PALLIATIVE CARE

- Affirms life
- Promotes quality of life
- Treats the person
- Supports the family
What is Palliative Care?

- Medical care that focuses on alleviating the intensity of symptoms of disease.

- Palliative care focuses on reducing the prominence and severity of symptoms.
WHAT IS PALLIATIVE CARE?

- The World Health Organization describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."
WHO Definition of Palliative Care

Palliative care:

provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; intends neither to hasten or postpone death; integrates the psychological and spiritual aspects of patient care; offers a support system to help patients live as actively as possible until death;
WHO Definition of Palliative Care (cont.)

- offers a support system to help the family cope during the patients illness and in their own bereavement; uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated; will enhance quality of life, and may also positively influence the course of illness; is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.
SETTINGS FOR PALLIATIVE CARE

- Outpatient practice
- Hospital Inpatient
  - Unit based
  - Consultation Team
- Home care
- Nursing Home
- Hospice
HOME-BASED CARE

WHO definition:
- The provision of health services by formal and informal caregivers in the home in order to promote, restore and maintain a person’s maximal level of comfort, function and health towards a dignified death.

Home care services can be classified into preventive, promotive, therapeutic, rehabilitative, long-term maintenance and palliative care categories.

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Home-based care provides an alternative to institutionalised healthcare.

Discharging patients into a home care programme allows for a **shorter stay at the hospital**, making more beds available for other patients and reducing costs.

Patients are often **unable to travel to a clinic** for treatment.

**More cost-effective** for healthcare system and patient.
What is Home Health Care?

- Any diagnostic, therapeutic, or social support service provided in the home
- Health care providers who provide home care
- Home diagnostics
- Home equipment
- A variety of services designed to provide care for patients in their homes
Home Care:

- "Services (as nursing or personal care) provided to a homebound individual (as one who is convalescing, disabled, or terminally ill) <home care as an alternative to institutionalization BY home care providers>“

- Informal care refers to long-term services carried out by families and unpaid caregivers, whereas, formal home care service involves the aid of paid care.

مراعیت‌های غیررسمی به خدمات طولانی مدتی اشاره می‌کند که توسط نانواده‌ها و ارائه‌دهندگان خدمات بدون دریافت حق الزامه، ارائه می‌شود، در حالی که خدمات مراقبت در منزل رسمی شامل کمک‌های ارائه‌شده در مقابل حق الزامه می‌باشد.
HOME HEALTH CARE PROVIDERS

- Physicians, nurse practitioners, physician assistants
  پزشکان، پرستاران، کمک پزشکان
- Physical therapists, occupational therapists, speech therapists
  فیزیوتراپی‌ها، کار درمان‌های، گفتار درمان‌ها
- Nurses
  پرستاران
- Social workers
  مددکاران اجتماعی
- Home health aids
  مددکاران سلامت در منزل
- Dentists, podiatrists, psychologists, dieticians, optometrists, and pharmacists
  دندانپزشکان، متصدی‌ها، روانشناسان، مختصات تغذیه، پزشکان و داروسازان
DIAGNOSTICS AND EQUIPMENT

- Lab work, x-ray, ultrasound, EKG, holter monitoring, other diagnostics that can be done in the home.

- Beds, wheelchairs, lifts, commodes, infusion therapy, and other assistive devices used in the home.
OTHER HOME HEALTH CARE SERVICES

- Home health aids, home attendants, housekeepers, and meal delivery

- Telemedicine monitoring (using the telephone to provide care)

- Hospice
A BRIEF HISTORY OF U.S. HOME HEALTH CARE

- Historically, most health care was provided in the home.

- Physicians provided services in the home as well as nurses.

