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PROMOTE PROTECT PROSPER

South Carolina Department of Health
and Environmental Control

Patient Information Booklet



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INTRODUCTION

This booklet is given to you when you start receiving home health care. Topics include services and policies of DHEC Home Health, emergency information, safety instructions, privacy information, consent to treatment, release of information, patient rights, advance directives, etc. Please keep this booklet in a safe place so you can use the information in the future.

The nurse or therapist will develop a home health care plan with you and under the guidance of your doctor. We will plan these services to meet your special needs as much as possible.

CUSTOMER SATISFACTION

DHEC Home Health is committed to offering the highest quality and most helpful home care services possible to you during this illness. While receiving services, if you have any concerns, complaints or compliments regarding your care, you are encouraged to contact the Home Care Supervisor _____ at _____ Monday through Friday, 8:30 a.m. to 5 p.m.. You will receive a response from the agency in a timely manner.

Public Health Region _____ is governed by the S.C. Department of Health and Environmental Control Board.

After you have been on home care for awhile or after our services are no longer needed, you could be asked to provide feedback about the quality of services we provided to you. You may receive a Home Health Care Consumer Assessment and Health Care Plans and Systems (CAHPS) Survey in the mail. Your feedback of our services is important to us.

As mentioned above, we encourage you to let your home health supervisor know about any concerns, questions or complaints about your treatment, any agency employee, or the services you receive. You can voice these concerns without fear of losing quality of service or suffering in any way for voicing a grievance. You may request to receive a written response from the agency about its investigation of that grievance.

In the event your concern or complaints are not dealt with to your satisfaction; you can call the **state home health toll-free hot line number at 1-800-922-6735**. You can call this number anytime and leave a message and someone will call you back. You can also call **Community Health Accreditation Program (CHAP) at 1-800-656-9656**. **The CHAP office is open from 8 a.m. – 6 p.m. Monday through Friday**. You may also leave a message after hours and someone will call you back. The purpose of these numbers is to receive complaints or questions about local home health agencies that have not been resolved at the local level. You also have the right to use these hot lines to make complaints concerning your Bill of Rights or the advanced directives requirements.

DISASTER PREPAREDNESS PLANNING

In the event of a disaster such as a hurricane, flood, or extended power outage, it is important to plan ahead. Listed below is information to help you prepare.

Survival Kit:

Gather together non-perishable food, drinking water, first aid kit, battery powered radio, flashlights, extra batteries, bedding and towels. Make a list of your medications, doctor's name and phone number, pharmacy and phone number, and medical supply company and phone number. Have your survival kit ready at all times.

When a storm watch is issued, it means there is a possible threat to your area. To be ready:

- Listen to weather information.
- Review evacuation plans and check survival kit.
- Refill medication prescriptions and medical supplies.

Storm Watch/Warning

When a storm warning is issued, it means storm conditions are expected. To be ready:

- Prepare your home for the storm.
- If you leave your home, remember to take your medications and medical supplies or equipment. TAKE YOUR SURVIVAL KIT.
- Let someone know where you plan to go.

Red Cross Shelters

The Red Cross provides shelters for the general public. These shelters are also available for persons with stable health conditions or those who use special equipment such as a walker or wheelchair.

Persons with unstable medical conditions or persons who need electricity to power special equipment MAY NOT be eligible to enter a shelter. Contact the local Red Cross if you need help in deciding if you meet the requirements to go to a shelter.

After a storm, you may not be able to return to or leave your home until the county is able to restore utilities, remove trees or tree limbs from main roadways, and assure your safety. Downed power lines cause a dangerous threat. Flooded roads may be hazardous, especially near rivers or streams. Contaminated water supplies cannot be used for drinking. Local news alerts will be on the radio or available through special phone numbers to let you know when it is safe to return to your home.

Emergency Checklist

- Medications, enough to see you through any potential disaster
- Insulin, syringes, blood testing equipment and strips
- Personal hygiene items (soap, toothpaste, toothbrush, comb, etc.)
- Blankets, sleeping bags and pillows
- Incontinent supplies if needed (diapers, briefs, pads, etc.)
- Bottled water, non-alcoholic drinks, and food that does not need to be refrigerated
- Ice cooler to store ice if needed (BUT more ice will NOT be available)
- A hand-held can opener is necessary to open your canned goods
- Paper plates, plastic knives, forks, spoons, paper towels and toilet paper
- A flashlight with extra batteries
- Cards, games, books (optional)
- Phone numbers of family, friends, doctors and your important legal papers (wills, insurance policies, etc.)
- Walker, wheelchair or special medical equipment or supplies.

Important Reminders About the Shelters

- Shelters do NOT have power to operate equipment.
- The electricity will probably go off.
- Shelters do NOT have refrigeration, and ICE is not available.
- Cots are limited. Bring sleeping bags if you have them.
- There are NO PRIVATE ROOMS.
- Shelters may be schools or church classrooms.
- In RED CROSS SHELTERS, there is usually no limit on the number of caregivers.
- In SPECIAL NEEDS SHELTERS, space is very limited; usually one caregiver is required to stay with the patient.
- Pets are not allowed.

For more information on shelters and disaster emergency information, visit DHEC's Web site at <http://www.scdhec.gov/emergency>.

PATIENT BILL OF RIGHTS

A home health agency must protect and promote the rights of each patient and treat each patient with respect and dignity. These rights may be exercised by you or your representative:

You have the right to be fully informed:

- Of all services and equipment provided by our agency (directly or through contract) and which charges may be covered by insurance or public-benefit programs;
- About limitations to the services or care we can provide;
- Of the expected outcomes of your care, and to be told about potential barriers to reaching those outcomes;
- That this agency is owned and controlled by the State of South Carolina and its citizens;
- That this agency receives no financial benefit from any of the other agencies or organizations we may refer you to;
- Of the way that all billing and payment is handled by our agency and of changes in billing and payment within 15 days;
- Of the names and qualifications of all individuals providing services;
- That the agency's liability insurance will cover injuries to its employees when they are in your home; and
- Of the right to voice grievances about the agency or caregiver; of exactly how to communicate a grievance to the agency; how to solve problems within the agency; that you will not lose quality of service or suffer in any way for voicing a grievance; and of the right to receive a written response from the agency about its investigation of that grievance.

To communicate a grievance to the agency, please refer to Page 1 for the list of telephone numbers.

You have the right to:

- Participate in the plan of care;
- Receive service without regard to race, creed, color, sex, age, disability, handicap, sexual orientation, veteran's status or lifestyle;
- Receive service without regard to whether or not any advance directive has been executed by you. Our agency will provide you with information about advance directives upon request and will assist you in developing an advanced directive;
- Privacy and confidentiality;
- Self-determination with regard to health care services;
- Receive all the information necessary to make informed decisions about care and treatment plans; to receive that information in a way that is understandable (i.e., information must be given in your language and provision must be made for you if you are speech and hearing impaired); to have access to your records; to be told in advance of treatment options, transfers, changes in service, and when and why care will be stopped;
- Receive safe and appropriate care and services in a timely manner;
- Access to necessary professional services in a timely manner;
- Access to necessary professional service 24 hours a day, seven days a week;
- Education, instructions, and a list of requirements for continuing care when the services of the agency are over;
- Refuse treatment; to be informed of what refusing treatment could mean; not to receive any experimental treatment unless you agree to it (and only after it has been fully explained in a way that you can understand);
- Choose your health care providers;
- Be referred to another agency if you are not satisfied with this agency or if this agency cannot meet your needs;
- Freedom from mental abuse, physical abuse, neglect, damage to or theft of property (and to have property treated with respect), and exploitation of any kind by agency staff.

CRITERIA FOR ADMISSION

PATIENT SERVICES AGREEMENT

Admission to DHEC Home Health Services can only be made under the guidance of a doctor, based on your identified needs, type of services required and homebound status. The level of care provided by DHEC Home Health is intermittent-skilled care.

While our agency will provide services in accordance with orders from your doctor, we will also follow clinical practice guidelines established by our agency that will help us work with you to determine appropriate goals for your care. Once the agreed-upon goals for your care have been achieved, you will be discharged from home care.

Our primary goal in home care is to assist you to reach a level of self-care that will help you to participate in your treatment and continue your treatment after discharge from home care. If self-care is not feasible due to your medical condition, our goal will be to teach your family or other designated caregiver what they need to know in order to safely provide your care.

Another goal will be to assist you with referrals to other community resources that you may need to assist you with care after discharge from home health services. We cannot guarantee your eligibility for these resources, but will make every effort to assist you with making contact with these resources.

In order to meet these goals, we require the following before we can accept you as a patient for home care:

1. If self-care is not an appropriate goal, a family member or other designated caregiver should be available when the nurse or therapist visits in order to receive instruction about the care. Our staff will let you know the day and approximate time that they will be visiting. If staff will not be able to make a scheduled visit, you will be notified as soon as possible.
2. If you have been asked to have any medical supplies and/or equipment for the visit, please be sure that the supplies and equipment are readily available to the staff.
3. If you will not be at home for the scheduled visit, **please call the agency immediately** so that the visit may be rescheduled. **Also, it is very important that you call DHEC Home Health if you are admitted to the hospital and when you come home.**

4. Please inform the nurse or therapist if you do not understand what they are teaching.
5. You should follow any home exercise or treatment programs that are requested to be done between visits by the staff. Keep a diary or daily log of what you do. It is a good idea to write down any concerns that you have if you think you will have trouble remembering.
6. Medications prescribed by your doctor are an important part of your treatment. You should have all prescribed medications available and take them as instructed. Note any side effects that you might be having and report them to the nurse or therapist as soon as possible. If you are having trouble getting your medications, you should let the nurse or social worker know about this as soon as possible.

If at any time you are unable to comply with the above items, we will re-evaluate your plan of care and make decisions regarding whether home care should continue or whether you should be discharged. We value your input and participation as a partner in your care. Your recovery and progress will go more smoothly when we work as a team.



