/U) programs may not be able to meet all of the patient's needs and the patient may need to access multiple sources.
4. Discuss adoption and abortion, as appropriate. Refer to Community Resources, Behavioral Health, and/or Social Services as appropriate.
5. Discuss miscarriage and stillbirth. Refer to community resources. **Refer to [PNL](#).**

PN-STI SEXUALLY TRANSMITTED INFECTIONS

OUTCOME: The patient/partner will understand risk factors, transmission, symptoms, and complications.

STANDARDS:

1. Discuss specific STIs and how they are transmitted, e.g., semen, vaginal fluids, blood, mother to infant during pregnancy, child birth, or breastfeeding.
2. Explain how STIs cannot be transmitted, e.g., casual contact, toilet seats, eating utensils, coughing.
3. Discuss that STIs may be curable or incurable STIs. Stress the importance of prevention and early treatment.
4. Explain that infection is dependent upon behavior, not on race, age, or social status.
5. Review the actions to take when exposed to an STI and complications that may result if not treated including complications in the unborn child.
6. **Refer to STI** (in Volume V of this manual set) and **HIV** (in Volume III of this manual set) as appropriate.

PN-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PN-TO TOBACCO

OUTCOME: The patient/family will understand the dangers of tobacco or nicotine use during pregnancy.

STANDARDS:

1. Review the current information regarding tobacco use. Discuss the dangers of tobacco use during pregnancy. These include:
 - a. Low birth weight infants
 - b. Intrauterine growth retardation
 - c. Nicotine withdrawal in the newborn
 - d. Increased incidence of asthma and pneumonia in the child
 - e. Spontaneous abortion or miscarriage
 - f. Placental insufficiency
 - g. Sudden Infant Death Syndrome (SIDS)
2. Explain nicotine addiction and the common problems associated with tobacco use. The long term effects of continued tobacco use include COPD, cardiovascular disease, and numerous kinds of cancers including lung cancer.
3. Review the effects of tobacco use on all family members, e.g., financial burden, second-hand smoke, greater risk of fire, and premature death of a parent.
4. Explain dependency and co-dependency as it relates to addictive behavior.
5. Discuss that smoking is a serious threat to health and exposure should be assessed at every encounter. Encourage tobacco cessation. Refer to the 5A approach for tobacco screening (Ask, Advise, Assess, Assist, Arrange).
6. **Refer to TO** (in Volume V of this manual set).

PN-VBAC VAGINAL BIRTH AFTER CESAREAN SECTION

OUTCOME: The patient/labor partner/family will understand that VBAC may be an option.

STANDARDS:

1. Discuss the success rate of VBAC. Explain the importance of having prior medical records to determine whether the patient is a candidate for VBAC. Discuss that there is a faster recovery after VBAC than a repeat C-section.
2. Explain that close monitoring of the labor process will be necessary and that if complications arise a C-section may be necessary.
3. Explain that significant risks from VBAC include uterine rupture, failure to progress in labor, and C-section.

4. Explain the importance of adhering to the labor plan.

PU - Pressure Ulcers

PU-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to pressure ulcers.

STANDARDS:

1. Explain the normal anatomy and physiology of the skin and subcutaneous tissues.
2. Discuss the changes to anatomy and physiology as a result of prolonged pressure ulcers.
3. Discuss the impact of these changes on the patient's health or well-being.

PU-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of pressure ulcers.

STANDARDS:

1. Discuss the common and important complications of pressure ulcers, e.g., wound infection, high fever, sepsis.
2. Discuss the importance of following a treatment plan to decrease/eliminate the complications of pressure ulcers.
3. Emphasize the importance of medical intervention for the signs and symptoms of complications.

PU-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PU-DP DISEASE PROCESS

OUTCOME: The patient/family will understand what pressure ulcers are and the factors that are associated with increased risk of pressure ulcers.

STANDARDS:

1. Explain that a pressure ulcer is a lesion caused by unrelieved pressure resulting in damage of the underlying tissue. These may be located over bony prominences or under a medical device/equipment.
2. Explain that a pressure ulcer may range from a red spot with intact skin to a large, deep open lesion.
3. Review the factors related to the development of pressure ulcers – decreased sensory perception, skin moisture, bed rest, immobility, poor nutrition, and skin friction/shear.
4. Explain that the first sign of a pressure ulcer is a reddened area that does not blanch that is over a bony prominence or under equipment.
5. Explain that if pressure on the skin is not relieved, the pressure ulcer will increase in size and depth, will not heal, and will pose a risk to infection.

PU-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

PU-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of pressure ulcers.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PU-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand what lifestyle adaptations are necessary to cope with the patient's specific disorder and how diet and activity will interact with anticoagulation therapy.

STANDARDS:

1. Assess the patient's/family's level of acceptance of the disorder.
2. Emphasize the importance of avoiding dangerous or hazardous activities while receiving anticoagulation therapy.
3. Refer to community resources, hospice, or support groups, as appropriate.

PU-L LITERATURE

OUTCOME: The patient/family will receive literature about pressure ulcers.

STANDARDS:

1. Provide the patient/family with literature on pressure ulcers.
2. Discuss the content of the literature.

PU-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PU-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of pressure ulcers.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PU-N NUTRITION

OUTCOME: The parents/family will understand the importance of proper nutrition in preventing and treating pressure ulcers.

STANDARDS:

1. Explain the importance of adequate nutrition and hydration in the repair of tissue.
2. Explain that, generally, protein intake should be increased to facilitate tissue health and carbohydrate intake should be increased to spare proteins.
3. Refer to a Registered Dietitian (RD).

PU-P PREVENTION

OUTCOME: The patient/family will understand the factors associated with an increased risk of pressure ulcers and how to lower the risk of pressure ulcers and prevent problems.

