

MAKING HEALTH CARE DECISIONS

TABLE OF CONENTS

Making Health Care Decisions	1
Advance Directives, Medical Power of Attorney	2
Advance Directives, Directive to Physician	2
Advance Directives, Mental Health	2
Out of Hospital Do Not Resuscitate Order	3
How to Obtain the Advance Directive Forms	3
Our Hospital Policies.....	3
Ethics Committee.....	3
Privacy and Confidentiality of Your Medical Information	3
Patient Needs, Concerns, Complaints, and Grievances	4
Patient Rights and Patient Responsibilities.....	5
Notice of Privacy Practices	6, 7
Patient Safety – Fall Prevention	8
Medication Safety	9
Using Antibiotics Safely	9
Infection Control	10
Reduce Your Risk for Deep Vein Thrombosis.....	11
Depression and Suicide	11
Pain Management	12
You Can Quit Smoking	13
Pneumococcal Polysaccharide Vaccine – What you Need to Know	14, 15
Inactivated Influenza Vaccine - What You Need to Know	16, 17
Drugs to Stop Prior to Surgery	18
Food and Drug Interactions.....	19
Herbal Medication – Recommendations	20
The Billing Process	21
Patient Safety Tips.....	22
Notes, Additional Comments & Questions	23

These forms are available by request - ask your health care provider.

Directive to Physicians and Family or Surrogates

Medical Power of Attorney Disclosure Statement

Medical Power of Attorney Designation of Health Care Agent

Out of Hospital Do Not Resuscitate Order

Declaration For Mental Health Treatment

MAKING HEALTH CARE DECISIONS

We recognize that being hospitalized can be a very stressful experience. We are here to help you with that experience. People usually have many questions and this booklet has been prepared to answer some of your questions, and to help you understand your rights and some of the decisions you may face. We have many resources available that can help you through this time.

Advance Directives

You have the right to decide what may be done to your body during the course of medical treatment. Your physician will discuss with you the nature of your condition, the proposed treatment and any alternate procedures that are available. Your physician also will provide you with information about the risks associated with certain medical procedures. This information will help you make an informed decision about the kind of treatment you want to receive.

Some of these rights are stated in the Federal law known as the Patient Self-Determination Act. It provides that you be informed of your “rights under State law...to make decisions concerning...medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives...”

You usually make decisions regarding health care treatment after your physician recommends a course of treatment and provides information about the treatment. These decisions may become more difficult, however, if you become unable to tell your doctors and loved ones what kind of health care treatment you want. Through documents known as Advance Directives, you can express your treatment preferences before you actually need such care, ensuring that your wishes will be carried out and that your family and others will not be faced with making these difficult decisions. If you become unable to make your own health care decisions and do not have a legal guardian or someone designated under a Medical Power of Attorney (or a Durable Power of Attorney for Health Care) or in a Directive to Physicians, then certain family members and others (surrogates) can make medical treatment decisions on your behalf.

To help you with this process, the State of Texas has established several ways for you to make your wishes known through Advance Directives. Whether or not you choose to complete any of these documents is entirely up to you. Even if you choose not to complete them, be sure to tell your family and doctor how you feel about life support on machines and about terminal care. You are not required to sign these forms to receive medical treatment in this hospital. Your decisions whether or not to sign an Advance Directive will not, in any way, negatively affect your care. However, completing these documents will help your family and your doctor know your wishes and follow them if you are ever unable to speak for yourself.

If you have any questions about any of these forms, you may contact the following for assistance: your physician, your bedside nurse, Pastoral Services at (281) 587-3757, or Social Services through the Case Management Dept. at (281) 440-2255. If you have legal questions or seek legal advice, please contact your attorney. The hospital cannot give you legal advice. Complaints concerning advance directive requirements may be filed by calling the Texas Department of Health, 1 (888) 973-0022.

Advance Directives, Medical Power of Attorney

(Formerly Known as Durable Power of Attorney for HealthCare)

This Advance Directive gives the person you choose to represent you the authority to make all health care decisions for you when you can not make them for yourself. These decisions may be based on your personal, religious, and moral beliefs and wishes.

Your representative has the power to make a wide range of health care decisions for you. He or she may consent, refuse to consent or withdraw consent to health care. Your representative may also make decisions about stopping treatments that can prolong your life.

Your representative's authority begins when your doctor officially

certifies that you can no longer make health care decisions for yourself. Your doctor must follow your representative's instructions or allow you to change doctors. There is a process for Ethics Committee review of situations where your physician and your representative disagree on treatment decisions.