- Visiting nurses associations played a large role in making home visits.
SHIFT IN CARE TO HOSPITALS

- Advances in medicine shifted care.
- New medical technology required space and maintenance that could only be provided in hospitals.
- Physicians started to specialize more and offer their services in centralized locations.
- Increased use of cars and public transportation allowed patients to travel to hospitals.
HOME HEALTH CARE FOR LONG TERM AND THEN POST ACUTE CARE

- By the 1930s
  - most care of acutely ill patients had transitioned to the hospital and مراقبت از بیماران قاد در بیمارستان
  - visiting nurses provided long term care in the home to chronically ill patients. باربد پرستاران از منزل و مراقبت از بیماران مزمن

- In the late 1950s hospitals began to make referrals to home care nurses ارباع بیماران به پرستاران مراقبت کننده در منزل
  - to help with the discharge of patients from the hospital to the home and کمک به تریخی بیماران از بیمارستان به منزل
  - to provide post acute care. ارائه مراقبتهای پس از دوره درد

- Home health care agencies were funded by charitable and public contributions until the passage of the Medicare Act in 1965. نهادهای ارزیابه دهنده مراقبت بهداشتی توسط مؤسسات ثیره تامین مالی می شدند تا تصویب یا پس از 1965 Medicare
Medicare Expanded Home Health Care

Medicare covered care for:
- patients sent home from the hospital (post acute)
- post-hospital home health benefit under Part A limited to 100 visits following a 3-day hospital stay

Medicare also covered more chronic care:
- general home health benefit under Part B limited to 100 home visits per calendar year
MEDICARE HOME HEALTH CARE CONTINUED TO EXPAND IN THE 1980S

Omnibus Reconciliation Act of 19803
- removed the limits on the number of home care visits,
- removed the prior hospitalization requirements,
- extended participation in Medicare home care to for-profit home care agencies.
- More than half of the patients receiving home health care did not have immediate prior hospitalizations, and many people received services for more than 6 months.
Increase in Home Health Care in 1980s-1990s

- During the 1980s, the hospital prospective payment system was implemented resulting in faster discharges from hospitals and the need for post hospitalization home care services.

- During the 1980s, with the removal of the requirement for a recent hospitalization, services increased as well to the chronically ill needing more long term care.

- Medicare home health care payments increased an average of 33% per year between 1989 and 1996.
HOME HEALTH CARE IN THE 1990S

Throughout the 1990s, home health care services continued to expand due to:

- earlier hospital discharges,
- declines in nursing home beds,
- increased numbers of frail adults and elders,
- cost-based financing of home care.
MEDICARE HOME HEALTH CARE PROGRAM

- Pays for skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social work, home health aide services, medical supplies.

- Focuses primarily on short term care and post acute, post hospitalization care.

- A physician must make the referral for home health care to a home health care agency and oversee the plan of care.
PARTICIPATION REQUIREMENTS

- Patients must be temporarily or permanently homebound.
- Patients must have a need for skilled services.
HOMEBOUND

- Patients must have an inability to leave their homes, i.e.
  - leaving the home requires considerable and taxing effort on the part of the patient, caregiver, or both,
  - and/or requires the assistance of another person or an assistive device or special transportation.
- Nonmedical absences from the home must be infrequent and of short duration.
SKILLED CARE NEED

Skilled nursing:
- includes monitoring vital signs such as blood pressure, pulse, temperature, monitoring drains, dressing wounds, managing medication regimens, and providing patient and family education

Physical and occupational therapy, speech therapy, and other therapies:
- includes gait and balance training, home safety assessments, exercise instruction, and help with assistive devices

Skilled care need must be intermittent not continuous and must be episodic and for brief periods of time only.
THE HOME CARE

STANDARDS
MODES OF LONG-TERM CARE DELIVERY

- Skilled nursing facilities
- Assisted living facilities
- Home care
- Hospice
- Respite
- Adult day care
- Innovations
INNOVATIONS IN LONG-TERM CARE: AGING IN PLACE

- Program of All-inclusive care for the Elderly (PACE)
- Continuing Care and Life Care Communities
- Naturally Occurring Retirement Communities (NORCs)
- High Technology Home Care
HIGH TECHNOLOGY HOME CARE

- Advanced technology for intravenous infusions, ventilation, dialysis, parenteral nutrition, chemotherapy available in the home