STANDARDS:

1. Explain that frequent position changes to relieve the pressure on the tissues over bony prominences are necessary to maintain circulation to tissues. Instruct the family not to massage reddened skin over bony prominences. This does not increase circulation and can further damage tissue.
2. Explain that the heels are particularly prone to breakdown for patients who lay in bed and commercial heel protectors may reduce pressure.
3. As indicated, explain the role of special beds/mattresses that have pressure reducing surfaces in the prevention of pressure ulcers. For patients at high risk for pressure ulcers, explain that elevating the head of the bed over 30 degrees increases the chance of skin shear.
4. As appropriate, discuss the role of skin moisture in skin breakdown and the use of absorbent pads to wick moisture from the skin or commercial moisture barriers to keep moisture from the skin.

PU-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain management.

STANDARDS:

1. Explain the pain scale and how it is used to assess the degree of pain individuals are experiencing. Discuss its use in developing a plan to manage pain.
2. Explain that pain management is specific to the disease process and the patient, and it may be multifaceted. **Refer to [PM](#).**
3. Explain that medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
4. Explain that narcotics and other medications may be helpful to control pain and the symptoms associated with pain, such as nausea and vomiting.
5. Explain non-pharmacologic measures that may be helpful with pain control.

PU-PRO PROCEDURE

OUTCOME: The patient/family will understand the possible procedure(s) that may be performed to treat the pressure ulcer. The patient/family will further understand the risks and benefits of the procedure, the alternatives to the proposed procedure, and the risks of refusal of the proposed procedure.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment. Discuss the possible results of non-treatment and any potential problems related to recuperation.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

PU-SCR SCREENING

OUTCOME: The patient/family will understand the reason and process for screening for pressure ulcer risk.

STANDARDS:

1. Explain that the reason for the pressure ulcer risk screening is for the implementation of appropriate interventions to decrease the risk of pressure ulcers.
2. Explain that the purpose of screening for pressure ulcers is to identify the ulcers at the earliest stages and initiate early treatment to prevent progression.
3. Explain that factors associated with an increased risk of pressure ulcers are assessed at intervals prescribed by hospital policy if the patient is an inpatient.
4. Discuss the factors that are assessed as part of the screening process. These may include, but are not limited to impaired sensory perception, skin moisture, decreased activity, decreased mobility, impaired nutrition, and skin friction and shear.

PU-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PU-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be performed based on the test results. The patient/family will further understand the risks and benefits of the treatment alternatives to the proposed treatment and the risks of refusal of the proposed treatment.

STANDARDS:

1. List the possible treatments that might be utilized to treat/prevent pressure ulcers.
2. Briefly explain each of the possible treatments.
3. Explain that the treatment decision will be made by the patient and medical team after reviewing the results of the diagnostic tests, as applicable.
4. Discuss the risks and benefits of the proposed treatment. Discuss the risk of non-treatment.

PU-WC WOUND CARE

OUTCOME: The patient/family will understand the necessity and procedure for proper wound care and infection control measures. As appropriate, they will demonstrate the necessary wound care techniques.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.

2. Emphasize the importance of hand hygiene before and after caring for the wound and the relationship to preventing infection. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
3. Explain the correct procedure for caring for this patient's wound, including the use of personal protective equipment. As appropriate the patient/family will demonstrate the necessary wound care techniques.
4. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained. Emphasize the proper methods for disposal of used supplies.
5. Explain the signs or symptoms that should prompt immediate follow-up: increasing redness, purulent discharge, fever, increased swelling/pain, etc.
6. Discuss any special recommendations or instructions particular to the patient's wound.

PSR - Psoriasis

PSR-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to psoriasis.

STANDARDS:

1. Explain the normal anatomy and physiology of the skin.
2. Discuss the changes to anatomy and physiology as a result of psoriasis.
3. Discuss the impact of these changes on the patient's health or well-being.

PSR-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to psoriasis.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with psoriasis as a life-altering illness that requires a change in lifestyle.
2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common in being diagnosed with psoriasis, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process incorporates traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential of dangers of self-medication of emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
6. Refer to a mental health agency or provider.

PSR-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of psoriasis.

STANDARDS:

1. Discuss the common complications of psoriasis.
2. Describe the signs/symptoms of common complications of psoriasis.

3. Discuss the psychological complications of psoriasis. **Refer to [PSR-BH](#).**
4. Discuss the increased risk of secondary bacterial infection especially in person with immunocompromise or diabetes.
5. Discuss that psoriasis of palpebral conjunctiva (inner eyelid) can cause multiple ocular complications.
6. Explain that later or advanced manifestations of psoriasis may include:
 - a. Palmer/Plantar psoriasis: red, scaly, cracked skin with tiny pustules on the palms of the hands or the soles of the feet.
 - b. Psoriatic arthritis:
 - i. Stiffness, pain, and tenderness of the joints
 - ii. Reduced range of motion
 - iii. Nail changes such as pitting

PSR-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the basic pathophysiology, symptoms, and prognosis of psoriasis.

STANDARDS:

1. Explain that the exact cause of psoriasis is unknown; research indicates psoriasis is caused by a combination of the individual genes that cause psoriasis and specific external factors known as “triggers” that can increase the likelihood of psoriasis. Psoriasis triggers are not universal. What may cause one person’s psoriasis to become active, may not affect another.
2. Explain that psoriasis is a skin disease that causes dry, white to silver patches on the skin. It can show up on any part of the body; it usually begins on parts of the body that “bend” (e.g., the elbows, knees, scalp, or torso). Once psoriasis is evident, it is incurable, not contagious, and will require lifelong treatment with remission and flare-ups.
3. Explain that a variety of “triggers” can induce a flare-up of psoriasis, including:
 - a. Emotional stress
 - b. Injury to the skin
 - c. Reaction to certain drugs
 - d. Some types of infection (e.g., Streptococcal)
 - e. Dry skin
4. Discuss that psoriasis is an autoimmune disorder in which the immune system is mistakenly “triggered,” causing skin cells to grow too fast. The rapidly growing cells pile up in the skin’s top layers, leading to the formation of silvery lesions on the surface which can manifest in one of the following forms:

- a. Plaque psoriasis (most common): patches of raised, red skin covered by a flaky white or silver build-up called scale.
- b. Guttate psoriasis: sometimes preceded by strep throat. Small, red dots with white or silver scales on the skin usually appear on the arms, legs, and trunk.
- c. Three less common forms of psoriasis:
 - i. Erythrodermic - intense inflammation with bright, red skin that looks “burned” and sheds or peels.
 - ii. Inverse - smooth, dry patches that are red and inflamed, often in the folds or creases of the skin, such as the armpits or groin, between the buttocks or under the breasts. Inverse psoriasis is more common in those who are overweight.
 - iii. Pustular - blister like spots filled with liquid, surrounded by red skin. The blisters will often come and go in cycles. This form of psoriasis can appear on specific areas, like the hands or feet, or on larger areas of skin.