FINANCIAL BILL OF RIGHTS

To assist you in determining your financial resources, we have listed below a summary of benefits available through some of the most common carriers. It is our understanding that you have the following coverage: (Clinician to check all that are applicable)

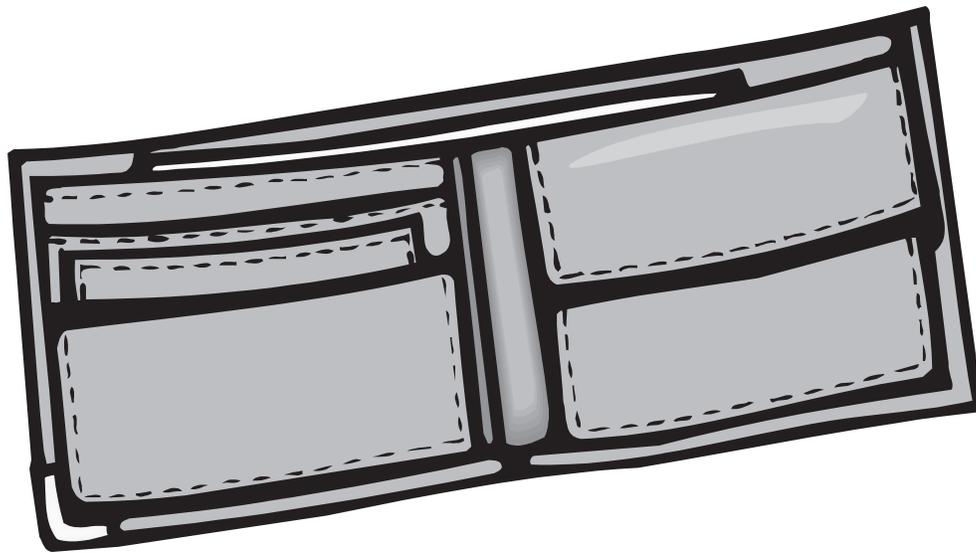
- MEDICARE usually pays for all services **for homebound patients needing skilled services on a part-time basis**. If Medicare denies coverage, we will advise you within 15 working days. We will not bill you for services you received prior to that notification. **Please notify the agency immediately if you decide to enroll in Medicare, or a Medicare HMO or Hospice. Medicare fee for service will not pay for the services we are providing if you are enrolled in an HMO or hospice.** In the case of HMO enrollment, HMO benefits would apply. If you elect the hospice benefit, you must be discharged from Home Health.
- MEDICAID pays for each of these services **for patients who are essentially homebound and require skilled services on a part-time basis**. You will not be responsible for any services billed to Medicaid during the time you have Medicaid coverage. Medicaid only pays for 75 visits per year. **If you enroll in a Medicaid HMO, please notify the agency immediately.**
- VETERANS ADMINISTRATION (VA): if you have a payment source in addition to VA, VA may require that we bill that source first. VA pays for all services except a licensed practical nurse (LPN), certain home health aide services, medical social work, and medical supplies. Services prescribed by a VA physician require authorization by the VA Fee Basis Unit in order for payments to be made. We will make every effort to obtain this authorization.
- PRIVATE INSURANCE: coverage of home health care differs greatly among insurance companies and policies. Payment can range from 0 percent to 100 percent. We will contact your insurance carrier and notify you in writing within 15 days of start of service regarding the services your policy covers. We will bill your insurance for you. After insurance payments have been applied, you will be billed for the outstanding balance, unless our agency's contract with the company prohibits us from billing you for the balance. You may make arrangements with our accounting office to establish a payment plan suitable to your budget.
- NO PAYMENT SOURCE: If you do not have any of the above payment sources, services will be furnished to you based on your financial ability to pay. You will have to provide

financial information in order for us to determine what your pay rate will be. Our billing office will notify you of any charges billable to you. You may make arrangements with our accounting office to establish a payment plan suitable to your budget.

We will notify you within 30 days of a service of any changes in our charges. In order for us to fulfill these billing obligations, it is necessary that you assign benefits to us. Please be assured that we will make every effort to collect payment from your medical insurance (as applicable) before you are billed. Our regional billing office can assist you with working out a payment plan if needed.

Keeping Your Identity Safe & Protecting Your Health Care Information

- Keep your Health and Insurance Cards in a safe place. If they become missing, report it to the appropriate insurance company.
- Don't let someone else use your Insurance Card.
- If you get a bill that does not belong to you, call the agency that sent it to you.
- Shred any junk mail, old bills or other papers that have identifying information.



Home Health Agency
Outcome and Assessment Information Set (OASIS)
Statement of Patient Privacy Rights (Medicare/Medicaid)

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information.

If you choose not to answer, we will fill in the information as best we can.

You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

- If you are not satisfied with our response, you can ask the Center for Medicare and Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Center for Medicare and Medicaid Services (CMS) to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

NOTICE ABOUT PRIVACY

For Patients Who Do Not Have Medicare or Medicaid Coverage

- **As a home health patient, there are a few things that you need to know about our collection of your personal health care information.**

- Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
- We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
- We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services the federal agency that oversees this home health agency, cannot know that the information is about you.

- **We keep anything we learn about you confidential.**

This is a Medicare & Medicaid Approved Notice.



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

- I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASSIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASSIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- Support litigation involving the Centers for Medicare & Medicaid Services
- Support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- Study the effectiveness and quality of care provided by those home health agencies;
- Survey and certification of Medicare and Medicaid home health agencies;
- Provide for development, validation, and refinement of a Medicare prospective payment system;
- Enable regulators to provide home health agencies with data for their internal quality improvement activities;
- Support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- Support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving your quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admission. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.

TTY for the hearing and speech impaired: 1-877-486-2048

YOUR RIGHT TO MAKE DECISIONS ABOUT YOUR HEALTH CARE

You have the right to make decisions about the health care you receive. If you do not want certain treatments, you have the right to tell your doctor, either orally or in writing, that you do not want them. If you want to refuse treatment, but you do not have someone to name as your agent, you can sign a living will.

Most patients can express their wishes to their doctor, but some who are badly injured, unconscious, or very ill cannot. People need to know your wishes about health care in case you become unable to speak effectively for yourself. You can express your wishes in a health care power of attorney or a living will.

In a living will, you tell your doctor that you do not want to receive certain treatment. In a health care power of attorney, you name an agent who will tell the doctor what treatment should or should not be provided.

The decision to sign a health care power of attorney or living will is very personal and very important. These documents will be followed only if you are unable to make decisions for yourself due to illness or injury. If you are pregnant, these documents will not cause life support to be withheld.

If you do not have a living will or health care power of attorney that tells what you want done, you do not know what decisions will be made or who will make them. Decisions may be made by certain relatives designated by South Carolina law, by a person appointed by the court, or by the court itself. The best way to make sure your wishes are followed is to state your wishes in a health care power of attorney, or sometimes, a living will.

If you have questions about signing a health care power of attorney or living will, you should talk to your doctor, your minister, priest, rabbi, or other religious counselor, or your attorney. Finally, it is very important that you discuss your feelings about life support with your family. A health care power of attorney also should be discussed with the person you intend to name as your agent (and alternate agents) to make sure that they are willing to serve. It is also important to make sure that your agents know your wishes.

Here Are Some Frequently Asked Questions and Answers

Q. Are there forms for living wills and health care powers of attorney in South Carolina?

A. Yes. The South Carolina Legislature has approved forms for both a living will and a health care power of attorney. The living will form that the legislature approved is called a “Declaration of a Desire for a Natural Death.” You may be able to get these forms from the person who gave you this brochure. If not, you may call your area agency on aging, the Local Council on Aging, or the Lt. Governor’s Office, (800) 868-9095 or (803) 734-9900.

Q. How are a health care power of attorney and a living will different?

A. The agent named in a health care power of attorney can make all of the decisions about your health care that need to be made. A living will affects life support.

A living will affects life support only in certain circumstances. A living will only tells the doctor what to do if you are permanently unconscious or terminally ill and close to death. A health care power of attorney is not limited to these situations.

“Permanently unconscious” means that you are in a persistent vegetative state in which your body functions but the mind does not. This is different from a coma, because a person in a coma usually wakes up, but a permanently unconscious person does not.

A living will can only say what treatment you don’t want. In a health care power of attorney you can say what treatment you do want, as well as what you do not want.

With a living will, you must decide what should be done in the future, without knowing exactly what the circumstances will be when the decision is put into effect. With a health care power of attorney, the agent can make decisions when the need arises, and will know what the circumstances are.

An ombudsman from the Governor’s Office must be a witness if you sign a living will when you are in a hospital or nursing home. An ombudsman does not have to be a witness if you sign a health care power of attorney when you are not in the hospital or nursing home.

Q. I want to be allowed to die a natural death and not be kept alive by medical treatment, heroic measures, or artificial means. How can I make sure this happens?

A. The best way to be sure you are allowed to die a natural death is to sign a health care power of attorney that states the circumstances in which you would not want treatment. On the South Carolina form, you should specify your wishes in items 6 and 7.

You may not have a person who you can trust carry out your desire for a natural death. If not, a living will can ensure that you are allowed to die a natural death. However, it will only do so if you are permanently unconscious or terminally ill and close to death.

Q. Which document should I sign if I want to be treated with all available life-sustaining procedures?

A. You should sign a health care power of attorney and not a living will. The South Carolina health care power of attorney form allows you to say whether you do or do not want life-sustaining treatment. A living will only allows you to say that you do not want life-sustaining procedures.

Q. What if I have an old health care power of attorney or living will, or one signed in another state?

A. If you previously signed a living will or health care power of attorney, even in another state, it is probably valid. However, it may be a good idea to sign the most current forms. For example, the current South Carolina living will form covers artificial nutrition and hydration, whereas older forms did not.

Q. How is a health care power of attorney different from a durable power of attorney?

A. A health care power of attorney is a specific form of durable power of attorney that names an agent only to make health decisions. A durable power of attorney may or may not allow the agent to make health decisions. It depends on what the document says. The agent may only be able to make decisions about property and financial matters.