Your representative must follow your instructions when he or she makes decisions for you. Unless you state differently, your representative has the same authority to make decisions about your health care that you would have had.

Your representative that you choose and name in the Medical Power of Attorney should be someone you know and trust. He or

she should be familiar with your own feelings about health care treatment and terminal care. This person should be someone who would probably make the same decisions for you that you would make for yourself. Your representative should be willing to act on your behalf and should not be afraid to make difficult or painful decisions.

Even after you have signed the Medical Power of Attorney document, you still have the right to make decisions about your own health care as long as you are able. No one can give or stop treatment if you object.

Advance Directives, Directive to Physicians

The Advance Directives Act in Texas recognizes that terminally ill persons or those persons with irreversible conditions have the right to refuse life-sustaining treatment. In many states, the document that is used to allow the person to express their wishes about life-sustaining treatment is called a Living Will; in Texas it is called a Directive to Physicians.

Competent adults may sign a Directive to Physicians at any time, even before being diagnosed with a terminal or irreversible condition. A Directive to Physicians allows you to give instructions and communicate

your wishes to your physician and family members.

The easiest way to execute a Directive to Physicians is to sign and date the Directive to Physicians form and have two persons witness it. There are specific requirements for the witnesses that are spelled out on the Directive to Physicians. There is no requirement for the Directive to be notarized, and any form of the Directive is acceptable, as long as it contains the information that is needed.

You have the opportunity in the Directive to Physicians to name a representative to make healthcare

decisions for you if you are ever unable to communicate for yourself.

You must notify your physician if you have a Directive to Physicians. You may give him a copy of your Directive to Physicians, or tell him or her verbally.

Even after you have signed a Directive to Physicians, you still have the right to make decisions about your own health care as long as you are able. No one can give or stop treatment if you object.

Advance Directives, Mental Health

A Texas law has been passed that allows you to also make a Mental Health Advance Directive or declaration of mental health treatment. Mental Health Advance Directive means a person's written declaration of their preferences or instructions specifically regarding mental health treatment. Mental health treatment means electroconvulsive or other convulsive treatment, treatment of mental

illness with psychoactive medication, and emergency mental health treatment.

Your instructions or preferences included in your Mental Health Advance Directive will **only** be followed if a Court rules that you are incapacitated to make treatment decisions. Otherwise, you will be considered able to give or withhold consent for mental health treatment.

If there is anything about the

Mental Health Advance Directive you do not understand, you should ask a lawyer to explain it to you.

The Mental Health Advance Directive, as with all of the Directives, is optional. It is not a requirement for treatment, admission or receiving care. It is a tool that you can choose to use if you desire, but is not something that you must do.

Out-of-Hospital Do Not Resuscitate Order

An Out-of-Hospital Do Not Resuscitate Order is an order, signed by you and your physician, that allows your decision to not be resuscitated to be communicated to others in an out-of-hospital setting. This allows for greater continuity between the in-hospital and out-of-hospital setting,

and helps assure that healthcare workers responding to an emergency outside of the hospital respect your wishes to not be resuscitated.

Honoring this Out-of-Hospital Do Not Resuscitate Order does not have any effect on any other type of emergency care or comfort care.

We will not withhold medical interventions or treatments that are a part of comfort care or that will alleviate pain, nor will we withhold water or nutrition because of your Out-of-Hospital Do Not Resuscitate Order.

How to Obtain the Advance Directive Forms

The Advance Directive forms for Directive to Physicians (a form for the patient to complete, or a form for a representative to complete on behalf a

patient), the Medical Power of Attorney forms, the Out-of-Hospital Do Not Resuscitate Order Forms and the Mental Health Advance Directive

are available per your request. Ask your healthcare professional.

Our Hospital Policies

It is the policy of Houston Northwest Medical Center to respect your right to make healthcare decisions and to honor your wishes within the limits of the law. While other sections of this booklet inform you about Advance Directives, this section will provide you with a summary of our policy and specifically about two circumstances under which an Advance Directive would not be followed.

Our hospital policy follows the law concerning Advance Directives. It allows you to execute an Advance Directive if you desire to do so. Our Policy provides for the hospital to make the forms for Advance Directives available to you at your

request. We do not require you to use a specific form, unless required by law (such as for the Out-of-Hospital Do Not Resuscitate Order form). We do not require you to have your Advance Directive notarized. We will assist you with questions about Advance Directives, although you need to consult with your attorney for legal questions. Neither this hospital nor your physician may require you to execute an advance directive as a condition for admittance or receiving treatment in this or any other hospital.