PSR-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of psoriasis.

STANDARDS:

1. Emphasize the importance of taking care of the psoriasis.
 - a. Use recommended mild bath soap, shampoos, and moisturizing lotions
 - b. Avoid injuries to the skin - because any break in the skin serves as a trigger
 - c. Avoid sunburn, apply sunscreen
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Discuss that once diagnosed, psoriasis remains a lifelong condition that requires vigilance in preventing, treating and living with outbreaks. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.

PSR-HELP HELP LINE

OUTCOME: The patient/family will understand how to access and benefit from a help line or Internet website regarding psoriasis.

STANDARDS:

1. Explain that support groups and reliable information may assist in answering questions regarding psoriasis and dealing with issues.
2. Provide the help line phone number or Internet address (URL).

PSR-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to psoriasis.

STANDARDS:

1. Discuss the practice of good hygiene especially by washing the hands often to reduce the possibility of transferring germs and infections into the affected skin by rubbing or scratching the affected area. Germs from the hands can transfer germs into the psoriasis.
2. Explain that scratching will aggravate psoriasis and should be avoided. Scratching may result in the dry, cracked skin of psoriasis becoming an open wound. Open wounds on the hands provide easy access for germs to enter the skin or to transfer germs to others. Consider wearing disposable gloves during food preparation or when completing other tasks such as changing diapers. The dry, cracked skin may also appear on the feet so good foot hygiene is important.
 - a. Hand washing with soap and water is best to prevent the transmission of germs and infections.
 - b. The use of alcohol-based hand cleaners and hand sanitizers should be avoided because they dry the skin. The alcohol content will sting the lesions and will also dry the skin, which can exacerbate existing psoriasis or, possibly, contribute to a new flare-up.
3. Explain that bathing and shampooing are essential to stay on top of new scaling and to moisturize the skin underneath.
 - a. OTC products are readily available under various brand names, including Head & Shoulders, Neutrogena T/Gel and Denorex shampoos, Tegrin and Polytar soaps.
 - b. Be sure to follow the package directions and, for coal tar-containing shampoos, try using a pleasantly scented conditioner to counter the pungent odor.
 - c. Explain that mild bath soaps such as Dove® are recommended.
 - d. Moisturizing helps lessen itching. But scratching or leaving the itch untreated can actually aggravate psoriasis.
 - e. Aloe, lanolin, petroleum jelly (although messy), glycerin and shea or cocoa butter are useful moisturizing ingredients found in many medicated soaps and shampoos.
4. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.

PSR-L LITERATURE

OUTCOME: The patient/family will receive literature about psoriasis.

STANDARDS:

1. Provide the patient/family with literature on psoriasis.
2. Discuss the content of the literature.

PSR-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Explain that in general, psoriasis does not affect the male or female reproductive systems. However, many psoriasis treatments and medications require special precautions before and during pregnancy. It is important to consult with the doctor to verify that the psoriasis treatments are safe for pregnancy and nursing.
2. Describe the name, strength, purpose, dosing directions, and storage of the medication.
3. Explain that some medications may trigger psoriasis. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
5. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PSR-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of psoriasis.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.

3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PSR-N NUTRITION

OUTCOME: The patient/family will understand the need for a healthy diet pertaining to psoriasis.

STANDARDS:

1. Explain the need for adequate hydration.
2. Explain the need for vitamin and mineral supplementation, especially vitamins D and A and Zinc.
3. Explain omega-three fatty acids are beneficial in reducing inflammation.
4. Refer to a registered dietitian for MNT as needed.

PSR-P PREVENTION

OUTCOME: The patient/family will understand that avoiding psoriasis triggers can lessen the impact of the condition.

STANDARDS:

1. Explain that the patient should avoid skin injuries that result in a break in the skin which can exacerbate or trigger flare-ups, e.g., insect bites, cuts and scrapes, and burns. Emphasize that care should be taken to wear protective clothing to protect the skin.
2. Explain that other triggers that may exacerbate psoriasis include shaving, adhesive taping, tattoos, sunburns, chafing, blisters, and boils.
3. Explain that common preventive measures include avoiding hot showers and perfumed lotions and soaps.
4. Explain that it is difficult to separate job and family-related stress from the psychological stress of living with psoriasis. One cause of stress probably reinforces the others. Clinical studies have supported the facts that psychological stress can worsen psoriasis. **Refer to [PSR-SM](#).**

PSR-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management with psoriasis.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain that effective stress management may reduce the adverse consequences of psoriasis, as well as help improve the health and well-being of the patient.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PSR-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of psoriasis tests.

STANDARDS:

1. Explain that psoriasis can be diagnosed by taking a medical history and examining the skin, scalp and nails.
2. Explain that sometimes a small sample of the skin (biopsy) may be taken that is examined under a microscope to determine the exact type of psoriasis and to rule out other disorders. A skin biopsy is usually done in a doctor's office using a local anesthetic.
3. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)

- d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
4. Explain test results:
- a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PSR-TX TREATMENT

OUTCOME: The patient/family will understand that psoriasis usually responds to treatment but is not curable.