Q. What are the requirements for signing a living will?

- A. You must be 18 years old to sign a living will. Two persons must witness your signing of the living will form. If you sign a living will while you are a patient in a hospital or a resident in a nursing home, a representative from the Governor's Office (the Ombudsman) must witness you signing.

There are certain people who cannot sign the document. The living will form tells you who cannot be a witness. You should read the living will form carefully to be sure your witnesses are qualified.

Q. Who should I appoint as my agent? What if my agent cannot serve?

- A. You should appoint a person you trust and who knows how you feel about health care. You also should name at least one alternate who will make decisions if your agent is unable or unwilling to make these decisions. You should talk to the people you choose as your agent and alternate agents to be sure they are willing to serve.

Q. Is there anything I need to know about completing the living will or health care power of attorney form?

- A. Each form contains spaces for you to state your wishes about things like whether you want life support and tube feeding. If you do not put your initials in either blank, tube feeding may be provided, depending upon your condition. Be sure to read the form carefully and follow the instructions.

Q. Where should I keep my health care power of attorney or living will?

- A. Keep the original copy in a safe place where your family members can get it. You also should give a copy to as many of the following people as you are comfortable with: your family members, your doctor, your lawyer, your minister or priest, or your agent. Do not put your only copy of these documents in your safety deposit box.

Q. What if I change my mind after I have signed a living will or health care power of attorney?

- A. You may revoke (cancel) your living will or health care power of attorney at any time. The forms contain instructions for doing so. You must tell your doctor and anyone else who has a copy that you have changed your mind and you want to revoke your living will or health care power of attorney.

Additional Information on Advance Directives

1. You are to be informed about your right to make your own health care decisions.
2. Your decisions will be discussed with your physician to ensure that your wishes are carried out.
3. DHEC Home Health complies with federal and state requirements with respect to advance directives.
4. Your wishes will be documented in your medical record.
5. DHEC Home Health provides education to the staff and the community about advance directives.
6. If you need help to understand your health care options or the advance directives forms, your home health care worker will assist you or refer you to someone who can help.
7. If you are unable to make decisions for yourself and have left no clear instructions, decisions made by an alternate (as defined by the law) will be accepted.

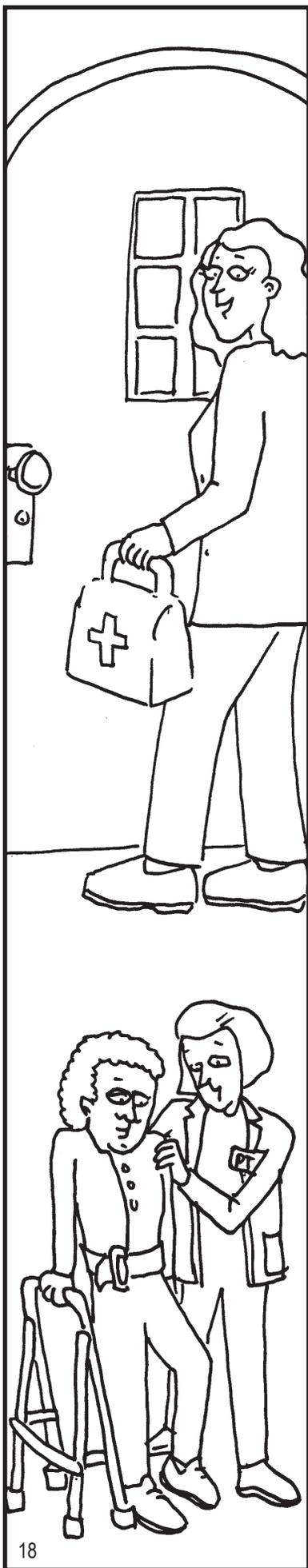
SERVICES AVAILABLE

We are committed to providing you with quality and customer-friendly home health care. Whether you have just returned from a stay in the hospital or you are experiencing temporary health problems, we are here to provide you with the best home care we can possibly deliver. Below is a list of services we offer to our patients. You may receive many or just a few of our services, depending on what your doctor decides is most suitable for your recovery. If you have any questions, please ask your DHEC Home Health staff.

- **Skilled Nursing** – A professional registered nurse is at the center of your service team and will take care of your home health care plan. You can depend on your nurse to:
 - Assess your health care needs;
 - Work with you, your doctor, and your family to develop a plan of care for you;
 - Teach you and/or your family:
 - ✓ how to take care of a wound or change a dressing;
 - ✓ how and when to take your medicine and how to know if medicines are working correctly;
 - ✓ about your illness and risk factors to avoid and decrease complications;
 - ✓ about early warning signs or symptoms and when to call your doctor;
 - ✓ about your diet, exercise and feeding procedures;
 - ✓ help you understand your doctor's instructions.
 - Refer you for other services you may need;
 - Evaluate your progress and report it to your doctor;
 - Encourage you to do self care and assist you to be more independent.
- **Physical Therapy** – The therapist provides evaluation and treatment of patients who have temporary or permanent illness that may result in loss of function, strength and motion.

A physical therapist can help you:

 - Restore strength, motion and function (through different exercises)
 - Promote healing
 - Relieve pain



- Adjust to permanent disability
- Learn about early warning signs or symptoms and when to call your doctor.

Speech Therapy – The speech therapist helps adult patients who cannot talk like they did before an illness or a stroke. The therapist helps children who cannot speak clearly learn to talk so that others can understand them.

The speech therapist will:

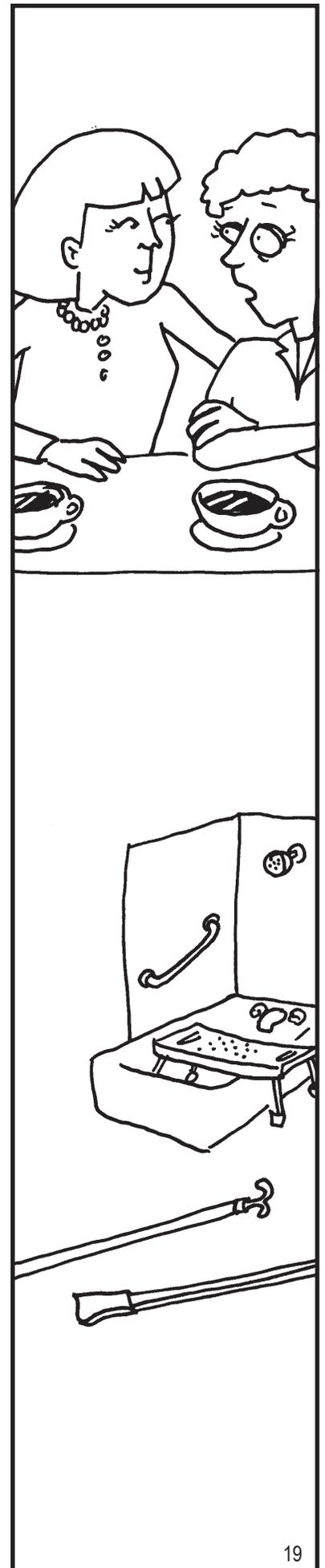
- Work with you to gain or regain the ability to speak so that others can understand what you say;
- Teach you and your family how to deal with feeding and swallowing problems when appropriate;
- Teach you how to use special equipment for communication;
- Help you to learn to express your thoughts more clearly and to understand what others are saying to you.

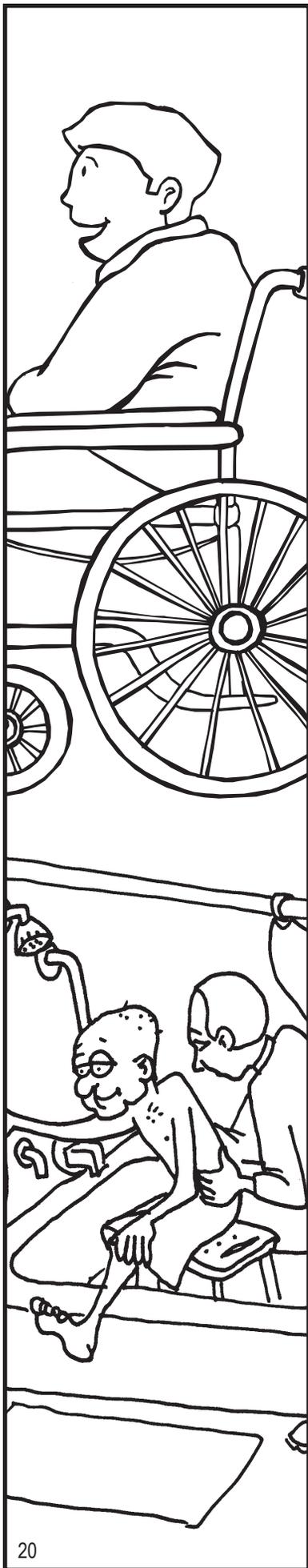
Occupational Therapy – Your occupational therapist can help by:

- Providing training or equipment for daily activities such as bathing and dressing;
- Finding ways for you and your family to prepare and serve meals;
- Teaching you ways to make your home safer and easier to move around in when you must use a wheelchair or walker;
- Arranging supplies and equipment so you can continue your daily household tasks.

Registered Dietician – It is important to eat foods that will help your body heal properly. A good meal plan is especially important for people with diabetes, high blood pressure, and heart disease. The registered dietician (if available in your area) can help you with your meal plan by:

- Looking at your current and past food intake, the amounts of food you eat, how often you eat, and what foods you like or dislike;
- Teaching you to follow the meal plan your doctor has recommended;





- Helping you learn how to pick foods with nutrients that will help your body heal and become healthier.

Medical Social Work Services – The goal of the medical social worker is to help you and your family better manage the social and emotional concerns related to your illness. The medical social worker can help you and your family:

- Understand and participate in your medical care;
- Handle the stress and feelings related to living with an illness and providing care;
- Adjust to your medical condition and changes in your life;
- Deal with personal concerns about grief and loss;
- Improve relationships with others that are affecting your health and the care you receive;
- Learn about and apply for community services to improve your care, such as:
 - Meals on Wheels
 - Transportation
- Find financial help for the cost of medications, medical supplies, heating, cooling, rent, etc.;
- Get Social Security, Medicare, or other disability benefits;
- Get Medicaid or food stamps;
- Get personal care or housekeeping assistance;
- Get housing or home modifications needed for your medical condition.

