



SOUTH CENTRAL PENNSYLVANIA HEALTH CARE QUALITY UNIT

IT'S YOUR HEALTH WINTER 2012



Toll Free 1-877-315-6855
www.theadvocacyalliance.org

CARBON MONOXIDE: THE SILENT KILLER

Carbon Monoxide (CO) is a colorless, odorless gas that can cause sudden illness and death. It is especially dangerous in the winter months as people deal with alternative heating sources during power outages and cold weather. While it cannot be seen, smelled, tasted nor felt, poisoning by it can be prevented!

Carbon monoxide is a gas that is in combustion exhaust, such as in cars and trucks, gas and charcoal grills, kerosene heaters, gas ranges and ovens, and heating systems. People and animals breathe in these fumes in enclosed spaces and become ill quickly.

The most common symptoms of CO poisoning are:

- * Headache
- * Dizziness
- * Weakness
- * Nausea and vomiting
- * Chest pain
- * Confusion

High levels of CO cause loss of consciousness and death. A person who is intoxicated or sleeping can die from poisoning without ever experiencing the symptoms. Each year over 400 people die from CO poisoning in the United States, and over 20,000 people are treated in Emergency Departments.

Certain populations are at greater risk for CO poisoning. These include infants, adults with chronic heart disease, anemia and respiratory problems. Extra caution should be taken with these individuals when the risk of CO exposure exists.

Causes & Symptoms of Carbon Monoxide Poisoning in Your Home

Concentration of CO & Symptoms Source: http://en.wikipedia.org/wiki/Carbon_monoxide_poisoning

35 ppm (0.0035%)	Headache and dizziness within six to eight hours of constant exposure	1,600 ppm (0.16%)	Headache, tachycardia, dizziness, and nausea within 20 min; death in less than 2 hours
100 ppm (0.01%)	Slight headache in two to three hours	3,200 ppm (0.32%)	Headache, dizziness and nausea in five to ten minutes. Death within 30 minutes.
200 ppm (0.02%)	Slight headache within two to three hours; loss of judgment	6,400 ppm (0.64%)	Headache and dizziness in one to two minutes. Convulsions, respiratory arrest, and death in less than 20 minutes.
400 ppm (0.04%)	Frontal headache within one to two hours	12,800 ppm (1.28%)	Unconsciousness after 2-3 breaths. Death in less than three minutes
800 ppm (0.08%)	Dizziness, nausea, and convulsions within 45 min; insensible within 2 hours		

CAR LEFT RUNNING IN GARAGE

BLOCKED CHIMNEY/GAS FIRES

CORRODED WATER HEATER PIPES

GAS OR WOOD FIRES

CRACKED OR LEAKING BOILER

BADLY INSTALLED KITCHEN UNIT

OPERATING A GRILL INDOORS OR GARAGE

KEROSENE OR GAS HEATERS

The fumes shown are for display purposes only
Carbon Monoxide is Odourless and Colourless
DISCLAIMER: This is just a summary of the causes of Carbon Monoxide Poisoning, in no way is this a comprehensive list.

YOU CAN PREVENT CARBON MONOXIDE EXPOSURE

- * **DO** have your heating system, water heater and any other gas, oil, or coal burning appliances serviced by a qualified technician every year.
- * **DO** install a battery-operated or battery back-up CO detector in your home and check or replace the battery when you change the time on your clocks each spring and fall. If the detector sounds leave your home immediately and call 911.
- * **DO** seek prompt medical attention if you suspect CO poisoning and are feeling dizzy, light-headed, or nauseous.
- * **DO NOT** use a generator, charcoal grill, camp stove, or other gasoline or charcoal-burning device inside your home, basement, garage or near a window.
- * **DO NOT** run a car or truck inside a garage attached to your house, even if you leave the door open.
- * **DO NOT** burn anything in a stove or fireplace that isn't vented.
- * **DO NOT** heat your house with a gas oven.



Broken Heart Syndrome...

...Yes, It's Real

In 2005, Joel Bizon went into Maine Medical Center in Portland for a routine surgery. When the surgeon came out to report that the procedure was a success, Joel's wife Cyndy was relieved. For the next few hours, she sat by the waiting room phone, anxious to be reunited with her husband. Instead, Cyndy got the news that Joel had taken a turn for the worse and had suffered a heart attack while in recovery. The next few days were a blur. Cyndy visited her husband as often as she could — but she wasn't eating or sleeping well. Eventually the stress would take a toll on her.

