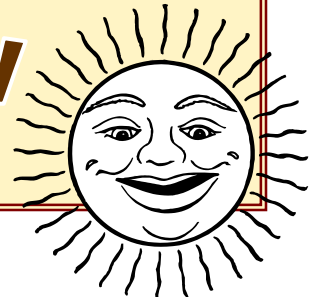


SC-HCQU View



DON'T BUG ME!

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Health Secretary Dr. Calvin B. Johnson announced the first human case of West Nile Virus (WNV) in Pennsylvania for this year was reported on July 20, 2005. Dr. Johnson stated that the chance for contracting WNV is small, and the chance of becoming seriously ill is even smaller.

Most people infected with the WNV either have no symptoms or a mild illness of fever, headache, body aches, mild skin rash or swollen lymph glands. More serious infection can be marked by high fever, stiff neck, body tremors, disorientation, paralysis and occasionally, death.

There is no specific treatment for a mild infection, though comfort can be provided by treating the symptoms until fully recovered. In severe cases where encephalitis (swelling of the brain) may develop, hospitalization is necessary to provide supportive treatment, such as IV's, airway management and prevention of secondary infections.

Most cases occur in hot weather, during late summer or early fall, though in warmer climates the virus can be transmitted year round. The first case in the U.S. was detected in 1999. Pennsylvania experienced its first case in 2000 and has had eight deaths since that time.

Certain species of mosquitoes carry the WNV, which is then transmitted to people. It is not transmitted person to person. Take a few simple steps to ward off these potentially dangerous pests around your home.

- Dispose of tin cans, tires, old flower pots, or any other water-holding containers on your property.
- Drill holes in the bottom of recycling containers.
- Clean roof gutters of leaves that plug up the drains and invite millions of mosquitoes.
- Turn over plastic wading pools when not in use.
- Don't allow pool covers to collect water.
- Chlorinate swimming pools not in use.
- Turn over wheelbarrows and don't let water stagnate (birdbaths, water gardens, boats, toys).

Don't invite trouble to visit you. Ward off these annoying bugs and reduce the risk of being bitten.

- Stay indoors when mosquitoes are most active (dawn, dusk, and early evening).
- Bug-tight windows and screens.
- Evaluate outdoor lighting (incandescent lighting attracts; fluorescent lighting neither attracts nor repels).
- Minimize skin exposure if possible – wear long sleeves or long pants.
- Repel mosquitoes with electric fans.
- Apply insect repellent on skin and clothing as directed by specific products.

Don't let summertime fun be spoiled by illness. Take preventive steps and give a clear message to these pesky, little insects to Bug Off!

For more information about West Nile Virus go to www.agriculture.state.pa.us

~ Star Long, RN



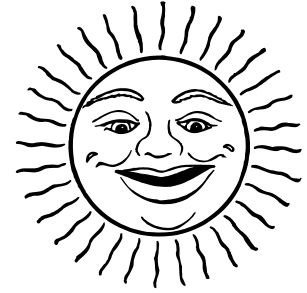
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August

National Health Awareness Month



Children's Eye Health and Safety Month
info@preventblindness.org
www.preventblindness.org

National Immunization Awareness Month
npi@hmb.org
www.partnersforimmunization.org

Eye Injury Prevention Month
eyemd@aao.org
www.aao.org

Psoriasis Awareness Month
psasan@psoriasis.org
www.psoriasis.org

Spinal Muscular Atrophy Awareness Month
sma@fsma.org
www.fsma.org

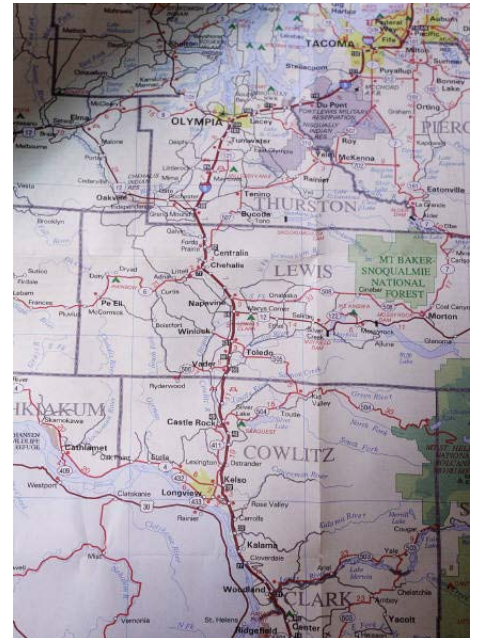
SC-HCQU Regional Trainings Up-Date

Picture it: south central PA, summer, 2005. A lone HCQU office attempts to assist the providers in its 9 county service area in providing free trainings for their staff and consumers. Like the providers, the HCQU must stay within its budget and work as efficiently as possible. But the needs are so many! What's a HCQU to do? SC-HCQU regional trainings to the rescue!

