

Patient Admission and Discharge Information



Vivian and the rest of Huntsville Hospital's Canines for Coping facility dogs are available to help comfort hospital patients.

Welcome!

This book is your resource for what you need to know during your stay and when you go home.

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Thank you for choosing Huntsville Hospital. For more than 125 years, our medical staff and nurses, alongside our vast team of ancillary health care professionals, have been caring for our community. Over the course of those years, we've held fast to our vision to become one of the best health systems in America and consistently strive to provide clinical and service excellence.

With a constant focus on patient safety and quality outcomes, we exist to serve you. So, during your hospitalization, please ask any staff member for help, directions or information. We realize that being in the hospital can be a very difficult time. We want to help you and your family in any way we can. This patient guide provides information that may assist you as a patient, as well as help your family.

Again, we appreciate your trust and recognize that it is a privilege to care for you and your family.

Sincerely,

Tracy Doughty

President and Chief Operating Officer
Huntsville Hospital

Visit us online: huntsvillehospital.org

[facebook.com/HuntsvilleHospitalFan](https://www.facebook.com/HuntsvilleHospitalFan)

[@huntsville_hospital](https://www.instagram.com/huntsville_hospital)

[linkedin.com/company/Huntsville-Hospital](https://www.linkedin.com/company/Huntsville-Hospital)

OUR MISSION

To provide high quality care and coordinated services that improve the health of our communities

OUR VISION

To be the choice for care and careers in the communities we serve

OUR VALUES

Safety, Compassion, Integrity, Excellence, Innovation, Accountability, Diversity, Equity, and Inclusion

Aggressive behavior will not be tolerated

Our hospital is a caring and healing environment. There is **ZERO TOLERANCE** for all forms of aggressive behavior. Any incidents may result in removal from the facility and prosecution.

- Physical assault
- Verbal harassment
- Abusive language
- Threats
- Sexual language directed at others
- Failure to respond to staff instructions



Assault of a healthcare worker is a FELONY.

Alabama Law Code: 13A-6-21



Patient & Family Advisory Council

Special thanks to the Huntsville Hospital Patient & Family Advisory Council for their thoughtful input on the contents of this book.

Notice to Patients

For the health and safety of all of our patients, family members, and visitors, Huntsville Hospital Health Systems are smoke-free campuses. Please understand that the hospital does not permit patients to leave specific patient care areas.

For patients, especially those who may be connected to medical equipment, it is extremely important to remain within the assigned patient care area. Leaving the patient care area constitutes acting against medical advice, and may subject the patient to immediate discharge from the hospital, within its sole discretion.

For patients who choose to leave, and therefore, discharged against medical advice, the Security Department will be notified to gather and store any personal belongings left in the room. In the event continued medical assistance is needed after discharge, the patient should call the emergency response system or present to the nearest emergency department. Patients discharged for leaving the patient care area against medical advice will not be re-admitted unless through the emergency department.

Acknowledged by:

Signature of Patient or Legally Authorized Representative

Date/Time

Authorized Representative's
Relationship to Patient

Signature of Witness/Employee Representative

Date/Time

Employee ID No.

Patient Label



WAIVER

Huntsville Hospital Health System includes Huntsville Hospital, Huntsville Hospital for Women & Children and Madison Hospital
Revised: 09/01/17 · FORM # NS285955



Patient Valuables Disposition Statement

☐ I did not bring any valuables into the hospital. If I bring any valuables into the hospital during my stay, I understand I am responsible for their safekeeping and care.

☐ I have given the following valuables to _____:

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Watch | Color: _____ | Stone: _____ | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Ring | Color: _____ | Stone: _____ | <input type="checkbox"/> Dentures/Partial |
| <input type="checkbox"/> Necklace | Color: _____ | Stone: _____ | <input type="checkbox"/> Eyeglasses/Contact Lenses |
| <input type="checkbox"/> Money | Amount: _____ | <input type="checkbox"/> Cell Phone/Charger | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medications: _____ | | |

☐ I have kept the following valuables and understand that I am responsible for their safekeeping and care:

- | | | | |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Watch | Color: _____ | Stone: _____ | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Ring | Color: _____ | Stone: _____ | <input type="checkbox"/> Dentures/Partial |
| <input type="checkbox"/> Necklace | Color: _____ | Stone: _____ | <input type="checkbox"/> Eyeglasses/Contact Lenses |
| <input type="checkbox"/> Money | Amount: _____ | <input type="checkbox"/> Cell Phone/Charger | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medications: _____ | | |

☐ I understand that any salvageable clothing is a valuable that I am responsible for during my stay.

The above is a physical description and not meant to establish value of items listed.

I release and absolve Huntsville Hospital Health System and its employees from any responsibility whatsoever for any loss that may result or any consequences or results that may follow by my voluntary possession of these valuables.

Signature of Patient or Authorized Representative

Authorized Representative Relationship to Patient

Employee Witness Signature

Date

Time

☐ Clothing unsalvageable and disposed of by:

☐ Patient or authorized representative unable to sign; security notified for valuables pick-up.

Employee

☐ Given to security Envelope # _____

Date _____ Time _____ a.m. / p.m.

Signature of Security Guard

Patient Label

Huntsville Hospital Health System includes Huntsville Hospital,
Huntsville Hospital for Women & Children and Madison Hospital
Revised: 05/2018 · FORM # 288560



VALPT



Patient Education

Heart Failure

Heart failure patient was informed of the following information and given the patient education booklet:

- 2 gram sodium diet
- Fluid restriction of two liters or 2000 ml/day unless otherwise instructed
- Monitoring of daily weights
- Call the doctor if you gain 3 pounds in a day or 5 pounds in a week
- What to do if heart failure symptoms worsen or if you have other questions or concerns
- Physical activity level counseling
- Follow-up appointment scheduled: location, date and time
- Review of all discharge medications
- Heart Failure Clinic referral, if applicable

Heart Attack

Heart attack patient was informed of the following information and given the patient education booklet:

- Low-fat, low-salt diet
- Risk factor review
- Physical activity level counseling
- Smoking cessations resources
- Instructions regarding Cardiac Rehabilitation availability
- Review of all discharge medications
- Follow-up appointment
- What to do if you experience chest pain, shortness of breath or other questions or concerns

Coronary Artery Disease (CAD)

Coronary Artery Disease patient with diagnostic cath and/or intervention was informed of the following information and given the patient education booklet:

- Low-fat, low-salt diet
- Risk factor review
- Physical activity level counseling
- Smoking cessation recommended
- Review of all discharge medications
- Plavix/Effient/Brilinta/Aspirin/Metformin instruction sheet
- Follow-up appointment
- Catheter site care
- Observation of catheter site
- Instructions regarding Cardiac Rehabilitation availability
- What to do if you experience chest pain, shortness of breath, bleeding or other questions or concerns

Stroke

Stroke patient was informed of the following information and given the patient education booklet:

Ischemic Stroke: Blood flow in a vessel is narrowed or clogged by fatty deposits on the vessel wall or by a blood clot.

- Atrial Fibrillation risk

Hemorrhagic Stroke: Occurs when a blood vessel in the brain bursts.

- Warning signs of a stroke
- How to activate EMS - "9-1-1"
- Risk factor review
- Smoking cessation resources
- Physical activity level counseling
- Diabetic education, if indicated
- Information regarding Rehabilitation Services
- Review of all discharge medications
- Follow-up appointment

Warfarin (Coumadin)

Warfarin patient was informed of the following information and given the patient education booklet:

- Importance of taking Warfarin as prescribed (compliance issues)
- Foods that interact with Warfarin (dietary advice)
- Importance of regular blood tests and follow-up monitoring
- Side effects and drugs that interact with Warfarin (potential for adverse drug reactions and interactions)

Call your primary physician tomorrow to schedule your PT/INR.

Patient informed of the following information regarding Body Mass Index (BMI):

(1) BMI definition, (2) Calculation and interpretation, (3) BMI Importance, (4) Diet and (5) Exercise

Smoking Cessation recommended: Education provided to patient.

Oral health information: Education provided to patient.

The instructions on this form have been discussed with me to my satisfaction and I have received a copy.

Patient or Responsible Party (relationship)

Date/Time

Nurse Signature

Date/Time

Patient Label



DCCARD

Huntsville Hospital Health System includes Huntsville Hospital,
Huntsville Hospital for Women & Children and Madison Hospital.



Your Room and Care Board

Communicating with your caregivers

Your nurse will review the patient Care Board in your hospital room with you during the admission process, and it will be updated with important information throughout your stay. In addition to caregivers posting their information, family members can feel free to write questions for your doctor or leave reassuring messages.

This admission/discharge book can help you manage important paperwork and will serve as a resource after you go home. If you have questions about the Care Board or admission/discharge book, please ask your nurse.

Your room

Several factors are considered when assigning you to a room, including your gender, age, medical diagnosis, specific services to be provided and physician request.

Room transfer

Patients may ask to be transferred. Requests will be honored according to bed availability and service needed, and with approval of your attending physician.

Environmental Services (EVS)

During your stay, keeping your room and bathroom very clean is our goal. A caring housekeeper will clean your room each day, and it is our staff members' pleasure to assist you any way they can. They are there for you 24 hours a day, seven days a week, so please let them know how they can be of service.

You may contact EVS by using your nurse call button or by dialing 5-2700 from any on-campus telephone.

We understand that your comfort is enhanced by clean and comfortable bed linen. Your nursing team will arrange for your bed linen to be changed or provide you with additional linen or pillows upon request. Let us know if your linen needs attention by using your nurse call button.

Meals at Huntsville Hospital

Breakfast, lunch and dinner will be delivered to your room by a friendly hospitality assistant. If you are on a special diet such as diabetic or low sodium, our Food Services team will prepare your meals according to your physician's instructions.

Meal hours:

Breakfast, 6 - 10:30 a.m.

Lunch/dinner, 11 a.m. - 7 p.m.

If your meal is delayed due to you being scheduled for a test or treatment, you will be served as soon as possible after you return to your room. Please notify your nurse if you need a snack between meals. There are items available on each nursing unit for patients to enjoy when hungry.

Meals at HH for Women & Children and HH Orthopedic & Spine Tower

Patients may order room service at Huntsville Hospital for Women & Children. Each room has a menu with breakfast, lunch and dinner selections. Please call 4-FOOD (4-3663) from the telephone in your room to order. We start to deliver meals within 45 minutes. During the evening, sandwiches and snacks are available from the nursing staff.

Hospital Directory

Patient Information

(256) 265-1000 or
0 using a hospital phone

Main Number/Operator

(256) 265-1000

Patient Experience

(256) 265-9449

Business Office

(256) 801-6280

Chaplain

(256) 265-2273

EVS/Maintenance

(256) 265-2700

Medical Records

(256) 265-8149

Patient Advocate

(256) 265-9449

Public Relations

(256) 265-8317

Security

(256) 265-6660

Food Services

(From hospital phone)
8-FOOD (HH Main)
4-FOOD (Women &
Children)

To call a department within the hospital:

Dial the last five digits of the number unless otherwise noted.

Calling for Help

Your nurse call button is answered in the hospital's communications center. This is a confidential area, and other patients and staff cannot overhear your request. When requesting assistance, please be specific about your needs. This will help our staff assist you more quickly. You can assist us by turning down the television, if possible, when making your requests.

If a noticeable medical change occurs when our health care team is not present, be sure to relay this information to the communications center. Nursing staff assigned to your unit will be dispatched to your room to assess and determine whether to notify our Rapid Response Team.

Calling Patient Rooms

To call a room at Huntsville Hospital, dial (256) 265-8 + the three-digit room number.

To call a room in Huntsville Hospital's Madison Street Tower (rooms numbered 1500-1800s), dial (256) 265 + the four-digit room number.

To call a room at Huntsville Hospital for Women & Children, dial (256) 265-7 + the three digit room number.

To call a room in the Orthopedic & Spine Tower, dial (256) 265-5 + the 3-digit room number.

The Rapid Response Team is a group of specially-trained individuals who bring critical-care expertise to the patient. The purpose of the team is to quickly check the condition of the patient and provide help before there is a medical emergency.

Some conditions you should report immediately:

- Chest pain
- Choking
- Difficulty breathing / shortness of breath
- Possible seizure activity
- Change in level of consciousness

If at any time you are worried about your condition, press the nurse call button to request immediate assistance.

To call a local number outside the hospital from your room phone, dial 9 + (256) + the seven-digit number.

If there are any problems, call a Huntsville Hospital operator for assistance by dialing "0" from any patient room.

NOTE: To help our patients rest, in-room phones cannot receive calls between 10 p.m. and 6:30 a.m. Patients may place calls at any time.

Operating Your In-Room TV

A TV is provided in your room for use during your stay. For a list of everything you can view, go to channel 02. For **closed caption on your TV** or technical issues with any equipment in your hospital room, call 5-2700.

For helpful videos on health care topics such as cancer, diabetes, healthy living, medications and more, ask your nurse about the Patient Channel or visit thepatientchannelnow.com using password **01333**.

Safety and Security Policies

Huntsville Hospital has specially trained safety and security officers and technologically advanced equipment. If you have a security concern, please call (256) 265-6660. If calling Security from an on-campus phone, please dial 5-6660.

All Huntsville Hospital uniformed officers are certified by the International Association of Healthcare Safety and Security. We have more than 270 closed-circuit surveillance cameras and more than 400 access-controlled doors. Visitors entering Huntsville Hospital through the Emergency Department must walk through a metal detector similar to technology used in airports.

Leave your valuables at home

If you have valuables such as jewelry, credit cards and cash, please give them to a relative or friend to take care of during your stay. Store your contact lenses, eyeglasses, hearing aids and dentures in containers labeled with your name and place them in a drawer in your bedside table when not in use. Please don't put them on your bed or food tray— they may be damaged or lost. Huntsville Hospital cannot be responsible for replacement of personal belongings.

Securing your valuables

If you cannot send your valuables home, Huntsville Hospital Security can provide storage for you. Please speak with your nurse about storing your valuables, which will be returned to you at discharge. The hospital cannot be responsible for any valuables left in your room.

Lost and Found

To report a lost or found item, please call 4-LOST (4-5678) from an on-campus telephone. Lost and found items are stored for 30 days in a secure area. To claim a lost item, you must describe the item and show a valid photo identification card.

Security escort/vehicle assistance

You may ask for a security escort or assistance with a disabled vehicle (dead battery, flat tire, etc.) by calling (256) 265-6660.

Fire and disaster drills

For your protection, Huntsville Hospital regularly conducts fire and disaster drills. If a drill occurs while

you are in our care, please remain in your room and do not become alarmed.

Weapons

Weapons are not allowed on Huntsville Hospital property. Visitors entering Huntsville Hospital through the Emergency Department must pass through a metal detector.

Tobacco products

All Huntsville Hospital buildings and most outdoor areas are smoke free. Visitors and support persons may use the designated smoking areas in the following locations:

- Huntsville Hospital - Visitor parking deck near Emergency Department entrance
- Huntsville Hospital for Women & Children - Parking lot near Pediatric ER entrance

Huntsville Hospital offers a smoking cessation program. For more information, call our Center for Lung Health at (256) 265-7071.

Special Considerations

Medical interpretation services

Huntsville Hospital provides access to an interpreter and electronic interpretation device to facilitate communication between caregivers and patients. If you require this assistance, please notify your nurse.

Servicios de intérprete médico

El Hospital de Huntsville provee servicios de intérprete para facilitar la comunicación entre usted y las personas cuidando de su salud. Si necesita estos servicios, déjele saber a su enfermera.

For those with communication barriers

Huntsville Hospital provides resources and services for patients/caregivers with various types of communication barriers. A patient/caregiver who may be identified as having a communication barrier includes, but may not be limited to the following:

- Limited English Proficient (LEP) (does not speak/understand English)
- Has limited vision or is blind
- Has poor hearing or is deaf
- Has limited speech or is speech impaired

Resources for communication barriers:

Inpatient interpreters (Huntsville Hospital and Women & Children): Available for patient/caregiver who needs a bedside Hispanic interpreter.
Mon. - Fri., 6 a.m. - 6 p.m.
Sat. & Sun., 8 a.m. - 4:30 p.m.
Call Language Solutions at (256) 564-5000.

Outpatient interpreters (HH physician offices and clinics): Available for patient/caregiver who needs a Hispanic interpreter on-site
Mon. - Fri., 8 a.m. - 5 p.m.
Call Foreign Language Services at (256) 713-3578.

Over-the-phone interpreters: Available for patients who are either inpatient or outpatient.
Call Language Access Network at 1-855-837-8682, code 52606.

In-person sign language: For patients who are deaf or have limited hearing. Call Alabama Institute for Deaf and Blind at (256) 539-7881.

Video interpreters: Mobile video units (Martti) for foreign languages and sign language interpreters. Call Nursing Administration at (256) 265-8889 to arrange use.

Provided by Huntsville Hospital: TDD (telephone amplification devices and TTY text telephone info). Call (256) 265-7777.

Breastfeeding during your stay

Huntsville Hospital supports exclusive breast milk feeding as the preferred nutrition for all infants. We actively promote, protect and support breastfeeding wherever you or your nursing baby may be in our facility.

If you or your infant are admitted to the hospital while you are nursing, every attempt will be made to keep you together. It is possible that you may be separated temporarily for medical care. If this is the case, you will be provided a breast pump and a place to safely store your expressed milk.

Breastfeeding mothers may breastfeed in any location they are otherwise authorized to be, public or private

(AL State Law Section 22-1-13, Act 2006-526). If you prefer a private location, please notify a member of the Huntsville Hospital staff.

Our team of International Board Certified Lactation Consultants are available to consult with breastfeeding moms and provide assistance with breastfeeding needs. If you would like to speak with a lactation consultant, please call (256) 265-7285.

Continued support after the hospital:

- Private office visits with a lactation consultant are available for free by appointment.
- Phone consultations
- Infant weight checks
- Breastfeeding support groups

Family Accommodations

Blount Hospitality House

Blount Hospitality House, located two blocks north of Huntsville Hospital at 610 Madison St., provides lodging and supportive companionship for out-of-town relatives of hospital patients. Those requesting lodging must live outside Huntsville and be referred by a hospital social worker or nurse. Guests are welcome to stay up to 21 days in one of 10 dormitory-style rooms. Guest rates can be obtained at blounthospitalityhouse.org or by calling (256) 534-7014.

Shanon's House of Compassion

Shanon's House of Compassion, located across from Huntsville Hospital for Women & Children on Big Cove Road, provides lodging and non-medical services to families of individuals in a medical crisis. The 3,000-square-foot home is a nonprofit community outreach of Mayfair Church of Christ. To learn more, visit shanonshouse.org or call (256) 881-4651.

Palliative Care

Palliative Care provides relief from physical, emotional and spiritual distress symptoms associated with chronic/serious illness. Care is provided with a holistic approach and is focused on treating the burden of illness.

Care is delivered by a team of interdisciplinary specialists that may include doctors, nurse practitioners, nurses, pharmacists, social workers, music therapists, chaplains and dietitians.

Highlights of our program:

- Expert treatment of pain and symptoms
- Open discussions about the patient's illness
- Conversations to better understand goals of care
- Communication and coordination of care with all health care providers
- Emotional and spiritual support for the patient and family
- A smooth transition from the hospital to outpatient services

For more information, speak with your health care provider.