- Specialist home care personnel (nurses, pharmacists, respiratory therapists, etc.)
- Cost effective
- Preferred by patients
HOME CARE
CHRONIC DISEASE
PREVENTION PROGRAM

Melanie S. Bunn RN,MS

A collaboration of Duke University, Division of Community Health and University of South Carolina, School of Medicine
CONGESTIVE HEART FAILURE (CHF)
CHRONIC DISEASE MANAGEMENT

- Module 1: Health/Illness, Vital Signs, Exercise, Nutrition
- Module 2: Motivational Interviewing
- Module 3: End of Life
- Module 4: COPD
- Module 5: Stroke
- Module 6: Heart Attack
- Module 7: Hypertension
- Module 8: Diabetes
- Module 9: Congestive Heart Failure
OBJECTIVES

 Discuss how the heart works and the impact of CHF on the heart

 Describe healthy lifestyle choices for the person with CHF

 Demonstrate use of motivational interviewing with the person with CHF
What is Congestive Heart Failure?

- Affects five million Americans
- Heart is not pumping as well as it should
  - Blood and fluid back up into the lungs (congestion, breathing is harder)
  - Heart also cannot supply the cells of the body with enough oxygen (creates fatigue)
- Usually there is no cure
HOW THE HEART WORKS

The heart is a *muscle* about the size of your fist that *pumps blood* through the lungs and body.
The heart is a *muscle* about the size of your fist that pumps blood through the lungs and body.

Adapted from: http://www.merck.com/media/mmhe2/figures/fg020_1.gif
CAUSES OF CHF

- Heart attacks
- High blood pressure
- Abnormal heart valves
- Lung disease
- Diabetes
- Low blood count
- Thyroid disease
- Heart arrhythmias
- Drugs such as cocaine and alcohol
SIGNS AND SYMPTOMS OF CHF

- Shortness of breath often with activities or while lying flat
- Weakness and fatigue
- Awakening short of breath at night
- Need for increased pillows at night – helps lungs drain of excess fluid
- Coughing or wheezing
- Swelling of feet and legs or other “dependent” areas
- Anorexia/loss of appetite
- Weight gain
DIAGNOSIS

- Electrocardiogram (ECG, “EKG”)
- Chest x-ray
- Echocardiography (“Echo”)
- Heart catheterization
- Stress test
- Blood tests
HEART FAILURE CLASSIFICATION

Class I No symptoms or limitation in ordinary activity.

Class II Mild symptoms and limitation during ordinary activity. Comfortable at rest.

Class III Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.

Class IV Severe limitations. Symptoms while at rest.
TREATMENT

- Lifestyle changes
- Monitoring for changes
- Medications
- Surgery
TREATMENT: LIFESTYLE CHOICES

- Exercise, physical activity
- Avoid alcohol

- Nutrition
  - low saturated fat, low salt diet
- Modify fluid intake
- Monitoring disease
  - weights
  - swelling
  - medications
  - signs and symptoms

- Lose weight
- Quit smoking
EXERCISE

- General recommendation: 30 minutes most days of the week
- Specifics may be different for different people (check with doctor about what type and how much)
- Always want to start slow and build up gradually

/www.fi.edu/biosci2/healthy/inline/options.gif
NUTRITION

- Low salt
- Low fat
SODIUM-ENTERS THE BODY AS SALT

- Necessary mineral in the body
- Consumed in prepared foods or added to foods when cooking
- Can cause fluid to be retained and blood pressure to rise
- Recommended 2,000-2,300 mg/day
- Reference: one teaspoon = 2,000 mg sodium
SALT – CASE STUDY

Question: Which do you think has more salt, pretzel or Fritos?
Case Study – Which has more salt?
SALT

- Question: Which do you think has more salt?
- List of common foods with amount of salt
FAT

- Should represent 30% of calories
- Fats are divided into 3 types:
  - Unsaturated
  - Saturated fat
  - Trans fats
Fat - Healthy fats

- Unsaturated fats
  - Polyunsaturated (corn / sunflower / soybean oil)
  - Monounsaturated (canola/olive oil)
FAT – UNHEALTHY FATS

- **Saturated fat**
  - Limit amounts (7-10% of calories)
  - Animal products (milk/butter/meat)

- **Trans fats**
  - Avoid, no health benefit
  - Solid at room temperature
  - Shortening, lard
Fat – Case Study

- Question: Which do you think has more fat and saturated fat?
### Case Study – Which has More Fat?