Home Health Aide – A home health aide may help you with some of the following:

- Bathing, dressing, and eating;
- Using a bedpan or bedside commode or helping you to the bathroom;
- Walking or transferring from bed to chair and assisting you with the exercises planned by your nurse or therapist;
- Changing your bed linen;
- Helping you and your caregiver perform your personal care without outside help;
- Observing your progress and keeping your nurse or therapist informed of your progress or changes.

Wound Resource Nurse- This is a nurse who is specially trained to take care of the following:

- Acute and chronic wounds
- Leg wounds
- Foot care
- Draining wounds and fistulas
- Ostomy management
- Nutrition

Certified Wound, Ostomy, Continence Nurses and certified Wound Care Nurses may be available in your area. Please ask DHEC staff for more details.

Disease Management – DHEC Home Health provides disease management programs to help you learn how to better manage your medical condition and take charge of your health. These programs will help you feel better and may prevent future hospitalizations. Disease management programs are available for people with:

- Diabetes
- Heart failure
- Arthritis
- Asthma
- Stroke
- Orthopedic Rehabilitation

Volunteer Services – Volunteer Services may be available in your area. Please ask your nurse or social worker for further details.



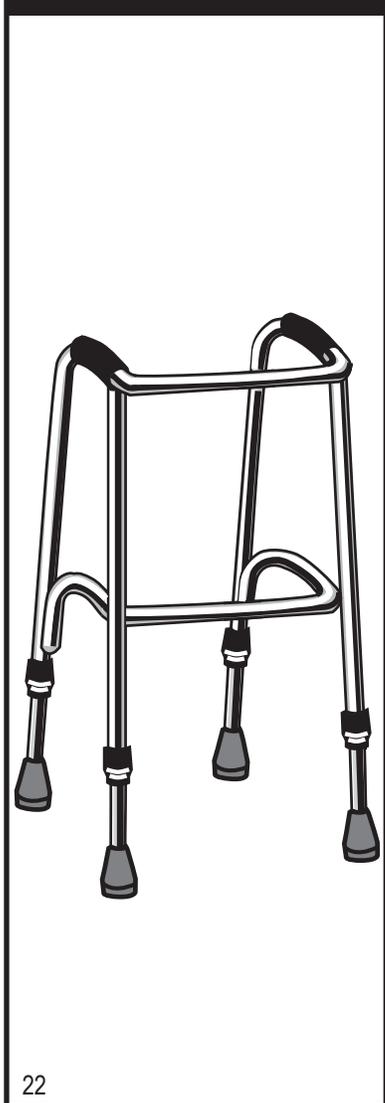
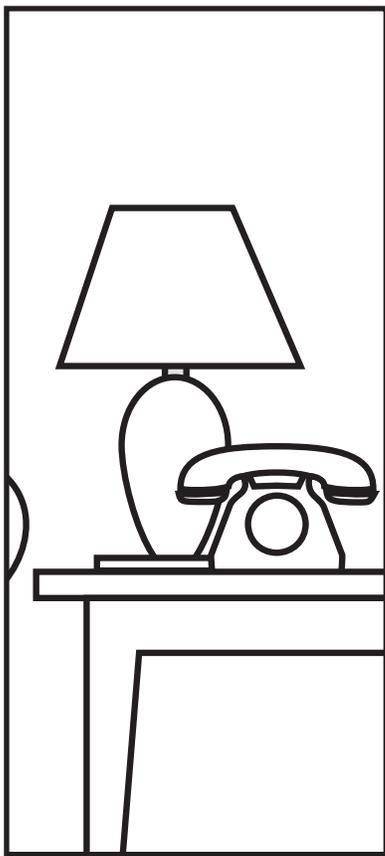
HOME SAFETY

General Safety Considerations

- Keep emergency phone numbers near each phone in your home.
- Keep this Patient Information Booklet in a safe place so you can refer to it as needed.
- Keep outside doors locked at all times. Do not open the door to strangers. Ask for some type of identification and a phone number to call so you can check who visitors are.
- Keep valuables out of sight.

Floors

- Make sure the floors and paths in your home are clear of toys, shoes and other objects.
- Keep items such as books or stacks of paper out of your regular walking path.
- Move items such as footstools, small tables and sharp edged furniture out of your regular walking path.
- To make moving around your home easier and safer, use these types of floor coverings:
 - Short-pile carpet
 - Indoor/outdoor carpet
 - Non-skid surfaces.
- Do not let lamp, extension, and telephone cords lay across where you walk. If you must have cords in your path, secure them with tape.



If you use a walker, cane or wheelchair, the following surfaces make it harder for you to get around safely:

- Thick carpet
- Waxed floors
- Throw rugs
- Going from one type of floor covering to another.

Rugs

People often slip and fall on small rugs and runners. Small rugs and runners should be slip-resistant so you will not fall. You can make rugs slip-resistant by:

- Placing a rubber pad underneath the rug, or placing double-sided tape on the bottom of the rug;
- Taping down rug edges.

Doorways

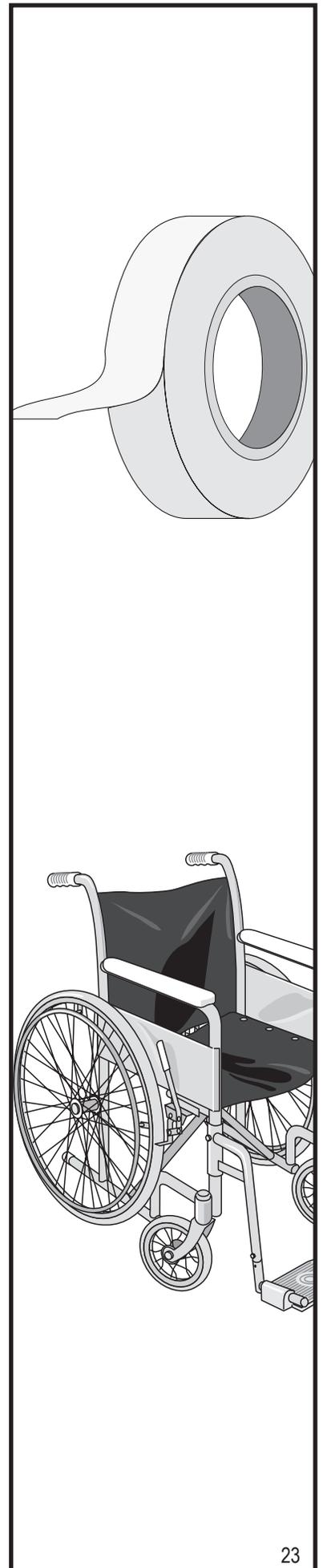
If you use a wheelchair:

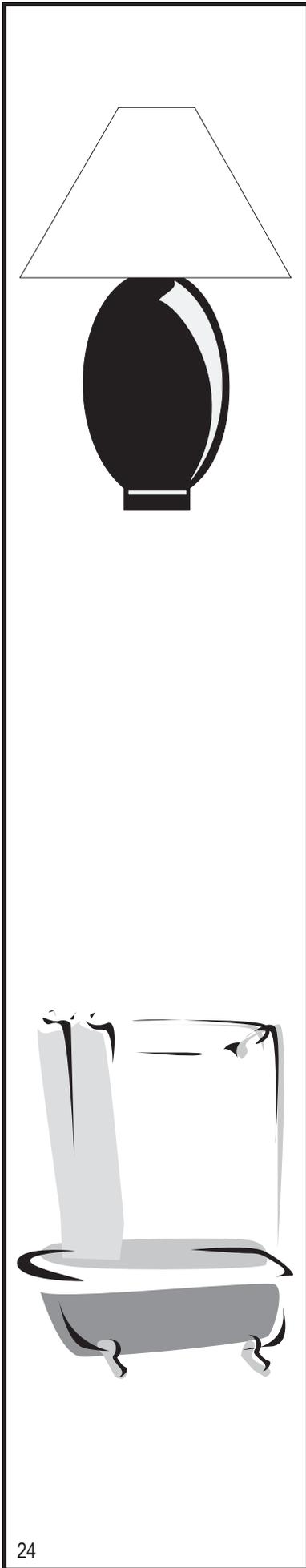
- Measure your doorways to make sure they are wide enough to get through.
- If necessary, remove a door and the molding to make it wider.
- Change your door handles if they are hard to use. As a rule, lever-type handles are easier to use than door knobs.

Stairs

If you have stairs in your home, these tips can make them safer.

- Make sure your steps and stairs are clear of all items.
- Make sure your stairs are well-lit.
- Place handrails on both sides of the stairway. Use handrails when walking up or down the steps.





To make steps easier to see, you can:

- Paint the edges of your steps a bright color such as yellow, orange or red.
- Use bright colored tape (yellow or orange) on the edge of your steps. Make sure the tape you use is made to help you see.

Lights

- Make sure your home is well-lit. In order to see better, use the maximum wattage bulb allowed for light fixtures.
- Never exceed the recommended wattage for a light fixture.
- Use nightlights or lights in bathrooms and near bedroom doorways to help you see at night.
- Make sure lights and switches are within reach of your bed and near the door of each room.

Bathrooms

- A bath or shower bench may be helpful while you are bathing.
- Use handrails (grab bars). *Do not use towel bars as supports.*
- Use rubber mats or slip-resistant strips in your bathtubs and showers.