Chaplaincy Program

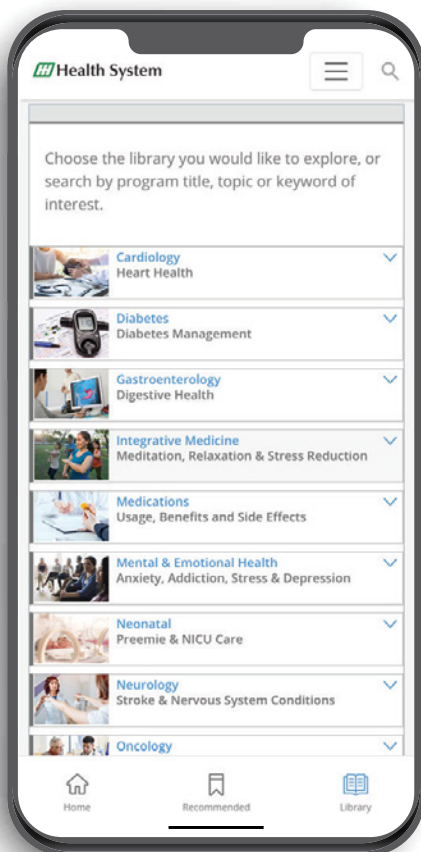
We offer chaplaincy services to provide support and spiritual care to patients and their families in our hospital. We believe that faith can give a foundation from which people can find a sense of peace during a time of discouragement and strength in the midst of crisis. The provision of spiritual care services is ecumenical and interfaith and respectful of your religious and spiritual preferences as well as your right to accept or decline services.

How to Contact a Chaplain

A chaplain is available and on-call in the hospital 24 hours-a-day, 7 days-a-week. If you would like a chaplain to visit you or a loved one, please notify any caregiver or dial "0" from any hospital phone and ask the operator. If using your personal phone, a chaplain can be reached by calling the hospital operator at (256) 265-1000.

Chapels

Non-denominational chapels are located at Huntsville Hospital on the first floor near the Cafeteria and in the lobby of Huntsville Hospital for Women & Children. Our chapels are available for use 24 hours a day.



HEALTH TIPS AT YOUR FINGER TIPS

Visit the Health Clips online library for educational information on a variety of health topics, including:

Cardiology	Neonatal	Prenatal & Maternity
Diabetes	Neurology	Pulmonology
Gastroenterology	Oncology	Quality of Care
Integrative Medicine	Orthopedics	Wellness
Medications	Palliative & Hospice	And more!
Mental & Emotional Health	Care Planning	



**SCAN NOW TO
ACCESS OR VISIT**
*huntsvillehospital.
healthclips.com/library*



Participate in Your Care

During your stay, the doctors, nurses and staff of Huntsville Hospital will treat you and your family as partners in your own care. One important way that you can be involved is to speak up. Ask questions, voice your concerns and don't be afraid to raise any issues relating not only to your care and treatment, but also to overall hospital services.

At every shift change, your primary nurse and your oncoming nurse should come to your bedside for a conversation about what transpired that day and what to expect in the next shift. This is a great time to ask questions as the nursing staff want you to participate in discussions about your care.

Speak up: Ask questions and voice concerns. It's your body, and you have a right to know.

Pay attention: Make sure you're getting the right treatments and medicines.

Educate yourself: Learn about the medical tests you get and your treatment plan.

Find an advocate: Pick a trusted family member or friend to be your advocate or support person.

What meds and why: Know what medicines you take, why you take them and their possible side effects.

Check before you go: Use a hospital, clinic, surgery center or other type of health care organization that meets The Joint Commission's quality standards.

Participate in your care: You are the center of the health care team.

- Write down any questions you have
- Choose a support person to communicate with the doctors and staff

- Keep a list of doctors you see and the medications they prescribe

Don't be afraid to ask: While you are in the hospital, many people will enter your room, from doctors and nurses to aides and techs. The following information will help make your hospital stay safe and comfortable.

Be sure to:

- Ask for the ID of everyone who comes into your room.
- Speak up if hospital staff doesn't ask to check your armband.
- Ask if the person has washed his or her hands before he or she touches you.

If you are told you need certain tests or procedures, ask why you need them, when they will happen and how long it will be before you get the results. Ask about your medicines, why they are being prescribed and the possible side effects.

Patient identification

Any time staff members enter your room to administer medications, transport you or perform procedures and treatments, they must check your birth date and name before they proceed. At times, you will be asked the same questions repeatedly. We are aware that this may seem redundant. Please understand, however, that this verification process is a critical component in our patient safety program in order to guarantee that all patients receive the correct medications and treatments.

Patient and Family Concerns

Our goal is for you to have an excellent experience during your stay. If at any time you have a question, concern or grievance, you may:

- Press the call button to speak with your nurse.
- Ask to speak with your charge nurse or nurse manager.
- If your needs remain unmet, contact a patient/family advocate at (256) 265-9449 Monday through Friday from 8 a.m. to 5 p.m. All voicemail messages are returned promptly. After 5 p.m., you may request assistance from the house supervisor by dialing "0" from an on-campus phone or (256) 265-1000 from a personal phone.

- After hours, on weekends and during holidays, please ask your nurse or charge nurse to contact the administrative supervisor. You also may dial "0" and ask the operator to connect you to the administrative supervisor directly.

Excellence is our goal! The Huntsville Hospital Health System Patient Experience Department is available to assist you during and after your visit. You may contact them by telephone, email or mail whenever you have a comment, question, concern or complaint about the services provided at Huntsville Hospital Health System.

Huntsville Hospital Health System Patient Experience Department

101 Sivley Rd.
Huntsville, AL 35801
(256) 265-9449
customersvc@hhsys.org

If you have questions, concerns or complaints, you also may contact any of the following agencies:

Alabama Department of Public Health

The RSA Tower
201 Monroe St.
Montgomery, AL 36104
(800) 356-9596

The Joint Commission

Office of Quality and Patient Safety
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
(800) 994-6610

Centers for Medicare & Medicaid Services

KEPRO, the Quality Improvement Organization
5700 Lombardo Center Dr., Suite 100
Seven Hills, OH 44131
(844) 430-9504

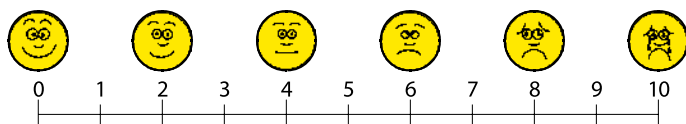
Pain Management

During your hospitalization, you will be asked to rate your level of pain based on pain scales such as the FACES scale below. Keeping your pain under control is important to us and to your well-being.

It may not be possible to completely eliminate pain during your hospitalization, especially after surgery. This is because the amount of medication needed to completely relieve your pain may be unsafe for you. Our goal is to help you safely reach a pain level that is tolerable. It is important to discuss your personal pain management goal with your nurse early in your stay.

One way to help keep your pain under control is to treat your pain before it becomes moderate or severe. You should let your nurse know your pain level before it reaches a level “5” on the pain scale.

Wong-Baker FACES™ Pain Rating Scale



Effective pain management includes the use of medications and non-medication methods.

- Non-narcotic medications such as ibuprofen and acetaminophen are helpful for most patients, especially if taken on a regular schedule and in combination with other pain medications.
- If there are ways you manage your pain at home such as heat packs, meditation or positioning, let your nurse know. Those same methods are likely to be helpful in the hospital.
- Distracting your mind can also be helpful. Watch television, listen to music or do an activity you enjoy, such as knitting or talking with a friend.

While you are receiving pain medication (especially after surgery), your nurse will check on you frequently

to monitor any side effects from your pain medicine. Your nurse may need to wake you up to check your vital signs.

If your medication does not relieve your pain to a tolerable level, or if you are having any side effects (such as drowsiness, nausea, itching or constipation), please let your nurse know.

At discharge, your doctor may give you a prescription for a pain medication. It is important to keep this medication out of reach of children and to store it in a safe place to prevent theft. Unless your physician tells you to take the pain medication on a schedule, only take the medication when you are experiencing pain that is not tolerable to you. Always follow your physician's directions for taking your medication.

If there is any medication left after you have recovered, it is important to dispose of the remaining medication promptly to prevent accidents or misuse. The U.S. Food & Drug Administration (FDA) has recommendations for safe disposal of unused medications including using authorized collection locations. To find a collection location near you, visit the Drug Enforcement Agency's Controlled Substance Public Disposal Locations website (deadiversion.usdoj.gov/pubdispsearch). If you are unable to take the medication to a collection location, the FDA recommends flushing most narcotic pain medications. Non-narcotics may be discarded in the trash mixed with kitty litter or dirt. Discard the empty bottle in the trash with your personal information marked out.

Patient Controlled Analgesia (PCA)

What do you need to know?

- Your doctor may prescribe a PCA to control your pain. PCA is used to control severe pain, such as

pain from surgery. A PCA pump delivers IV pain medication when you press a button, which allows you to control your own pain. Only press the button when you are in pain.

- It is important that only YOU, the patient, press the button. Health care providers, family members or friends should NOT press this button for you, even if you are asleep, because this is VERY dangerous.
- While you are on PCA, your nurse will check on

you frequently to make sure your pain is controlled and that you are not too drowsy or having other side effects.

When should you contact the nurse?

- If your pain is not controlled.
- If you have side effects.
- To ask for help with getting out of bed.
- If you have questions about the PCA pump.

Fighting Infections

Hand hygiene saves lives. Hand hygiene includes:

- Washing hands with soap and water.
- Cleansing hands using an alcohol-based hand rub.
- Preventing the spread of germs and infections.

Why should I practice hand hygiene?

1. To prevent hospital infections.
 - In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients.
 - Infections you get in the hospital can be hard to treat, and could be life threatening.
 - All patients are at risk for health care-associated infections.
 - You can take action by cleaning your hands often and by asking your health care providers and visitors to wash their hands.
2. To make a difference in your own health.

Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections such as methicillin-resistant staphylococcus aureus, or MRSA.

When should I practice hand hygiene?

You should practice hand hygiene:

- Before preparing or eating food.
- Before touching your eyes, nose or mouth.
- Before and after changing wound dressings or bandages.
- After using the restroom.
- After blowing your nose, coughing or sneezing.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls or the phone.

Health care providers should practice hand hygiene:

- Every time they enter your room
- Before they touch you.
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection.
- After removing gloves.

How do I practice hand hygiene?

With soap and water:

1. Wet your hands with warm water. Use liquid soap, if possible. Apply a fully dispensed amount of soap product to your hands.
2. Rub your hands together until the soap forms a lather that fully covers your hands. Rub all over the top of your hands, in between your fingers, wrists and the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the "Happy Birthday" song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel, if possible, and then discard. Using a new paper towel, turn off the faucet and open the door, if needed.

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much of the product to use, or use fully dispensed amount from sanitizer dispenser.
2. Rub hands together and then rub the product all over the top of your hands, in between your fingers, wrists and the area around and under the fingernails.
3. Continue rubbing until your hands are dry. You should not rinse your hands with water or dry them with a towel.

Which type of hand hygiene should I use?

Use soap and water:

- When your hands look dirty.
- After you use the restroom.
- Before you eat or prepare food.

Use an alcohol-based rub:

- When your hands do not look dirty.
- If soap and water are not available.

Alcohol-based rubs are fast-acting and convenient products that kill germs on the hands. They contain 60-95% ethanol or isopropanol (types of alcohol).

Who should practice hand hygiene?

You can make a difference in your own health. Health care providers know they should practice hand hygiene, but sometimes they forget. We welcome your friendly reminder. Ask health care providers to practice hand hygiene in a polite way. Tell them that you know how easy it is for people to get infections in the hospital and that you don't want it to happen to you.

Hand hygiene is the #1 way to prevent the spread of infections.

Why? You can take action by practicing hand hygiene regularly and by asking those around you to practice it as well.

When? You and your loved ones should clean your hands often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your health care provider should practice hand hygiene every time he/she enters your room or touches you.

How? It only takes 15 seconds of using either soap and water or an alcohol-based hand rub to kill the germs that cause infections.

Which? Use soap and water when your hands look dirty; otherwise, you can use an alcohol-based hand rub.

Who? You, your loved ones, and your health care providers should practice hand hygiene.

Adapted from Hand Hygiene Saves Lives, CDC

Planning Your Discharge

Planning for discharge begins when you are admitted.

Regardless of the length of your hospital stay, planning for your discharge begins on the day you are admitted. Your physician, nurses and other health care providers want to be sure you are ready when the time comes to leave the hospital, and that takes planning.

- Start planning to have someone available to pick you up and care for you at home. If you do not have help at home, tell us.
- Review the patient education pages in this book and become familiar with your condition and any related side effects or special considerations that may arise after you leave the hospital.
- Verify your discharge date and time with your nurse or doctor.
- When your doctor feels that you are ready to leave the hospital, he or she will authorize a hospital discharge.
- Before leaving, check your room, bathroom, closet and bedside table carefully for any personal items.

Make sure you have the following information before you leave the hospital:

1. Your written discharge instructions. This is an overview of why you were in the hospital, which health care professionals saw you, what procedures were done, and what medications were prescribed.
2. Medications list. This is a list of what medications you are taking, why, in what dosage, and who prescribed them. Having a list prepared by the hospital is a good way to double-check the

information you should already have been keeping track of. Take a copy of the list to your primary physician. Be sure to ask what foods to stay away from while on your medications.

3. Rx. A prescription for any medications you need. Be sure to fill your prescriptions promptly so you don't run out of needed medications.
4. Follow-up care instructions. Make sure you have paperwork that tells you:
 - what, if any, dietary restrictions you need to follow and for how long
 - what kinds of activities you can and can't do, and for how long
 - how to properly care for any injury or incisions you may have
 - what follow-up tests you may need and when you need to schedule them
 - what medicines you must take, why, and for how long
 - when you need to see your physician
 - any other home-care instructions for your caregiver, such as how to get you in and out of bed, how to use and monitor any equipment, and what signs and symptoms to watch out for
 - telephone numbers to call if you or your caregiver has any questions about your after-hospital care.
5. Other services. When you leave the hospital, you may need to spend time in a rehabilitation facility, nursing home or other institution. Or you may need to schedule tests at an imaging center, have treatments at a cancer center or have in-home therapy. Be sure to speak with your nurse or

physician to get all the details you need before you leave.

6. **Community resources.** We want to ensure that you and your caregiver feel prepared for what will happen after your discharge. Make sure your discharge planner provides you with information about local resources, such as agencies that can provide services like transportation, equipment, home care and respite care.

CASE MANAGEMENT

Helping you make decisions

Our goal is to provide the very best care and service possible to you and your loved ones. For patients who need additional services after hospitalization, the Case Management staff is here to help.

Case Management staff members are registered nurses and social workers who begin determining your individual needs while you are in the hospital to help you make plans for your care after you are discharged. We are here to help you make decisions so you have a smooth transition from the hospital.

We encourage you to let us know when you have questions or concerns and to tell us how we can improve your care. Working together can provide a safe and appropriate plan of care while in the hospital and after you are discharged.

Discharge planning

When you are admitted to Huntsville Hospital or Huntsville Hospital for Women & Children, a case manager will begin meeting with you and your family. Depending on your needs, we will inform you of appropriate community resources and options so your individual discharge plan can be developed and presented to your physician for approval.

As we consult with your physician, we will keep you informed of your expected date of discharge from the hospital. Please provide plenty of notice to the person who will provide your transportation upon discharge from the hospital. If you need to speak to your case manager or social worker, ask your nurse.

In addition to helping secure home medical supplies or equipment, we can provide you with information about a variety of services and placement options if needed. These include:

- **Home health care:** Some insurance policies will cover follow-up care at home. These services may include a visiting nurse, a home health aide for personal care and a therapist, if necessary, for speech, physical or occupational therapy. If your physician determines you need any of these services, we will make you aware of

different agencies that are available and make the arrangements. When you return home, a representative from the selected agency will contact you prior to his or her visit.

- **Skilled nursing facilities:** Insurance policies have different requirements for being admitted to a skilled nursing facility. Services may include physical, occupational and/or speech therapy along with skilled nursing care in an in-house patient setting. Medicare does not pay for patients who require long-term custodial care. Medicare Part A covers the first 20 days of skilled nursing care at 100%. If services are still needed, the next 80 days are covered at 80%. A secondary insurance policy may cover some or all of this cost, depending upon your individual policy.
- **Rehabilitation:** Based on your individual insurance coverage, services are available in a variety of settings:
 - Rehab facility sub-acute (skilled nursing facility)
 - Home health and outpatient therapy
 Rehabilitation services may include physical therapy, occupational therapy and speech therapy.

Patient Portal · huntsvillehospital.org/patient-portal

Huntsville Hospital Health System provides your patient information on a secure and encrypted patient portal website. Use your patient portal to view and keep track of your medical information. During your registration process, you will be asked for your email address so we can send an invitation email for you to register for the patient portal. Once registered to use the portal, you will be able to view a summary of your care. By providing your email address, you will be able to receive information about your portal as well as information to reset your user name and password.

How secure is my information?

- Only you can reset your password.
- Only authorized users may access the information.
- Patients and patient reps require two-step sign up.
- All data is encrypted using a random encryption code.

Patient portal benefits:

- View lab results 24/7
- View medication list
- View medical information

Questions: **(256) 265-4443**

Uniform Colors

Did you notice? Many of our staff wear certain color uniforms to help patients better identify who is providing their care.

Dark green - Doctors

Light gray - Advanced Practice, Nurse Practitioners, Physician Assistants, CRNAs

Navy blue or white - Nurses

Light green button-up shirt - Admissions

Caribbean blue - Licensed or credentialed clinical professionals

Grape scrubs or polo shirt - Environmental Services

Pewter gray or business attire - Health Care Assistants, Patient Care Aides, Technicians

Black - Laboratory

Dark green polo shirt - Plant Operations

North Alabama Hospitalist Program

The goal of the North Alabama Hospitalist Program is to provide comprehensive, compassionate care of the highest quality to all patients at Huntsville Hospital, Huntsville Hospital for Women & Children and Madison Hospital. If you are admitted as a patient to our hospitals, you may be cared for by one or more hospitalist during your stay.

What is a hospitalist?

A hospitalist is a physician who specializes in caring for patients while they are in the hospital. Our hospitalists are board certified in internal medicine, family medicine and/or other specialties. Our hospitalists do not see patients outside the hospital so they are able to dedicate their full attention to hospitalized patients.

The hospitalist team

In addition to the physician, the hospitalist team includes physician assistants (PAs) and certified registered nurse practitioners (CRNPs). The hospitalist team is available 24 hours a day to provide care to patients in the hospital. Depending on the length of your stay, you may see more than one hospitalist.

Who is cared for by a hospitalist?

- Patients of local physicians and medical groups who have chosen to use the hospitalist program
- Patients who do not have a primary care physician
- Patients from outside the region who do not have a local primary care physician

Benefits of hospitalist care

- Hospitalists work only in the hospital and are on-site 24-hours daily

- Hospitalists are readily available in emergency situations and when questions or concerns arise
- Hospitalists are familiar with hospital procedures and processes to boost efficiency when ordering tests, consulting other specialists and adjusting treatments

How does the hospitalist work with my doctor?

- When you are admitted to the hospital, your primary care physician is informed of your condition by the hospitalist team.
- While in the hospital, the hospitalist will oversee your care and may communicate with your primary care physician as needed throughout your hospital stay.
- The hospitalist will assist with the transition back to your primary care physician when you leave the hospital.
- Your primary care physician may visit you while you are in the hospital. However, it is more common that you will see your primary care physician after you are discharged from the hospital. If you do not have a primary care physician, the hospitalist will refer you to one when you leave the hospital.

Will I receive a separate bill for hospitalist services?

Yes. It will come from the North Alabama Hospitalist Group. If you have any questions, please contact the Physician Network Billing Office at (256) 265-9438.

For more information

If you have questions about our hospitalist program or need more information, ask your nurse to contact your hospitalist or call the North Alabama Hospitalists office at (256) 265-3880.