**Nutrition Facts**

**Frito-Lay, Inc.**

<table>
<thead>
<tr>
<th>Serving Size: 1 oz. (28g/About 17 pretzels)</th>
<th>Serving Per Container: 16</th>
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<th>% Daily Value*</th>
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<td>Trans Fat 0g</td>
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</tr>
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<td>Sugars less than 1g</td>
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<tr>
<td>Protein 2g</td>
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<tr>
<td>Vitamin A 0%</td>
<td>Vitamin C 0%</td>
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<tr>
<td>Calcium 0%</td>
<td>Iron 6%</td>
<td></td>
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<tr>
<td>Thiamin 8%</td>
<td>Riboflavin 8%</td>
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</tr>
<tr>
<td>Niacin 6%</td>
<td>Phosphorus 2%</td>
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<tr>
<td>Magnesium 2%</td>
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* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

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<th>Cholesterol</th>
<th>Sodium</th>
<th>Total Carbohydrate</th>
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<th>Protein</th>
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<td>Less than</td>
<td>Less than</td>
<td>&lt;240mg</td>
<td>&lt;30g</td>
<td>5g</td>
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<td>2,000-2,500</td>
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<td>2g</td>
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Ingredients: Enriched Flour (Wheat Flour, Niacin, Reduced Iron, Thiamin Mononitrate, Riboflavin, Folic Acid), Salt, Corn Syrup, Corn Oil, Yeast, Malt Extract, Sodium Bicarbonate, Ammonium Bicarbonate, and Artificial Flavor.

**CONTAINS A WHEAT INGREDIENT.**

**Nutrition Facts**

**Fritos Scoops**

<table>
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<th>Serving Size: 1 oz. (28g/About 10 chips)</th>
<th>Serving Per Container: About 10</th>
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<table>
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<tr>
<th>Amount Per Serving</th>
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<th>Total Fat</th>
<th>% Daily Value*</th>
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Ingredients: Whole Corn, Corn Oil, and Salt.

NO PRESERVATIVES.
FAT

- Question: Which do you think has more fat?
- List of common foods with amount of fat
CASE STUDY
WHAT COULD YOU DO TO LOCATE A LOW SODIUM AND LOW FAT SNACK?
CHOLESTEROL

- Fat-like substance in the body

- Important uses in the body (but too much can “clog” arteries)

- Comes from body—produced in the liver and from foods

- Healthy diet: limit cholesterol in diet
  - 200-300 mg of cholesterol/day
Lose weight

- Body weight is a result of the balance between:
  - The calories in the food eaten (Energy In) and
  - The calories burned to maintain the body and during physical activity (Energy Out)
- SO... if a person takes in fewer calories than are used, the person WILL lose weight
LOSE WEIGHT

- Basic guidelines
  - Go slowly
  - Eating a variety of healthy foods
  - Avoid trending or limiting diets

- Two approaches that work best when used together
  - Reduce number of calories taken in (eat foods low in added sugar and fat and high in nutrients)
  - Burn more calories by becoming physically more active
**SMOKING**

- More than 400,000 deaths in the United States each year related to smoking
- There are ~ 4000 chemicals in cigarettes
- Many of the chemicals are toxic and many are known to promote plaque buildup as well as cause cancer
- Smokers’ risk of coronary heart disease is 2-4 times higher than nonsmokers’

[www.cdc.gov](http://www.cdc.gov)
SMOKING

- Stresses the heart – causes increased blood pressure and heart rate.
- Reduces the oxygen in the blood.
- Damages blood vessels, making clots more possible.
- Quitting smoking is the most effective lifestyle change for reducing death from lung cancer and heart disease

http://dccps.nci.nih.gov/tcrb/Smoking_Facts/about.html
www.cdc.gov
SMOKING

- Cigarette smoking is the biggest preventable cause of premature death in the U.S.