STANDARDS:

1. Explain that many treatments for psoriasis are available. A patient may not respond to one treatment but will respond to another one.
 - a. Depending on the severity of the case, psoriasis may be treated with topical creams and gels or carefully monitored ultraviolet light therapy.
 - b. Combinations of medications and ultraviolet therapy, immunosuppressant drugs or cortisone injections may be used.
 - c. Newer treatment options include self-administered injections of medications, infusion therapy, and laser treatments.
2. Explain that topical ointments include salicylic acid ointments, steroid-based creams, and other medications, e.g., calcipotriene, which is related to vitamin D.
3. Explain that coal-tar ointments and shampoos can alleviate symptoms but these may also cause side effects, such as folliculitis.
4. Explain that light therapy treatment is sometimes recommended for persistent, difficult-to-treat cases of psoriasis. However, the use of light therapy can be risky due to the possibility of skin damage from the ultraviolet light itself.
5. Explain that when these treatments fail, some doctors prescribe oral medications to treat psoriasis. Some of these medications affect the immune system and body organs and require careful monitoring.
6. Explain the treatment plan.
 - a. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
 - b. Discuss the therapies that may be utilized.

- c. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
- d. Discuss the importance of maintaining a positive mental attitude.

PSYD – Psychotic Disorders

PSYD-C COMPLICATIONS

OUTCOME: The patient/family will understand the possible complications related to psychotic disorders.

STANDARDS:

1. Explain that individuals with psychotic disorders often have shorter life expectancies for many reasons, including risk of suicide and non-compliance with treatment. Explain that the complications are most serious with schizophrenia and will be less pronounced in the others, including schizoaffective and delusional disorders.
2. Discuss that individuals diagnosed with psychotic disorders may have unpredictable, erratic and potentially dangerous behavior, including angry outbursts and verbal and/or physical threats. This often adversely affects family involvement in care of the patient and can lead to legal involvement.
3. Explain that the chronic nature of most psychotic disorders often impedes normal functioning and often progresses toward disability, wherein many individuals may be unable to hold a job for sustained periods, have difficulties with self-care, have their schooling disrupted, and relinquish their social activities in favor of isolation.
4. Explain that several abnormalities have been noted in those diagnosed with schizophrenia, but have not been substantiated in other psychotic disorders, including:
 - a. Brain structure anomalies: enlargement of the ventricular system, prominent sulci in the cortex, decreased temporal and hippocampal size, increased size of the basal ganglia, and decreased cerebral size.
 - b. Abnormal cerebral blood flow or glucose utilization in specific brain regions.
 - c. Neuropsychological abnormalities: difficulty in changing response set, focusing attention, and formulating abstract concepts.
5. Explain that individuals diagnosed with schizophrenia or other serious psychotic disorders are sometimes physically awkward, and may develop neurological “soft signs,” such as poor coordination, right/left confusion, and motor abnormalities, such as sniffing, grunting, and tongue clucking, although some may be exacerbated by the side effects from anti-psychotic medications.

6. Explain that individuals diagnosed with psychotic disorders often have other associated problems, including substance-related disorders (**refer to AOD** (in Volume II of this manual set)), and may be preceded by schizotypal, schizoid, or paranoid personality disorders (**refer to [PERSD](#)**). It is not clear whether these personality disorders are separate or simply prodromal to the psychosis. They may also develop social anxieties or phobias (**refer to [PHOB](#)**).

PSYD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PSYD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the symptoms and course of the psychotic disorder under consideration.

STANDARDS:

1. Explain that the active phase of a psychotic disturbance may be characterized as falling into two broad categories, none of which are etiologically related to a general medical condition or the direct effects of a substance:
 - a. Positive symptoms reflect an excess or distortion of normal functions, including delusions, auditory and/or visual hallucinations, disorganized, incoherent, or derailed speech, and/or grossly disorganized or catatonic behavior (the latter usually in schizophrenia only).
 - b. Negative symptoms appear to reflect a diminution or loss of normal functions and accounts for a substantial degree of morbidity associated with the disorder, including affective flattening, alogia (poverty of speech manifested by brief, laconic, empty replies), diminution of thoughts, and avolition, as characterized by an inability to initiate and persist in goal-directed activities.
2. Explain the essential features of the specific disorder under consideration:

- a. **Schizophrenia** is a chronic disturbance that includes at least 1 month of active phase symptoms (see #1 above) with high potential for recurrences, and are also usually associated with marked life-long social and occupational dysfunction, as well as a range of cognitive and emotional dysfunctions.
 - b. **Schizophreniform Disorder** is the initial diagnosis for a first psychotic break usually before the age of 25 years that lasts from one to six months before schizophrenia is formally diagnosed or ruled out based on a diagnosis of a general medical disorder or drug effect that explains the psychotic symptoms.
 - c. **Schizoaffective Disorder** is a chronic disturbance in which a mood episode and active-phase symptoms of schizophrenia occur together and were preceded or followed by at least two weeks of delusions or hallucinations without prominent mood symptoms.
 - d. **Delusional Disorder** is characterized by at least one month of non-bizarre delusions without other active phase symptoms of schizophrenia.
 - e. **Brief Psychotic Disorder** includes active psychotic symptoms that remit within one month.
 - f. **Shared Psychotic Disorder** is a disturbance that develops in an individual who is influenced by someone else who has an established delusion with similar content.
 - g. **Substance-Induced Psychotic Disorder** is a disturbance in which psychotic symptoms developed during or within one month of substance intoxication or withdrawal, and that symptoms did not persist after a significant period of time following the cessation of acute intoxication or withdrawal (**refer to AOD** (in Volume II of this manual set)). This diagnosis requires evidence from laboratory findings, history, and physical examination.
 - h. **Psychotic Disorder Not Otherwise Specified (NOS)** is included for classifying presentations that do not meet criteria for any of the specific psychotic disorders or psychotic symptomology about which there is inadequate or contradictory information.
3. Explain that the onset of psychotic disorders may be abrupt, but the majority display some type of prodromal phase manifested by the slow and gradual development of various signs and symptoms, e.g., social withdrawal, deterioration in hygiene/grooming, unusual behavior.
 - a. Explain that the course of the disorders may be variable, with some individuals displaying exacerbations and remissions, while others remain chronically ill.
 - b. Explain that functioning is typically below that which had been achieved before the onset of symptoms.
 - c. Explain that complete remission, i.e., a return to full premorbid functioning, is not common.