Patient Education Summary

Heart Failure

Heart failure patient was informed of the following information and given the patient education booklet:

- 2 gram sodium diet
- Fluid restriction of two liters or 2000 ml/day unless otherwise instructed
- Monitoring of daily weights
- Call the doctor if you gain 3 pounds in a day or 5 pounds in a week
- What to do if heart failure symptoms worsen or if you have other questions or concerns
- Physical activity level counseling
- Follow-up appointment scheduled: location, date and time
- Review of all discharge medications
- Heart Failure Clinic referral, if applicable

Heart Attack

Heart attack patient was informed of the following information and given the patient education booklet:

- Low-fat, low-salt diet
- Risk factor review
- Physical activity level counseling
- Smoking cessation resources
- Instructions regarding Cardiac Rehabilitation availability
- Review of all discharge medications
- Follow-up appointment
- What to do if you experience chest pain, shortness of breath or other questions or concerns

Coronary Artery Disease (CAD)

Coronary Artery Disease patient with diagnostic cath and/or intervention was informed of the following information and given the patient education booklet:

- Low-fat, low-salt diet
- Risk factor review
- Physical activity level counseling
- Smoking cessation recommended
- Review of all discharge medications
- Plavix/Effient/Brilinta/Aspirin/Metformin instruction sheet
- Follow-up appointment
- Catheter site care
- Observation of catheter site
- Instructions regarding Cardiac Rehabilitation availability
- What to do if you experience chest pain, shortness of breath, bleeding or other questions or concerns

Stroke

Stroke patient was informed of the following information and given the patient education booklet:

Ischemic Stroke: Blood flow in a vessel is narrowed or clogged by fatty deposits on the vessel wall or by a blood clot.

- Atrial Fibrillation risk

Hemorrhagic Stroke: Occurs when a blood vessel in the brain bursts.

- Warning signs of a stroke
- How to activate EMS - "9-1-1"
- Risk factor review
- Smoking cessation resources
- Physical activity level counseling
- Diabetic education, if indicated
- Information regarding Rehabilitation Services
- Review of all discharge medications
- Follow-up appointment

Warfarin (Coumadin)

Warfarin patient was informed of the following information and given the patient education booklet:

- Importance of taking Warfarin as prescribed (compliance issues)
- Foods that interact with Warfarin (dietary advice)
- Importance of regular blood tests and follow-up monitoring
- Side effects and drugs that interact with Warfarin (potential for adverse drug reactions and interactions)

Call your primary physician tomorrow to schedule your PT/INR.

Patient informed of the following information regarding Body Mass Index (BMI):

(1) BMI definition, (2) Calculation and interpretation, (3) BMI Importance, (4) Diet and (5) Exercise

For more information:

Heart Failure/Heart Attack - see "Heart Failure to Heart Success" booklet. If not provided, ask your nurse.

Coronary Artery Disease - see page 25

Stroke - See page 30

Warfarin - See page 32

Smoking Cessation - See page 34

Oral health - See page 40

Antibiotics

You've been prescribed an antibiotic. Now what?

Your health care team thinks that you or your loved one might have an infection. Some infections can be treated with antibiotics, which are powerful, life-saving drugs. Like all medications, antibiotics have side effects and should only be used when necessary. There are some important things you should know about your antibiotic treatment.

Your health care team may run tests before you start taking an antibiotic.

Your team may take samples (from your blood, urine or other areas) to run tests to look for bacteria. These tests can be important to determine if you need an antibiotic at all, and if you do, which antibiotic will work best.

Within a few days, your health care team might change or even stop your antibiotic.

- Your team may start you on an antibiotic while they are working to find out what is making you sick.
- Your team might change your antibiotic because test results show that a different antibiotic would be better to treat your infection.
- In some cases, once your team has more information, they learn that you do not need an antibiotic at all. They may find out that you don't have an infection, or that the antibiotic you're taking won't work against your infection. For example, an infection caused by a virus can't be treated with antibiotics. Staying on an antibiotic when you don't need it is more likely to be harmful than helpful.

You may experience side effects from your antibiotic.

- Like all medications, antibiotics can have side effects. Some of these can be serious.
- Let your health care team know if you have any known allergies when you are admitted to the hospital.
- One significant potential side effect of nearly all antibiotics is the risk of severe and sometimes deadly diarrhea caused by *Clostridium difficile* (*C. difficile*). This occurs when a person takes antibiotics because some good germs are destroyed. Antibiotic use allows *C. difficile* to take over, putting patients at high risk for this serious infection.
 - Diarrhea caused by *C. difficile* can be serious and must be recognized and treated quickly. When you are taking an antibiotic and you develop diarrhea, let your health care team know immediately.

- The risk of getting *C. difficile* diarrhea can last up to a few weeks even after you are no longer getting antibiotics. You should let your health care team know if you develop diarrhea even after you are no longer getting an antibiotic.
- Another potential serious side effect of taking antibiotics is the risk of getting an antibiotic-resistant infection later. Infections caused by antibiotic-resistant bacteria are often more difficult to treat. In some cases, the antibiotic-resistant infection can lead to serious disability or even death.

As a patient or caregiver, it is important to understand your or your loved one's antibiotic treatment.

It is especially important for caregivers to speak up when patients can't speak for themselves. Here are some important questions to ask your health care team:

- What infection is this antibiotic treating, and how do you know that I have an infection?
- What side effects might occur from this antibiotic?
- How long will I need to take this antibiotic?
- Is it safe to take this antibiotic with other medications or supplements (e.g., vitamins) that I am taking?
- Are there any special directions I need to know about taking this antibiotic? For example, should I take it with food?
- How will I be monitored to know whether my infection is responding to the antibiotic?
- What tests may help to make sure the right antibiotic is prescribed for me?

Remember, antibiotics are life-saving drugs and they need to be used properly. If you have any questions about your antibiotics, please talk to your health care team.

Unless your physician instructs otherwise, be sure to finish all antibiotics prescribed to you.

Get Smart, cdc.gov/getsmart

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion

Surgical Site Infections/Complications

What is a surgical site infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses and other health care providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They will not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- May give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts, and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have, including SSI after a previous surgery or any other serious infection.
- Health problems such as allergies, diabetes, cold/flu symptoms and obesity could affect your surgery and your treatment. If you have diabetes, monitor and make every effort to control your blood sugar.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.

- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- Shower and wash your hair the morning of surgery. Do not apply lotions, powders, hair spray or make-up. Put on clean clothes after showering.
- Notify the doctor's office if you have a skin infection, rash or sores prior to surgery.

At the time of your surgery:

- Depending on your surgery, staff may use clippers to shave the surgical site prior to surgery. A razor should not be used to prep for surgery.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure your health care providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see your providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.
- Keep your dressing clean, dry and intact. Do not remove the dressing to show others your wound.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- Before and after surgery, it is important to keep yourself and your environment as clean as possible. Please use clean bed linens, wear clean clothing and use disinfectants to clean surfaces such as bathroom fixtures.
- Please don't allow pets in your bed while you are recovering from surgery.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage or fever, call your doctor immediately.

What can I do to prevent other surgical complications?

Pneumonia:

- Notify the doctor's office if you develop a cough or fever before or immediately after surgery.
- After surgery, frequently take deep breaths and cough. This helps keep your lungs clear. If you had abdominal surgery, it may help to cushion your incision with a pillow.

Blood clots:

- Depending on the type of surgery you have, your doctor may order special stockings and sleeves to

increase blood circulation in your legs.

- Get up and walk as soon as the doctor orders. Walking increases your blood circulation and may help prevent blood clots. (Walking also helps prevent pneumonia). Move or flex your feet and legs frequently until you can start walking. Do not stay in one position for long periods.
- If you notice a warm, painful or swollen area on your leg, call your doctor immediately. If you have additional questions, please ask your doctor or nurse.

Catheter-Associated Urinary Tract Infections

What is an indwelling urethral urinary catheter and when is it used?

An indwelling urethral urinary catheter (example: Foley catheter) is a tube inserted into your bladder to drain urine. Indwelling urethral urinary catheters are used when a person cannot empty his or her bladder, either because something is blocking the urine flow or the bladder does not feel the need to empty. Indwelling urethral urinary catheters may also be used during and shortly after certain types of surgeries.

When should you not receive an indwelling urethral urinary catheter?

Indwelling urethral urinary catheters should not be placed just because you cannot get out of bed or because you leak urine (meaning you are "incontinent" of urine). There are other, more safe, measures that can be used instead.

What are the risks?

- Indwelling urethral urinary catheters can cause urinary infections which could spread to your blood and lead to a longer stay in the hospital.
- How do you get an infection from your indwelling urethral urinary catheter? Germs can travel along the catheter to your bladder or kidneys.
- Indwelling urethral urinary catheters can limit your movement in bed and in your room. Limited activity will make you weak. Indwelling urethral urinary catheters can be uncomfortable.

What are some alternatives?

A temporary catheter can be put in your bladder and then removed within minutes. Alternatively, men can use an external catheter (also known as a "condom-style" catheter) that is placed over the penis rather than in it. Women can use an external catheter called a PureWick, which is attached to low wall suction. It is changed every 12 hours and resembles a sanitary pad encased in a plastic cradle.

I just had surgery, or I do not feel like I can get out of bed. Should I request an indwelling urethral urinary catheter?

If your doctor believes it is important for you to have an indwelling urethral urinary catheter, he or she will tell you. One of the best ways to recover after surgery or while you are staying in the hospital is to get up and move as soon as your doctor says it is safe to do so. Research shows that indwelling urethral urinary catheters can sometimes interfere with your movement. So, unless your doctor tells you the catheter is necessary, it would be best for you not to have one.

If you already have an indwelling urethral urinary catheter, what can you do?

- Ask your doctor or nurse every day if your catheter is still necessary. The sooner it is removed, the lower your risk of infection and the sooner you can increase your mobility.
- Make certain you know how to care for your catheter and keep it clean. If you do not know how to do this, please ask your nurse or doctor today.
- Wash where the catheter enters your body every day with soap and water.
- Clean your hands with soap and water or alcohol-based hand rub before and after touching your catheter.
- Allow urine to drain in a downhill direction. The urine drainage bag from your catheter should stay lower than your bladder (your bladder is just below your belly button) and free of kinks/loops at all times to prevent the urine from flowing back up into your bladder. This helps to prevent infection. If you notice that your drainage bag is too high, please tell your nurse.
- Do not let the drain, tube or drainage bag touch the floor.

You have a role in preventing infection! Notify your doctor or nurse if you notice: strong odor, blood in urine, chills, lower back pain, abnormal leakage around the catheter, or have no urine in the bag.

Source: Kowalski, C., Fakh, M., Krein, S., Olmsted, R., Saint, S., (n.d.). "What Patients and Family Members Need to Know About the Risks Associated with Foley catheters." University of Michigan Health System, VA Ann Arbor Health care System, Health Services Research & Development. catheterout.org

Catheter-Associated Bloodstream Infections

What is a catheter-associated bloodstream infection?

A central line or central catheter is a tube that is placed into a patient's large vein, usually in the neck, chest, arm or groin. The catheter is often used to draw blood, give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a central line and enter the blood. If you develop a catheter-associated bloodstream infection, you may become ill with fever and chills or the skin around the catheter may become sore and red.

Can a catheter-associated bloodstream infection be treated?

A catheter-associated bloodstream infection is serious but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections, doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands and clean the catheter opening with an antiseptic solution before using the catheter to give medications. They will also wear a mask. They will wear a mask and gloves when drawing blood. Health care providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- If you do not see your providers clean their hands, please ask them to do so.
- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately. Showering is not permitted while a central catheter is in place.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever. Call your health care provider immediately if any of these symptoms occur.

If you have additional questions, please ask your doctor or nurse.

Preventing Falls

Patients of all ages are at risk of falls while in the hospital for many reasons, including:

- You have a medical device attached to you
- Your medical condition or illness can make you unsteady
- Your medication may cause dizziness or make you weak
- Your room is unfamiliar

If you are at an increased risk for falls, you will have a YELLOW armband placed on your arm. This alerts your caregivers that you may need extra help. Bed alarms may be used to get help to you as quickly as possible.

Please help us keep you safe by following these guidelines during your hospital stay:

- Do not get out of bed by yourself. Your hospital bed is probably higher and narrower than your bed at home, and you can easily fall while trying to get in or out of it.
- Please use your nurse call button and ask for assistance. We are happy to help you. Remember, CALL, DON'T FALL!

- Keep often-used items—nurse call button, tissues, water, eyeglasses, telephone, TV remote—within easy reach.
- Do not walk in bare feet. Wear nonskid socks or slippers which can be provided by the hospital if you do not have them.
- Make sure your robe or pajamas do not drag on the floor; they can cause you to trip.
- Use the handrails in your bathroom and throughout the hospital at all times.
- Ask your nurse to show you how to properly walk with your IV pole, drainage bags or any other equipment.
- Be sure your wheelchair is locked when getting in or out of it. Never step on the footrest.
- If you see a spill on the floor, report it at once.

Huntsville Hospital cares about our patients' safety. We will check on you frequently to ensure your needs are met. Please help us keep you safe while you are a patient here and let us know if there is anything we can do to help.

Coronary Artery Disease

What is coronary artery disease?

Coronary artery disease happens when fatty plaques build up inside the blood vessels in the heart, which are called coronary arteries. This fatty plaque build-up (called atherosclerosis) can occur anywhere in the body, but it is more likely to occur in the heart arteries. When the fatty build-up inside a vessel narrows or completely blocks the vessel, blood flow slows or even stops. If blood cannot pass through the heart artery, the heart cannot receive oxygen. Lack of oxygen to the heart muscle causes damage or death to that area of the heart, resulting in a weak heart. If you have coronary artery disease, you are at risk for having a heart attack.

What types of things make it more likely for me to have coronary artery disease?

There are several things that can put you at risk for having heart disease; these are called risk factors. Some risk factors are ones that we have no control over. Other risk factors are controllable with diet, exercise and, if needed, medications.

Risk factors that cannot be controlled:

- **Family history:** If you have parents or siblings who have heart disease, you are at a greater risk for having heart disease.
- **Aging:** As you get older, the risk for having heart disease increases due to natural changes of the aging body, including a decrease in the blood vessels' elasticity, or ability to stretch. Healthy habits learned and practiced early in life may delay the onset of problems caused by aging.
- **Male gender:** Men are more likely to have heart disease earlier in life than women. However, after menopause a woman's risk for heart disease increases.

Risk factors that can be controlled:

- **Sedentary lifestyle:** A sedentary lifestyle means that you tend to spend most of your time seated and get very little physical activity. Many people are sedentary as a result of sitting at a desk all day for their job, sitting in their cars to commute, and sitting while watching TV or using a tablet.
- **Poor diet:** Too much saturated and trans fats, sodium, red meat and sugar can increase your weight, blood pressure, cholesterol and blood sugar.

- **Overweight/obesity:** Well over half of American adults are overweight or obese. Your body mass index (BMI) is the number used to determine if you are overweight or obese. A BMI higher than 25 is considered overweight, and a BMI higher than 30 is considered obese. Excess weight causes more stress on the heart and raises blood pressure and cholesterol.
 - **Stress:** The exact link between long-term stress and heart disease is unknown. However, chronic stress can have damaging results on your body. The ways some people deal with their stress can be harmful such as smoking, drinking alcohol, and eating junk food.
 - **Smoking:** Smoking increases your risk of heart disease. Smoking also worsens the other risk factors for heart disease by decreasing good cholesterol, raising your blood pressure, makes it more likely for your blood to clot, and makes it harder to exercise.
 - **Lack of exercise:** Aerobic exercise makes your heart stronger and helps prevent heart disease and stroke. Even if you have a job that requires you to be on your feet or moving most of the time, you still need dedicated exercise to benefit your heart.
 - **Diabetes:** If you have diabetes, your risk of having heart disease is higher. Keeping diabetes under control with diet, exercise, weight control and medication will help to decrease the effects this disease may have.
 - **High blood pressure (hypertension):** If your blood pressure is uncontrolled, it can damage your blood vessels. High blood pressure increases the risk for having a heart attack or heart disease, stroke, kidney disease and other conditions. Less salt (sodium) in your diet and exercise can help control your blood pressure. You may need additional help to control your blood pressure in the form of medications from your health care provider.
 - **High cholesterol:** Cholesterol comes from your body and from the food you eat. Too much cholesterol in your blood makes up the fatty plaques on the blood vessel walls that cause heart disease. Decreasing the amount of saturated and trans fats you eat and exercising can help control your cholesterol. You may need additional help in the form of medications to control your cholesterol.
- the elevator will help increase your physical activity during the day. Getting up to move or stretch every hour or two can also help. Take 10 or 15 minutes during your lunch break to walk.
- **Eating heart healthy:** A healthy heart diet is one that is low in cholesterol, saturated fat, sugar, sodium (salt) and caffeine. Choose low-sodium or no-sodium varieties, low-fat or no-fat dairy, lean meats (such as chicken, turkey, and fish), more fruits and vegetables, whole grains, and non-tropical vegetable oils. Avoid added sugars in food and drinks. If you have been put on a special diet, ask your nurse or dietitian to explain anything you don't understand. You may only have to make a few changes to your diet to make it heart healthy. Most people find they can keep eating what they like once they learn to prepare foods in healthier ways.
 - **Stress management:** Sharing your feelings of stress, daily exercise, giving up your bad habits, and giving back to others are just a few ways that can help decrease feelings of stress.
 - **Exercise:** Regular exercise plays an important role in preventing heart disease. Thirty minutes of aerobic exercise a day, five times a week, is recommended for adults to improve overall heart health. Aerobic exercise includes walking, jogging, swimming, biking, playing sports and climbing stairs. To help lower blood pressure and cholesterol, 40 minutes a day, three to four times a week, is recommended. If 30 or 40 minutes is more than what you can do right now, you can divide the exercise into 10 or 15 minutes, two or three times a day, five times a week.
 - **Quit smoking:** Quitting smoking is very important to reduce your risk of heart disease. Setting a quit date, deciding how you will quit smoking, talking with your health care provider, and quitting on your quit day are ways you can stop smoking. Call 1-800-Quit-Now for more quitting smoking support.

If I have coronary artery disease or have had a heart attack, what should I do now?

- Make sure you understand and are comfortable with all the information you have been given during your hospitalization. If you are unsure about your discharge instructions, changes to or new medications, or what you should do after you are discharged – ASK! Your nurse or doctor will be able to answer your questions, so speak up!
- You should be scheduled to see your health care provider in the next one to two weeks.
- Know the warning signs. The symptoms of a heart attack can occur alone or in any combination.

What can I do to reduce the possibility of having coronary artery disease?

Making changes in your life to reduce your risk factors can reduce the likelihood of having heart disease.

- **Physical activity:** Parking in the back of the lot so you walk a little more or taking the stairs instead of

Warning signs vary from person to person. It is important to review the early warning signs even if you have already had a heart attack:

- Heavy pressure, burning, squeezing, tightness or discomfort in the chest, neck, jaw, shoulders, arms, back
- Cold, clammy feeling
- Nausea and/or vomiting
- Indigestion or a feeling of fullness
- Severe weakness or fatigue
- Dizziness or fainting
- Shortness of breath
- Rapid or irregular heartbeat
- Sweating
- Vague feeling of tension or uneasiness

These feelings may be all the time or off and on, mild to severe, and/or may not go away with rest.

DO NOT WAIT TO GET HELP. If you think you might be having a heart attack, call 911 or go to the nearest emergency room right away.

Tell your doctor if you experience any chest discomfort, shortness of breath, dizziness or weakness during exercise or other activities. Changes may need to be made in your activities and/or medications. Angina (chest pain) is a symptom of coronary artery disease due to the lack of blood flow to the heart when an artery is blocked or narrowed. You should always report angina or related symptoms to your health care provider.

- Ask about cardiac rehabilitation. Cardiac rehab is a program available to those who have had a heart attack, stent, heart bypass, valve repair/replacement, heart transplant, or congestive heart failure. Cardiac rehab is an outpatient program covered by most insurance plans for up to 36 sessions. The program provides evaluation and instruction on how to manage your individual risk factors for heart disease. Some of the benefits of completing cardiac rehab include reducing the chances of having another heart attack, lessening the physical and emotional effects of having heart disease, and improving your physical stamina and overall health.