- Encourage patients to quit smoking
  - Each year more than 1.3 million smokers quit.
  - With good programs to help, 20% to 40% of those who try, stay off cigarettes for at least a year.
  - Healthcare providers can suggest stop-smoking plans... 
  - But quitting is really up to the individual!

http://dccps.nci.nih.gov/tcrb/Smoking_Facts/about.html
www.cdc.gov
**ALCOHOL**

- Limit intake
- At most one drink per day for women and two drinks per day for men
- One drink
  - = 12 oz beer
  - = 5 oz wine
  - = 1.5 oz spirits
MODIFY FLUID INTAKE

- Different people may have different restrictions
- Accurate records can help providers understand how much the person can manage
TREATMENT: MONITOR FOR CHANGE

- Daily weights
- Swelling
- Medications
- Change in signs and symptoms
**Daily Weights**

- Weight gain can indicate the body is retaining fluid, which is
  - dangerous for a person with heart failure
  - makes the heart work harder
  - might mean the person needs a change in treatment
**Monitoring weight for fluid gain**

- Weight gain can indicate the body is retaining fluid, which is
  - dangerous for a person with heart failure
  - makes the heart work harder
  - might mean the person needs a change in treatment

- Each person should have an established baseline weight and an established weight range (when to call)
TIPS FOR ACCURATE DAILY WEIGHTS

- Weigh every day
  - at the same time
  - on the same scale
  - in the same type of clothing
- Record weights
- Notify if weight out of range
MONITORING FOR SWELLING

- Check the body:
  - Legs and feet
  - Hips and buttocks (if sitting a lot)
  - Stomach and back (if in the bed a lot)
- Check their clothes and shoes
  - Tight (marking the skin)
  - Modified (cut)
- Ask the person
MONITORING MEDICATIONS

- Take ALL medications as directed
- Even when the person feels ok
  - The medications might be why he/she feels ok
**Warning Symptoms**

- Increasing shortness of breath
- Increasing coughing
- Chest pain
- Leg swelling/shoes tight
- Weight gain
- Increased pillows at night
- Fatigue, weakness
WARNING SIGNS

- Decreased oxygen level
- Increased heart rate (pulse)
- Increased respiratory rate
- Edema in the extremities
- Weight gain of more than three pounds over three days
- Not taking medications

*ALL vital parameters are determined by RN supervisor and are patient specific
OBSERVATION OF THE PATIENT WITH CHF

• Standard of care for the Nurse Aide is:
  - Observing
  - Recording observations
  - Reporting to nurse supervisor in accordance with the care plan for the patient
Medications help to improve circulation of blood by strengthening the heart muscle's pumping action or expanding the blood vessels.

Medications can also help to reduce the amount of water and sodium in the body, which in turn reduces the heart's workload.
MEDICATIONS

- Take ALL medications as directed

- Take meds even when the person feels OK
  - The medications might be the reason why he/she feels OK
CLASSES OF MEDICATIONS

- Diuretics
  help the kidneys filter more water out of the body, leading to less swelling and less work for the heart

- Digoxin
  strengthens the heart’s ability to pump
MEDICATIONS (CONTINUED)

- Beta blockers
  slow the heart rate and decrease blood pressure

- Ace inhibitors
  lower blood pressure
TREATMENT - SURGERY

- Angioplasty
- Coronary artery bypass graft
- Heart pump
- Transplant
SUMMARY POINTS

- What is heart failure?
- What causes heart failure?
- What are signs and symptoms of heart failure?
- What are important lifestyle choices that patient must make?
- How else is heart failure treated?
WHY IS IT IMPORTANT THAT WE DO A BETTER JOB MANAGING CHF?