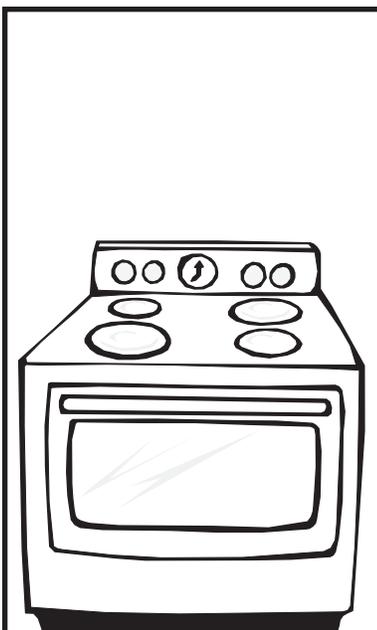
Kitchen

- Avoid cooking on high heat, especially with fat and oils.
- Keep appliances turned off when they are not being used.
- Keep curtains away from the stove top and other open flame areas.

- Make sure your pan handles are turned away from burners and the edge of the stove.
- Keep a fire extinguisher near your kitchen.
- Make sure you have a smoke detector located in your kitchen.
- Keep heavy items stored within reach, at waist level or below.
- Keep foods that spoil easily in the refrigerator to avoid food poisoning.

Other Tips

- Keep emergency numbers near all phones.
- Have working flashlights and check the batteries often.
- Have working smoke detectors and change the batteries once a year (on your birthday).
- Get up slowly after sitting or lying down to help gain your balance.
- Wear flat, comfortable, proper-fitting shoes with a firm rubber or non-skid sole. Make sure bedroom slippers have rubber on the bottoms.
- Use a cane, walker or wheelchair if you are unsteady on your feet.
- Keep your muscles strong by taking walks or exercising with friends.



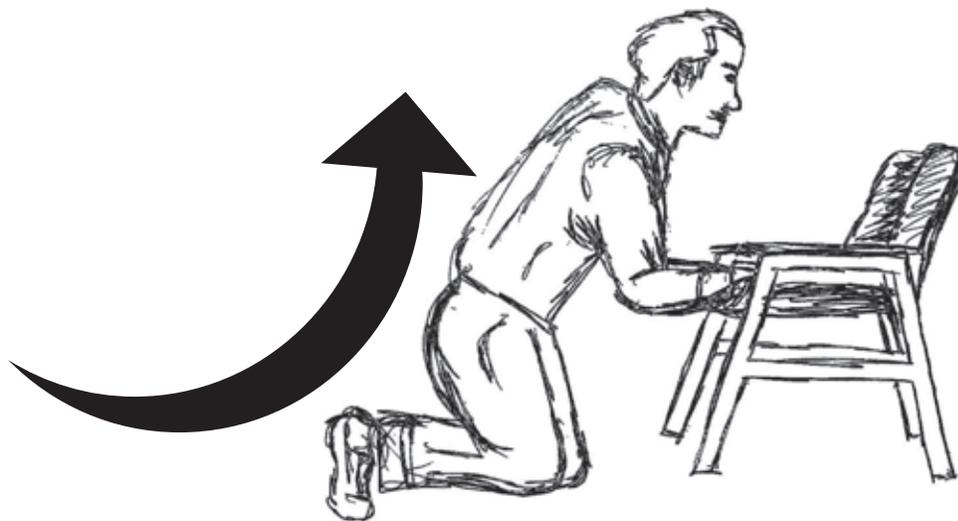
GETTING UP FROM A FALL

If you fall, remember to stay calm. You can hurt yourself even more if you panic and try to get up too fast. Take some deep breaths and try to decide if you are hurt or injured. If you are injured, do not try to get up. Instead, call 911 for an ambulance or call a family member. When someone else is in the home or nearby, call for help before trying to get up alone.

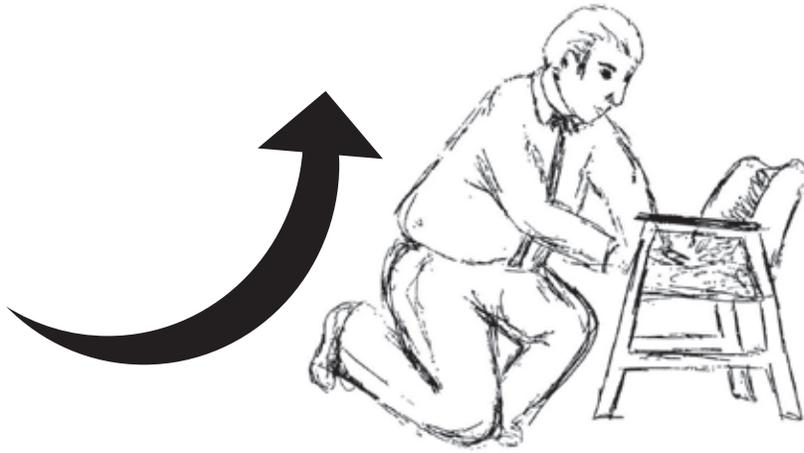
If you determine that you are not hurt or injured, take your time getting up. Getting up from a fall can increase fatigue, which in turns causes more falls. Before getting up, plan how to best get up and do it right the first time. Using a good technique to get up can prevent further injury and save you a great deal of energy.



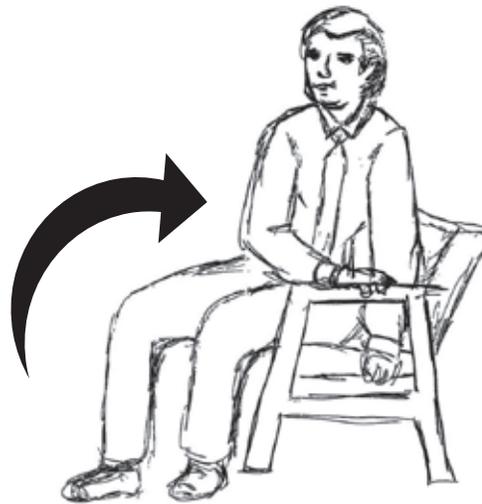
If you lose your balance, try to break your fall if possible by grabbing on to something. If you cannot reach anything, try to fall on your side or buttock. If you do not fall on your side, gently roll over onto your side.



Next, try to crawl to a sturdy piece of furniture or a chair that you can use to pull up on. Get on your knees if possible and position yourself in front of the furniture or chair. Place both hands on the chair as shown above.



Taking your time, slowly begin lifting up toward the chair. Bend whichever knee is stronger while keeping your other knee on the floor.



Slowly raise your body, lifting the other knee off the floor. Gently, twist around and sit in the chair. Call a family member or friend to come over and check you for injuries. Next, report the fall to your doctor, nurse or therapist.

INFECTION CONTROL AT HOME

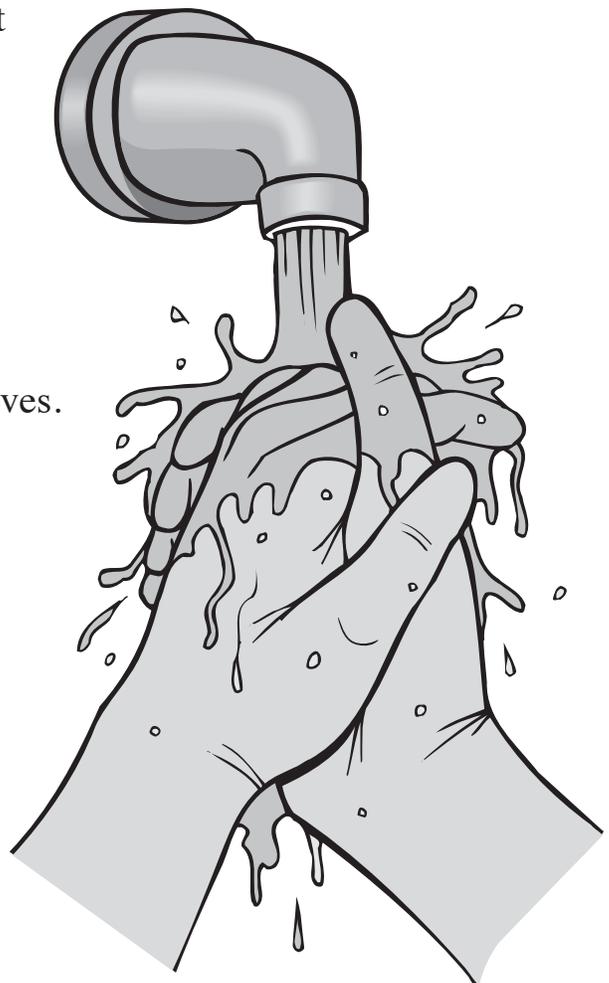
These are safety measures to keep you from getting infectious diseases through contact with a person's blood or other body fluids.

Infectious diseases like AIDS and Hepatitis B are spread through the exchange of body fluids. These fluids include blood, semen, vaginal fluids and others. Ask the doctor or nurse about all the body fluids you need to avoid.

Diseases can be passed through the eyes, nose, mouth, or a break or cut in the skin.

Since you can't always know what diseases a person may have, it is a good habit to always protect yourself. To do this:

- Wash hands before and after caring for someone, before handling or eating foods, after using the toilet, handling soiled linens, touching pets, and coughing or sneezing.
- Wash your hands with warm, soapy water for 10 –15 seconds. Dry them on a clean cloth or paper towel. Liquid soap is better than bar soap in preventing infections.
- Waterless hand cleansers with 60-70 percent alcohol may be used to help prevent spread of germs.
- Wear gloves when necessary (example: when working with a wound or touching another person's body fluids).
- Wash your hands after you take off used gloves.
- Do not reuse disposable gloves.
- Wear masks and goggles when there is a chance you may get fluids in your eyes or mouth.
- Wash your hands if you touch blood or other body fluids.



- Wash bed sheets right away if they get blood or other fluids on them. Wash sheets by themselves, and use bleach and hot water.
- Store medical supplies in a clean, dry area.
- Clean thermometers with alcohol before and after each use. Store in a clean, dry place.
- Clean all medical equipment after use. Wash with warm soapy water, rinse and dry with a clean cloth or paper towel.
- Use care when you get rid of wastes.
- Double bag all used dressings and bandages in plastic bags, then throw them into the garbage.
- Needle safety - follow the instructions listed below for safe disposal of needles and syringes. Order the free stickers from 1-800-285-5257 or visit <http://www.scdhec.gov/getthepoint>.