One circumstance under which an Advance Directive cannot be honored is if the patient is pregnant. The other involves when you are undergoing surgery. If you have a Do

Not Resuscitate Order (DNR), and are undergoing surgery with anesthesia at our hospital, the DNR Order will be suspended during the time that you are in the operating room. This is because the very nature of administering anesthesia requires control of breathing and vital functions. You should discuss this with your surgeon and anesthesiologist, and if you disagree with this, or cannot accept that you might be intubated and would be resuscitated if your heart stopped during surgery, you should discuss with your surgeon and anesthesiologist transferring to another facility that can accommodate your wishes.

Ethics Committee

The Ethics Committee at Houston Northwest Medical Center is a group of concerned individuals taken from many disciplines. The members include nurses, physicians, hospital administration and clergy

from the community. This committee is available to facilitate communications and offer support, discussion, information, and guidance to physicians and families as they deal with complicated issues of health care.

Please contact your nurse or physician for more information or to ask for assistance from the Ethics Committee. You may also contact Pastoral Services at (281) 587-3757.

Privacy and Confidentiality of your Medical Information

What it Means to be a "NO INFORMATION" Patient

You have the option when you are admitted, or later during your stay, to elect to be a "NO INFORMATION" patient. If you choose to become a "NO INFORMATION" patient, that means that you will receive no phone calls through the switch board, no mail, no flower delivery and no visitors, whether clergy, friends, or family, will be directed to you. Hospital staff will not acknowledge that you are a patient here to anyone who inquires. If you choose to use this option to protect your privacy, then please expect these actions by the hospital. If there are some family and friends that you want to speak to or have visit, you must notify family or friends that you have chosen this, and let them know directly how to call or visit your room. Otherwise, they will be told that we do not have any information about you, and their calls, letters, flowers, etc. will not be sent to your room.

How a Member of the Clergy Can Learn of Your Visit

If you have indicated a particular religion or denomination on your admission information, you should be aware that the hospital does provide a list of patients of a particular religion or denomination to clergy of the same faith, so that the clergy can visit those patients. If you do not want your name distributed to the clergy on that list, please do not list a denomination or religion at the time of admission.

Patient Needs, Concerns, Complaints and Grievances

Special Needs

If you have any special needs, please let us know. We have ways to accommodate you and we want to meet your needs to the best of our abilities. A few examples are: for hearing impaired persons, we can provide signers and TDD machines, for those who are not fluent in English, we can provide an interpreter, and for those with physical disabilities, we can make appropriate adjustments to assist you.

We're Here to Help

We're committed to making your stay here as comfortable as possible. Should you feel the need, you can talk to us about any part of your visit. We'll do our best to resolve any difficulties that might arise while you're here or even pass along any suggestions or compliments you might have. And you can count on a timely response from us. To speak to someone, please call the hospital Patient Liaison at (281) 440-2332. If for any reason you seek further assistance, call our Tenet national help line at (800) 743-6333.

Patient Complaints

If you have a concern, complaint or issue related to your visit to the hospital, your care or treatment, premature discharge, billing or charge issues or any issue that you wish the hospital to address, please express yourself to the bedside nurse, nurse manager or department director of the area involved, as well as your physician. If your complaint or concern is not resolved by that contact, or if you desire to speak to the Patient Liaison, you are welcome to contact the Patient Liaison directly at (281) 440-2332 or request to speak to the Patient Liaison through any staff member. Most complaints are resolved by this process. Additionally, if you desire to use it, there is a national help line operated by Tenet HealthSystem, our parent corporation, where you can express your concerns. That phone number is 1 (800) 743-6333. Further, as a Medicare beneficiary, you have the right to request a referral of your concerns about a quality of care or a premature discharge issue to the Peer Review Organization (PRO) of Texas, which is the Texas Medical Foundation, Barton Oaks Plaza Two, Suite 200, 901 Mopac Expressway South, Austin, Texas 78746, phone 1-(800)-725-8315.

If your complaint or concern is not resolved by the complaint process above, or if you wish to file a formal grievance, you have the right to do so. Information about the formal grievance process is provided below. You also have the right to make a complaint with the Texas Department of Health directly regardless of whether you choose to use our hospital grievance process first, or later, or not at all. The Texas Department of Health can be contacted by calling 1-(888)-973-0022 or writing them at 1100 West 49th Street, Austin, Texas 78756.