- Improve quality of life
- Improve function, abilities and independence
- Promote length of life
- Reduce hospitalizations
- Reduce cost of care
Case Study

- 65 year old male
- He has had two heart attacks in the past
- Tells you he has heart failure
- He “tries” to take his medications as recommended by his doctor
CASE STUDY

 He tells you that his doctor wants him to eat a diet low in sodium and fat
 He then opens up a bag of extra salted chips and pack of fried chicken
CASE STUDY

- What might have caused his heart failure?
What might have caused his heart failure?

- 2 heart attacks in past
- “Tries” to take his meds – is he?
- Age
- Diet – high in salt and fat
CASE STUDY

- What types of lifestyle modifications are important?
CASE STUDY

- What types of lifestyle modifications are important?
  - Reduce salt and fat in his diet
  - Increase levels of physical activity/exercise
  - Take meds as prescribed by physician
MOTIVATIONAL INTERVIEWING

- How do you as the Nurse Aide motivate him to take steps needed to improve his diet (eat smarter)?
  - Now that you’ve gained his trust you can start asking questions that will begin the change talk.
STARTING THE CHANGE TALK

- What questions can we ask that will get him to start talking about eating smarter?
  - Tell me about your eating habits.
  - What do you think about your eating habits?
WILLING, ABLE, READY

- In the next few slides, put yourself in this client’s shoes. Try to write down answers to the questions from his point of view.
FIND OUT HOW WILLING HE IS TO CHANGE

- Ask open ended questions so he can:
  - State his reasons **for not** eating smarter
  - State the reasons he has **for** eating smarter
- Have him write down his answers to the following questions
**WHAT ARE HIS REASONS FOR NOT EATING SMART? – 2 GOOD QUESTIONS TO ASK**

<table>
<thead>
<tr>
<th>Reasons I have for <strong>Not Eating Smart</strong></th>
<th>Reasons I have to <strong>Eat Smart</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What benefits are you getting by not eating smart?</td>
<td>What are the worst consequences you can imagine if you don’t start to eat smarter? (these are your fears, concerns about not eating smarter)</td>
</tr>
</tbody>
</table>
| What are your fears, concerns about taking the actions needed to eat smarter? | What benefits could you get by eating smarter?  
  
  *Hint: Imagine what your life would be like if a miracle happened tomorrow and you could start eating smarter.* |
EXPLORE HIS REASONS FULLY

- Ask him how not eating smart could be good for any of these aspects of his life:
  - Health
  - Lifestyle
  - Emotions
  - Relationships
  - Coping abilities (stress, for example)
  - Work
  - Social life
  - Spiritual life
Here are Some Sample Reasons for Not Eating Smart

<table>
<thead>
<tr>
<th>Reasons I have for <strong>Not Eating Smart</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What benefits are you getting by not eating smart?</strong></td>
</tr>
<tr>
<td>High fat, high added sugar, and high salt food <em>tastes great</em></td>
</tr>
<tr>
<td>It's one of the few joys I have in my life</td>
</tr>
<tr>
<td><strong>Socializing</strong> over food seems to go better when the food is high in fat, added sugar, and salt</td>
</tr>
<tr>
<td>Eating high fat, added sugar, salty food <em>relieves my stress</em></td>
</tr>
<tr>
<td><strong>What are your fears about starting to eat smarter?</strong></td>
</tr>
<tr>
<td>I’m afraid that the only healthy food out there <em>doesn’t taste good</em></td>
</tr>
<tr>
<td>Lose friends – all of them like foods high in fat, added sugar, and salt</td>
</tr>
<tr>
<td>Don’t have another way to handle stress other than eating</td>
</tr>
<tr>
<td>Tried to eat smart once and failed; don’t want to fail again</td>
</tr>
<tr>
<td>I don’t know how to eat smart – I eat what I see advertised on TV</td>
</tr>
</tbody>
</table>
**Next, What Reasons Does He Have to Eat Smarter?**