The number for Huntsville Hospital Cardiac Rehabilitation is (256) 265-7143.

If you cannot participate in cardiac rehab, you can use the guidelines on the right to start exercising at home. Remember that this is only a guide. You should pace yourself and progress your activity by how you feel.

As always, follow your health care provider's recommendation for exercise.

Week	Distance	Time	Days per week
1	¼ mile total in two short daily walks	6 minutes	5
2	½ mile total in two short daily walks	12 minutes	5
3	¾ mile per day	18 minutes	5
4	1 mile per day	24 minutes	5
5	1 mile per day	20 minutes	5
6	1¼ mile per day	25 minutes	5
7	1½ mile per day	30 minutes	5
8	1¾ mile per day	35 minutes	5
9	2 miles per day	40 minutes	5
10	2 miles per day	36 minutes	5
11	2 miles per day	33 minutes	5
12	2 miles per day	30 minutes	5

Exercise principles:

- Do not hold your breath during any exercise.
 - Wear shoes designed to properly support your feet and legs during exercise.
 - Wear comfortable, lightweight clothes. Dress in layers so you can remove some as you get warm.
 - Avoid exercise during parts of the day with extreme temperatures.
 - Drink plenty of fluids unless otherwise restricted.
 - Wait two to three hours after eating to exercise.
 - Never exercise if you are sick.
 - Slow down if you begin experiencing muscle cramps, excessive shortness of breath, or excessive fatigue.
 - Stop and contact your physician if you have chest pain, dizziness, nausea or vomiting, palpitations, fluttering or abnormal heart rhythm, or break out in a cold sweat.
 - Always begin and end with a warm up/cool down period (approx 5-10 minutes). This can be slow walking or stretching.
 - Walk with a partner or carry a cell phone with you if you are exercising alone.
 - Remember to listen to your body. Advance your distance as you feel ready. If you become tired, stop walking for the day.
- Take your medications as prescribed. If you have a problem with a medication, talk to your health care provider. You should never stop a medication without discussing it with your provider first.

Commonly prescribed medications at discharge:

- Antianginal (anti-chest pain) drugs: Prevent chest pain (angina) symptoms
- Nitroglycerin: Relieves a chest pain (angina) attack
- Antiarrhythmic drugs: Regulate the heart beat (rhythm)
- Anti-hypertensive drugs: Control blood pressure
- Cardiotonic drugs: Strengthen the heart's pumping ability (function)

- Diuretics: Remove extra water (fluid) from the body
- Anticoagulants: (blood thinners) Prevent the formation of blood clots within the heart and blood vessels
- Aspirin: (a mild blood thinner) Reduces the risk of another heart attack
- Antiplatelets: (ex. Plavix) Help the heart vessels stay open and reduces the risk of a heart attack or stroke

Plavix, Effient, Aspirin, Brilinta and Metformin

Plavix (clopidogrel), Effient (prasugrel), Aspirin and Brilinta (ticagrelor) are medications that your doctor may have given you to take at home after your heart attack or heart test. Plavix, Effient, Aspirin and Brilinta help the heart vessels stay open and can prevent you from having a heart attack or stroke. These four medications are very important to your heart and must be continued as ordered by your doctor after your heart procedure.

Please let all your doctors know if you are allergic to Plavix, Effient, Aspirin or Brilinta or if you have had a reaction while taking any of these medications.

DO NOT STOP your medicine. Only your doctor can tell you to stop your Plavix, Effient, Aspirin or Brilinta.

To stop one of these drugs without permission can lead to death. Follow your health care plan and take your medications.

Metformin is a medication that lowers your blood sugar and is given to treat diabetes. If you have diabetes and are taking this medicine, it is important for you to know that you must stop taking your metformin for 48 hours after you have completed any diagnostic test that uses dye. Taking metformin after a dye test can cause a serious condition called acidosis and can lead to death.

Remember to tell your physician and the office staff when you are scheduled to have any test that uses dye if you are currently taking metformin.

Heart Healthy Diet

Eating well-balanced meals will speed your healing and make you less tired. If you have been put on a special diet, ask your nurse or dietitian to explain anything you don't understand. A healthy heart diet is one that is low in cholesterol, saturated fat, sugar, sodium (salt) and caffeine. You may only have to make a few changes to your diet to make it heart healthy. Most people find that they can keep eating what they like once they learn to prepare foods in healthier ways.

Tips for a heart healthy diet

- Learn to read labels. Don't buy foods that list palm oil, coconut oil or hydrogenated oil. These saturated fats are not good for you.
- Use small amounts of vegetable oil in salads or in cooking. Safflower, corn, soy, sunflower, peanut, canola or olive oils are OK. So is non-stick spray.
- Bake, broil, steam, poach or grill. Don't fry.
- Cook with little salt and season with herbs, fruits, vegetables and no-salt seasonings.
- Eat three or fewer egg yolks per week. Egg whites and egg substitutes are OK.

- Cholesterol is found in animal foods. The body uses it to make hormones and help us burn food. High Density Lipid (HDL) is thought to remove cholesterol from the blood before it builds up in the arteries. Low Density Lipid (LDL) adds to the fatty buildup. Your aim is to have a total blood cholesterol of less than 200 with your HDL greater than 50.
- Foods like butter, hard margarines and Crisco should be avoided. Creams, whole milk, ice cream, sour cream and most cheeses have a lot of saturated fats that should be moderated.
- Drink alcohol only if you have no addiction problem. Drink no more than 2 oz. of liquor, 7 oz. of wine or 12 oz. of beer in any one day. If you are on tranquilizers, sleeping pills or pain medications, don't drink. Alcohol increases the side effects of these drugs.

Recipe for a healthy heart diet

- Trim all visible fat from meat and remove the skin from chicken before cooking.
- Bake, broil, roast or BBQ meats.

- Brown meat under broiler to drain greases.
- Eat more fish, chicken and turkey. Eat less red meat and pork (two to three times per week).
- Read labels carefully. Check the nutrition facts label for fat and sodium content.
- Drink less alcohol.
- Add more meatless dishes to your meals.
- Weigh meat portions after cooking.
- Skim fat from meat juices, drippings or broth.
- Limit your salt use.
- When dining out, check nutritional information before making food selections.

How to read a food label

Begin by reviewing the serving size and sodium content information.

On a sample label, the serving size is 1 cup (250 calories per serving, and 2 cups per container); the sodium content is 470 mg. Answer the following questions about the sample label:

1. If you ate the entire box of this product, how many calories will you have eaten?
2. If you ate two servings of this product, how much sodium will you have eaten?
3. Is this food item a good choice for a low-sodium diet?

Answers:

1. $250 \text{ calories} \times 2 \text{ servings per container} = 500 \text{ calories}$
2. $2 \text{ servings} \times 470 \text{ mg per serving} = 940 \text{ mg of sodium}$
3. No, this is about half the amount of sodium you can have in one day.

Atrial Fibrillation

What is atrial fibrillation?

Atrial fibrillation occurs when a part of the heart doesn't beat the way it should. The heart normally contracts and relaxes to a regular, steady beat. The heart beats because certain cells tell your heart to contract and pump blood. This pumping action works much like the valves of an engine. The engine helps carry fuel to the rest of the body for energy and function. Atrial fibrillation is a beat that is not regular and steady. It is often described as irregular and too fast.

How do I know if I have atrial fibrillation?

- Irregular heart beat
- Heart palpitations or rapid thumping inside the chest
- Shortness of breath
- Becoming tired more easily when exercising

If you have any of the above symptoms, you should seek the attention of a physician who can do an electrocardiogram to find out if the electrical signals of your heart are normal and steady. People with atrial fibrillation have a higher risk of stroke than people with a normal heart rhythm. That's because during atrial fibrillation, the heart's upper chambers quiver rather than beating effectively. This causes the blood to pool and clot, increasing the risk of stroke. The highest risk of stroke is when the heart goes back into its normal pattern. Many physicians will prescribe medications to thin the blood and reduce the risk of clots. Stroke is the number four cause of death and a leading cause of serious, long-term disability in America.

Signs and symptoms of a stroke

- Sudden numbness or weakness of the face, arm or leg
- Sudden confusion or trouble speaking or understanding

- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden headache with no known cause

If you experience any of these symptoms, call 911 and get to the hospital as soon as possible. Do not try to drive yourself. Ambulance staff are specially trained to evaluate and begin best treatment for stroke. There are clot-busting medications which may be given that can greatly reduce the severity of the stroke, but only if you go to the hospital right away. If you wait to see if the symptoms get better, you may be too late to get this treatment.

What can correct it?

Sometimes atrial fibrillation can be corrected with medications. The medications slow the heart rate and restore the engine's ability to work at a normal pace. The type of drugs you may take include antiarrhythmics (normalize the heart beat) and/or digoxin, calcium channel blockers and beta blockers (these three control heart rate and beat). At other times atrial fibrillation can be corrected with an electrical shock. This shock can change the beat of your heart back to normal.

Follow-up

It is important to follow-up with your physician on a regular basis and keep all scheduled appointments. Continue to live an active lifestyle and take your medications as directed. Do not stop any medications without an order from your physician. Your medication is important in maintaining a normal heart rhythm.

Stroke

A stroke occurs when a blood vessel carrying oxygen and nutrients to the brain either becomes narrowed, clogged or bursts. When a stroke occurs, the part of the brain that cannot get blood (and therefore oxygen) starts to die. The brain, which controls all of the body's functions, needs a continuous supply of blood carrying oxygen. Even a short interruption of blood flow can cause damage to the brain.

Types of stroke

- Approximately 80% of all strokes are ischemic. These strokes occur when the blood flow in a vessel is narrowed or clogged, either by a collection of fatty deposits on the vessel wall or by a blood clot.
- The other type of stroke, a hemorrhagic (hemorrhage), occurs when a blood vessel in the brain bursts. Blood leaks out into and around the brain. The blood collects and often compresses the surrounding brain tissue causing injury.

Effects of stroke

- The brain is the control center for all body functions. The effects of a stroke depend mainly on the location and the extent of the brain tissue involved.
- A stroke on the right side of the brain can result in weakness or paralysis of the left side of the body. It can also result in a tendency to ignore the left side of the body, impulsive (hasty) behavior, poor judgment or difficulty in perceiving space/distance.
- A stroke on the left side of the brain can result in weakness or paralysis of the right side of the body, problems with speech, language and swallowing, as well as slow, cautious or disorganized behavior.
- If the stroke occurs in the lower part of the brain called the cerebellum, difficulty with balance, coordination and dizziness can occur.
- If the stroke is in the brain stem, the heartbeat and breathing can become irregular and the person may go into a coma or die.
- Strokes in many areas of the brain can affect vision. Other areas of the brain injured by stroke can result in loss of bladder control, loss of memory and depression.

Warning signs of stroke

B.E. F.A.S.T.

B = Balance Sudden loss of balance

E = Eyes Sudden change in vision

F = Face Does one side of the face droop?

A = Arm Does one arm drift downward when raised?

S = Speech Does the speech sound slurred? Is there a change in speech?

T = Time Time to call 911.

Remember: Can't walk, can't talk, can't see, or sudden, severe headache with no known cause.

If you or someone you are with has one or more of these signs, don't delay! **STROKE IS AN EMERGENCY!** Immediately call 911 so an ambulance can be sent for you. Also, note the time the first symptoms of stroke started. It's very important to take immediate action.

Risk factors for stroke that cannot be changed

- **Age:** The chance of having a stroke doubles every 10 years of life after age 55.
- **Family history and race:** Stroke risk is greater when a parent, grandparent, sister or brother has had a stroke. African Americans are also at a much higher risk for stroke.
- **Sex (gender):** Stroke is more common in men than women; however, more stroke deaths occur in women.
- **Prior stroke, Transient Ischemic Attack (TIA) or heart attack:** Once you have had a stroke, TIA or heart attack, the risk of another stroke increases.

Risk factors for stroke that can be changed, treated or controlled

- **High blood pressure:** The most important risk factor to control is high blood pressure because it is the leading cause of stroke. Blood pressure should be checked regularly, and you should take the medicine your doctor has prescribed even when you feel good. Your doctor may also treat high blood pressure by suggesting a low-salt diet.
- **High cholesterol:** Increases fat deposits on the walls of blood vessels which increases the risks for clogged arteries. High cholesterol is a "silent killer." After your stroke, you may be asked to reduce the amount of fat and cholesterol in your diet and take medication to help control your cholesterol level.
- **Diabetes:** High blood sugars damage blood vessels throughout the body including the brain. Please see "Diabetes" on page 38.
- **Atrial fibrillation (type of irregular heartbeat):** When the heart does not beat or pump correctly, blood pools within the heart resulting in the formation of blood clots, which can travel to the brain and cause a stroke.
- **Physical inactivity and obesity:** Being overweight puts a strain on your entire body and increases your risk of having high cholesterol, high blood pressure, heart disease and diabetes. Talk to your doctor about how and when you can safely start to exercise to improve your health.

- **Unhealthy diet:** Increases the risk for developing high cholesterol, diabetes and obesity.
- **Smoking:** Smoking damages the blood vessel walls, speeds up clogging of the arteries, raises your blood pressure and makes your heart work harder. Being a smoker doubles your risk of stroke. Please see “Smoking and Your Health” on page 33.
- **Excessive drinking of alcohol:** Increases blood pressure and increases the risk of hemorrhagic stroke.

Physical activity and rehabilitation after a stroke

Rehabilitation after stroke may involve physical, occupational and/or speech therapy. These will be ordered by your doctor and may begin in the hospital. Recovering from a stroke is not always a fast process. In order to achieve a more complete recovery, therapy services may be necessary following your discharge from the hospital. Your therapy may continue, whether in a rehabilitation hospital, skilled nursing facility, at home with home health care or on an outpatient basis. Your case manager will help arrange follow-up therapy before you are ready to be released from the hospital.

The Alabama Department of Public Safety (driver licensure) suggests that you discuss driving ability with your physician and/or be re-evaluated by the Department of Public Safety and successfully pass all driving tests before driving.

In order to ease your transfer from hospital to home, it may be necessary for you to use special equipment once you are discharged. Your physician will determine if and what special equipment is needed. Your case manager will help arrange for these items when you are ready to be released from the hospital.

Medications used in treating stroke

- A very important part of recovery from your recent stroke will be compliance with the medications that your doctor prescribes. Many patients are readmitted to the hospital due to problems with their medications—either because they took them incorrectly or did not take them at all. Medications given will depend upon the type of stroke that has occurred.
- A variety of drugs may be used to treat a recent stroke and/or prevent another one. For an ischemic stroke, some of the drugs given will help prevent dangerous blood clots from forming in blood vessels. A single drug or a combination of drugs may be prescribed by your doctor.
- Other drugs may be prescribed depending on the patient’s specific needs. For example, for a stroke due to a ruptured blood vessel, blood pressure medications may be needed. If a high cholesterol level is discovered, medications to help lower this level might be ordered.
- It is very important that you take your prescriptions exactly as instructed so the drugs will work without causing adverse effects. It may be best to use only one pharmacy, and always keep a current list of medications with you to provide to your pharmacist or physician when filling a prescription.
- When you are released from the hospital, your nurse will review all discharge medications with you and/or your family and provide written information about any new medications ordered.

Discharge

At discharge, your nurse will provide information about any follow-up visits that may be needed with your doctors.

For more information about strokes, ask your nurse for a stroke book.

Venous Thromboembolism

What is Venous Thromboembolism (blood clot)?

Venous Thromboembolism (VTE) is a condition in which blood clots form in a vein deep in the body and may move through the bloodstream to another part of the body. Blood clots usually form in the veins in the legs, but this can occur in other veins of the body. If a blood clot dislodges and travels in your bloodstream, it may become stuck in one of your lungs, causing a pulmonary embolism; it may become stuck in a coronary artery in the heart, causing a heart attack; or it may become stuck in an artery in the brain, causing a stroke.

What are the risks for developing Venous Thromboembolism?

There are several factors that could increase the risk of developing VTE. Your risk increases if you have several of the risk factors at the same time. These risks include:

- Low blood flow in a deep vein due to surgery or injury
- Other medical conditions, such as an underlying disease, varicose veins or a past history of blood clots
- Long periods of inactivity, such as bed rest or during travel on long trips

- Pregnancy, especially the first 6 weeks after delivery of the baby
- Being overweight
- Taking birth control pills or hormone therapy
- Having a central venous catheter in place
- Being over age 60, although VTE can occur at any age
- Smoking

What are the symptoms of Venous Thromboembolism?

- Swelling of the leg
- Pain or tenderness in the leg, which is usually present in just one leg and may only be present when standing or walking
- Feeling of increased warmth in the area of the leg that is swollen or painful
- Red or discolored skin in the area of swelling or pain

How is Venous Thromboembolism diagnosed?

Your doctor will obtain a medical history and will examine you to determine if VTE is present. To verify the diagnosis, your doctor may also order one or more of the following special tests:

- Ultrasound: A study which uses sound waves to evaluate the blood flow in the veins.
- Venography: A study involving dye being injected into a vein then taking X-rays of the area in question.
- Magnetic Resonance Imaging: A procedure using radio waves to show pictures of organs and structures inside the body.
- CAT Scan: This procedure will also provide

pictures of the structures in the body. It is infrequently used for diagnosis.

- D-Dimer: A blood test used to determine if clotting is present.

How is Venous Thromboembolism treated?

There are several methods to treat VTE depending upon your severity, some of which may require surgical intervention. VTE is usually treated with a medication called an anticoagulant or blood thinner. This type of medication is used to stop clots from getting bigger and to prevent new clots from forming. The anticoagulants do not break up clots that have already formed. These clots will be broken down by your body's natural defenses. Your doctor may order one or a combination of the following anti-coagulant medications depending upon your individual medical needs:

- Heparin, which is given in the vein
- Lovenox (enoxaparin), Arixtra (fondaparinux) and Fragmin (dalteparin) are all low-molecular weight heparin given by injection
- Coumadin, also known as warfarin, which is a pill
- Xarelto, also known as rivaroxaban, which is a pill
- Eliquis, also known as apixaban, which is a pill

Your doctor may also recommend bed rest or limited activity and continuous warm soaks to the area as part of the treatment plan.

Once home, it is important to take your anticoagulant as ordered. Your doctor may order follow-up blood work to check the effectiveness of your anticoagulant medication. If ordered, it is essential to have this blood work drawn.

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

Warfarin (Coumadin)

What is warfarin?

Warfarin is a medication that prevents blood clots from forming. Your doctor has prescribed warfarin because you have one of the following conditions:

- Atrial fibrillation (irregular heartbeat)
- Stroke
- Recent heart attack
- Treatment or prevention of deep vein thrombosis (blood clot in arm/leg) or pulmonary embolism (blood clot in lungs)
- Heart valve replacement
- Clotting disorders

What do I need to do?

1. Follow-up with your doctor or the Coumadin Clinic to have blood tests (INR/Protime) to check how quickly your blood is clotting.

2. Notify your doctor and the Coumadin Clinic (if you are a Coumadin Clinic patient) of ALL medications you are taking, both over-the-counter and prescription. Many drugs interact with warfarin, including: antibiotics, steroids and medications to control heart rhythm. Avoid all herbal supplements.
3. It is OK to use the following over-the-counter medications: Tylenol, Benadryl, Maalox, Tums, Centrum
4. Keep your diet steady (consistent). You can have green, leafy vegetables — be sure to eat the same amount each week. These foods are high in Vitamin K, which may affect your warfarin.
5. If you drink alcohol, do so in moderation. Alcohol may interact with your warfarin.
6. It is important to take warfarin exactly as prescribed. If you forget to take a pill at the normal

time, take it as soon as possible (if you remember on the same day). Do NOT take a double dose the next day. Tell your doctor or the Coumadin Clinic if you miss a dose.

7. Do not stop your warfarin for any reason without telling your doctor or the Coumadin Clinic.

When should you call your health care provider or seek medical care?

