

February is American Heart Month

Heart disease is the leading cause of death in the United States and is a major cause of disability. According to the American Heart Association, every 25 seconds an American will have a heart disease and about one every minute will die from one^{*}. In 2010, an estimated 785,000 Americans had a new heart problem^{**}.

What is heart disease?

Heart disease is one of several cardiovascular diseases, which may lead to a heart attack. Heart attack occur when a blood vessel becomes blocked, preventing oxygen and nutrients from getting to the heart. Other cardiovascular diseases include stroke, high blood pressure, angina (chest pain), and rheumatic heart disease.



What are the risk factors for heart disease?

Diseases and conditions that put your heart at risk include high cholesterol, high blood pressure, obesity, diabetes, tobacco use, unhealthy diet, physical inactivity, and second hand smoke. In addition, having a family history of early heart disease and being 45 and older for men and 55 or older for women can make a person more likely to develop heart disease. While all of the risk factors cannot be changed, some may be prevented.

Know your signs and symptoms

Most heart attacks are slow with mild pain or discomfort while some are sudden and intense. Knowing the signs and symptoms of heart attack is crucial because most people are not sure what is wrong and wait too long to seek care. Signs of a heart attack include:

- ❖ **Chest discomfort:** pressure, squeezing, fullness, or pain in the center of the chest that lasts more than few minutes, or goes away to come back again.
- ❖ **Discomfort of upper body:** pain or discomfort on one or both arms, the back, neck, jaw or stomach.
- ❖ **Shortness of breath:** may occur with or without chest discomfort
- ❖ **Others:** cold sweat, nausea, or lightheadedness.



National Heart Disease

“WEAR RED DAY” February 3, 2012

More women die of heart disease than all forms of cancer combined. Currently about a million women in the U.S. are living with heart disease. However, one in six women believe that heart disease is their greatest

Health threat^{**}. To raise awareness of heart disease as the number one killer of women, the American Heart association designates February 3rd as a national wear red day.

8 tips for a healthy heart lifestyle

1. Choose lean meats and poultry without skin and prepare them without added saturated and trans fat.
2. Cut back on foods containing partially hydrogenated vegetable oils to reduce trans fat in your diet.
3. Cut back on foods high in dietary cholesterol. Select fat-free, 1% fat and low-fat dairy products.
4. Cut back on beverages and foods with added sugars.
5. Eat more vegetables, fruits, foods lower in salt/sodium, and whole grains.
6. If you drink alcohol, drink in moderation. That means no more than one drink (8oz) per day if you're a woman and two drinks per day if you're a man.
7. Control your food size portion.
8. Stay physically active daily.



References:

*Centers for diseases control and prevention.

<http://www.cdc.gov/features/heartmonth/>

**American Heart association. <http://www.goredforwomen.org/>

Controlled Substances

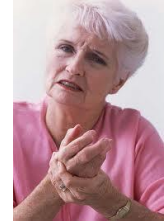


Prescription Reference Guide

Many state and federal regulations are required for prescription medications. These regulations vary depending on the state and pharmacy setting. Extra policies are in place for controlled substances. Vanguard Advanced Pharmacy provides this table as a good reference for the guidance in prescribing and handling of controlled substances.