- d. Explain that some patients may have a relatively stable course, whereas others show a progressive worsening associated with severe disability.
4. Explain that prodromal and residual periods manifest between active phases, and are characterized mainly by negative symptoms, but at times may also include a mild form of the positive symptoms, such as understandable but digressive speech or odd beliefs that do not reach delusional proportions.
5. Discuss associated features including inappropriate affect, such as laughter out of context or silly facial expressions, anhedonia, abnormal psychomotor activity, such as rocking or pacing, distractibility and difficulty concentrating, memory impairment, lack of insight, non-compliance with treatment, somatic concerns, odd mannerisms, and stereotyped behavior.

PSYD-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in maintaining health with psychotic disorders.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

PSYD-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of regular follow-up in the treatment of psychotic disorders.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PSYD-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of individuals with psychotic disorders.

STANDARDS:

1. Explain the home management techniques, including frequent observation, the provision of meals, and products to encourage recreational activities.
2. Discuss the monitoring and implementation of hygiene measures.
3. Discuss signs of agitation, ways of dealing with it, and safety protocols.
4. Refer to community resources, hospice, or support groups, as appropriate.

PSYD-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:
 - a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PSYD-HY HYGIENE

OUTCOME: The patient/family will understand the importance of monitoring personal routine hygiene.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases

PSYD-L LITERATURE

OUTCOME: The patient/family will receive literature about the specific psychotic disorder.

STANDARDS:

1. Provide the patient/family with literature on the specific psychotic disorder.
2. Discuss the content of the literature.

PSYD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary lifestyle adaptations for psychotic disorders.

STANDARDS:

1. Discuss the specific lifestyle adaptations to the psychotic disorder under consideration, which due to its chronic nature, often includes a third party to act as caregiver and sometimes legal guardian.
2. Discuss that the family may also require lifestyle adaptations to care for the patient, including helping the patient attend to ADL, and applying safety measures should a patient become agitated and/or potentially dangerous to self or others.

3. Explain that individuals with psychotic disorders often show marked improvement in structured settings, such as day treatment programs or group homes that incorporate daily recreational, educational, social, and therapeutic activities.
4. Discuss the role of respite care or extended family members in providing a support network for the care of the patient.
5. Discuss work, family, diet, and exercise (**refer to [PSYD-EX](#)**) adaptations that will be necessary due to the nature of anti-psychotic medications that can cause sedation and cravings for sweet food (**refer to [PSYD-N](#)**).
6. Refer to community services, resources, or support groups, as available.

PSYD-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's/caregiver's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PSYD-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for psychotic disorders.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD)
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.

4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PSYD-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to psychotic disorders.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Refer to registered dietitian for MNT or other local resources as appropriate.

PSYD-S SAFETY

OUTCOME: The patient/family will understand safety as it relates to psychotic disorders, and the risk of suicide or other risky behavior.

STANDARDS:

1. Discuss/review the safety plan with the patient and family, including the no-harm contract and emergency procedures for worsening conditions, e.g., suicidal or homicidal ideation, decompensation, and/or inability to care for the patient.
2. Discuss the importance of psychiatric hospitalization during crises to ensure patient safety.
3. Review the local resources and phone numbers, including the police that may be utilized during a crisis, and may assist in transportation and safety compliance.

PSYD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in psychotic disorders.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect on the condition and precipitate depression or agitation.
2. Explain the role of effective stress management in preventing and/or abating mood changes and/or decompensation.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:

- a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PSYD-TLH TELE-HEALTH

OUTCOME: The patient/family will be aware of the option of receiving tele-health.

STANDARDS:

1. Explain that tele-health services are an alternative to face-to-face care when the patient/family lives in a geographically remote area or the needed service does not exist locally.
2. Explain the risks and benefits of the service offered and that informed consent must be obtained. Explain that patients are free to refuse tele-health services; however, there may not be any other services available.
3. Discuss the process of tele-health including the use of telecommunication equipment, the role of the distant consulting clinician, the treating clinician and the plans for clinical management (e.g., level of support at the originating site, where prescriptions can be filled, and emergency services if needed).

PSYD-TX TREATMENT

OUTCOME: The patient/family will understand the treatment options for psychotic disorders.

STANDARDS:

1. Explain that both therapy and medication is recommended for psychotic disorders because of their chronic nature.

2. Explain that medication intervention is the crucial factor for stability in psychotic disorders, and that psychotherapy usually takes on a more supportive role for chronic conditions.
3. Explain that medication and psychotherapy may also be useful in treating co-morbid conditions that exacerbate the course of psychotic disorders, and may help improve quality of life.
4. Explain that therapists have different styles and orientations of therapy, and that no one approach has been shown to be more effective than others, although some styles may suit the patient better.

PL - Pulmonary Disease

PL-ADL ACTIVITIES OF DAILY LIVING

OUTCOME: The patient/family will understand how the patient's ability to perform activities of daily living (ADL) impact the care plan including in-home and out-of-home care.

STANDARDS:

1. Define activities of daily living (ADL) (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient's ability to perform ADL affects the ability to live independently.
2. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, structuring leisure time, keeping clean, and using transportation.

PL-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to pulmonary disease.

STANDARDS:

1. Explain the normal anatomy and physiology of the respiratory system.
2. Discuss the changes to anatomy and physiology as a result of pulmonary disease.
3. Discuss the impact of these changes on the patient's health or well-being.

PL-BH BEHAVIORAL AND EMOTIONAL HEALTH

OUTCOME: The patient/family will understand the behavioral, emotional, and psychological components to pulmonary disease.

STANDARDS:

1. Discuss the common difficulty in coping with the initial impact of being diagnosed with pulmonary disease that requires a change in lifestyle (**refer to [PL-LA](#)**).