- Serious fall or injury
- Fever, vomiting, diarrhea, infection
- Prolonged bleeding from cuts, nosebleeds, gums, menstrual flow
- Red or dark brown urine; red or black bowel movements

High Vitamin K Foods	Medium Vitamin K Foods
broccoli, brussel sprouts, collard greens, cucumber (peel), endive, kale, leaf lettuce, liver, spinach, turnip greens, watercress	avocado, asparagus, cabbage, celery, iceberg lettuce, okra, peas, pickles

- Unusual bruising
- Pregnancy or planned pregnancy
- Shortness of breath, pain and swelling in arm or leg, or signs of stroke (see page 30)

Warfarin and Vitamin K

- Vitamin K can affect the way your warfarin works. Vitamin K is found in green, leafy vegetables, some peas and beans, chewing tobacco and green tea.
- You do not need to avoid foods that contain Vitamin K; you just need to keep your diet consistent. Eat about the same number of servings of high-Vitamin K foods each week.

Smoking and Your Health

Smoking is harmful to your body and is associated with many health issues including lung cancer, heart disease, stroke and chronic obstructive pulmonary disease (COPD) which includes emphysema and chronic bronchitis. Tobacco use remains the leading cause of preventable death and disease in the United States. Tobacco use causes over 438,000 deaths per year while secondhand smoke exposure causes over 41,000 deaths per year. It is important to quit smoking to improve your health. Stopping smoking has many benefits, both immediate and long term.

- 20 minutes after quitting, your heart rate drops
- 12 hours after quitting, the carbon monoxide level in your blood drops to normal
- 2 weeks to 3 months after quitting, your heart attack risk begins to drop; your lung function starts to improve
- 1 to 9 months after quitting, your cough and shortness of breath improve
- 1 year after quitting, your added risk of coronary artery disease is half that of a smoker's
- 2 to 5 years after quitting, your risk of stroke is reduced to half that of a smoker's
- 5 years after quitting, your risk for cancers of the mouth, throat, esophagus and bladder are cut in half
- 10 years after quitting, your risk of dying from lung cancer is about half that of a smoker's
- 15 years after quitting smoking, your risk of coronary heart disease is that of a non-smoker's

Additional Facts about tobacco products and smoking:

- Smokers miss more work than non-smokers, and their illnesses last longer
- Smokers have a shorter life expectancy than non-smokers by about 13-14 years
- Women who smoke and take birth control pills are at a higher risk for developing cardiovascular disease and/or stroke
- Smokeless tobacco is a known cause of cancer and is not a safe alternative to cigarettes
- Marijuana smoke contains many of the same toxins, irritants and carcinogens as tobacco smoke
- Electronic cigarettes are a tobacco product and are not a safe alternative to cigarettes
- Electronic cigarettes contain several potentially harmful chemicals, including nicotine, carbonyl compounds and volatile organic compounds
- Cigars and pipes have many of the same health risks as cigarettes
- Smoking increases the risk of infertility, preterm delivery, stillbirth and low birth weight
- Children exposed to secondhand smoke have an increased risk of sudden infant death syndrome (SIDS), asthma, ear infections and lower respiratory tract infections
- Smoking reduces bone density in postmenopausal women
- Smokers are at a higher risk for infections

Tobacco/Smoking Cessation

There is no one way to quit smoking that works for everyone. It is important to find what works best for you. The decision to quit smoking and/or using tobacco is very personal, and it is one only you can make. Tobacco smoking often requires repeated intervention and multiple attempts to quit. In fact, smokers — on average — try to quit 6 to 11 times in their lives before becoming smoke-free. There are also many reasons to quit smoking, ranging from your health, your family's health (secondhand smoke), family planning, alienation, inconvenience, and cost. If you smoke at home, think about how secondhand smoke affects your family. Any exposure to tobacco smoke can cause both immediate and long-term damage to the body. There is no safe level of exposure to tobacco smoke, and there is no safe cigarette.

Quitting smoking is a journey. Remember, you did not become addicted to smoking/tobacco overnight so it will take time to become smoke free/tobacco free. Be kind to yourself as you go through this process. A slip-up does not equal a failure. The majority of smokers want to quit — up to 70%. Of that, 43% of smokers try to quit each year. More than half of those smokers who want to quit try to quit each year, but only 4% to 7% of smokers who try to quit “cold turkey” (abruptly and with no support) are successful in remaining smoke-free for up to one year. To improve your success at quitting, counseling and medication are key. Generally, the first two weeks can be the most challenging.

Creating a Quit Plan

One of the keys to successfully quitting smoking is preparation. A quit plan may keep you focused, confident and motivated to quit. It can help you identify challenges you will face as you quit and lets you prepare for ways to overcome them. And, it may improve your chances of quitting smoking for good.

- The decision to quit can only be yours
- List the reasons why you want to quit
- Set a quit date
- Get support from your family and friends to offer encouragement
- Remove things associated with smoking from your living spaces
- Identify your triggers and how to handle them
- Review the directions for the nicotine replacement therapy (NRT) or medication you plan to use to help you quit
- Speak to your health care provider

- Plan to reward yourself for not smoking/using tobacco
- Stay positive

How to handle cravings

Urges to smoke typically last 5 to 10 minutes.

Behavioral urges — the ones triggered by the routines you associate with smoking — can be better handled with preparation and understanding. Although you won't be able to avoid all smoking triggers, it's important to make a plan for how to handle an urge to smoke and withdrawal symptoms. There are many ways to overcome triggers and withdrawal symptoms.

- Call someone for support
- Websites such as *freedomfromsmoking.org* can help keep you on track and allow you to connect with your quit supporters in real time
- Use wearable technology like smart watches and electronic fit bands that can help you refocus on vital signs like daily heart rate and watch how they potentially improve over time
- Join forces with a “quit buddy” through social media
- Do something new or enjoyable
- Exercise to reduce urges to smoke and potential weight gain (Speak with your physician before beginning an exercise program)
- Relax with music or meditation
- Use substitutes such as water or gum
- Remind yourself why you want to quit

Resources

Beat the Pack Four-week tobacco cessation program at Huntsville Hospital's Center for Lung Health at the Medical Mall. (256) 265-7071

Alabama Tobacco Quitline: 1-800-QUITNOW

Alabama Tobacco Quitline offers a free online coaching service. Sessions are designed on a schedule convenient to you. Call 1-800-QUIT-NOW. For Spanish language quitline, call (855) 335-3569.

Freedom From Smoking Plus Online resource that helps you create a personal quit smoking plan on your computer or mobile device and offers additional support from the American Lung Association's Lung HelpLine counselors and other quitters through our online community. *freedomfromsmoking.org*

Pharmacological Quit Aids Medications have risks and benefits. Speak to your health care provider about which medication may be right for you.

Source: *American Lung Association

High Blood Pressure

Another name for high blood pressure (HBP) is hypertension. High blood pressure means the pressure in your arteries is elevated. Blood pressure is the force of blood pushing against blood vessel walls. It's written as two numbers, such as 112/78 mm Hg. The top, systolic, number is the pressure when the heart beats. The bottom, diastolic, number is the pressure when the heart rests between beats. Normal blood pressure is below 120/80 mm Hg. If you're an adult and your systolic pressure is 120 to 139, or your diastolic pressure is 80 to 89 (or both), then you have "pre-hypertension." High blood pressure is a pressure of 140 systolic or higher and/or 90 diastolic or higher that stays high over time.

No one knows exactly what causes most cases of high blood pressure. It usually can't be cured, but it can be controlled. High blood pressure usually has no symptoms. It is truly a "silent killer." About 72 million Americans and one in three adults have high blood pressure, and many don't even know they have it. Not treating high blood pressure is dangerous. High blood pressure increases the risk of heart attack and stroke. Untreated high blood pressure can also lead to heart failure, kidney failure and peripheral arterial disease.

Who is at higher risk?

- People with close blood relatives who have high blood pressure
- African Americans
- People over 35
- Overweight people
- People who are not physically active
- People who consume too much salt
- People who drink too much alcohol
- People with diabetes, gout or kidney disease
- Pregnant women
- Women who take birth control pills, who are overweight, had HBP during pregnancy, have a family history of HBP, or have mild kidney disease

How can I reduce high blood pressure?

- Lose weight if you are overweight.
- Eat healthy meals low in saturated fat, trans fat, cholesterol and salt.
- Limit alcohol to no more than one drink per day for women and two drinks for men.
- Take your medication as prescribed.
- Be more physically active. Exercise at least 30 minutes on most or all days. This activity can be broken down into shorter segments to total 30 minutes.
- Know what your blood pressure should be and work to keep it at that level.

How can medications help?

Some medicines, such as vasodilators, help relax and open up your blood vessels so blood can flow through better. A diuretic can help keep your body from holding too much water and salt. Other medicines help your heart beat more slowly and with less force.

Don't be discouraged if you need to take blood pressure medicine from now on. Sometimes you can take smaller doses after your blood pressure is under control, but you may always need some treatment. What is most important is that you take your medicine exactly the way your doctor tells you to. Never stop treatment on your own. If you have problems or side effects with your medicine, talk to your doctor.

How do I limit salt?

Eating a lot of salt (sodium) adds to high blood pressure in some people. It holds excess fluid in your body and puts an added burden on your heart. Your doctor may tell you to cut down on the salt you use in cooking and to not add salt to foods. He or she may also tell you to avoid salt completely. Try to read food labels so you'll know which foods are higher in sodium. Learn to use herbs or salt substitutes instead.

How do I limit alcohol?

Ask your doctor if you're allowed to drink alcohol, and if so, how much. Drinking more than two drinks per day if you're male or more than one drink per day if you're female may lead to high blood pressure. One drink is equal to 12 ounces of beer, 4 ounces of wine, 1.5 ounces of 80-proof distilled spirits, or 1 ounce of 100-proof spirits. If cutting back on alcohol is hard for you to do on your own, ask about community groups that can help.

How can I be more active?

An inactive lifestyle is a risk factor for heart disease and stroke. It also tends to add to obesity, which is a risk factor for high blood pressure. Regular physical activity helps to reduce blood pressure, control weight and reduce stress. It's best to start slowly and do something you enjoy, like walking or riding a bicycle. Talk to your health care professional about a good plan for you. Strive for at least 30 minutes per day on most or all days of the week. This can even be broken down into 10 to 15 minute periods throughout the day.

COPD

What is COPD?

Chronic Obstructive Pulmonary Disease (COPD) is a term used to describe a group of progressive lung diseases including emphysema, chronic bronchitis, refractory (non-reversible) asthma, and some forms of bronchiectasis. These diseases cause airflow blockage and breathing-related problems. In COPD, the tubes that carry air in and out of your lungs are partly obstructed, making it difficult to get air in and out. COPD develops slowly, and it may be many years before you notice symptoms like feeling short of breath. COPD affects over 30 million people in the U.S. Over half of those individuals have symptoms but do not know they have COPD. COPD is not contagious—you cannot catch it from someone else.

Symptoms of COPD

- Shortness of breath
- Chest tightness
- Frequent cough (with or without sputum)
- Wheezing

Risk factors and causes

The leading causes of COPD include:

- **Smoking:** Smoking (cigarettes, pipes, cigars, etc.) is the leading cause of COPD. COPD most often occurs in people over 40 who are current or former smokers. More than 90% of cases occur in people who smoke or have smoked cigarettes.
- **Environmental Factors:** COPD can occur in people who have had long-term exposure to lung irritants in the workplace such as dust, fumes and certain chemicals. Long-term second-hand smoke exposure may also cause COPD.
- **Genetic Factors:** The inherited form of emphysema is called alpha-1 antitrypsin deficiency. It affects 1 in 1,500 to 3,500 individuals with European ancestry. Usually, these people develop the first signs and symptoms of lung disease between ages 20 and 50. The earliest symptoms are shortness of breath following mild activity, reduced ability to exercise, wheezing and recurring respiratory infections.

How is COPD diagnosed?

Your physician will review your health history and evaluate your symptoms (shortness of breath, cough and sputum production, exposure history including smoking and family history). If you are at risk or have symptoms of COPD, you should be tested through spirometry. Spirometry is a simple test to see how well your lungs work. For this test, you blow air through a mouthpiece and tubing connected to a machine. This machine will tell you how much air you

blow out and how fast you can blow it. Spirometry can detect COPD before symptoms start. It also tells your doctor how severe your COPD is and helps with determining treatment.

Nutrition and COPD

Because chronic lung disease patients expend much more energy in the simple act of breathing, the ventilatory muscles can require up to 10 times the calories required by a healthy person's muscles. This is why it is so important for people with lung disease to eat properly. Good nutritional support helps maintain the ventilatory functions of the lungs, while improper nutrition can cause wasting of the diaphragm and other pulmonary muscles.

- **Carbohydrates for fuel:** Carbohydrates are the major source of fuel for the body. Simple carbohydrates, also called sugar, are a main component of foods such as table sugar, candy, cake, and regular soft drinks. Complex carbohydrates such as those in breads, pastas, and vegetables, are a good source of vitamins, minerals, and fiber. Dietary fiber, which comes mainly from foods high in complex carbohydrates, are an important part of the diet, especially for older people. Recommended fiber intake is 25-30 grams per day.
- **Protein for respiratory muscles:** Muscle and other body tissue are composed partly of protein. It is important that people with lung disease eat good sources of protein at least twice a day to help maintain strong respiratory muscles. The best sources of protein are milk, eggs, cheese, meat, fish, poultry, nuts, and legumes. Recommended protein intake is a 3-4 ounce piece of lean meat two times per day.
- **Fat for energy:** Fat is an excellent source of energy. It also produces the least carbon dioxide when it is metabolized. More fat can be eaten if gaining weight is important. Less fat can be included in the diet if losing weight is your goal. Choose heart-healthy fats – olive oil, canola oil, nuts, seeds, avocado, and salmon.
- **Sodium:** Too much sodium may cause edema (swelling) that may increase blood pressure. If edema or high blood pressure are health problems for you, talk to your physician about how much sodium you should be eating each day. Think about the use of spices and herbs in seasoning your food and other ways you can decrease your sodium intake. Recommended sodium intake is less than 1500 milligrams per day.

- **Fluids:** Fluid is important because 2/3 of our body is water. A good intake of water is important to help keep mucus thin for easier removal. A good goal is 4-6 glasses daily. Don't try to drink this much fluid at once; spread it out over the entire day. Avoid drinking fluids that contain large amounts of caffeine because caffeine can actually make you lose fluid. Limit carbonated beverages.
- **Timing of meals:** Eating several small meals a day instead of two or three large ones can help you eat well and not feel uncomfortable. A full stomach presses up into the space below the diaphragm. This keeps the diaphragm from moving as far down as it should when you breathe in and your lungs don't fill completely. Try dividing your day's food into 4-6 small meals. You can eat a small breakfast, lunch and dinner. Then get the rest of your nutritional needs for the day by eating two or three between-meal snacks.

COPD self care

Please refer to the "Living Well with COPD" booklet for information on managing COPD, Chronic

Pneumonia

Bacterial pneumonia

Bacterial pneumonia can attack anyone from infants through the elderly. Alcoholics, the debilitated, post-operative patients, people with respiratory diseases or viral infections, and people who have weakened immune systems are at greater risk.

The organism streptococcus pneumoniae (pneumococcus) is the most common cause of bacterial pneumonia. It is one form of pneumonia for which a vaccine is available. Symptoms (may be gradual or sudden onset) include:

- Shaking, chills and
chattering teeth
- Chest pain
- Productive cough (rust
or green mucus)
- High temperature
- Sweating
- Increased pulse rate
- and breathing rate
- Lips and nail beds
bluish color
- Mental state of
confusion or delirium
- Shortness of breath
- Fatigue, nausea or
vomiting

Treating pneumonia

If you develop pneumonia, your chances of a fast recovery are greatest under certain conditions. Younger patients and those who are able to catch the pneumonia in early stages are at an advantage. Use of appropriate antibiotics or antiviral drugs prescribed by your doctor can improve recovery time for pneumonia patients. Even after the patient's temperature returns to normal and other symptoms lessen, it is important to continue taking medications

Pulmonary Disease Action Plan, medications, breathing techniques, oxygen therapy, pulmonary rehabilitation and tips on living with COPD. Speak to your doctor if you are interested in pulmonary rehabilitation. A physician order is required, and many insurance companies will pay for the visits to pulmonary rehab. The number for pulmonary rehabilitation at Huntsville Hospital's Center for Lung Health is (256) 265-7071.

Outlook

COPD is a major cause of disability and the third leading cause of death in the United States. Millions of people are diagnosed with COPD, and many more have the disease and do not know it. Even though there is no cure for COPD, through lifestyle changes and treatment you can feel better, stay more active and slow the progression of the disease.

Resources

COPD Foundation - copdfoundation.org

Alpha-1 Foundation - alpha1.org

American Lung Association - lung.org

National Heart, Lung & Blood Institute - nhlbi.nih.gov

HH Center for Lung Health - huntsvillehospital.org/lung-health

according to your doctor's instructions to prevent a recurrence of pneumonia. Relapses can be more serious than the first attack. Other factors such as proper diet, adequate rest and oxygen can also aid in recovery. Recovery times can vary from weeks to months. Pneumonia is a serious illness and patients should allow time for strength, vigor and wellness to return. Remember, don't rush your recovery.

Preventing pneumonia

Because pneumonia is a common complication of influenza (flu), getting a flu shot every fall is a good pneumonia prevention strategy. A vaccine is also available to help fight pneumococcal pneumonia. This vaccine is usually given to people at high risk of getting the disease and its life-threatening complications. The greatest risk is to:

- Those with chronic illnesses such as lung disease, heart disease, kidney disease, sickle cell anemia, HIV or diabetes
- Those who smoke
- Those in nursing homes or other chronic care facilities
- Those who have asthma
- Those recovering from severe illness
- Those age 65 or older

If you have symptoms of pneumonia, call your doctor immediately. Early diagnosis and treatment are important. Recovery at home may be possible. Always follow your doctor's advice and instructions fully.

Diabetes

Diabetes is a condition where the glucose (sugar) builds up in your blood to an unhealthy level. Diabetes is when your body either does not make enough insulin or can't use its own insulin. In some cases, it can be both. Most of our food becomes sugar and is converted to energy for your body to function. Insulin is a hormone that changes sugar and food into an energy source to help glucose move into your cells. This movement is needed to provide energy.

What are the common signs of diabetes?

- Unexplained weight loss
- Feeling very hungry
- Being very thirsty
- Urinating often
- Feeling tired/worn out
- Blurred vision
- Infection that does not go away
- Wounds or sores that do not heal well

What types of diabetes are there?

Diabetes has several forms: The main two forms are type 1 and type 2. Type 2 is the most common. About 90 to 95% of the U.S. population that is diagnosed has type 2 diabetes. Type 2 diabetes develops when the body isn't able to make enough insulin and can no longer efficiently use the insulin it makes. This is commonly called insulin resistance. It often develops in middle-aged and older adults. Type 2 diabetes is often linked to obesity and physical inactivity.

Who is at risk?

People in several ethnic groups seem to be more likely to develop type 2 diabetes, and they include:

- African Americans
- Hispanics
- Native Americans
- Asians (especially South Asians)

Diabetes, obesity and lack of physical activity are all increasing. Combining obesity, activity level and age increases the chance of diabetes.

Pressure Injuries

What is a pressure injury?

Pressure injuries, sometimes called "bed sores," are often thought to happen to people who spend most of their time in bed. That is not true. Pressure injuries can develop when a person stays in any one position for a long period of time allowing constant pressure in an area of skin. Blood flow slows down or stops flowing to the area causing the skin and underlying tissue to die. This can happen as quickly as a few hours, but because the injury starts on the inside and works its way out to the surface, it may take longer to notice.

How can I avoid getting a pressure injury?

Relieve pressure by moving, lifting, standing, and shifting your weight from side to side frequently.

How is diabetes controlled?