TOPIC	SCHEDULE II (Class 2)	SCHEDULE III, IV, or V (Class 3, 4 or 5)
Prescription: Required Elements	<ul style="list-style-type: none"> • Date that prescription is issued • Resident's full name & full address (nursing facility address if no private address) • Practitioner's name, address, & DEA registration number • Medication name, strength, dosage form, & directions for use • Quantity (usually up to 60-day supply) of medication to be dispensed (some states may require that the quantity be written as both alpha and numeric) 	<ul style="list-style-type: none"> • Date that prescription is issued • Resident's full name & full address (nursing facility address if no private address) • Practitioner's name, address, & DEA registration number • Medication name, strength, dosage form, & directions for use • Quantity of medication to be dispensed (some states may require that the quantity be written as both alpha and numeric) • Number of refills, if authorized (maximum of 5)
Prescription: Signature	Prescription MUST BE SIGNED by prescribing practitioner - Mandatory	<ul style="list-style-type: none"> • SIGNED by prescribing practitioner; or • ORAL by prescribing practitioner or practitioner's agent, without signature: oral prescription must be communicated directly to a pharmacist
Prescription Issuance: Timing	A signed prescription is required BEFORE dispensing medication to the resident	A signed, written or oral prescription is required BEFORE dispensing medication to the resident
Prescription Issuance: Method (e.g.. Fax, original, oral)	<p>LTC Facility: Medicare Certified/Paid Hospice Program; or Parenteral Medications (e.g. IV, IM, SC...):</p> <ul style="list-style-type: none"> • FAXED SIGNED PRESCRIPTION – faxed by practitioner or his/her employee/agent • ORIGINAL SIGNED PRESCRIPTION <p>Assisted Living/Independent Living/Residential Communities ORIGINAL SIGNED PRESCRIPTION ONLY</p>	<p>ALL facility types and residents:</p> <ul style="list-style-type: none"> • FAXED SIGNED PRESCRIPTION – faxed by practitioner or his/her employee/agent • ORIGINAL SIGNED PRESCRIPTION • ORAL PRESCRIPTION – an oral prescription must be given directly to a pharmacist by a practitioner or the practitioner's employee/agent
Emergency Prescription	<p>PERMITTED</p> <ul style="list-style-type: none"> • ORAL authorization must be given directly by practitioner to a pharmacist • Practitioner determines "emergency" situation • Quantity of drug limited to emergency period ONLY • Practitioner must provide pharmacy a signed prescription within 7 days (or 72 hours in some states). 	<p>NOT APPLICABLE</p> <ul style="list-style-type: none"> • Full oral prescription can be given directly by practitioner or practitioner's employee/agent to the pharmacist • A practitioner's signature is not required when an oral prescription is reduced to writing by the pharmacist
Refills	<p>NOT PERMITTED</p> <ul style="list-style-type: none"> • Each "continuation of therapy" must be treated as a NEW PRESCRIPTION • A new SIGNED prescription is required for each "continuation of therapy" 	<p>PERMITTED</p> <ul style="list-style-type: none"> • Limited to 5 refills within a 6 month period • A new prescription is required AFTER 5 refills
Partial Filling of Prescription	<p>LTC Facility OR Terminally Ill Resident: PERMITTED</p> <ul style="list-style-type: none"> • May fill in partial quantities for up to 60 days from date issued • Total quantity dispensed may not exceed the total quantity prescribed • Pharmacist must document "LTCF PATIENT" or "TERMINALLY ILL" on the face of the prescription <p>Assisted Living/Independent Living/Residential Communities: NOT PERMITTED</p>	<p>All Facility Types and Residents: PERMITTED</p> <ul style="list-style-type: none"> • May fill in partial quantities for up to 6 months form date issued • Total quantity dispensed may not exceed the total quantity prescribed
Usage From Contingency Supply (C-boxes/E-Kits/Starter Kits/Automated Dispensing Machines)	<p>Permitted in accordance with State law: Doses may ONLY be removed by a nurse for a resident if the pharmacist has provided prior authorization for removal of the required doses. The pharmacist can only provide authorization to remove the required doses, after confirming receipt of one of the following:</p> <ul style="list-style-type: none"> • A valid, signed prescription has been faxed to the pharmacy, or • A valid, signed original prescription has been received by the pharmacy, or • In an emergency situation, an oral prescription was given directly from the practitioner to the pharmacist 	<p>PERMITTED in accordance with State law: Doses may ONLY be removed by a nurse for a resident if the pharmacist has provided prior authorization for removal of the required doses. The pharmacist can only provide authorization to remove the required doses, after confirming receipt of one of the following:</p> <ul style="list-style-type: none"> • A valid, signed prescription has been faxed to the pharmacy, or • A valid, signed original prescription has been received by the pharmacy, or • An oral prescription was given directly from the practitioner or the practitioner's employee/agent

WELLNESS CORNER
MAY IS ARTHRITIS AWARENESS MONTH



Join the Team: Walk for Arthritis



The Arthritis Walk is the Arthritis Foundation's annual nationwide event that supports public awareness and raises funds to fight arthritis, the nation's leading cause of disability. It is a tremendous opportunity to help improve the lives of the 46 million men, women and children with arthritis. [Sign up today](#).

How often do you do a pain assessment on your residents? Lacks of movement, decreased appetite, withdrawing from social activities etc. are a sign that something is wrong and many times it is pain. Identifying a resident's pain and taking action to resolve it will keep the resident safer and their stay at the facility a healthier and longer one.

This chart of words will help the resident tell you how they are feeling and how much pain they are having

FLICKERING QUIVERING PULSING THROBBING BEATING POUNDING	FLASHING SHOOTING ELECTRIC SHOCK	PRICKING BORING DRILLING STABBING	SHARP CUTTING LACERATING	PINCHING PRESSING GNAWING CRAMPING CRUSHING
TUGGING PULLING WRENCHING	HOT BURNING SCALDING SEARING	TINGLING ITCHY SMARTING STINGING	DULL SORE HURTING ACHING HEAVY	TENDER TAUT RASPING SPLITTING
TIRING EXHAUSTING	SICKENING SUFFOCATING	FEARFUL FRIGHTFUL TERRIFYING	PUNISHING GRUELING CRUEL VICIOUS KILLING	WRETCHED BLINDING
ANNOYING TROUBLESOME MISERABLE INTENSE UNBEARABLE	SPREADING RADIATING PENETRATING PIERCING	TIGHT NUMB DRAWING SQUEEZING TEARING	COOL COLD FREEZING	NAGGING NAUSEATING AGONIZING DREADFUL TORTURING

“Pain begets more pain” “little pain grows up to be big pain” Untreated pain is unethical, all staff are responsible for reporting pain.

NOTE: Addiction rarely occurs when treating pain with opioids. Analgesics such as morphine and its derivatives are safe and effective when prescribed by a trained health care professional.

Ask resident to point to the t face which looks like they feel