2. Discuss the potential stress, anger, sadness, fear, and/or other emotional reactions that are common when being diagnosed with pulmonary disease, and the danger of further complications or mental health diagnoses related to untreated emotional turmoil.
3. Discuss that the healing process may incorporate traditional medical, spiritual, mental/emotional, and cultural components.
4. Discuss the danger of denial about the diagnosis, and the importance of seeking help in accepting and coping with the illness.
5. Discuss the potential dangers of self-medication for emotional disturbance with tobacco, alcohol, or other drugs. **Refer to AOD** (in Volume II of this manual set).
6. Refer to a mental health agency or provider, as appropriate.

PL-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of pulmonary disease.

STANDARDS:

1. Discuss that the most common complications of pulmonary disease are exacerbation or infection. These complications often result from failure to fully participate in the treatment plan (e.g., medications, peak flows) or from exposure to environmental triggers or infections.
2. Emphasize early medical intervention for minor URIs, fever, cough, and shortness of breath.

PL-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the influence that cultural traditions and spiritual beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective. **Refer to [PL-TO](#) and [PL-SHS](#).**

PL-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the etiology and pathophysiology of the pulmonary disease.

STANDARDS:

1. Review anatomy, physiology, and pathophysiology of the patient's specific disease process.
2. Discuss how factors such as: environmental triggers, age, smoking, COPD, and asthma affect the ability of the respiratory system to exchange O₂/CO₂ and resist infection.

PL-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss considerations specific to the equipment and understand their role in the management of pulmonary diseases:
 - a. Bi-level (or continuous) positive airway pressure (BiPAP or CPAP) ventilation.
 - b. Nebulizer.
 - c. Oxygen (O₂).
 - d. Peak flow meter.
2. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. signs of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
3. Demonstrate and participate in the return demonstration of the safe and proper use, care, and cleaning of the equipment, as appropriate.
4. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

PL-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity in this patient's disease process.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Encourage the patient to increase the intensity and duration of the activity as the patient becomes more fit.
5. Refer to pulmonary rehabilitation or community resources as appropriate.

PL-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of pulmonary disease.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PL-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of the disease process.

STANDARDS:

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

PL-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to pulmonary disease.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection prevention.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review the importance of bathing, paying special attention to the face, pubic hair area, and feet. Discuss hygiene as part of a positive self-image.
3. Review the importance of daily dental hygiene, with attention to brushing and flossing.
4. Discuss the importance of covering the mouth preferably with the arm when coughing or sneezing.
5. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review how to maintain a clean environment.
 - a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
 - b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant’s label to maximize the benefits.
 - c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.

PL-INF INFECTION CONTROL

OUTCOME: The patient/family will receive information regarding the importance of infection control as it relates to pulmonary disease.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.

- b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
 - d. **Refer to [PL-HY](#)** for personal hygiene.
2. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
3. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to UCATH** and **VENT-VAP** (in Volume V of this manual set).
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., MDRA, influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
4. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider
 - c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

PL-IS INCENTIVE SPIROMETRY

OUTCOME: The patient will understand the reason for use of the incentive spirometer and will demonstrate the appropriate use.

STANDARDS:

1. Explain that regular and appropriate use of the incentive spirometer according to instructions reduces the risk of respiratory complications including pneumonia.
2. Explain the method for use.

PL-L LITERATURE

OUTCOME: The patient/family will receive literature about pulmonary disease.

STANDARDS:

1. Provide the patient/family with literature on pulmonary disease.
2. Discuss the content of the literature.

PL-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand the necessary adaptations to lifestyle and activities of daily living to prevent the complications of pulmonary disease and to prolong life.

STANDARDS:

1. Discuss the lifestyle changes which the patient has the ability to make: cessation of smoking, dietary modifications, weight control, participation in treatment and exercise. Re-emphasize how complications of pulmonary disease can be reduced or eliminated by such changes.
2. Discuss ways to optimize the quality of life.
3. Review the community resources available to help the patient in making such lifestyle changes.
4. Identify and avoid environmental triggers (e.g., cigarette smoke, stress, environmental smoke, pollen, mold, dust, roaches, insecticides, paint fumes, perfumes, animal dander, cold air, sulfites, aspirin) as appropriate.
5. Define activities of daily living (ADL). (e.g., the everyday activities involved in personal care such as feeding, dressing, bathing, movement, toileting, and walking) and discuss how the patient's ability to perform ADL affects the ability to live independently.
6. Provide the appropriate information and referrals for services needed to increase, maintain, and/or assist with activities of daily living. This may include information about accessing social services, getting medical care, having relationships, shopping, cooking meals, structuring leisure time, keeping clean, and using transportation.

PL-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Discuss the difference between bronchodilators and anti-inflammatory medications, and between short-acting relief and long-acting controller medications. **Refer to [PL-MDI](#) or [M-MDI](#).**
2. Describe the name, strength, purpose, dosing directions, and storage of the medication.
3. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
4. Discuss the difference between bronchodilator and anti-inflammatory (e.g., short acting relieve and long acting controller) medications.
5. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
6. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PL-MDI METERED-DOSE INHALERS

OUTCOME: The patient will be able to demonstrate the correct technique for using metered-dose inhalers.

STANDARDS:

1. Instruct and demonstrate the steps for standard or alternate use for metered-dose inhalers and ways to properly clean and store the unit.
2. Review the importance of using a consistent inhalation technique.
3. Discuss the purpose of a spacer device. Instruct and demonstrate the proper technique for spacer use and cleaning.

PL-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of pulmonary disease.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD).
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PL-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to pulmonary disease.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.
3. Discuss the importance of regular meals and adequate fluid intake.
4. Explain that oral supplements are beneficial to boost calories if oral intake is less than optimal.
5. Refer to registered dietitian for MNT as appropriate.

PL-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing pulmonary disease or complications.

STANDARDS:

1. Discuss avoiding exposures to environmental triggers, pollution, smoke.
2. Discuss the role of tobacco and the need to avoid it. **Refer to TO** (in Volume V of this manual set).
3. Discuss occupational and craft exposures.
4. Explain the importance of vaccinations, especially against pneumococcus and influenza.