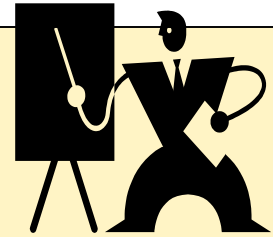
SC-HCQU regional trainings are our solution to making free trainings available to as many people as possible at one time. SC-HCQU regional trainings, as the phrase suggests, are open to all interested parties within our 9 county region. Where and when a regional training is conducted is based on several factors, including but not limited to the training referrals sent to our office, the availability of the speaker, the speaker's fee (if from outside the SC-HCQU), and the availability of training site space. When a regional training is scheduled, please be aware it *may be the only* time during a given fiscal year that the topic can be offered or sponsored by the SC-HCQU; this is particularly true when the presenter is a guest speaker. Therefore, whenever possible, please take full advantage of the SC-HCQU regional trainings!

We at the SC-HCQU are always eager to learn what training topics are important to those in our region. Please feel free to contact me with your ideas for possible regional training topics. Hope to see **YOU** at our regional trainings!

~ Cherie Adkins, RN, SC-HCQU Training Coordinator



SC-HCQU Regional Trainings



Trainings are **free**, but registration is required.

- **Autism and Cerebral Palsy** – August 11, 9:30am-11:00 noon @ Typical Life Corp., North East Plaza, North George Street, ~~Manchester~~ **Cancelled** – Registration Deadline: August 4
- **Grief and Coping With Death and Dying** – August 22, 10:30am-12:30pm @ Typical Life Corp., North East Plaza, North George Street, Manchester – Registration Deadline: August 15
- **Communicating With Healthcare Professionals** – August 23, 2:00pm-4:00pm @ Bell Socialization Services, 160 South George Street, York – Registration Deadline: August 16
- **Communicating With Those Who Are Non-Verbal** – September 8, 10:00am-12:00noon @ Typical Life Corp., North East Plaza, North George Street, Manchester – Registration Deadline: September 1
- **De-Stress The Discharge & Communicating With Healthcare Professionals** – September 8, 9:00am-12:00 noon @ Hershey Public Library, 701 Cocoa Avenue, Hershey – Registration Deadline: September 1
- **Grief and Coping with Death and Dying** – September 13, 10:30am-12:30pm @ Lancaster County Public Safety Training Center, 101 Champ Blvd., Manheim – Registration Deadline: September 6
- **Substitute Health Care Decision Making** with Linda and Bob Derr – September 15, 9:00am-3:30pm @ Franklin County Administration Annex Building, 218 N. Second Street, Chambersburg – Registration Deadline: September 1
- **Preventing Med Errors & Reporting and Documentation** – September 20, 2:00pm-4:00pm @ Bell Socialization Services, 160 South George Street, York – Registration Deadline: September 13
- **Observation Skills** – October 6, 10:00am-12:00 noon @ Typical Life Corp., North East Plaza, North George Street, Manchester – Registration Deadline: September 29
- **Substitute Health Care Decision Making** with Linda and Bob Derr – October 6, 10:00am-12:00 noon @ Lancaster County Public Safety Training Center, 101 Champ Blvd., Manheim – Registration Deadline: September 22
- **Changing Needs With Aging** – October 18, 2:00pm-4:00pm @ Bell Socialization Services, 160 South George Street, York – Registration Deadline: October 11
- **Getting The Most Out of a Psychiatrist** with Jim Siberski – October 24, 9:30am-3:00pm @ Lancaster County Public Safety Training Center, 101 Champ Blvd. Manheim – Registration Deadline: October 10
- **Substitute Health Care Decision Making** with Linda and Bob Derr – October 27, 9:00am-3:30pm @ Lancaster County Public Safety Training Center, 101 Champ Blvd., Manheim – Registration Deadline: October 13

Unfortunately, we are unable to accommodate registrations after the deadline.

*For more information call Cherie Adkins at 717-909-3858 and
leave a message re: registration, questions, etc.
Listen to prompts on this phone line regarding trainings that are full,
as well as cancellations due to weather.*

Health Risk Profiles – What Are We Learning About Screenings?