Patient Grievance Procedure

The procedure for pursuing a grievance with the hospital is as follows:

1. If you desire, you may first pursue your concern or complaint with the department director. If the department director and his/her staff are unable to resolve the issue or concern to your satisfaction, you may request the assistance of the Patient Liaison.
2. The Patient Liaison will evaluate your complaint or concern, and the actions already taken to address the issue, and intervene where appropriate after investigation. At that point, either the Patient Liaison or the department director or the director's designee will contact you with the resolution or decision of the Patient Liaison and the department director.
3. If you are interested at that point (or at any point) in pursuing a grievance, you can present your grievance to the Chief Operating Officer. You may make your grievance in writing to "Administration, Chief Operating Officer" at our hospital address, or request the Patient Liaison to refer your grievance to the Chief Operating Officer, or contact Administration directly at (281) 440-2105. The Chief Operating Officer will review your grievance, and will notify you in writing of his/her decision within 30 days of Administration's receipt of your request.
4. After you receive the Chief Operating Officer's decision, if you desire to pursue your grievance beyond this level of review, you can request the Chief Operating Officer to refer your grievance to the grievance review committee, operating under the direction of the Board of Trustees. The committee will review your grievance, the actions and determination of the Chief Operating Officer's review, and make a determination about your grievance within 90 days of the referral. The committee will respond to you in writing about their review of your grievance.

Please be aware that the filing of a complaint or grievance will not compromise your care, treatment or future access to care. We are committed to your satisfaction and fair treatment and are happy to work with you to find a resolution for your concerns.

Patient Rights and Patient Responsibilities

Below you will find a summary of some of your rights and responsibilities as a patient. These rights can be exercised on your behalf by a representative for you if you lack decision-making capacity, cannot speak for yourself, are legally incompetent, or are a minor.

PATIENT RIGHTS

Dignity. You have the right to considerate and respectful care.

Knowledge. You have the right to obtain current and understandable information about your diagnosis, treatment and prognosis. You are entitled to discuss and request information related to procedures and treatments, risks involved, length of recuperation and reasonable alternatives, and immediate and long-term financial implications of treatment choices. You have the right to know the identity of the persons involved in your care. You also have the right to be informed of the hospital's charges and available payment methods.

Decision-making. You have the right to participate in the development and implementation of your plan of care, to make informed decisions concerning your care, the right to be informed of your health status and the right to be involved in care planning and treatment.

Advance directives. You have the right to make advance directives concerning treatments or designating someone to serve as a decision-maker in your stead if you become unable to communicate your wishes, and have hospital staff and practitioners who provide care in the hospital comply with these directives to the extent permitted by law and hospital policy.

Notification. You have the right to have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.

Privacy. You have a right to personal privacy. We will extend every consideration of privacy possible. Case discussion, consultation, examination and treatment should be conducted so as to protect your privacy, to the extent permitted by law and hospital policy.

Pain. You have the right to proper assessment and proper management of your pain.

Confidentiality. You have the right to confidentiality of your clinical records; to expect that all communications and records pertaining to your care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards where reporting is required by law, to the extent permitted by law.

Records Review. You have the right to access information contained in your clinical records within a reasonable time frame; you have the right to review the records pertaining to your medical care and to have the information explained or interpreted as necessary, with the knowledge of your physician, except when restricted by law.

Access. You have the right to expect that the hospital will respond reasonably within its capacity and policies to your request for appropriate and medically indicated care and services. You have the right to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. When medically appropriate and legally permissible, or when requested by you, you may be transferred to another facility.

Safety. You have the right to receive care in a safe setting.

Abuse. You have the right to be free from all forms of abuse or harassment.

Restraints. You have the right to be free from seclusion and restraints, of any form, imposed as a means of coercion, discipline, convenience or retaliation by staff. Seclusion or restraint can only be used in emergency situations if needed to ensure the patient's physical safety and less restrictive interventions have been determined to be ineffective.

Relationships. You have the right to be informed of the existence of business relationships among the hospital, education institutions, other health care providers, or payers that may influence your treatment or care.

Experimentation. You have the right to consent to or decline to participate in proposed research studies or human experimentation, if the hospital is involved in research that might involve you.

Continuity. You have the right to reasonable continuity of care when appropriate and to be informed of realistic patient care options when hospital care is no longer appropriate.