<table>
<thead>
<tr>
<th>Reasons I have for Not Eating Smart</th>
<th>Reasons I have to Eat Smart</th>
</tr>
</thead>
<tbody>
<tr>
<td>What <strong>benefits</strong> are you getting by not eating smart?</td>
<td>What are the worst <strong>consequences</strong> you can imagine if you don’t start to eat smarter? (these are your fears, concerns about not eating smarter)</td>
</tr>
<tr>
<td>What are your fears, concerns about taking the actions needed to eat smarter?</td>
<td>What <strong>benefits</strong> could you get by eating smarter? <strong>Hint:</strong> Imagine what your life would be like if a miracle happened tomorrow and you could start eating smarter.</td>
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</tbody>
</table>
EXPLORE HIS REASONS FULLY

- Ask him how eating smarter could be good for any of these aspects of his life:
  - Health
  - Lifestyle
  - Emotions
  - Relationships
  - Coping abilities (stress, for example)
  - Work
  - Social life
  - Spiritual life
Here are Some Sample Reasons for Eating Smarter

<table>
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<tr>
<th>Reasons I have for Eating Smarter</th>
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</thead>
<tbody>
<tr>
<td><strong>What is the worst outcome you can imagine if you don’t start to eat smarter?</strong></td>
</tr>
<tr>
<td>Put me at risk for Stroke</td>
</tr>
<tr>
<td>Heart attack</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Obesity means I can’t enjoy doing physical activity with my children or grandchildren</td>
</tr>
</tbody>
</table>

| **What would your life be like if a miracle happened and you were able to start eating smarter tomorrow?** |
| Control my high blood pressure |
| Fit into better looking clothes |
| Improve quality of life - Feel better physically and mentally |
| Improve function, abilities and independence |
| Promote length of life |
| Reduce hospitalizations |
| Reduce cost of care |
Next, How Important is It for Him to Change?

- Ask him to compare his reasons for not changing with his reasons for changing.
- Have him assign a number to the Ruler of Change in the next slide.
- This will show how important it is for him to change.
How important is it for you to change?

- On a scale of 0 to 10, how important is it to you to eat smarter?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Very Important</td>
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</table>

The “Ruler of Change”
WILLING

• This number on the Ruler of Change will show how WILLING he is to change

• It will show how willing he is to start doing the things needed to start eating smarter
WILLING (CONTINUED)

• If his Ruler of Change number is **below 3 or 4**, he **is not willing** to consider change.

• He has **lots of resistance to change**

• His reasons for **not** eating smarter are **STONGER THAN** his reasons for eating smarter.
SAMPLE QUESTION TO HELP DECREASE RESISTANCE

• What would have to change to **decrease** the importance you give for not eating smarter?
QUESTIONS TO DECREASE RESISTANCE

- A low number on the ruler of change says he does not think that eating smarter is important and he does not want to change.

- But, look at his number on the Ruler of Change.
- If he’s not at zero, he must have at least a small interest in change.
DECREASING RESISTANCE

• If this is the case, Ask:
  o Why are you at ___ and not zero?
  o What would it take for you to go from__ to__ ?

• His answers might get him to start thinking that change might be a good thing
WILLING (continued)

• If the number the client gives for the importance of changing is around 5:
  o He is “on the fence.”
  o He is split between wanting to take action and not being able to take the first step.
  o In this condition, he can’t change.
Sample Question to Help Increase Motivation

• What would have to change to increase the importance you give to eating smarter?
WILLING (continued)

- If the number he gives for the importance of change is **greater than 6 or 7:**
  - He is **not resistant to change**
  - He is not “on the fence”
  - He is **READY** to take some action (he’s motivated)
Next, find out if he is **ABLE**

- Measure his **Confidence and Ability** to eat smarter
- Use the Confidence and Ability “Rulers of Change” in the next slide
ASSESSING CONFIDENCE AND ABILITY TO MAKE A CHANGE

- Score your **confidence** to start eating smarter.