Diabetes is a major risk factor for heart disease and stroke. If you have diabetes, keep your regularly scheduled check-ups. Work closely with your health care providers to control your glucose and reduce your risk factors:

- Follow a healthy diet
- Be physically active
- Lower your blood pressure
- Don't smoke
- Take your medicine for diabetes as directed
- Check your blood sugar on a regular basis
- Learn about diabetes and how to care for yourself

What is hemoglobin A1C?

Hemoglobin A1C is a laboratory blood sugar that shows how well your diabetes has been controlled over the past three months. Part of keeping healthy with diabetes is doing your best to maintain this A1C level at 7% or lower which may help prevent or delay complications of uncontrolled diabetes.

If during your hospital stay you are told you are experiencing high blood sugar levels or that your A1C level result is above the normal range and you do not have diabetes, please follow up with your doctor after discharge within a month to see if you may benefit from further testing.

If you have any questions concerning diabetes, please feel free to contact our certified diabetes educators at (256) 265-8413. Knowing how to manage your diabetes is extremely important. Please consider attending Huntsville Hospital Health System Diabetes Control Center classes, which are recognized nationally through the American Diabetes Association to teach you diabetic management. Ask your doctor to make the referral for you today. The number for our Diabetes Control Center is (256) 265-3069.

- Ask your care team if walking or standing at the bedside is ok.
- When sitting in a chair or wheelchair, shift weight side to side every 15 minutes. Ask your care team if you can stand up for a few minutes.
- Ask your care team if physical therapy can be considered.
- When in bed, change your position at least every 2 hours. Rotate turning onto your right side, back side, and left side. If you are unable to turn yourself, speak with your care team to set up a turn schedule.

Use devices to assist with pressure relief.

- Pillows or off-loading boots to assist with taking pressure off the heels.

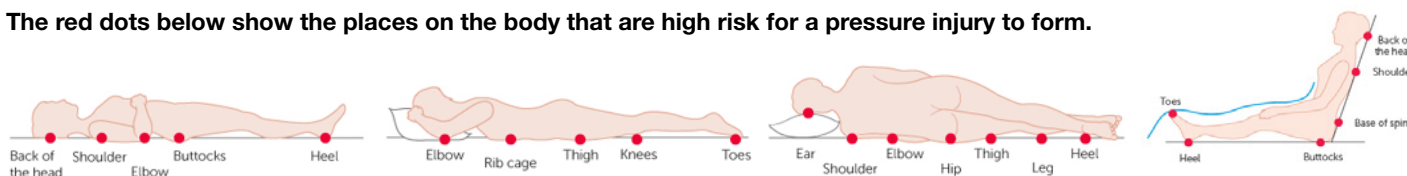
- Pillows, wedges, or other available pads to assist with turning.
- A cushion may be used when in a chair or wheelchair.

Additional things to consider:

- Inspect your skin daily. Look for red or dark areas, blisters, cracked or dry skin. Pay close attention to areas of skin in contact with medical devices such as oxygen tubing, urinary catheters, ID bracelets, splints & braces, and wrinkled pads. Report all areas of concern to the care team.

- Bathe with mild soap and water. Dry your skin thoroughly and apply hospital-approved moisturizer.
- Remember to eat well-balanced meals and drink fluids. Protein and calories are important. Speak with the care team about your nutrition. You may benefit from speaking with a dietitian.
- If you are restricted to the bed, speak with the care team about keeping the head of the bed at 30 degrees or lower.
- To avoid irritation, let the care team know immediately if your skin comes in contact with urine or stool.

The red dots below show the places on the body that are high risk for a pressure injury to form.



What is BMI?

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI correlates to body fat, usually indicating excess fat. If your BMI is high, you may have an increased risk of developing certain diseases, including high blood pressure, heart disease, high cholesterol, diabetes, stroke, certain types of cancer, arthritis and breathing problems. Prevention of further weight gain is important, and weight reduction is desirable. If you are overweight or obese and have risk factors such as personal or family history of heart disease, male over 45 years or a postmenopausal female, smoker, inactive lifestyle, high blood pressure, abnormal blood lipids (high cholesterol, low HDL, high triglyceride) or diabetes, then you are more likely to benefit from weight loss.

Using the chart, find your height in the left-hand column. Move across the

row to the given weight. The number at the top of the column is the BMI for that height and weight.

**Source: Dietary Guidelines for Americans, 2000*

BMI (kg/m)	19	20	21	22	23	24	25	26	27	28	29	30	35	40
Height (in.)	Weight (lb.)													
58	91	96	100	105	110	115	119	124	129	134	138	143	167	191
59	94	99	104	109	114	119	124	128	133	138	143	148	173	198
60	97	102	107	112	118	123	128	133	138	143	148	152	179	204
61	100	106	111	116	122	127	132	137	143	148	153	158	185	211
62	104	109	115	120	126	131	136	142	147	153	158	164	191	218
63	107	113	118	124	130	135	141	146	152	158	163	169	197	225
64	110	116	122	128	134	140	145	151	157	163	169	174	204	232
65	114	120	126	132	138	144	150	156	162	168	174	180	210	240
66	118	124	130	136	142	148	155	161	167	173	179	186	216	247
67	121	127	134	140	146	153	159	166	172	178	185	191	223	255
68	125	131	138	144	151	158	164	171	177	184	190	197	230	262
69	128	135	142	149	155	162	169	176	182	189	196	203	236	270
70	132	139	146	153	160	167	174	181	188	195	202	207	243	278
71	136	143	150	157	165	172	179	186	193	200	208	215	250	286
72	140	147	154	162	169	177	184	191	199	206	213	221	258	294
73	144	151	159	166	174	182	189	197	204	212	219	227	265	302
74	148	155	163	171	179	186	194	202	210	218	225	233	272	311
75	152	160	168	176	184	192	200	208	216	224	232	240	279	319
76	156	164	172	180	189	197	205	213	221	230	238	246	287	328

Body weight in pounds according to height and body mass index.

Adapted with permission from Bray, G.A., Gray, D.S., Obesity, Part I, Pathogenesis, West J. Med. 1988; 149: 429-41.

Height: _____ Weight: _____ BMI Results: _____

Ranges	Category	BMI Health Risk	Co-morbidity Risks
Below 18.5	low weight	low	moderate
18.5 - 24.9	healthy	minimal	low
25 - 29.9	overweight	moderate	high
30 - 34.9	obese	high	very high
35 - 39.9	very obese	very high	extremely
40+	morbid	extremely	extremely

Oral Health

Good oral hygiene results in a mouth that looks and smells healthy. This means your teeth are clean and free of debris, gums are pink and do not hurt or bleed when you brush or floss, and bad breath is not a constant problem.

If your gums do hurt or bleed while brushing or flossing, or you are experiencing persistent bad breath, see your dentist. Any of these conditions may indicate a problem.

Your dentist or hygienist can help you learn good oral hygiene techniques and can help point out areas of your mouth that may require extra attention during brushing and flossing.

The mouth-body connection

You may have heard of the mind-body connection, but what about the mouth-body connection? To many people, a dental visit is about getting their teeth cleaned, having a tooth pulled or having a filling placed. However, a dental visit is not just about teeth. It is also about your overall health. What goes on in your mouth can affect the rest of your body, and what goes on in the rest of your body can have an effect on your mouth.

Many diseases and conditions can affect your oral health. For example, people with weakened immune systems may be more likely to get fungal and viral infections in the mouth. The immune system can be weakened by disease or as a side effect of cancer chemotherapy drugs or by drugs that are taken to prevent the rejection of transplanted organs or bone marrow. Medications taken for other conditions also can affect the health of your mouth. For example, many drugs cause dry mouth, which can increase your risk of dental decay, oral yeast infections and other oral infections. The state of your mouth often can provide information about your overall health. Your dentist can be instrumental in helping to diagnose many diseases and conditions that have oral effects. During your dental exam, your dentist might see something in your mouth that is a sign or symptom of an illness or disease that you might not even know you have. You can then be referred to a specialist for treatment. Your dentist can also make sure you get specialized oral and dental care if you have a chronic condition that requires it. If necessary, he or she can refer you to an expert in oral medicine. Your oral health can also affect other medical conditions. For example, if you are diabetic, an infection in your mouth can disrupt your blood sugar levels and make your diabetes harder to control.

Researchers are exploring the role of periodontal (gum) disease as a potential risk factor for various medical conditions, including heart disease.

How is good oral hygiene practiced?

Maintaining good oral hygiene is one of the most important things you can do for your teeth and gums. Healthy teeth not only enable you to look and feel good, they make it possible to eat and speak properly. Good oral health is important to your overall well-being.

Daily preventive care, including brushing and flossing, will help stop problems before they develop and is much less painful, expensive and worrisome than treating conditions that have been allowed to progress.

In between regular visits to the dentist, there are simple steps that each of us can take to greatly decrease the risk of developing tooth decay, gum disease and other dental problems. These include:

- Brushing thoroughly twice a day and flossing daily
- Eating a balanced diet and limiting snacks between meals
- Using dental products that contain fluoride, including toothpaste
- Rinsing with a fluoride mouth rinse if your dentist tells you to
- Making sure that your children under 12 drink fluoridated water or take a fluoride supplement if they live in a non-fluoridated area.

What happens during a dental visit?

First, it is important to find a dentist with whom you feel comfortable. Once you've found a dentist you like, your next step is to schedule a checkup, before any problems arise. On your first visit to a dentist, they will take a full health history. On subsequent visits, if your health status has changed, make sure to tell them. Most dental visits are checkups. Regular checkups, ideally every six months, will help your teeth stay cleaner, last longer and can prevent painful problems from developing.

Regular checkups include:

- **A thorough cleaning:** Checkups almost always include a complete cleaning, either from your dentist or a dental hygienist. Using special instruments, a dental hygienist will scrape below the gum line, removing built-up plaque and tartar that can cause gum disease, cavities, bad breath and other problems. Your dentist or hygienist may

also polish and floss your teeth.

- **A full examination:** Your dentist will perform a thorough examination of your teeth, gums and mouth, looking for signs of disease or other problems. His or her goal is to help maintain your good oral health and to prevent problems from becoming serious by identifying and treating them as soon as possible.
- **X-rays:** Depending on your age, risks of disease and symptoms, your dentist may recommend X-rays. X-rays can diagnose problems otherwise unnoticed, such as damage to jawbones, impacted teeth, abscesses, cysts or tumors and decay between the teeth. A modern dental office

uses machines that emit virtually no radiation — no more than you would receive from a day in the sun or a weekend watching TV. As a precaution, you should always wear a lead apron when having an X-ray. If you are pregnant, inform your dentist as X-rays should only be taken in emergency situations.

How long should I go between visits?

If your teeth and gums are in good shape, you probably won't need to return for three to six months. If further treatment is required, you should make an appointment before leaving the office. And don't forget to ask your dentist any questions you may have — this is your chance to get the answers you need.

Sepsis

What is sepsis?

Sepsis is a complication caused by the body's extreme response to an infection. If that infection isn't stopped, it can cause sepsis. Sepsis is a medical emergency. Time matters! Without timely treatment, sepsis can cause tissue damage, organ failure and death.

Are you at risk?

Anyone can get an infection, and almost any infection can lead to sepsis. People with chronic conditions like diabetes, lung disease, cancer and kidney disease are at higher risk for developing sepsis. Sepsis more commonly occurs in:

- Adults 65 or older
- People with weakened immune systems from illness or medications
- Children younger than one year old

What can I do to prevent serious complications from sepsis?

- Sepsis is often difficult to diagnose. It can happen quickly and can be confused with other conditions early on, so you need to be aware of your risk of

developing sepsis. Talk to your doctor or nurse about your risk for sepsis.

- You should know that any type of infection can lead to sepsis. Lung, urinary tract, skin and gut infections are the most common causes of sepsis.
- Practice good hygiene, such as handwashing and keeping cuts clean until healed. Also, vaccinations for flu and pneumonia can help reduce your chance of developing sepsis.
- Know the symptoms of sepsis:
 - Shivering, fever or very cold
 - Extreme pain or discomfort
 - Clammy or sweaty skin
 - Confusion or disorientation
 - Shortness of breath
 - High heart rate
- ACT FAST. If you have an infection that is not getting better or is getting worse, do not delay! Contact your health care provider immediately and tell them you are concerned about sepsis.

Resources: cdc.gov/sepsis

Influenza Vaccine

Flu is the short term for Influenza. It is a very contagious respiratory disease caused by the Influenza A and B viruses. You may experience symptoms much like having a cold, but flu symptoms are far more serious and may be life-threatening.

Signs and symptoms

Symptoms may include fever, chills, headache, body aches, weakness, loss of appetite, sneezing, coughing, sore throat and sniffles. People with the flu are often bedridden for up to 5-10 days.

How is it spread?

Influenza is spread by droplet infection. When someone coughs or sneezes, the virus is expelled into the air and can be inhaled by anyone who is close by. Though much less frequent, the viruses also can be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands. Therefore, frequent hand hygiene is an important preventive measure.

How is it prevented?

The best way to prevent the flu is by getting a flu vaccine. An annual flu vaccine is recommended for everyone who is at least 6 months of age. This CDC recommendation has been in place since February 2010. The best time to get a flu shot is in October, since flu season usually starts in December/January. For healthy adults, the flu vaccine begins to provide protection about two weeks following the vaccine.

What if I have the flu and I am a patient at Huntsville Hospital?

You will be placed under droplet precautions. These precautions include the use of a mask when your health care worker or your family and friends are in your room. You, your visitors and the staff must frequently clean hands. This will prevent the spread of the flu virus.

Why are these special precautions necessary and how long will they last?

We do not want to spread the flu to anyone else. These precautions are necessary to prevent droplets of mucus that exit your nose and mouth during coughing and sneezing from coming in contact with the nose, mouth, or eyes of anyone who comes in contact with you (your family, the staff, other visitors, or other patients in the hospital). These precautions usually last for 7 days after the illness onset or until 24 hours after fever and upper respiratory symptoms have resolved, whichever is longer. (*Due to the possibility of continued viral shedding after the resolution of the flu, isolation precautions may be extended up to 3 weeks during peak flu season.)

If you have questions or concerns, ask a caregiver or call Huntsville Hospital Infection Control at (256) 265-8094.

Pneumococcal Vaccine

Why get vaccinated?

Vaccination can protect older adults (and some children and younger adults) from pneumococcal disease. Pneumococcal disease is caused by bacteria that can spread from person to person through close contact. It can cause ear infections, and it can also lead to more serious infections of the:

- Lungs (pneumonia)
- Blood (bacteremia)
- Covering of the brain and spinal cord (meningitis). Meningitis can cause deafness and brain damage, and it can be fatal.

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults over 65 years of age, and cigarette smokers are at the highest risk. About 18,000 older adults die each year from pneumococcal disease in the United States. Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

Pneumococcal polysaccharide vaccine (PPSV23) protects against 23 types of pneumococcal bacteria. It will not prevent all pneumococcal disease. PPSV23 is recommended for:

- All adults 65 years of age and older
- Anyone 2 through 64 years of age with certain long-term health problems
- Anyone 2 through 64 years of age with a weakened immune system

- Adults 19 through 64 years of age who smoke cigarettes or have asthma

Most people need only one dose of PPSV. A second dose is recommended for certain high-risk groups. People 65 and older should get a dose even if they have gotten one or more doses of the vaccine before they turned 65. Your health care provider can give you more information about these recommendations. Most healthy adults develop protection within 2 to 3 weeks of getting the shot.

People who should not get this vaccine

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of PPSV should not receive it. Tell your provider if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- Children less than 2 years of age should not receive this vaccine.
- There is no evidence that PPSV is harmful to either a pregnant woman or to her fetus. However, as a precaution, women who need the vaccine should be vaccinated before becoming pregnant, if possible.

Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible. About half of people who get PPSV have

mild side effects, such as redness or pain where the shot is given, which typically go away within about two days. Less than 1 out of 100 people develop a fever, muscle aches, or more severe local reactions.

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your doctor if you feel dizzy or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death. The safety of vaccines is always being monitored. For more information, visit: cdc.gov/vaccinesafety

Medication Safety

What can I do to make sure that I understand my medication treatment?

We want you to take an active role in your care. If you do not understand something or have questions about why you are taking a medication, please SPEAK UP and let us know. We want you to be informed about all the medications you are given.

What if I have a reaction to a medication?

If you feel that a medication may be causing side effects, please let your nurse know. Your nurse will talk to your doctor to decide whether any treatment is needed.

How will I know which medications to take when I am discharged from the hospital?

Your doctor will usually write prescriptions for any new medications before you are discharged from the hospital. The hospital will also give you a list of the medications you should be taking after you leave the hospital. If you do not receive the prescriptions you expected or the medication list, please ask your nurse before you leave.

Can I have my prescriptions filled at the hospital?

Yes. The Huntsville Hospital Outpatient Pharmacy can fill your prescriptions upon discharge from the

What if there is a serious reaction?

What should I look for? Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior. Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do? If you think it is a severe allergic reaction or other emergency that can't wait, call 911 or get to the nearest hospital. Otherwise, call your doctor. Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS website at vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit cdc.gov/vaccines

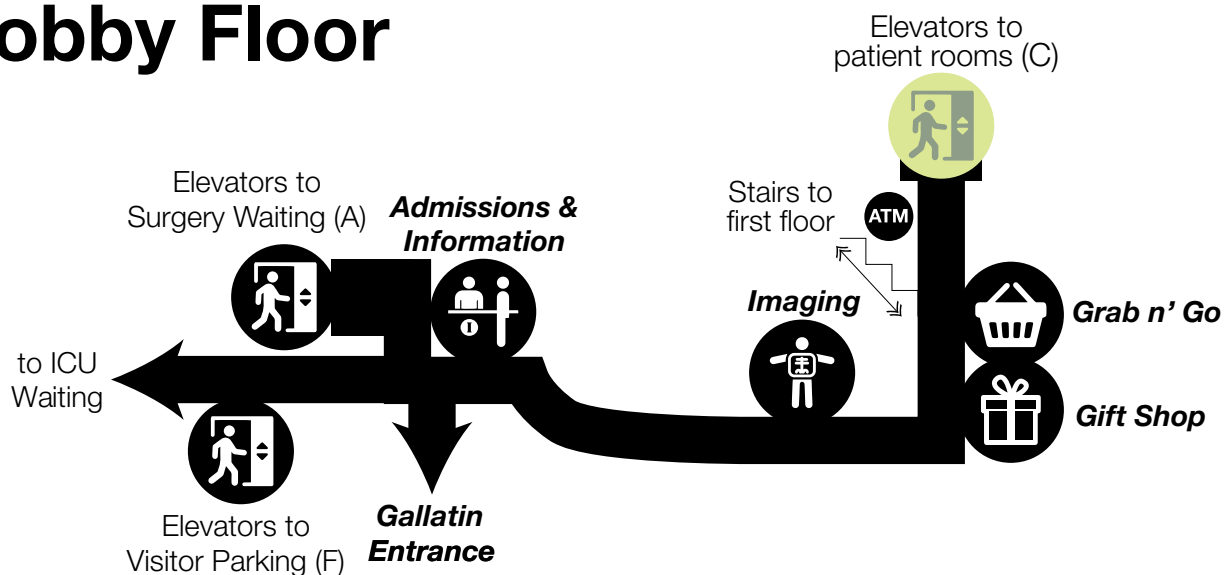
hospital. If you are interested in this service, please call (256) 265-3400. A pharmacy technician will come to your room to explain this service. When you are ready to leave, the prescriptions will be delivered to your room.