PL-PRO PROCEDURES

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Explain the safety processes that will be applied to prevent errors and encourage reporting of concerns regarding safety, such as:
 - a. informed consent
 - b. patient identification
 - c. marking the surgical site
 - d. time out for patient identification and procedure review
 - e. measures to prevent surgical site infections
5. Discuss pain management as appropriate.

PL-SHS SECOND-HAND/THIRD-HAND SMOKE

OUTCOME: The patient/family will understand the adverse health consequences associated with exposure to second-hand and third-hand tobacco smoke.

STANDARDS:

1. Explain that second-hand smoke is known as “passive smoking.” Second- and third-hand smoke are the ways in which tobacco exposure occurs: second-hand smoke is inhaling the tobacco smoke of a cigarette while third-hand tobacco is the tobacco residue that remains on clothing, carpet, upholstery.
2. Discuss harmful substances in smoke e.g., nicotine, benzene, carbon monoxide, lead, carcinogens.
3. Explain the increased risk of illness when exposed to tobacco smoke, e.g., increased colds, asthma, ear infections, pneumonia, SIDS, and lung cancer.
4. Discuss requesting household members to smoke outside of the home and outside of the car. Quitting smoking in the home and family vehicles will help to decrease exposure to second- and third-hand smoke.
5. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO-QT** (in Volume V of this manual set).

PL-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in pulmonary disease.

STANDARDS:

1. Explain that unmanaged stress can have an adverse effect.
2. Explain the role of effective stress management in pulmonary disease.
3. Discuss various stress management strategies such as maintaining a healthy lifestyle. Some examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a healthy diet
 - g. exercising regularly
 - h. taking breaks or vacations from everyday routine
 - i. practicing meditation, self-hypnosis, and positive imagery
 - j. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - k. participating in spiritual or cultural activities
4. Provide referrals as appropriate.

PL-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making

- f. how to obtain the results of the test
- 2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PL-TO TOBACCO

OUTCOME: The patient/family will understand the adverse health consequences of tobacco use and exposure.

STANDARDS:

- 1. Discuss the harmful effects of any tobacco use or exposure on health, including cardiovascular disease, lung disease, respiratory infections, and cancer etc.
- 2. Discuss different types of passive exposure including second-hand (inhaling the tobacco smoke of a cigarette) and third-hand exposure (residue that remains on clothing, carpet, upholstery) and their harmful effects on health.
- 3. Discuss that home and work environments must be evaluated. Exposures should be minimized whenever possible for the health of the patient/family.
- 4. Encourage tobacco cessation or abstinence and refer to resources as appropriate.

PL-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

- 1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
- 2. Discuss specific therapies that may be utilized.
- 3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
- 4. Discuss the importance of maintaining a positive mental attitude.

PYELO - Pyelonephritis

PYELO-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as they relate to pyelonephritis.

STANDARDS:

1. Explain the normal anatomy and physiology of pyelonephritis.
2. Discuss the changes to anatomy and physiology as a result of kidney infection.
3. Discuss the impact of these changes on the patient's health or well-being.

PYELO-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of pyelonephritis.

STANDARDS:

1. Discuss the common complications of pyelonephritis, , e.g., acute kidney failure, infection around the kidney (perinephric abscess), recurrent pyelonephritis, urinary obstructions or vesicoureteral reflux, severe blood infection (sepsis). Chronic infections may occur during infancy or childhood.
2. Describe the signs/symptoms of common complications of pyelonephritis, such as shaking chills, high fever, pain in joints and muscles, and flank pain.

PYELO-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are potential interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PYELO-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the pyelonephritis condition.

STANDARDS:

1. Discuss that pyelonephritis is a serious bacterial infection of the kidney that can be acute or chronic.
2. Explain that pyelonephritis is often preceded by bladder infections.
3. Explain that the symptoms may include: shaking chills, high fever, pain in joints and muscles, and flank pain.

PYELO-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate (when appropriate) the proper use and care of the equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. indication for the equipment
 - b. benefits of using the equipment
 - c. types and features of the equipment
 - d. proper function of the equipment
 - e. sign of equipment malfunction and proper action in case of malfunction
 - f. infection control principles, including proper disposal of associated medical supplies
 - g. importance of not tampering with any medical device
2. Demonstrate the safe and proper use, care, and cleaning of the equipment as appropriate. Participate in a return demonstration as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.

PYELO-EX EXERCISE

OUTCOME: The patient/family will understand the role of physical activity in pyelonephritis.

STANDARDS:

1. Discuss the medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well-being, stress reduction, sleep, bowel regulation, and improved self-image.
3. Discuss the obstacles to a personal physical activity plan and the solutions to those obstacles. Assist the patient in developing a personal physical activity plan.

4. Discuss the appropriate frequency, intensity, time, and type of activity.
5. Refer to community resources as appropriate.

PYELO-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up in the treatment of pyelonephritis.

STANDARDS:

1. Emphasize the importance of follow-up care.
2. Discuss the procedure and process for obtaining follow-up appointments.
3. Emphasize that full participation in the treatment plan is the responsibility of the patient/family.
4. Discuss the signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

PYELO-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand the home management of pyelonephritis.

STANDARDS:

1. Explain the home management techniques.
2. Discuss the implementation of hygiene and infection control measures.
3. Refer to community resources, hospice, or support groups, as appropriate.

PYELO-HPDP HEALTH PROMOTION, DISEASE PREVENTION

OUTCOME: The patient/family will understand the necessary lifestyle changes to promote and sustain healthy living.

STANDARDS:

1. Explain that health and wellness refers to the whole person (mind, body, and spirit) and is a positive state which results from healthy choices.
2. Explain healthy lifestyle choices (e.g., spirituality, social connections, exercise, nutrition) and avoidance of high risk behaviors (e.g., smoking, alcohol and substance abuse, sex with multiple partners). Discuss the benefits of a healthy lifestyle.
3. Discuss wellness as an individual responsibility to:

- a. learn how to be healthy
 - b. be willing to change
 - c. set small, realistic, sustainable goals
 - d. practice new knowledge
 - e. get help when necessary
4. Review the community resources available for help in achieving behavior changes.