BE SAFE WITH NEEDLES!
WARNING: NEEDLES!



STEP 1:
Put this sticker on an empty bleach or detergent bottle.



STEP 2:
Place used needles and lancets in the bottle.



STEP 3:
Put the cap on the bottle.



STEP 4:
When the bottle is 3/4 full, secure the cap and throw the bottle into the trash.



Contact DHEC for more information or stickers at
1-800-285-5257 or visit www.scdhec.gov/getthepoint
KEEP OUT OF REACH OF CHILDREN!
S.C. Department of Health and Environmental Control OR-0681 2/08




MEDICINE SAFETY

Some people have to take a lot of different medicines. Taking different medicines is not always easy to do.

Some DOs:

- Do keep a list of all your medications. Write down the dosage and how often you are to take the medication. Update your list as medicines change.
- Do read and save any written information related to your medicines.
- Do know the names of your medications, why you take each medicine and how to take medications. You need to understand the following:

- The best time of day to take each medicine
- If you need to take medicine before meals, with meals or after meals
- Things to avoid, such as foods, other medications, alcohol, sun, etc. that can interfere with the effectiveness of your medicine
- The most common side effects
- Medicine can affect your ability to drive safely.

- Do be extra careful when you take your medicine.
- Do take medications only as directed on the label.
- Do take the exact number of pills at the right time.
- Do dispose of unused, unneeded, or expired prescription drugs. Take unneeded medications to local disposal sites if available in your area.

To dispose of medications:

1. Keep medications in original containers and mark out patient's name.
 2. Add a small amount of water to the bottle to dissolve the medicine or add table salt or flour to liquid medications.
 3. Tape the lid closed.
 4. Place the sealed medication bottle in a container like a margarine tub.
 5. Throw the container in your garbage.
- Do tell your doctor if you have problems with any medication.
 - Do review your medicines with your doctor or his/her nurse at each visit.



- Do ask your doctor, nurse or pharmacist to explain anything you do not understand.
- Do keep all your medicines away from children.
- Do store your medications away from heat, sun or moisture.
- Do have someone with you when you take medicines that make you drowsy or sleepy.
- Do take your medication with a full glass of cold water unless instructed otherwise by your doctor, nurse or pharmacist.



Some DON'Ts:

- Don't take any medication without talking with your doctor first. Over-the-counter medications (examples: vitamins, mineral supplements, herbals, laxatives, antacids, cold medicine, sinus medicine, pain medicine, antihistamines, or stomach medicines) may cause harmful reactions and work against some of your other medicines.
- Don't take medications that were given to someone else.
- Don't share your medicine with anyone.
- Don't STOP taking any medicine until your doctor tells you to stop.
- Don't take more or fewer pills even if you are feeling better.
- Don't save old medicines or old medicine bottles.
- Don't mix medications or change the containers the medications come in.
- Don't take your medications in the dark.
- Don't be afraid to ask questions.
- Don't run out of medicine. Plan ahead.
- Don't mix medications with hot drinks. The heat from the drink may destroy the effectiveness of the drug.
- Don't take medicines with grapefruit juice. Grapefruit juice increases the absorption of some medicines and can lead to dangerous side effects.

Medicines and You

The more you know about your medicines and the more you talk with your health care professionals, the easier it is to avoid problems with medicines.

Possible Problems with Medications

- **What are Side Effects?** Side effects are new symptoms or feelings you have when taking a medicine. Most side effects are not serious and go away on their own; others can be more annoying and even serious. If you develop side effects, keep track of these and let your doctor know how your body is responding to each medicine. If you have unwanted side effects, call your doctor right away.
- **Drug-Drug Interactions** happen when two or more medicines react with each other and cause unwanted effects. This can make one medicine not work well or even make one medicine stronger than it should be. For example, you should not take aspirin if you are taking a prescription blood thinner such as Coumadin® (warfarin) unless your doctor tells you differently.
- **Drug-Condition Interactions** happen when a medical condition you already have makes certain drugs potentially harmful. For example, if you have high blood pressure or asthma, you could have an unwanted reaction if you take a nasal decongestant.
- **Drug-Food Interactions** result from drugs reacting with foods or drinks. In some cases, food in the stomach or intestines can affect how a drug is absorbed. Some medicines also may affect the way the nutrients from food are absorbed into the body. For example, some antibiotics should not be taken with milk or milk products.
- **Drug-Alcohol Interactions** can happen when the medicine you take reacts with an alcoholic drink. For instance, mixing alcohol with some medicines may cause you to feel tired and slow your reactions.

Over-the-Counter (OTC) Medications

- Improper use of over-the-counter medications can make symptoms worse or hide a serious condition. Never take over-the-counter medicines longer than recommended on the label. If symptoms continue, go see your doctor.
- Read the label carefully before taking an over-the-counter medicine. There is important information on the label about when to take, how to take and warnings about who should not take the medication.

Herbal Medicine

Herbal medicines have become very popular in the last few years. Since these products are not approved by the FDA (Food and Drug Administration), the purity and concentration of

ingredients can vary widely. If you take herbal supplements, make sure that you tell your doctor exactly what you take and how often, since some herbs can interfere with some of your other medications. It is a good idea to take the bottles with you to your doctor.

Cutting Medicine Cost

Medicines are an important part of treating an illness because they often allow people to remain active and independent. But medicines can be expensive. Here are some ideas to help lower costs:

- Ask about generic medications. Generic medicines are often substituted for brand-name medicines. Generic medicines are usually cheaper than brand-name medicines, with an average savings of 52 percent daily (U.S. Food and Drug Administration). You may have concerns about the quality, effectiveness and strength of generic medicines. However, generics are medically equal to brands approved and rated by the Food and Drug Administration (FDA).
- Tell your doctor that you are worried about the cost of your medicine. He/she may be able to tell you about another less expensive medication.
- Ask for a senior citizen's discount.
- Shop around. Look at prices at different stores or pharmacies. However, decide on one pharmacy and buy all of your medications from the same drug store. This allows your pharmacist to monitor the medications that you take to hopefully prevent interactions between medications and side effects.
- Ask for medicine samples. If your doctor gives you a prescription for a new medication, ask your doctor for samples you can try before filling the prescription. Sometimes new medications may not work or have some side effects that bother you too much. If the doctor cannot give you samples, get the pharmacist to sell you only one to two weeks' worth of medicine to try before purchasing the entire prescription.
- Medicaid. Ask your doctor or nurse to help you determine if you are eligible for low-income medical assistance.
- Drug Discount Programs. Check on discount programs offered by the government, mail order companies and drug manufacturers. Many drug makers offer discounts or free medicine if you do not have any other way to pay for your medications. Most of these companies require an application from your doctor. The requirements vary depending on which company makes the medicine. Below is a resource where you can get more information.

Partnership for Prescription Assistance

Call: (888) 4PPA-NOW (1-888-477-2669) or visit the Web site: <http://www.pparx.org>

- Medicare offers prescription drug coverage for everyone with Medicare. This is called “Part D.” Medicare drug plans are run by insurance companies and other private companies approved by Medicare. They may help lower prescription drug costs and help protect against higher costs in the future.

Most people have Part D, but it is optional, so not everyone has it. If you join a Medicare drug plan, you pay a monthly premium and you might have to pay for some of the medicine. The amount of the premium will be different for different plans. If you decided not to enroll in a Medicare drug plan when you were first eligible, you may have to pay a penalty to join later, but it still might be less expensive than paying for all the drugs. Call 1-800-MEDICARE (1-800-633-4227) or use the internet and go to <http://www.medicare.gov> to find out more.

Some people who have low income may be able to get extra help with their medicines. Sometimes they do not have to pay a premium. You may visit or call your local Social Security office or call 1-800-772-1213 to find out if you are able to get extra help.

Food-Drug Interactions

Anticoagulant warfarin (Coumadin®): this type of medication helps to keep your blood thin. Certain foods that contain vitamin K influence how well the blood thinner works. However, you do not need to stop eating foods with vitamin K if you have been eating them all along. When you take blood thinners, you need to eat and drink your usual amounts of these foods. DO NOT make sudden changes in how much of these foods you eat or drink. If you have not been eating foods high in Vitamin K, do not add more than two to three servings a week.

Also, some other medications and foods may cause problems with how well the blood thinner works. Examples of medicines and foods that may cause problems are: Tagamet®, Maalox®, certain antibiotics, alcohol and food supplements like Ensure®, Boost®, or Carnation Instant Breakfast®.

Foods high in Vitamin K

- | | | |
|------------------|-------------------|-----------------|
| • Asparagus | • Potatoes | • Green peas |
| • Cheese | • Broccoli | • Turnip greens |
| • Mustard greens | • Green beans | • Cabbage |
| • Beef liver | • Spinach | • Green tea |
| • Collards | • Brussel sprouts | • Cauliflower |
| | | • Lettuce |

PAIN MANAGEMENT

Pain is best described as an uncomfortable or unpleasant feeling that tells you something may be wrong in your body. It's one way your body sends a warning to your brain.

Some people think that pain is natural when one gets older, or that when older people are not clear in explaining the cause or character of their pain that they are “just complaining.” Both of these views are wrong. There is almost always a real problem behind the pain.