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<th>10</th>
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<tbody>
<tr>
<td></td>
<td>None</td>
<td>Low</td>
<td>Medium</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Very High</td>
</tr>
</tbody>
</table>

- Score your **ability** to start eating smarter.

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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Very High</td>
</tr>
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</table>
For Scores of Below 6

- Ask, “What would it take to increase your confidence to eat smarter?”
  - What encourages you to believe that you can achieve your goals for change?

- Ask, “What would it take to increase your ability to eat smarter?”
Increasing Confidence and Ability About Change

Other questions to ask

- What else could help you eat smarter?
- Who else could help you eat smarter?

Adapted from Miller and Rollnick, Motivational Interviewing, 2002
FOR LOW CONFIDENCE AND ABILITY SCORES

• Maybe the goal is not realistic, it exceeds his confidence and ability. Ask:
  o What would happen if you reduced the size of your goal?
  o What would you be willing to try?
  o Maybe if you reduced your goal for changing, you would be more likely to try.
ROLE OF THE NURSE AIDE

• Find out what is important to the client and use this to motivate him/her to change

• Help the client identify an activity that he/she has the ability and confidence to achieve
THE NEXT STEP: BEING READY

• If he’s WILLING (Importance Score 5 and above)

• If he’s ABLE (Confidence and Ability Scores are 5 and above)

• Then he’s READY
BEING READY MEANS:

- Being READY to set a goal and make a plan
- Keeping track of progress toward the goal
- Being prepared for setbacks with the right attitude and a Plan “B”
CLASS EXERCISE – GOAL SETTING

• Put yourself in the shoes of the client who has suffered a couple of heart attacks and has congestive heart failure

• Using your current goal setting skills, write a goal for eating smarter on the next slide
**Using your own words write down a goal and plan (an activity) for eating smarter**
Setting and Planning a Goal – SMART Method

• A useful method for setting goals, SMART.

• To be effective, Goals need to be:
  
  o Specific
  o Measurable
  o Action oriented
  o Realistic
  o Time
SMART method – Some Examples

• A goal that is not SMART will probably fail.
  • “I want to eat better” is not specific, measurable, nor has a time frame when the goal will be done.
  • “I’m going to eliminate all fat from my diet” is probably not realistic when starting out.
Set and Plan a Goal – SMART method – Some Examples (continued)

• A SMART goal would be,

“I will use unsaturated canola oil when I fry my chicken. In one month I’ll learn how to bake chicken in my oven. In two months, I will bake all my meat in my oven. In three months, I’ll steam and not fry my vegetables.”
SET AND PLAN A GOAL – SMART METHOD

• Now use the SMART method to rewrite the activity you chose that would support the client’s goal to eat smarter

• Write this SMART goal on the next slide from the viewpoint of the heart attack client in the case study
**What is Your Smart Goal?**

- **S**
- **M**
- **A**
- **R**
- **T**
READY

• READY also includes tracking progress in a written log or on a calendar
  • Seeing concrete progress helps build confidence
  • Adding comments can also help the person identify what helped, what was difficult, what was learned and how the person can improve
PROGRESS CHECK (SAMPLE)

- My goal was___________
- I was______ successful in reaching my goal
- What helped______________
- ____________ was difficult
- I learned that_______________

Adapted from HIP CHA training, 2005
READY

• **READY** also includes being prepared for setbacks and relapses to old habits

• Plan for recovery from setbacks – have a “Plan B”

• Remember,
  
  – Setbacks are **chances for learning** how to do things better,
  
  – Setbacks are **not failures**.
READY - STAYING READY AND MOTIVATED

When the person reaches the goal, Don’t forget about a reward!!!

• **A reward** provides an incentive to stay motivated.

• “When I meet my goal, I’ll treat myself to a movie.”
LAST WORD

- Be a good team player:
  - Make sure your work with the patient is consistent with the plan of care and what other team members are doing
  - Communicate with the rest of the team
What standards you have a right to expect from the regulation of agencies that provide care in your own home

Checking your support services
با تشرک از بذل توجه شما

کشواری@مد.می.اکیر