Wanda Nikolaus, RN



As Agency staff and HCQU nurses have completed numerous HRP's (Health Risk Profiles) over the past several years many recommendations have revolved around possible needed screenings. Certain conditions go undetected, either because risk factors are not identified or because routine screenings are not performed. Here are some common ones to consider for your consumers and, if indicated, discuss with the PCP:

Dysphagia – This is difficulty swallowing. Many people have this condition but it remains undiagnosed. This problem can occur as people age but also may exist with some of our younger people. Some symptoms include coughing while eating or after a meal, holding food in the mouth, excessive saliva, and eating rapidly. Food may be lost from the mouth or nose during a meal. Observe the individual closely for potential problems. Undetected dysphagia can result in choking and aspiration pneumonia. If you suspect someone may have this condition talk to the doctor about a chair-side evaluation by a speech pathologist or possibly a videofluoroscopy. When someone is diagnosed with this condition it is important that all staff follow the eating program that is ordered. Keep in mind that the condition can progress (or improve) so if someone has had the diagnosis for a long time they may need to be re-evaluated.

Osteoporosis – A lot of consumers are at risk for osteoporosis at an early age. Those who are confined to wheelchairs, have Down Syndrome (Trisomy 21), lack of weight-bearing exercise, and lack poor calcium intake frequently have low bone density. The PCP may order a PIXIE heel scan initially, and then a DEXA scan, if results of PIXIE are positive. Results of these may show osteopenia (low bone density) or osteoporosis (porous bones). Generally testing for women is done after menopause, but many of our clients may be at risk at a much earlier age. Keep in mind that men get osteoporosis as well as women.

Glaucoma – Many of the individuals we serve do not see an eye doctor (ophthalmologist or optometrist) for their annual eye examinations. The PCP will do a vision screening at the annual physical and a physical check of the eyes. Although the PCP may be able to diagnose cataracts in some cases, the eyes aren't dilated. Eye pressure isn't measured and therefore a risk for glaucoma could go undetected. Consider discussing the need for a complete eye exam with the PCP, especially for older residents.

Colon Cancer – Frequently physicians will order a colonoscopy after age 50 for those in the general population, but often this test isn't done for our consumers until after a problem occurs. A family history of colon cancer or polyps may indicate the need for earlier screening. Many consumers don't have good medical family histories and therefore the PCP is not alerted to potential risk factors. After age 50 stool samples for occult (hidden) blood are included in annual physicals. These may be difficult to collect and often the PCP will collect a sample as part of a rectal examination but sometimes no other screening is done.

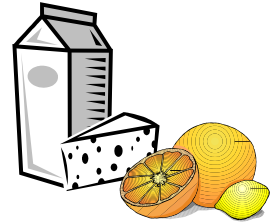
Cardiac Risks – The age for testing for risks of heart disease varies according to the individual's age and apparent risk factors. Blood pressure screening is routine and lipid profiles are generally ordered as part of routine blood work. Those with Down Syndrome are at higher risk for cardiac problems and a baseline EKG may be indicated.

Remember – unless you see an immediate problem the best time to discuss needed screenings is at the annual physical. Testing is expensive in terms of time and money but can provide the physician with necessary information and accurate diagnoses so that necessary treatment can be initiated.



Can I Take This with Food?

Printed with permission from Shawn Slenker, PharmD,
York Hospital, WellSpan Health



This is one of the most common questions asked of pharmacists. As a rule of thumb, you should take your pill(s) with water to properly dissolve tablets. Some medications can be taken with food and drink, others cannot. Food can alter the drug's action, known as **food-drug interactions**. Some food-drug interactions can be harmful. The list below is not meant to be complete. If you have questions regarding your own medicine, please see your doctor or pharmacist.

Take On an Empty Stomach

Like food and nutrients, medications taken by mouth must be absorbed through the lining of the stomach or the small intestine. Food may interfere with drug absorption. To be sure your stomach is empty, take these drugs **at least** 1 hour before or at least 2 hours after your meals or snacks:

- Anti-infective drugs – *ampicillin, azithromycin (Zithromax), cephalexin, isoniazid, ketoconazole, penicillin, rifampin*
- Thyroid medication – *liothyronine (Cytomel), levothyroxine (Synthroid, Levoxyl)*
- Others – *captopril, moexipril (Univasc), methotrexate, sucralfate, nadolol*
- Osteoporosis medications, *Actonel, Didronel, and Fosamax* have very specific instructions to insure they will work. Take these with water only, first thing in the morning before eating or drinking anything. After taking these, one should not lie down, eat, or drink for at least 30 minutes to avoid irritation of the esophagus or “food pipe”.