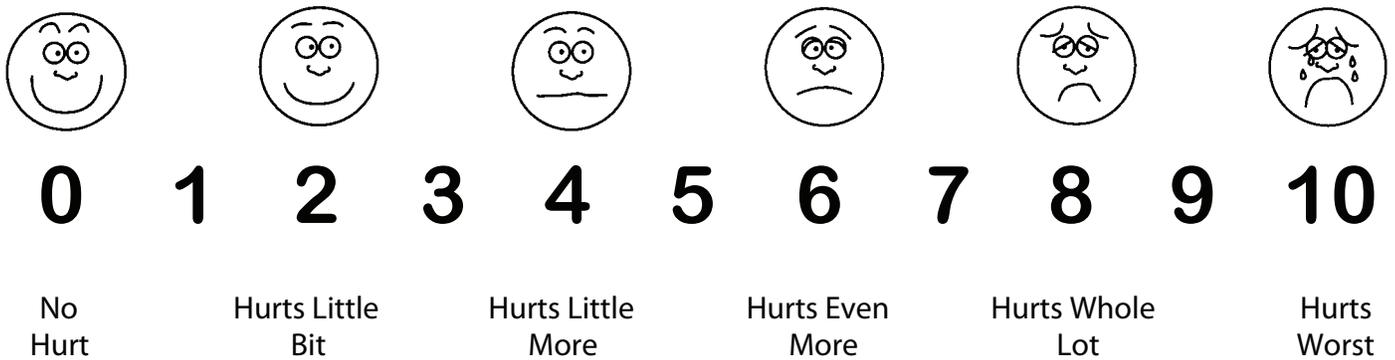
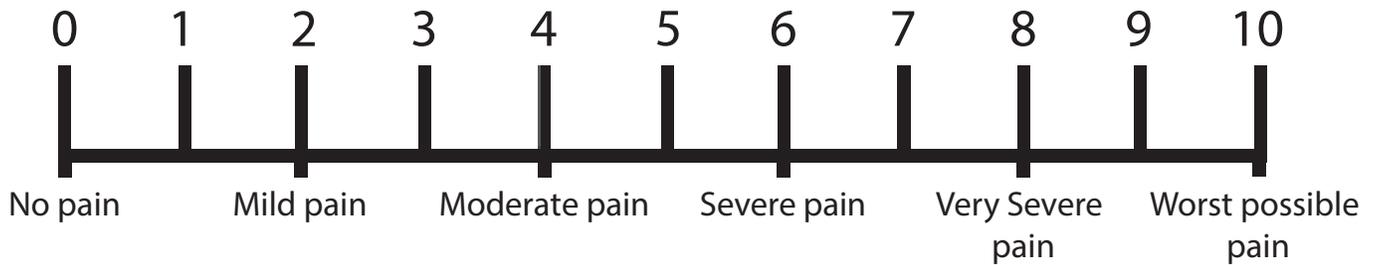
Pain can lead to other problems, such as losing the ability to move around and to do everyday activities. The person with pain may have trouble sleeping or experience “bad moods.” In addition, people with pain often become anxious and depressed. They may be at greater risk for falls, weight loss, poor concentration, and difficulties with relationships.

On the positive side, most pain can improve with treatment that usually consists of a combination of medicine and non-medicine strategies. Treatments such as physical therapy, massage, application of heat and/or cold, exercise, and relaxation may be tried first. If these treatments are not successful alone, pain pills should be prescribed along with treatments and the patient closely observed for side effects. Since all medicines have side effects, pain pills should be prescribed with care.

Every person has the right to good pain control. Tell the doctor or nurse if pain does not lessen with treatment, and ask the doctor to try new treatments until the pain is controlled. It is important to also recognize that while most pain can improve with treatment, complete pain relief may not be possible in every case.

A Numerical Pain Scale

A numerical pain scale allows you to describe the intensity of your discomfort in numbers ranging from 0 to 10. Rating the intensity of sensation is one way of helping your doctor determine treatment.



References:

- FACES ruler from Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, 6/e, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.
- Regina Fink, University of Colorado Health Sciences Center

Locating Community Resources

Every community in the state has local resources for older adults, people with disability, their family members and caregivers in South Carolina. The SC Access Program was created by the Lieutenant Governor's Office on Aging.

The SC Access Program is located on the following Web site: www.scaccesshelp.org

If you do not have access to a computer, you can contact this program at (803) 734-9900 to obtain more information about how to find resources in your local community.

Some of the available resources on this Web site are:

- Locating resources within your community
 - Names and phone numbers of local resources
- Office on Aging
 - Task Force on Senior Fraud
 - Alzheimer's resources
 - Advance directives
 - Employment
 - Family Caregiver Support Program
 - General aging benefits
 - Housing
 - Information, referral and assistance
 - Aging and Disability Resource Center
 - Choosing long-term care placement
 - Medicare's steps to choosing long-term care
 - Medicaid long-term care application
 - Guide to grandparents raising grandchildren
 - Health and safety
 - Insurance
- Personal care worker listing
 - Personal care worker questions and answers
 - Hiring and managing a personal care worker
 - Choosing a personal care agency



TIPS FOR HEALTHY LIVING

Heart Disease

Heart disease causes over one-third of all deaths in South Carolina, making it the leading cause of death in our state. That's why it's so important to reduce cardiac risk factors, know the warning signs of a heart attack, and know how to respond quickly and properly if warning signs of a heart attack occur.

Heart Attack Warning Signs:

Some heart attacks are sudden and intense, but most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help. A heart attack is an emergency. Know the signs and act quickly. **It could save your life!**

Here are signs that can mean a heart attack is happening:

- Chest pain or discomfort. Most heart attacks involve discomfort or pain in the center of the chest that lasts more than a few minutes, or pain that goes away and comes back. It can feel like uncomfortable pressure, squeezing, or fullness.
- Pain or discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the shoulder, back, neck, jaw or stomach.
- Shortness of breath. May occur with or without chest discomfort.
- Breaking out in a cold sweat, nausea, fainting, dizziness, pale skin, racing heart, unexplained weakness, anxiety or fatigue.

Not all of these signs occur in every heart attack. If you or someone you're with has chest discomfort, especially with one or more of the other signs, don't wait longer than five minutes before calling for help. Call 9-1-1. Get to a hospital right away.

Calling 9-1-1 is almost always the fastest way to get lifesaving treatment. Emergency medical services (EMS) staff can begin treatment when they arrive--up to an hour sooner than if someone gets to the hospital by car. Patients with chest pain who arrive at an emergency room by ambulance usually receive faster treatment at the hospital.

If you can't access emergency medical services (EMS), have someone drive you to the hospital right away. If you're the one having symptoms, don't drive yourself unless you have absolutely no other option.

To Lower Your Risk of Heart Attack:

- Check your blood pressure regularly.
- Quit smoking.
- Ask your doctor to check your cholesterol level, and lower it if needed.
- Eat a healthy diet.
- Use less salt.
- Be physically active. Get a total of 30 minutes of activity on most or all days.
- Avoid drinking excess alcohol.
- Control your diabetes.

Stroke

Stroke is the third leading cause of serious disability in the U.S. Stroke is a type of heart disease. It affects the blood vessels leading to and within the brain. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When that happens, part of the brain cannot get the blood and oxygen it needs, so the brain starts to die.

Stroke Warning Signs:

- Sudden numbness or weakness of face, arm or leg, especially on one side of body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, or loss of balance or coordination
- Sudden, severe headache of unknown cause.

If you or someone with you has one or more of these signs, don't delay! Immediately call 9-1-1 or the emergency medical services (EMS) number so an ambulance can be sent for you. Also, check the time so you'll know when the first symptoms started. It's very important to take immediate action. A clot-busting drug, if given within three hours of the start of symptoms, can reduce long-term disability for the most common type of stroke.

To Lower Your Risk For Stroke:

- Check your blood pressure regularly.
- Quit smoking.
- Ask your doctor to check your cholesterol level, and lower it if needed.
- Eat a healthy diet.
- Eat less salt.
- Be physically active. Get a total of 30 minutes of activity on most or all days.
- Ask your doctor if you would benefit from taking a low dose aspirin each day.
- Avoid drinking excess alcohol.
- Control your diabetes.

High Blood Pressure

According to recent estimates, nearly one in three U.S. adults has high blood pressure, but because there are no symptoms, nearly one-third of these people don't know they have it. In fact, many people have high blood pressure for years without knowing it until they have a stroke, heart attack, heart failure or kidney failure. This is why high blood pressure is often called the "silent killer." The only way to tell if you have high blood pressure is to have your blood pressure checked regularly. Take your medicines as prescribed by your doctor. Talk with your doctor if you have problems with side effects or are unable to afford your medicines.

New Blood Pressure Guidelines:

Keep your blood pressure below 140/90. If you have diabetes, kidney disease or are African-American, keep your blood pressure below 130/80.

For more information on heart disease, stroke or high blood pressure, contact:

American Heart Association: (800) AHA-USA1 <http://www.americanheart.org>

American Stroke Association: (800) 242-8721 <http://www.strokeassociation.org>

DHEC/Div. of Cardiovascular Health: (803) 545-4490 <http://www.scdhec.gov/cvh>

Diabetes

Diabetes is a disease where the body does not make or properly use insulin. Insulin is a hormone that is needed to turn sugar, starches and other food into energy needed for daily life.

Diabetes in South Carolina

South Carolina has one of the highest rates of diabetes in the country. In South Carolina, eight to nine people out of 100 are diagnosed with diabetes. There are at least 120,000 more adults who have diabetes but do not know it. The rates of major complications of diabetes (heart attacks, amputations, kidney disease) are increasing rapidly in South Carolina.

You are at risk for diabetes if:

- You are overweight;
- You do not exercise regularly;
- You have a parent, brother or sister who has diabetes;
- You are African-American, Hispanic/Latino, Native American, Asian or a Pacific Islander;
- You are older than 45 years of age;
- You had a baby that weighed more than 9 pounds or you had high blood sugars while pregnant.

What are the symptoms of diabetes?

- Extreme thirst or hunger
- Frequent urination
- Unexplained weight loss
- Blurry vision that changes day to day
- Tingling or numbness in hands or feet
- Frequent or recurring skin, gum or bladder infections
- Wounds that won't heal.

If you are at risk and or have some of these symptoms, talk with your doctor about getting tested for diabetes.

For more information about diabetes, contact:

American Diabetes Association: (800) 342-2383 <http://www.diabetes.org>

DHEC Diabetes Control Program: (803) 545-4490 <http://www.scdhec.gov/diabetes>

Cancer Prevention

The American Cancer Society has identified seven major warning signs of cancer. You should have a medical examination soon if you have any of these warning signs. However, having one of these warning signs does not mean you are sure to have cancer.