General safety tips for medications

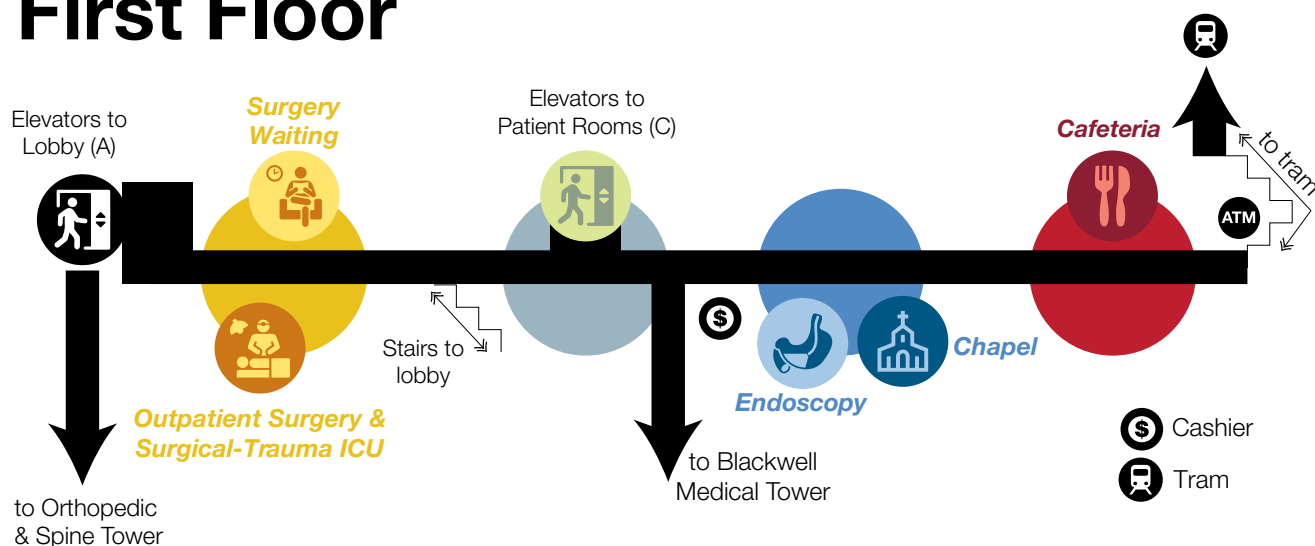
- Bring a list of all your medications when you come to the hospital or visit your doctor.
- Never take someone else's medication or let them take yours.
- Keep all medications out of reach of children.
- Follow your doctor's instructions for taking your medication exactly. These directions should be on your prescription bottle. If you stop taking a medication as instructed for any reason, such as the cost or side effects, you need to let your doctor know.
- It is best to have your prescriptions filled at the same pharmacy so your pharmacist has a complete record of all the medications you are taking.
- Let your doctor and pharmacist know about ALL medications you are taking, including over-the-counter medications, vitamins, and herbal supplements.

Inside Huntsville Hospital Map

Lobby Floor



First Floor



Support Groups & Suicide Prevention Hotlines

For the latest meeting times and locations, please call or visit the website for your support group.

Breastfeeding Mother's Group

Learn from other breastfeeding mothers and benefit from mutual support and encouragement.

Meetings are held in Room 120B of the Women's Pavilion, 910 Adams St., Huntsville 35801. For more information, call Breastfeeding Support Services at (256) 265-7285 or visit hhwomenandchildren.org/breastfeeding-support.

Adult Grief Support

(256) 650-1212 | hhcaringforlife.org

A sharing time for anyone in the community who is grieving the death of a loved one.

Bariatric Support Group

(256) 265-4373

huntsvillehospital.org/surgical-weight-loss

Monthly bariatric support group for gastric bypass, sleeve gastrectomy and gastric band patients.

Caregiver's Support Group

(256) 650-1212 | hhcaringforlife.org

Open to those taking care of a loved one who is terminally or chronically ill.

The Caring House (Children's Grief Support)

(256) 265-HOPE (4673)

hhwomenandchildren.org/caring-house

A sharing time for children ages 3-18 who are grieving the death of a loved one. Groups are offered according to the age of the child in order to provide age-appropriate support.

H.O.P.E. (Helping Other Parents Endure)

265-HOPE (4673)

hhwomenandchildren.org/caring-house

A safe space for parents who have experienced the death of an infant to come together to share and support one another while navigating their grief journey.

School-based Grief and Bereavement Group

(256) 650-1212 | hhcaringforlife.org

Our grief and bereavement specialists work within school settings, helping children process the loss of a loved one. We provide age-appropriate strategies to cope with grief and loss.

Community and School Crisis Support and Training

(256) 650-1212 | hhcaringforlife.org

In times of unexpected loss within an organization, The Caring House extends a helping hand. We offer assistance and guidance to navigate difficult moments in both community and school settings.

Suicide Prevention Hotlines and Mental Health Services

988 Suicide & Crisis Lifeline
Free, confidential, 24/7 support for anyone in emotional distress,
Call or text 988.

Crisis HELpline
1-800-697-8426 or
(256) 716-1000

Crisis Textline
Text "go" to 741-741

Teen Line
1-800-TLC-TEEN

Morgan, Limestone,
Lawrence County mental health services
1-800-365-6008

Madison County mental health services
(Wellstone & NOVA Center)
(256) 533-1970
Decatur Morgan West Campus
(256) 973-4000

If the above options are unavailable, dial 9-1-1 or go to the nearest Emergency Department for assistance.

HCAHPS Survey

Your health care is our priority. To determine where improvements are needed, Huntsville Hospital takes part in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. The HCAHPS survey measures your satisfaction with the quality of your care. It is designed to be a standardized tool for measuring and reporting satisfaction across all hospitals in the U.S. After you are released from the hospital, you may be selected to participate in the HCAHPS survey. The survey is sent via mail, email or text and asks multiple-choice

questions about your hospital stay. Please take the time to fill out the HCAHPS survey; your feedback is valuable!

Backed by the U.S. Department of Health and Human Services, the HCAHPS survey is used to improve the quality of health care. HCAHPS makes survey results public so hospitals are aware of where changes are needed. The results also enable health care consumers to review and compare hospitals before choosing a provider. View hospital data at hospitalcompare.io

Billing & Online Bill Pay

Huntsville Hospital's digital billing system makes it easier and faster to view and pay any bill related to your care, while also reducing paper waste. Patients who opt for digital billing can view statements and securely pay any balance due via email or text. Emails and text messages about your hospital bill are sent by our third-party billing partner, RevSpring. Look for emails from "Huntsville Hospital Digital Billing" and texts from (619) 320-1018.

You may be asked to pay at the time of service or prior to discharge if you have a deductible, copayment or other self-pay amount due, or if you do not have insurance coverage for hospital services. For your convenience, we accept cash, personal check, debit card, money order, Visa, MasterCard, Discover and American Express. To access online bill pay, visit huntsvillehospital.org/payments.

If you are in need of assistance with your hospital bill, call Patient Financial Services at (256) 801-6280.

How to Get Your Medical Records

The following individuals may request a copy of their medical records by mail or by using Huntsville Hospital's Online Patient Record Request:

- Patients requesting their own records
- Parents of minor patients requesting records
- Caregivers acting on behalf of a patient (i.e. Power of Attorney)

A copy of the Power of Attorney will need to be attached while completing this request using our online form. If the patient is deceased, please make sure to attach a copy of the death certificate.

Our online form verifies your identity by asking for a smartphone or webcam photo of your driver's license or other valid photo ID (such as military or state/government ID, passport, work photo badge or non-driver identification card).



Access the Online Patient Record Request at huntsvillehospital.org/medical-records or scan this QR code.

You may submit a medical record request by mail to:

Huntsville Hospital
Medical Records Department
101 Sivley Road
Huntsville, AL 35801

Once Medical Records receives a request, it typically takes 7-10 business days to process. If you encounter any issues with your request, please call our Medical Records Department at (256) 265-8149.

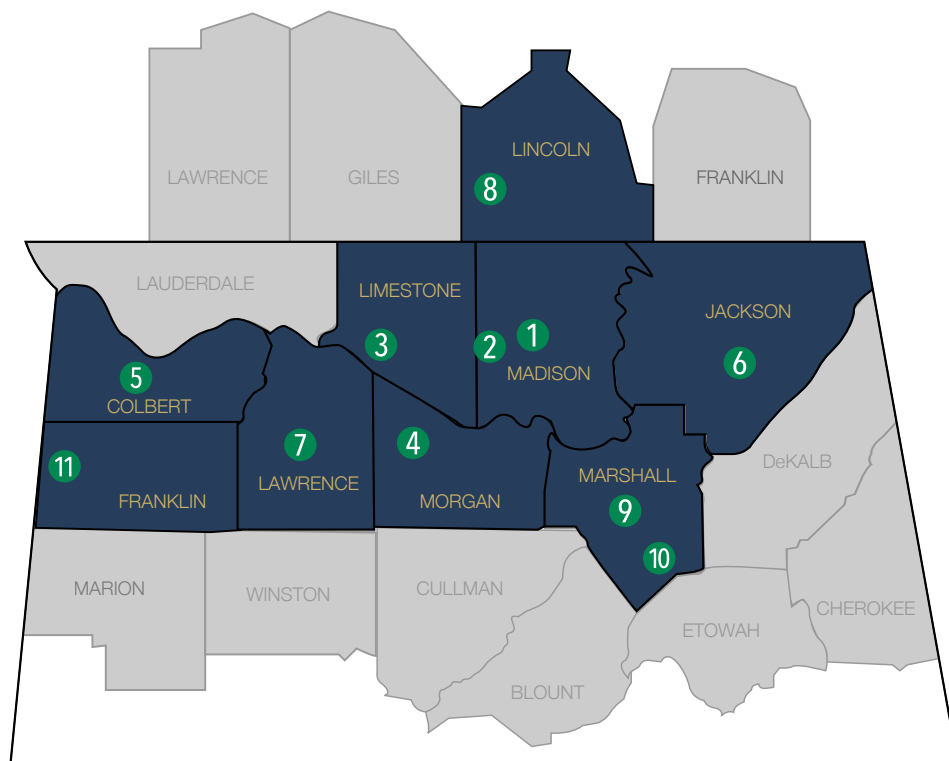
If your records are needed for treatment or for an appointment within the next 48-72 hours, your physician can request records by faxing (256) 265-8131. If medical records are needed for continuing care, there is no charge when records are faxed directly to your physician or the facility providing treatment.

Fees for patient requests:

- Receive by mail/paper copy: \$0.12 per page
- Receive by eDelivery/PDF: \$6.50 flat rate
- No charge to veterans or active duty military personnel with military identification.

Huntsville Hospital Health System Hospitals

1. Huntsville Hospital
Huntsville Hospital for Women & Children
2. Madison Hospital
3. Athens-Limestone Hospital
4. Decatur Morgan Hospital
(Decatur Campus)
Decatur Morgan Hospital
(Parkway Campus)
Decatur West Hospital
5. Helen Keller Hospital
6. Highlands Medical Center
7. Lawrence Medical Center
8. Lincoln Health
9. Marshall Medical Center North
10. Marshall Medical Center South
11. Red Bay Hospital



To learn more about our health system, visit hh.health

Need help finding a primary care physician or specialist?

With more than 1,000 top primary care doctors and specialists serving patients from Sand Mountain to the Shoals, HH Health has North Alabama covered.

For help finding a new physician, call (256) 817-9999 or email physicianfinder@hhsys.org

Thank a Caregiver

Did a nurse, doctor or other HH Health staff member go above and beyond for you or a loved one? Scan the QR code below to nominate them for recognition through our DAISY Award, BEE Award or Care Champions programs.



DAISY Award

HH Health proudly partners with The DAISY Foundation to recognize four exceptional nurses annually at each of our Madison County hospitals, as well as a nurse educator and nursing leader of the year. Winners receive a handmade Healer's Touch statue, DAISY Award lapel pin, framed certificate and tray of fresh cinnamon rolls to share with their colleagues.



BEE Award

Just as the daisy cannot survive without the bee, nurses cannot do their jobs effectively without help from an outstanding care team. Our BEE Award (Being Extraordinary Everyday) is for patient care aides, health care assistants or technicians who make their patient's hospital experience better.



Care Champions

Pay tribute to a physician, nurse or other staff member who made a difference in your stay while helping us provide state-of-the-art technology that will benefit the entire community. When you honor your Care Champion with a gift to the Huntsville Hospital Foundation, they will receive a card with your special message and a custom-crafted pin to wear proudly each day.



To nominate an HH Health caregiver for our DAISY Award, BEE Award or Care Champions programs, scan this QR code.



At Home Services

HH At Home coordinators assist health care providers to make seamless discharge plans for patients who require medical attention after leaving the hospital. HH At Home is a resource for quality, post-acute care medical services for patients living throughout the Tennessee Valley. With one phone call, health care providers can order home infusion, home health and hospice services. The benefit is creating a coordinated plan that helps patients have shorter hospitalizations, reduced readmissions, enhanced care and increased satisfaction.

Our patient care representatives assist patients and family members to determine their personalized needs and to facilitate the qualification process for the patient's at home services.

These services accept most managed care plans, Medicare, Healthsprings, Tricare, Blue Cross and most other private insurances.

Home infusion

Our team is made up of pharmacists, nurses, care coordinators and insurance specialists to address each patient's unique needs. Home Infusion offers medications and related services covering a wide range of diagnoses and chronic diseases by providing services such as:

- IV antibiotics
- Enteral therapy
- TPN therapy
- Immunoglobulin (IVIG) therapy
- Inotrope therapy

Durable medical equipment

Huntsville Hospital Home Medical Equipment specializes in providing clinical respiratory services including COPD management, Trilogy non-invasive and invasive ventilators, CPAP/BiPAP, oxygen therapy, nebulizers, and most all home medical equipment like negative pressure wound therapy pumps, beds, braces, walkers, standard wheelchairs and power wheelchairs. Our professionally-trained staff can make home or hospital deliveries. These are physician-prescribed therapies that can help patients lead a more productive and healthier life.

HomeCare (Home Health)

HomeCare Services brings nurses, physical and occupational therapists, medical social services and home health aides to the home. Our caregivers provide in-home services such as:

- Wound care
- Physical/occupational/speech therapy
- IV therapies
- Safety assessments
- Hospice Family Care

Hospice Family Care

The team at Hospice Family Care personalizes a patient's medical, emotional, spiritual and social needs for end-of-life care. The team of physicians, nurses, social workers, hospice aides, chaplains and volunteers provides outpatient care in a patient's home, apartment, independent living residence, nursing home or assisted living facility. A 15-bed inpatient hospice facility, on the campus at Redstone Village in south Huntsville, is available for short stays with the goal of patients returning home. The program is for certain patients whose medical care requires more intensive intervention than what is possible on an outpatient basis.

Huntsville Hospital At Home Services
(256) 265-4663 (HOME)

Patient Rights & Responsibilities

THE BASIC RIGHTS of all patients within the Huntsville Hospital Health System are:

1. Care shall be provided impartially without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, creed, sexual orientation, national origin, gender identity or expression or source of payment.
2. Patients are entitled to considerate, respectful and dignified care at all times.
3. Patients have the right to receive care in a safe setting.
4. Patients are entitled to personal and informational privacy as required by law. This includes the right to:
 - a. Refuse to see or talk with anyone not officially affiliated with the hospital or involved directly with their care;
 - b. Wear appropriate personal clothing, religious or other symbolic items that do not interfere with prescribed treatment or procedures;
 - c. Examination in reasonably private surrounding, including the right to request a person of one's own gender present during certain physical examinations;
 - d. Have one's medical records read and discussed discreetly;
 - e. Confidentiality regarding one's individual care and/or payment sources;
 - f. Data Privacy Rights as described in the *Notice of Privacy Practices*.
5. Patients and/or patient's legally designated representatives have the right of access to information contained in the patient's medical record, within the limits of the law and in accordance with hospital policies.
6. Patients of the Health System have the right to know the identity and professional status of all persons participating in their care.
7. Patients are entitled to know the status of their condition including diagnosis, recommended treatment and prognosis for recovery.
8. Patients have a right to share in decisions about their health care to the extent permitted by law, including the acceptance or refusal of medical care, treatment or services. Patients have the right to be told what to expect from their treatment, its risks and benefits, other choices they may have, and to be informed of what may happen if they refuse. Information will be provided in a way that is tailored to the patient's age, language and in a manner they can understand.
9. Patients have the right to be free from physical restraints which are not medically indicated or necessary.
10. Patients have the right to be involved in making decisions about their care, treatment and services, including the right to have the patient's family and physician promptly notified of their admission to or discharge or transfer from the hospital.
11. Patients have the right to be informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary practice group/entity or any other group/entity, as well as all post-acute care service providers. The Health System has a process for documenting the patient's refusal to permit notifications of registration to the emergency department (ED),

- admission to the hospital, or the discharge or transfer from an ED or hospital. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations.
12. Patients are entitled to formulate advance directives or power of attorney and appoint a surrogate decision maker to make health care decisions on their behalf to the extent permitted by law when a patient is unable to make decisions about their care.
 - a. When a surrogate decision maker is responsible for making care, treatment and services decisions, the Health System will respect the surrogate decision maker's right to refuse care, treatment and services on the patient's behalf.
 - b. The Health System will involve the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision maker.
 - c. The Health System will provide the patient or surrogate decision maker with the information about the outcomes of care, treatment and services that the patient needs in order to participate in current and future health care decisions.
 - d. Patient or surrogate decision maker will be informed about unanticipated outcomes of care, treatment and services that relate to sentinel events.
13. Patients are entitled to receive an itemized, detailed explanation of charges related to services rendered on their behalf by the Health System.
14. Patients will not be transferred to another facility or location without explanation of the necessity for such action.
15. A patient's guardian, next of kin or legally authorized responsible person may exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient has been judged incompetent in accordance with the law, or is found by their physician to be medically incapable of understanding the proposed treatment or procedure, or is unable to communicate their wishes regarding treatment, or is a minor.
16. Patients have the right to appropriate assessment and management of pain.
17. Patients have the right, subject to the patient's consent, to receive visitors whom they designate, including, but not limited to, a spouse, domestic partner (including same-sex domestic partner), another family member, or a friend. Patients have the right to withdraw or deny any such consent at any time.
18. Patients have a right to meet with the Ethics Committee, Chaplain or Patient Advocate to discuss any ethical issues and policies. The patient's rights to religious and other spiritual services will be respected.
19. Patients have the right to free language interpreting and translation services which may include hospital-employed or contract interpreting services or trained bilingual staff and may be provided in person, via telephone or video. The Health System provides information to patients who have vision, speech, hearing or cognitive impairments in a manner that meets the patient's needs.

continued on next page

<p>20. Patients have a right to a service animal or aid if access is required to help with the patients' needs and welfare, as well as any potential health, infection control and safety issues.</p> <p>21. Patients have a right to leave the hospital (as far as the law allows) even if advised against it. The Health System will not be responsible for any medical issues that may result.</p>	<p>22. Patients have a right to have their complaints handled fairly. Care will not be affected as a result of sharing any complaints with us. See below for process.</p> <p>23. The Health System will never ask a patient to waive their privacy rights as a condition of treatment.</p>
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<p>PATIENTS ARE RESPONSIBLE for:</p> <ol style="list-style-type: none"> 1. Providing the Health System and its practitioners with complete and accurate information regarding present and past illnesses and operations, hospitalizations, medications, insurance and other health-related issues, including any unanticipated changes in their condition. 2. Following recommended treatment plans prescribed and/or administered by their primary practitioner or those assisting them, including keeping appointments relative to their care. 3. Asking questions they may have about their treatment and what they need to do to take care of themselves. Patients should inform Health System clinicians if they are concerned or notice any changes in their condition. 	<ol style="list-style-type: none"> 4. Ensuring prompt and complete payment of their hospital bills. 5. Following hospital rules and regulations relative to patient care and conduct. This includes consideration and respect for the rights and property of other patients and hospital personnel, no smoking policy, as well as responsibility for the actions of their visitors and guests. 6. Providing any living will, power of attorney, or donor forms they may have. 7. Contacting the Health System Compliance and Privacy Department if they are concerned about their privacy. 8. Assuming responsibility for the consequences of their actions, if the patient refuses prescribed treatments or does not follow their practitioner's instructions.
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PATIENT QUESTIONS OR CONCERNS:

<p>Our goal is that you have an excellent experience during your stay at this Health System location. If at any time you have a question or concern, you may submit a verbal complaint following these steps:</p> <ol style="list-style-type: none"> 1. Press the call button and ask to speak with your nurse. 2. Ask to speak to the Charge Nurse, Unit Director, or Department Director on your nursing unit. 3. If your needs remain unmet, contact the hospital Patient Experience office at (256) 265-9449 (or extension 5-9449 if calling inside the hospital). 4. After 4:00 p.m., and on weekends and holidays, please dial 0 and ask the operator to connect you to the House Supervisor. 5. You may also submit a formal written complaint to: Huntsville Hospital, Patient Experience Office, 101 Sivley Road, Huntsville, AL 35801 <p>Excellence is our goal! To report concerns about patient safety and quality of care, you may submit your complaint to one of the agencies listed below:</p> <div> <div> <p>Alabama Department of Public Health The RSA Tower · 201 Monroe Street Montgomery, AL 36104 (800) 356-9596</p> <p>Centers for Medicare and Medicaid Acentra Health (Formerly Kepro) Quality Improvement Organization (888) 317-0751</p> </div> <div> <p>The Joint Commission · Report concerns in any of the following ways:</p> <ol style="list-style-type: none"> 1. At jointcommission.org Using the "Report a Patient Safety Event" link on the home page of the website 2. By fax: (630) 792-5636 3. By mail: The Office of Quality and Patient Safety, The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181 </div> </div>	
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This material is provided by Huntsville Hospital Health System. The content is considered an important tool in educating you about issues related to your health care. It is provided to you as part of that care. HHS-003 Form #288840. Revised 09/2024.