Two days into his recovery, Cyndy walked up to the nurses' station to check in. "I remember feeling dizzy...and trying to grab the counter. I remember a curtain of black that I couldn't shake away coming down.", Cyndy said. Head nurse Cathy Palleschi recalls hearing a loud thud, and coming out of her office to find Cyndy on the floor and immediately called a code. The team who attended to Cyndy was able to revive her and get her heart back to its normal rhythm within a couple of minutes. If the episode had occurred elsewhere, it is unlikely Cyndy would be here today.

What is Broken Heart Syndrome?

According to Dr. Ilan Wittstein, a cardiologist at Johns Hopkins Medicine, first coined the "broken heart" syndrome, also known as **stress cardiomyopathy**. The syndrome got its name because a lot of patients suffer from it after the death of a loved one — however, it is not always triggered by grief.

Stress cardiomyopathy can definitely be life threatening in some cases. Because the syndrome involves severe heart muscle weakness, patients can have congestive heart failure, low blood pressure, shock, and potentially life-threatening heart rhythm abnormalities.

How does sudden stress lead to heart muscle weakness?

These abnormalities can be physical, such as high blood pressure, dehydration, or low blood sugar, or they can be emotional, such as receiving news that a loved one has passed away. If a person fears physical harm, the body produces large amounts of adrenaline to help that person either defend himself/herself or run faster to escape the danger. With stress cardiomyopathy, it is believed that the heart muscle is overwhelmed by a massive amount of adrenaline that is suddenly produced in response to stress. The precise way in which adrenaline affects the heart is unknown. It may cause narrowing of the arteries that supply the heart with blood, causing a temporary decrease in blood flow to the heart. In another case, the adrenaline may bind to the heart cells directly causing large amounts of calcium to enter the cells which renders them temporarily dysfunctional. Whichever the mechanism, it appears that the effects of adrenaline on the heart in this syndrome are temporary and completely reversible.

Stress cardiomyopathy can easily be mistaken for heart attack. With a closer look, however, there are some major differences between the two conditions. First, most heart attacks occur due to blockages and blood clots forming in the coronary arteries. If these clots cut off the blood supply to the heart for a long enough period of time, heart muscle cells can die, leaving the heart with irreversible damage. Secondly, the heart cells of patients with stress cardiomyopathy are “stunned” by the adrenaline and other stress hormones, but killed as they are in heart attack. This stunning gets better very quickly, often within just a few days. So even though a person with this syndrome can have severe heart muscle weakness at the time of admission to the hospital, oftentimes the heart completely recovers within a couple of weeks, and, in most cases, there is no permanent damage.

Who is at risk for getting stress cardiomyopathy?

Probably any individual is capable of developing this if the stress is great enough. A full 90% of the patients who show up with this are women, and they are primarily over 55 years of age and post-menopausal. Estrogen can help protect against the negative effects of some of those stress hormones. For this reason, a stressful event at age 25, when estrogen levels are high, may not have the same effect on the heart as later in life. Johns Hopkins has set up a stress cardiomyopathy registry in an attempt to get a clearer picture of the features of “broken heart” syndrome. “When I’m asked, ‘Can you die of a broken heart?’, I say...absolutely, yes, you can,” says Dr. Wittstein.

Cyndy and Joel visit the hospital each year on the anniversary of Cyndy’s episode, calling it their “rebirth day”. They believe the most important message of their story is “to be thankful for every moment that you have because it can be snatched away from you so quickly, without you having any warning”.



Links to Check Out

American Association of Poison Control Centers:

www.aapcc.org

Poison Prevention:

www.poisonprevention.org

Centers for Disease Control Poison Prevention:

www.cdc.gov/Features/poisonprevention/

WINTER SKIN CARE

Can you believe winter is almost here! Cold air, wind and heat are three reasons that your skin suffers in the winter. These conditions suck the moisture out of your skin, leaving it dry, itchy and irritated, and certain skin conditions, like Psoriasis and Eczema, may develop or become aggravated in the cold weather. You may even get sunburn! Be proactive against the effects of cold weather by following a few steps.