The warning signs are:

- **Change in bowel or bladder habits**

A change in bowel habits may be a sign of colorectal cancer. Constipation or diarrhea accompanied by abdominal pain may indicate that there is a tumor blocking your colon. A major symptom of cancer in the rectum is the discharge of blood with bowel movements.

- **A sore that does not heal**

A sore that does not heal may be related to cancer. Smokers and people who use chewing tobacco may develop rough white patches in the mouth. These patches may develop into cancer.

- **Unusual bleeding or discharge**

Unusual bleeding or discharge from the rectum, bladder or vagina may indicate signs of cancer.

- **Thickening or lump in a breast or elsewhere**

A thickening or a lump in the breast can be a sign of breast cancer. Other signs of breast cancer include a nipple turning inward, nipple discharge, or pain or tenderness in that area. A sign for cancer of the testes may be a lump in the testicular area.

- **Indigestion or difficulty swallowing**

Indigestion or difficulty in swallowing can be a symptom of esophageal or stomach cancer. People with esophageal cancer may complain that food “feels stuck” when they eat.

- **Obvious change in a mole or wart**

An obvious change in a mole or wart (or darkening of a previously normal area) can be a sign of melanoma, or skin cancer.

- **Nagging cough or hoarseness**

Nagging cough or hoarseness may be an early sign of lung cancer, which is the number one killer in women and men who have cancer.

Breast and Cervical Cancer

Breast and cervical cancer claim the lives of thousands of American women every year. No matter what a woman's age, race or income is, there are measures that can be taken to protect her health and save her life. The best protection against breast and cervical cancer is to be tested (screened).

- A mammogram (breast X-ray) is the best way to detect breast cancer at an early stage.
- A Pap smear is the best way to detect cervical cancer.

Most women who have these screenings find they do not have cancer. But if these tests find cancer early, you have the best chance for a longer and healthier life.

Risk Factors for Breast Cancer:

- Being female
- Age 40 and older
- Family history of breast cancer, especially in a close relative (mother, sister)
- Personal history of breast cancer
- Previous abnormal breast biopsy
- Start of menstruation at an early age (before age 12)
- Start of menopause at a late age (after age 55)
- No children or having first child after age of 30
- Birth control pills (it is not clear what risk birth control pills play in breast cancer risk)
- Long-term use (several years or more) of hormone replacement therapy (HRT) after menopause, particularly using estrogens and progesterone combined
- Use of alcohol (linked to a slightly increased risk)
- Being overweight (it has been found to be a risk factor for women after menopause).

Factors That May Reduce Risk:

- Breastfeeding and pregnancy (especially if breast-feeding is continued for 1 1/2 to 2 years)
- Physical activity

Signs of breast cancer:

- Lump or mass in the breast
- A swelling of part of the breast
- Skin irritation or dimpling
- Nipple pain or the nipple turning inward
- Redness or scaliness of the nipple or breast skin
- Nipple discharge other than breast milk
- A lump in the underarm area.

South Carolina Best Chance Network

South Carolina Best Chance Network is a special program for women 47 to 64 years old who need to be screened for breast and cervical cancer. Screening services include:

- Clinical breast exam
- Mammogram
- Pelvic exam
- Pap smear
- Referral for follow-up
- Referral for social services.

You may be able to receive these services for FREE through the Best Chance Network if you meet these guidelines:

- You are 47 to 64 years old.
- You have no health insurance or your health insurance only pays for hospital care.
- You meet certain income guidelines .

The Best Chance Network also pays for:

- Tests that are needed for abnormal screening results
- Referral to social services for help with follow-up needs.

For more information about the Best Chance Network, call the American Cancer Society at (800) 277-2345 and ask about the S.C. Best Chance Network.

Recommendations for Early Breast Cancer Detection

- Monthly breast self-exam for women 20 years and older
- Breast exam by health care provider every three years for women ages 20-39 and every year for those age 40 and older
- Yearly mammogram for women age 40 and older
- Women at increased risk should talk with their doctors about the benefits and limitations of starting mammograms when they are younger, having additional tests (such as breast ultrasound or MRI), or having more frequent examinations.

Prostate Cancer

Prostate cancer is the second most common cause of cancer death in men. Prostate cancer is rare in men below the age 50, and the average age of diagnosis is 75 years. Prostate cancer often does not cause symptoms for many years. By the time symptoms occur, the disease may have spread beyond the prostate.

Risk Factors for Prostate Cancer

- Advancing age: more than 70 percent of all prostate cancers are diagnosed in men over 65 years old
- Race: prostate cancer occurs about 60 percent more often in African-American men than in white men
- Family History: having a father or brother with prostate cancer more than doubles a man's risk for developing this disease. (The risk is higher for men with an affected brother than for those with an affected father.)

Recommended Screenings

- Men should get a PSA blood test yearly, beginning at age 50 if they have at least a 10-year life expectancy. (Ask your doctor about this blood test).
- Men should have a rectal examination yearly, beginning at age 50 if they have at least a 10-year life expectancy.
- Men at high risk, such as African-American and men who have a father, brother or son diagnosed with prostate cancer should begin testing at age 45.
- Men at even higher risk because they had several family members with prostate cancer could begin testing at age 40.

Colon Cancer

With proper screening, colon cancer can be detected BEFORE the development of symptoms, when it is most curable. Most cases of colon cancer have no symptoms.

The following symptoms, however, may indicate colon cancer:

- Diarrhea, constipation, or other change in bowel habits that do not get better
- Blood in the stool
- Unexplained anemia (anemia in any adults other than menstruating women should almost always be evaluated by a colonoscopy)
- Abdominal pain and tenderness in the lower abdomen
- Weight loss for unknown reason
- Stools narrower in shape than usual.

Risk factors for colon cancer:

- Having a parent, brother, sister or child who has had colon or rectal cancer
- Two or more close relatives with either colon or rectal cancer (They make up about 20 percent of all people with this type of cancer. The risk increases even more if relatives have colon or rectal cancer before the age of 60.)
- History of colon polyps
- History of chronic inflammatory bowel disease
- Age: of 50 years or older (More than 90 percent of people found to have colon or rectal cancer are older than 50.)
- Diet (Eating meats and foods high in fat can increase your risk of colon cancer.)
- Lack of physical exercise
- Obesity
- Diabetes (People with diabetes have a 30 - 40 percent increased chance of developing colon or rectal cancer.)
- Smoking (Recent studies indicate that smokers are 30 to 40 percent more likely than nonsmokers to die from colorectal cancer. Smoking may be responsible for causing about 12 percent of fatal colorectal cancers.)
- Alcohol intake (Colorectal cancer has been linked to the heavy use of alcohol.)

American Cancer Society Colorectal Cancer Screening Guidelines

- Beginning at age 50, men and women who are at average risk for developing colorectal cancer should have one of the options below:
 - Stool checked for blood
 - Sigmoidoscopy
 - Colonoscopy.

Check with your physician on how often you should have the above tests.

Lung Cancer

Lung cancer is one of the most common cancers in the world and is the leading cause of cancer death in men and women in the United States. More than 150,000 people die in the U.S. every year from lung cancer. Smoking is by far the most important risk factor for lung cancer. If you stop smoking before a cancer develops, your damaged lung tissue gradually starts to return to normal. Ten years after stopping smoking, your risk is reduced to one-third of what it would have been if you had continued to smoke. Cigar smoking and pipe smoking are almost as likely to cause lung cancer as cigarette smoking. There is no evidence that smoking low tar cigarettes reduces the risk of lung cancer.

Symptoms:

- Cough
- Bloody sputum
- Shortness of breath
- Wheezing
- Chest pain
- Weight loss
- Loss of appetite.

Cancer Resources

American Cancer Society: (800) 277-2345 <http://www.cancer.org/>

DHEC Div. of Cancer

Prevention & Control: (803) 545-4490 <http://www.scdhec.gov/cancer>

Smoking - Quit for KEEPS (800) 784-8669 <http://www.scdhec.gov/quitforkeeps>

If you use tobacco products we encourage you to quit.

Quitting tobacco use will greatly reduce your risk for health problems. A partnership between SC DHEC and CDC.





South Carolina Department of Health
and Environmental Control

www.scdhec.gov

We promote and protect the health of the public and the environment.

IMPORTANT PHONE NUMBERS

CONTACTING DHEC HOME HEALTH SERVICES

DHEC HOME HEALTH staff is available to you Monday through Friday from 8:30 a.m. to 5 p.m. If you need to reach us after hours, on weekends, or on holidays, a nurse is available by phone 24 hours a day. Your emergency plan (see attachment) will help you know when to call our staff.

Remember, in a true emergency, you should be taken to the hospital emergency room immediately. DHEC Home Health Service does not operate as an emergency service and contacting us when a medical emergency occurs may cost you valuable time.

NOTE: Call our office (DHEC Home Health Services) if you are admitted to the hospital AND when you come home from the hospital.

S.C. DHEC Home Health Services

County: _____ Phone: _____

Nurse: _____

Physical Therapist: _____

Occupational Therapist: _____

Speech Therapist: _____

Aide: _____

Social Worker: _____

Nutritionist: _____

CONTACTING YOUR DOCTOR

Doctor's Name: _____ Phone #: _____

CONTACTING EMERGENCY SERVICES (Ambulance, Fire, Police, Highway or Civil Defense)

Emergency Phone #: 911 or _____

Call 911 for emergency situations such as:

- Chest pain that medication does not help
- If it is hard to breathe or you are smothering
- If you fall and break a bone, have an injury, or are bleeding
- Unable to wake patient or loss of consciousness
- Severe bleeding that does not stop
- Severe pain that does not get better with medication
- Other: _____

CONTACTING YOUR MEDICAL EQUIPMENT COMPANY

Contact the equipment company for any problems with your medical equipment. If the equipment company cannot solve your problem, call the DHEC Home Health Office.

Name of Company: _____ Phone Number: _____

Type of Equipment: _____