PYELO-HY HYGIENE

OUTCOME: The patient/family will understand personal routine hygiene as it relates to pyelonephritis.

STANDARDS:

1. Discuss the importance of hand-washing control, especially in relationship to food preparation/consumption, child care, and toilet use.
2. Review the importance of bathing, paying special attention to the pubic hair area. Keep genital area clean:
 - a. For women, explain that wiping from front to back helps reduce the chance of introducing bacteria from rectal area to the urethra.
 - b. For men, explain the need to retract the foreskin when bathing.
3. Explain that urinating immediately after sexual intercourse may help eliminate any bacteria that may have been introduced during sexual activity.

PYELO-INF INFECTION CONTROL

OUTCOME: The patient/family will receive the importance of infection control as it relates to pyelonephritis.

STANDARDS:

1. Discuss the importance of hand-hygiene in infection control.
 - a. Explain the importance of hand washing especially during food preparation and eating, diaper changing, toilet use, and wound management.
 - b. Explain that this can be accomplished with soap and water or alcohol-based hand cleaners.
 - c. Explain that the patient/family has the right to request staff members to wash their hands if the staff member does not do so in plain sight.
2. Review how to maintain a clean environment.

- a. Disinfect commonly touched surfaces, e.g. countertops, door handles, sinks, tabletops, phones, TV remotes and baby changing tables.
- b. Use products such as sprays and wipes that are labeled “disinfectant” that are designed to kill a broad spectrum of harmful bacteria and viruses that other cleaners cannot. Follow the directions on the disinfectant's label to maximize the benefits.
- c. Use a clean, dry cloth or paper towel to clean and dry surfaces. Wiping surfaces with a dirty dishcloth, sponge, or towel will only spread germs.
3. Review the importance of daily hygiene, including:
 - a. Bathing, paying special attention to the face, pubic hair area, and feet.
 - b. Dental hygiene, with attention to brushing and flossing.
 - c. Never share toothbrushes, combs, drinking glasses, utensils, razor blades, face cloths, and bath towels. Germs can be passed from person to person on these personal items.
4. Discuss the ways to prevent airborne/respiratory infections by covering the mouth and nose, preferably with the arm when coughing or sneezing, or with a disposable mask.
5. Explain other basic infection prevention aspects as they pertain to the patient.
 - a. Explain the importance of asepsis with wound care in preventing wound infections.
 - b. Explain that special care is needed with IV lines or other medical devices inserted into the body, and the importance of hand hygiene before handling these devices. **Refer to UCATH and VENT-VAP** (in Volume V of this manual set).
 - c. Review appropriate use of personal protective equipment (PPE) such as gowns and gloves.
 - d. Explain the need for isolation precautions when multi-drug resistant or highly infectious organisms (i.e., influenza, *C. Difficile*) are present.
 - e. Review prevention and control principles, including proper disposal of medical supplies.
 - f. Review the need for appropriate immunizations.
 - g. Review the risks of exposing immunocompromised and high-risk persons (infants and elderly) to communicable diseases.
6. Review the important aspects of antibiotic stewardship in decreasing the development of multidrug resistant bacteria, as appropriate: **Refer to ABX** (in Volume II of this manual set).
 - a. taking antibiotics as directed, for the full prescribed course (i.e., not stopping if feeling better early)
 - b. reporting infections that don't respond to treatment to the provider

- c. reporting signs and symptoms that should prompt immediate follow-up: increased redness, purulent discharge, increased swelling/pain, persistent fever, diarrhea

PYELO-L LITERATURE

OUTCOME: The patient/family will receive literature about pyelonephritis.

STANDARDS:

1. Provide the patient/family with literature on pyelonephritis.
2. Discuss the content of the literature.

PYELO-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of the prescribed medication therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list, inhalers, and pill bottles to appointments for medication reconciliation.

PYELO-N NUTRITION

OUTCOME: The patient/family will understand nutrition, as it relates to pyelonephritis.

STANDARDS:

1. Emphasize that nutritional management includes meal planning, careful shopping, appropriate food preparation, and eating.
2. Describe healthy food preparation methods. Emphasize the importance of appropriate serving sizes and reading food labels.

3. Discuss drinking more fluids, as appropriate for age, weight, environment, and co-morbid conditions. This encourages frequent urination and flushes bacteria from the bladder.
4. Explain that intake of moderate amounts of cranberry juice may prevent UTI in non-chronically ill individuals.

PYELO-P PREVENTION

OUTCOME: The patient/family will understand ways to reduce the risk of developing pyelonephritis.

STANDARDS:

1. Discuss the strategies to prevent urinary tract infections. **Refer to [PYELO-HY](#).**
2. Explain that the prompt and complete treatment of lower urinary tract infections may prevent development of many cases of pyelonephritis. Chronic or recurrent urinary tract infection should be treated thoroughly.
3. Explain that the intake of moderate amounts of cranberry juice may prevent UTI in non-chronically ill individuals.

PYELO-PRO PROCEDURE

OUTCOME: The patient/family will understand the proposed procedure, including the indications, complications, and alternatives, as well as, possible results of non-treatment.

STANDARDS:

1. Discuss the indications, risks, and benefits of the proposed procedure, as well as the alternative and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Discuss pain management as appropriate.

PYELO-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed

- c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making
 - f. how to obtain the results of the test
2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PYELO-TX TREATMENT

OUTCOME: The patient/family will understand the treatment plan.

STANDARDS:

1. Explain the treatment plan. Emphasize the importance of active participation by the patient/family in the development of and participation in the treatment plan.
2. Discuss the therapies that may be utilized.
3. Explain that various treatments have their own inherent risks, side effects, and expected benefits. Explain the risk/benefit of treatment and non-treatment.
4. Discuss the importance of maintaining a positive mental attitude.