SKIN CARE

- * Limit your time in the shower or bath, and use warm, not hot, water which can dry your skin.
- * Use a body wash rather than bar soap.
- * Pat your skin dry with a towel then apply moisturizer while your skin is still moist. If you have dry skin you may want to use moisturizer 2 or 3 times a day.
- * Consider using a humidifier at night. It will help to soothe dry nasal passages and a dry throat as well as help your skin.
- * Before you get ready to go out into the winter weather remember that just because it is cold does not mean you are safe from sunburn! Apply sunscreen to exposed skin including the face, ears and hands.
- * Always use lip balm to prevent chapping. If it is windy outside and you have a runny nose, you may want to apply a balm or ointment to your nostrils.

DIET

Since dry weather robs our skin of moisture, it is important to increase your intake of fluids especially water. Try to avoid caffeinated drinks like coffee and soda which can have a diuretic effect.

Adding Omega 3 and Omega 6 into your diet may help dry skin by replenishing your skins natural oils, but be sure to always consult with a physician before taking supplements.

CLOTHING

Wear appropriate clothing for the outdoors. Remember it is always a good idea to wear many layers of light clothing under your coat. Make sure all of the buttons are secure and the zipper's are no broken. Don't forget to wear a hat, scarf, gloves or mittens and waterproof boots. These items will help you to keep your body temperature warm.

HYPOTHERMIA

Wet clothing + slight breeze + temperatures of 40-50 degrees F = Hypothermia

Be prepared by knowing the warning signs of mild to severe hypothermia, which include:

- * Uncontrolled Shivering, Slow Reflexes, Slurred Speech
- * Impaired Judgment, Loss of Coordination
- * Muscular Rigidity, Pale or Blue Skin, Memory Loss or Confusion
- * Irregular Pulse, Unconsciousness

TREATMENT

- * Early detection is the key to successful treatment. It may only take minutes to suffer from hypothermia, and less than 2 hours to die from it.
- * Find Shelter
- * Remove Wet Clothing and Replace with Dry Layers of Clothing
- * Replace Fluids
- * Add External Heat
- * Seek Medical Attention

DEVELOPMENTAL DISABILITIES AWARENESS MONTH

In 1987 a Presidential Proclamation from Ronald Reagan announced that March is Developmental Disabilities (DD) Awareness Month. This Proclamation called upon Americans to provide the “encouragement and opportunities” necessary for people with DD to reach their potential. In 1990, a bipartisan piece of legislation that benefitted millions of Americans, called the Americans with Disabilities Act (ADA), followed and since that time there have been different amendments to this Act and government initiatives that have helped people with Intellectual/Developmental Disabilities (I/DD) to lead lives that are less restrictive and more empowering. All of these hard won changes have been marked by the extraordinary efforts of individuals and advocacy groups, and, in some cases, have needed to be protected in the face of budget cuts and tightened government spending.

Life Expectancy and Quality of that Life

Over the past 30-40 years, the life expectancy of individuals with I/DD has gotten significantly longer because of improved health care. Individuals with I/DD are living and thriving in communities rather than institutions, and are encouraged to make their needs and wants known in everyday life. There are more opportunities, and more value is being placed on including these individuals in all aspects of community life. The staff that supports these individuals and the general public is learning that there are many hidden talents and abilities that these individuals have. These abilities often go unrecognized because the person cannot speak clearly, or is non-verbal, so they cannot make their abilities known. The New York Arc Office for People with I/DD states it well: “It is difficult to define the limits of people with disabilities, as we continue to discover extraordinary abilities within them. While people who have developmental disabilities face a more challenging future than most, they still can enjoy a full and active life. What they need most is encouragement, understanding, and the willingness of others to help them maximize their opportunities for becoming part of their community.”

In October 2012, the Arc of the United States, in partnership with Inclusion International, hosted the 2012 National Convention and International Forum in Washington, D.C. that was attended by 1,000 disability advocates from across the globe. Everyone, from self-advocates to family members, came together to discuss their shared experiences, policy, and advocacy techniques. Additionally, two actresses from the TV series “Glee”, and who also have Down’s Syndrome, received the Arc’s Inclusion and Image Award for their positive portrayal of individuals with I/DD.