Notice of Joint Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE: This notice describes our privacy practices and that of:

- Huntsville Hospital
- Huntsville Hospital for Women & Children
- Madison Hospital
- Athens-Limestone Hospital
- Helen Keller Hospital & Red Bay Hospital
- Marshall Medical Centers
- Decatur Morgan Hospital
- Highlands Medical Center
- Lincoln Health System
- DeKalb Regional Medical Center
- Continuum RX
- Huntsville Hospital HME
- HH Health System - Caring for Life, Hospice Family Care
- Huntsville Hospital HomeCare
- HealthGroup of Alabama
- Comp1One
- The physician members of the hospitals' medical staff and credentialed, non-physician health care professionals who may provide care in the hospital and one of the other patient care settings
- All departments, units and health care clinics of the hospitals and other affiliated covered entities wholly owned by the hospitals
- Any volunteers who perform volunteer work in the hospital, clinic, doctor's office, or other affiliated entity
- All employees, staff and other personnel at the hospitals, clinics, physicians' offices, or other affiliated entities

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this health care entity to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this entity, whether made by entity personnel or your personal doctor. Unless your personal doctor is a member of a physician group listed at the beginning of this Notice, your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's own office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to keep private medical information that identifies you; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the Notice of Privacy Rights currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you. For better understanding, we have provided some examples in each category. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use your medical information to provide medical treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, therapists, medical, nursing or other health care students, or other personnel taking care of you inside and outside of our Health System. We may use and disclose your medical information to coordinate or manage your care. As examples, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process, or the doctor may need to tell the dietitian if you have diabetes so you can have appropriate meals. Departments within the Health System may share your medical information to schedule the tests and procedures you need, such as prescriptions, laboratory tests and x-rays. We also may disclose your medical information to health care facilities if you need to be transferred from a Health System facility to another hospital, a nursing home, a home health provider, rehabilitation center, etc. We also may disclose your medical information to people outside the Health System who are involved in your care while you are here or after you leave the Health System, such as other health care providers, family members or pharmacists.

For Payment. We may use and disclose your medical information so that the treatment and services you receive can be billed and collected from you, an insurance company or another company or person. As examples, we may give your insurance company (e.g., Medicare, Medicaid, CHAMPUS/TRICARE, or a private insurance company) information about surgery you received so your insurance company will pay us for the surgery. We also may tell your insurance company about a treatment you are going to receive in order to determine whether you are eligible for coverage or to obtain prior approval from the company to cover payment for the treatment. We could disclose your information to a collection agency to obtain overdue payment. We might also be asked to disclose information to a regulatory agency or other entity to determine whether the services we provided were medical necessary or appropriately billed.

For Health care Operations. We may use and disclose your medical information for any operational function necessary to run the Health System and its facilities as a business and as a licensed/certified/accredited facility, including uses/disclosures of your information such as in the following examples: (1) Conducting quality or patient safety activities, population-based activities relating to improving health or reducing health care costs, case management and care coordination, and contacting of health care providers and you with information about treatment alternatives; (2) Reviewing health care professionals' backgrounds and grading their performance, conducting training programs for staff, students, trainees, or practitioners and non-health care professionals; performing accreditation, licensing, or credentialing activities; (3) Engaging in activities related to health insurance benefits, (4) Conducting or arranging for medical review, legal services, and auditing functions; (5) Business planning, development, and management activities, including things like customer service, resolving complaints; sale, transfer or combine of all or part of the Health System entities and the background research related to such activities; and (6) Creating and using de-identified health information or a limited data set or having a business associate perform combine data or do other tasks for various operational purposes.

As additional examples, we may disclose your medical information to physicians on our Medical Staff who review the care that was provided to patients by their colleagues. We may disclose information to doctors, nurses, therapists, technicians, medical, nursing or other health care students, and Health System personnel for teaching purposes. We may combine medical information about many patients to decide what services the Health System should offer, and whether new services are cost-effective and how we compare from a quality perspective with other hospitals/health systems. Sometimes, we

facility or to get paid. We may provide information about your treatment to an ambulance company that brought you to the Health System so that the ambulance company can get paid for their services.

Activities of Our Affiliates. We may disclose your medical information to our affiliates in connection with your treatment or other Health System activities.

Activities of Organized Health Care Arrangements in Which We Participate. For certain activities, the Hospitals, members of its Medical Staff and other independent professionals are called an Organized Health Care Arrangement. We may disclose information about you to health care providers participating in our Organized Health Care Arrangement, such as a managed care or physician-Health System organization. Such disclosures would be made in connection with our services, your treatment under a health plan arrangement, and other activities of the Organized Health Care Arrangement. We operate under this Joint Notice for activities involving the Health System.

IMPORTANT: The Health System may share your medical information with members of the Health System Medical Staff and other independent medical professionals in order to provide treatment, payment and health care operations and perform other activities for the Health System. While those professionals have agreed to follow this Notice and otherwise participate in the privacy program of the Health System, they are independent professionals and the Health System expressly disclaims any responsibility or liability for their acts or omissions relating to your care or privacy/security rights.

Health Services, Products, Treatment Alternatives and Health-Related Benefits. We may use and disclose your medical information in providing face-to-face communications; promotional gifts; refill reminders or communications about a drug or biologic; case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care; or to describe a health-related product/service (or payment for such product/service) that is provided through a benefit plan; or to offer information on other providers participating in a health care network that we participate in, or to offer other health-related products, benefits or services that may be of interest to you. We may use and disclose your medical information to contact and remind you of an appointment for treatment or medical care.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities. We may use and disclose your medical information to raise money for the Health System. Each Affiliate Hospital has a Foundation that serves as its fundraising entity. The Health System is allowed to disclose certain parts of your medical information to the Hospital Foundations, unless you tell us you do not want such information used and disclosed. For example, the Health System may disclose to the Hospital Foundations demographic information, like your name, address, other contact information, telephone number, gender, age, date of birth, the dates you received treatment by the Health System, the department that provided you service, your treating physician, outcome information, and health insurance status. You have a right to opt-out of receiving fundraising requests. If you do not want the Health System to contact you for fundraising, you can opt out by calling 1-877-425-1850.

Hospital Directory. We may include certain information about you in the HH Health System Directory while you are a patient in these facilities. This information may include your name, your room number, your general condition (fair, stable, etc.) and your religious affiliation. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. Directory information, except for your religious affiliation, may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the Health System and generally know how you are doing. If you do not want this information given out, please tell the Admissions Clerk.

Individuals Involved in Your Care or Payment for Your Care. We may release your medical information if you become incapacitated to the person you named in your Durable Power of Attorney for Health care (if you have one), or otherwise to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you). We may give information to someone who helps pay for your care. In addition, we may disclose your medical information to an entity assisting in disaster relief efforts so that your family can be notified about your condition. HIPAA also allows us at certain times to speak with those who are/were involved in your care/payment activities while being treated as patient and/or even after your death, if we reasonably infer based on our professional judgment that you would not object. If you do not wish for us to speak with a particular person about your care, you should request a Restriction on PHI form.

Research. We may use and disclose your medical information for research purposes. Most research projects, however, are subject to a special approval process. Most research projects require your permission if a researcher will be involved in your care or will have access to your name, address or other information that identifies you. However, the law allows some research to be done using your medical information without requiring your written approval.

As Required By Law. We will disclose your medical information when federal, state or local law requires it. For example, the Health System and its personnel must comply with child and elder abuse reporting laws and laws requiring us to report certain diseases or injuries or deaths to state or federal agencies.

To Avert a Serious Threat to Health or Safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to aid in its organ or tissue donation and transplantation process.

Access by Parents. Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

Military and Veterans. If you are a member of the U.S. or foreign armed forces, we may release your medical information as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Medical Surveillance of the Workplace. If you are an employee who is being evaluated at the request of your employer for medical surveillance of the workplace or in relation to a work-related illness or injury, we may share information obtained from such evaluation with your employer.

Public Health Risks. We may disclose your medical information (and certain test results) for public health purposes, such as -

- To a public health authority to prevent or control communicable diseases (including sexually transmitted diseases), injury or disability,
- To report births and deaths,
- To report child, elder or adult abuse, neglect or domestic violence,
- To report to FDA or other authority reactions to medications or problems with products,
- To notify people of recalls of products they may be using,
- To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition,
- To notify employer of work-related illness or injury (in certain cases), and
- To a school to disclose whether immunizations have been obtained.

Health Oversight Activities. We may disclose your medical information to a federal or state agency for health oversight activities such as audits, investigations, inspections, and licensure of the Health System and of the providers who treated you at the Hospital. These activities are necessary for the government to monitor the health care system, government programs, and compliance with laws.

Lawsuits and Disputes. We may disclose your medical information to respond to a court or governmental agency request, order or a search warrant. We also may disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

Law Enforcement. Subject to certain conditions, we may disclose your medical information for a law enforcement purpose upon the request of a law enforcement official or to report suspicion of death resulting from criminal conduct or crime on our premises or for emergency or other purposes.

Coroners, Medical Examiners and Funeral Directors. We may disclose your medical information to a coroner or medical examiner or funeral director so they may carry out their duties.

National Security and Intelligence Activities. We may disclose your medical information to authorized federal officials for national security activities authorized by law.

Protective Services. We may disclose your medical information to authorized federal officials so they may provide protection to the President of the United States and other persons.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical information to the correctional institution or a law enforcement officer. This release would be necessary for the Health System to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the law enforcement officer or the correctional institution.

Incidental Disclosures. Although we train our staff in privacy, due to the way treatment and billing occurs, your medical or billing information may be overheard or seen by people not involved directly in your care. For example, your visitors or visitors visiting other patients on your treatment floor could overhear a conversation about you or see you getting treatment.

Business Associates. Your medical or billing information could be disclosed to people or companies outside our Health System who provide services to us. We make these companies sign special confidentiality agreements with us before giving them access to your information. They are also subject to fines by the federal government if they use/disclosure your information in a way that is not allowed by law.

Note: State law provides special protection for certain types of health information, including information about alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how we may disclose information about you to others. Federal law provides additional protection for information that results from alcohol and drug rehabilitation treatment programs.

Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by a federally assisted alcohol and drug rehabilitation program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser Unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 C.F.R. part 2 for Federal regulations.)

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

YOUR PRIVACY RIGHTS

Right to Inspect and Copy. You have the right to review and get a copy of your medical and billing information that is held by us in a designated record set (including the right to obtain an electronic copy if readily producible by us in the form and format requested). The Medical Records Department has a form you can fill out to request to review or get a copy of your medical information, and can tell you how much your copies will cost. The Health System is allowed by law to charge a reasonable cost-based fee for labor, supplies, postage and the time to prepare any summary. The Health System will tell you if it cannot fulfill your request. If you are denied the right to see or copy your information, you may ask us to reconsider our decision. Depending on the reason for the decision, we may ask a licensed health care professional to review your request and its denial. We will comply with this person's decision.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Amend. If you feel your medical information in our records is incorrect or incomplete, you may ask us in writing to amend the information. You must provide a reason to support your requested amendment. We will tell you if we cannot fulfill your request. The Contact Person listed below can help you with your request.

Right to an Accounting of Disclosures. You have the right to make a written request for a list of certain disclosures the Health System has made of your medical information within a certain period of time. This list is not required to include all disclosures we make. For example, disclosure for treatment, payment, or Health System administrative purposes, disclosures made before April 14, 2003, disclosures made to you or which you authorized, and other disclosures are not required to be listed. The Contact Person listed below can help you with this process, if needed.

Right to Request Restrictions. You have the right to make a written request to restrict or put a limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on your medical information that we disclose to someone involved in your care or the payment for your care, like a family member or friend. **We are generally not required to agree to your request, except as follows:**

Payor Exception: If otherwise allowed by law, we are required to agree to a requested restriction, if (1) the disclosure is to your health insurance plan for purposes of carrying out payment or health care operations and (2) the medical information to be restricted relates solely to a health care item or service for which all parties have been paid in full out of pocket. **NOTE:** During a single Hospital / Health System visit, you may receive a bill for payment from multiple sources, including the Hospital, laboratories, individual physicians who cared for you, specialists, radiologists, etc. Therefore, if you wish to restrict a disclosure to your health insurance company from all these parties, you must contact each independent health care provider separately and you must submit payment in full to each individual provider. Hospital expressly disclaims any responsibility or liability for independent medical staff acts or omissions relating to your HIPAA privacy rights.

If we do agree to a request for restriction, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your adult children. The Contact Person listed below can help you with these requests if needed.

Right to Request Confidential Communications. You have the right to make a written request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. The Contact Person listed below can help you with these requests if needed.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice at our website at hh.health or a paper copy from the Contact Person listed below.

Right to Receive a Notice of a Breach of Unsecured Medical / Billing Information. You have the right to receive a notice in writing of a breach of your unsecured medical or billing or financial information. Your physicians (who are not Health System employees) or other independent entities involved in your care will be solely responsible for notifying you of any breaches that result from their actions or inactions.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current Notice in the Hospital, and throughout the Health System registration sites and on our website at hh.health.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Health System or with the Secretary of the Department of Health and Human Services or HHS. Generally, a complaint must be filed with HHS within 180 days after the act or omission occurred, or within 180 days of when you knew or should have known of the action or omission. To file a complaint with the Health System, contact the Privacy Officer at (256) 265-9257. You will not be denied care or discriminated against by the Health System for filing a complaint. To file a complaint with the Office for Civil Rights, contact: U.S. Department of Health and Human Services 61 Forsyth St, SW • Suite 3870 • Atlanta, GA 30323

OTHER USES OF MEDICAL INFORMATION

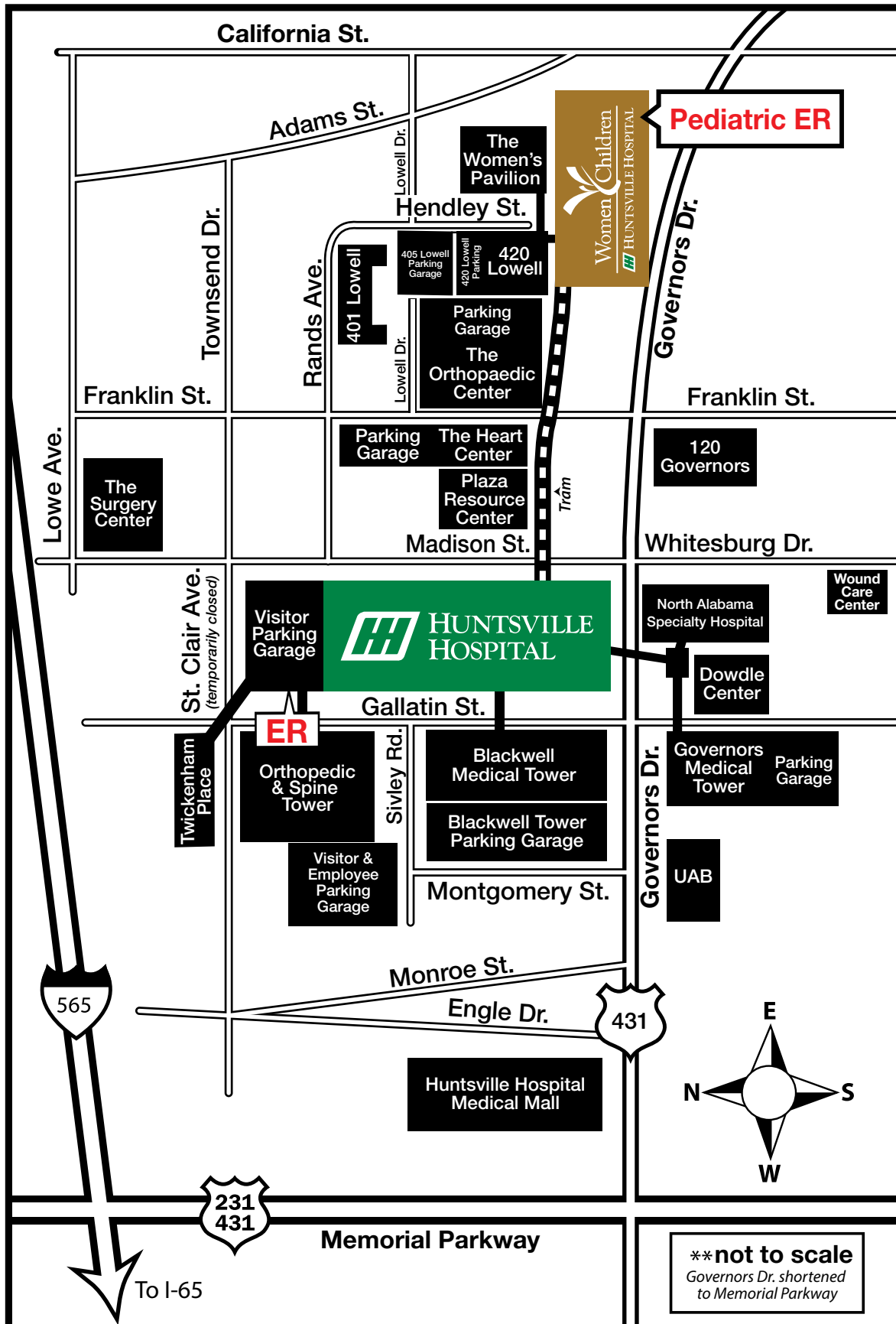
Disclosures that are not referenced in this Notice of Privacy Practices or are not otherwise allowed or required by federal and/or state law or our policies and procedures, will require your authorization. Uses and disclosures of your medical information not generally covered by this Notice or the laws and regulations that apply to the Health System will be made only with your written permission or authorization. For example, unless otherwise allowed by law, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes and disclosures that constitute the sale of medical information require an authorization.

If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization, but the revocation will not affect actions we have taken in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, we still must continue to comply with laws that require certain disclosures, and we are required to retain our records of the care that we provided to you.

If you have any questions about this Notice, please contact the Privacy Officer at (256) 265-9257.

Huntsville Hospital Medical District Map

HUNTSVILLE HOSPITAL / Medical District





Huntsville Hospital

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(256) 265-1000 • huntsvillehospital.org