Grapefruit Juice

Some foods increase the absorption of a medication. Grapefruit juice is one example. Grapefruit juice may cause blood levels of some drugs to become too high. In fact, low blood pressure or change in heart rhythm may occur during use of certain heart medications. Grapefruit juice interaction with some cholesterol medicine increases risk of muscle damage or kidney failure. Do not use grapefruit juice within 24 hours of any of the following:

- Heart medicine – *felodipine, nisoldipine, nifedipine, verapamil, amiodarone, losartan*
- Cholesterol meds – *simvastatin (Zocor), lovastatin (Mevacor), atorvastatin (Lipitor)*.
- Others with increased side effects – *diazepam (Valium), alprazolam (Xanax), carbamazepine, sertraline (Zoloft), trazodone, quetiapine (Seroquel), Sildenafil (Viagra), cyclosporine*

Calcium, Magnesium, and Iron

Milk products (such as: milk, cheese, yogurt, evaporated milk, and ice cream), may interfere with drug absorption. The calcium attaches to the drug and it will not work. Antacids, calcium, magnesium and iron supplements do the same thing. Avoid these when taking:

- Anti-infective meds – *tetracycline, doxycycline, Levaquin, Cipro, Tequin, fluconazole (Diflucan), itraconazole (Sporanox), ketoconazole (Nizoral), terbinafine (Lamisil)*

Salt Substitutes Containing Potassium

Some medications force the body to accumulate potassium. All of us need potassium, but too much can cause heart rhythm problems. Some salt substitutes contain potassium. They contribute to this food-drug interaction when used regularly. Avoid salt substitutes with potassium if you take any of these:

- Heart meds – *captopril, lisinopril (Prinivil, Zestril), enalapril (Vasotec), ramipril (Altace), quinapril (Accupril), benazepril (Lotensin)*
- Diuretics – *amiloride, triamterene (Dyazide, Maxzide), spironolactone, Inspra*

What You Can Do

Always tell your doctors what other medications you are taking, including nonprescription, herbal remedies, and vitamin supplements. Let your doctor know if you follow a special or restricted diet— especially one that is unusually high or low in a particular kind of food—or if you plan to begin such a diet. Check with your pharmacists if you are unsure. Food-drug interactions are almost always manageable. It is important to call your physician if you suspect a possible reaction to a new medication. If you are taking medication on a regular schedule with no problems, continue that routine.

Bulletin Board

Take note!

To receive our newsletters just send your e-mail address to mmerdman@geisinger.edu

You will be placed on our e-mail list and automatically receive *The HCQU View* each month.

Up-Dating Our Mailing List

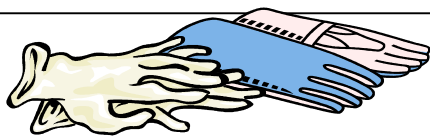
If you already receive our newsletter and wish to be removed from the mailing list, just drop us a line at mmerdman@geisinger.edu and we will remove your name from our mailing list.

Remember –

A perfect summer day is when the sun is shining, the breeze is blowing, the birds are singing, and the lawn mower is broken.

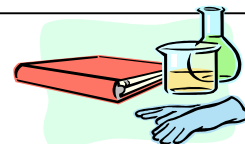
-- James Dent

Enjoy your summer!



Latex Sensitivity

Kathleen Jaczynski, RN



Latex is a form of natural rubber and is found in many of the things we use daily. Since the advent of Standard Precautions (formerly known as universal precautions) latex gloves are used whenever care giving staff may come in contact with body secretions. Latex is also in many other products that we use – blood pressure cuffs, syringes, adhesive tape, catheters, IV tubing, G-tubes and every day things like balloons or elastic waistbands.

The most commonly used item in the medical field is latex gloves. During manufacturing the latex glove is formed from liquid rubber which is a natural protein. In the production process cornstarch powder is applied to the gloves and absorbs some of the water soluble protein. When the gloves are used, the dry powder carries the protein into the air and also sticks to the hands when gloves are removed.

Latex sensitive individuals may have minor to severe reactions to the protein powder, from burning and itching to life-threatening shock. Here are some of the symptoms you should report if observed after contact with latex: itchy eyes, sneezing, shortness of breath, facial edema, bronchial spasms, dermatitis, itchy burning skin (mouth/lips after a dental procedure) and hives.

Once a person is latex sensitive there is no way to know how severe a reaction may occur the next time....so be alert! If you or a consumer has any indication that latex is causing these reactions, tell your PCP, dentist and other healthcare providers. Using latex free equipment and scheduling doctor/dentist appointments early in the day is important. For latex-sensitive individuals, remember to mark “**latex sensitivity**” in the allergy section of their medical records.