Replace the “R” word with RESPECT

One of the awarded actresses, Lauren Potter, in conjunction with actress Jane Lynch, was part of a Public Service Announcement – “The Spread the Word to End the Word Campaign”. Ms. Potter, who is also a self-advocate, in the announcement states “it is not acceptable to use the word ‘retard’”. The message is that this word is demeaning, offensive and hurtful to individuals with I/DD and their families, and it needs to be replaced with the word “RESPECT”. This Public Service Announcement tackles the challenge of this verbal slur in a direct way that is aimed to educate our society. Multiple networks have committed to air this powerful and compelling message.

Laurie Ertz, who helped launch The Arc’s “National Council of Self Advocates” states in her March blog “People with intellectual/developmental disabilities (I/DD), whether they identify as self-advocates or not, are quite simply the only people who can tell us what truly matters to them. So as an organization, we need to fully include people with I/DD, especially in leadership roles, to even hope to move forward to our goal. It’s all about perspective, and the unique perspective of an individual with I/DD is the most valuable resource we have as a movement.”



POISON PREVENTION AND AWARENESS

According to the Centers for Disease Control, each day in the United States, 87 people die due to unintentional poisoning, another 2,277 require treatment in emergency departments.

Many substances, including medications, are harmful to the body if too much is injected, eaten, inhaled, or absorbed through the skin are considered a poison.

Unintentional poisoning deaths have risen steadily over the past 20 years. In recent years, approximately 90% of poisoning deaths were caused by drugs.

Tips to Poison Proof the Home

Most (90%) poisonings occur in the home, therefore, it is important to take steps to poison proof the home. Common household poisons include:

Medicines:

- * Should be kept in the original, labeled container, and stored in a safe place.
- * Know the purpose, and directions for properly taking medicines.
- * Verify correct use of all medicines, including vitamins, herbs, and over-the-counter drugs with a health Care provider.
- * Never take medicines in the dark.
- * Safely dispose of medicines that are no longer used, or expired.

Household Products:

- * Detergents, oven cleaner, drain openers, furniture polish, paint thinners, gasoline, kerosene, anti-freeze and pesticides are just a few of potentially poisonous products.
- * Keep products in their original, clearly labeled container.
- * Store products in a safe place.
- * Never mix chemical or household products together.



Carbon Monoxide:

- * Carbon monoxide is a colorless, odorless substance.
- * Have carbon monoxide detectors in the home and make sure they are working.

Plants/Mushrooms:

- * Be able to identify poisonous berries, plants and mushrooms.
- * Teach children not to touch or ingest these plants.

Food:



- * Make sure serving and cooking utensils are clean.
- * Store food at the proper temperature.
- * Cook meats and poultry to the proper temperature.
- * Wash hands before and after handling food.

Poison Control Center — Poison Help Line

A poison control center is a medical facility that provides immediate, and expert, treatment advice and assistance over the telephone regarding exposure to poisonous or hazardous substances.

- * When calling the Poison Help Line stay calm. Not all contact with poison results in poisoning.
- * If possible, know what product may have caused the possible poisoning.
- * Know the person's weight, age, and health conditions.
- * The Poison Help Line professional will ask how long ago, and by what method the product contacted the person (for example, through the skin, by mouth, or by inhalation).
- * They will also ask if the person has vomited, if any first aid was given, and the exact location of the person.

Follow the advice you receive from the poison center. Some additional first steps if a poisoning has occurred include:

- * If there is poison on the skin, take off clothing the poison has touched. Rinse the skin under running water for 15 to 20 minutes;
- * In the case of inhaled poison, get the person to fresh air right away; and
- * If there is poison in the eyes, rinse the eyes with running water for 15 to 20 minutes.

BE PREPARED!

- * Post the Poison Control Help line number near all telephones.
- * Program the Poison Control help line number into phones, mobile devices.
- * Educate everyone in the family/home about poisoning and what to do.
- * Call the Poison Control Help line right away if you think there may have a poisoning, or have questions about poison.

For additional information contact:

American Association of Poison Control Centers: www.aapcc.org

Poison Prevention: www.poisonprevention.org

Centers for Disease Control Poison Prevention: www.cdc.gov/Features/poisonprevention/

**The Poison Help Line number is
1-800-222-1222.**

It is available 24 hours a day, every day of the year. Dialing this number will connect to the local poison center.

In an emergency:

If someone may have been poisoned, call the toll-free Poison Help Line (1-800-222-1222) right away.

If the individual is not breathing or unconscious, call 911 immediately.

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IDEAS FOR OUR NEWSLETTER?

Contact:

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