Concerns. You have the right to make a complaint or file a grievance, and to be informed of resources for resolving disputes and grievances. Mechanisms include the manager of your unit or hospital area, patient liaison, and ethics committee, among others.

PATIENT RESPONSIBILITIES

Participation. Patients are responsible for participation in their care.

Information. Patients are responsible for providing information about past illnesses, hospitalization, medications, and other health related matters. Patients should also take responsibility for requesting needed information from healthcare providers when they do not fully understand information and instructions.

Directives. Patients are responsible for ensuring healthcare providers have a copy of any written advance directive they may have.

Compliance. Patients are responsible for informing the physician and other caregivers if they anticipate problems in following prescribed treatments.

Cooperation. Patients are responsible for making reasonable accommodations to the needs of the hospital, including following hospital rules concerning but not limited to smoking, respect for property and privacy of other patients, controlling visitors and noise, and being considerate of other patients.

Financial. Patients are responsible for providing necessary information for insurance claims and assuring financial obligations to the hospital are fulfilled.

Life-style. Patients are responsible for recognizing the impact of their lifestyle on their personal health.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Who Presents this Notice

This Notice describes the privacy practices of Houston Northwest Medical Center Hospital (the "Hospital"), including members of its workforce, as well as the physician members of the medical staff, and allied health professionals who practice at the Hospital. The Hospital and the individual health care providers together are sometimes called "the Hospital and Health Professionals" in this Notice. While the Hospital and Health Professionals engage in many joint activities and provide services in a clinically integrated care setting, the Hospital and Health Professionals each are separate legal entities. This Notice applies to services furnished to you at the main hospital campus, Peakwood Interventional Lab, Peakwood Imaging, or Texas Tower Diagnostic Imaging as a Hospital inpatient or outpatient or any other services provided to you in a Hospital-affiliated program involving the use or disclosure of your health information.

II. Privacy Obligations

The Hospital and Health Professionals are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of legal duties and privacy practices with respect to your Protected Health Information. When the Hospital and Health Professionals use or disclose your Protected Health Information, the Hospital and Health Professionals are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). Special privacy obligations, described in Section IV.D, apply to you if you are admitted to the Hospital's psychiatric unit or chemical dependency treatment unit.

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which are described in Section IV below, your written authorization must be obtained in order to use and/or disclose your PHI. However, the Hospital and Health Professionals do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures for Treatment, Payment and Health Care Operations.

Your PHI, but not your "Highly Confidential Information" (defined in Section IV.C below), to treat you, obtain payment for services provided to you and conduct "health care operations" as detailed below:

■ **Treatment.** Your PHI may be used and disclosed to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, you may be contacted to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your PHI also may be disclosed to other providers involved in your treatment.

■ **Payment.** Your PHI may be used to obtain payment for services provided to you—for example, disclosures to claim and obtain payment from Medicare, the Texas Medicaid program, your private health insurer, HMO, or public or private third party that arranges or pays the cost of some or all of your health care ("Your Payor") to verify that Your Payor will pay for health care.

■ **Health Care Operations.** Your PHI may be used and disclosed for health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, your PHI may be used to evaluate the quality and competence of physicians, nurses and other health care workers. Your PHI may be disclosed to the Hospital Privacy Office in order to resolve any complaints you may have and ensure that you have a comfortable visit.

Your PHI also may be disclosed to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance. In addition, your PHI may be shared with business associates who perform treatment, payment and health care operations services on behalf of the Hospital and Health Professionals.

B. Use or Disclosure for Directory of Individuals in the Hospital.

The Hospital may include your name, location in the Hospital, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory or are located in a specific ward, wing or unit the identification of which would reveal that you are receiving treatment for (1) mental health and developmental disabilities; (2) alcohol and drug abuse; (3) HIV/AIDS or other sexually transmitted disease; (4) child abuse and neglect; or (5) sexual assault. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be disclosed to members of the clergy.

C. Disclosure to Relatives, Close Friends and Other Caregivers. Your PHI may be used or disclosed to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to,

the disclosure, if (1) your agreement is obtained; (2) you are provided with the opportunity to object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practically be provided because of your incapacity or an emergency circumstance, the Hospital and/or Health Professionals may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, the Hospital and/or Health Professionals would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

D. Public Health Activities. Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to the Texas Department of Protective and Regulatory Services or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse, Neglect or Domestic Violence. Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect, or domestic violence.

F. Health Oversight Activities. Your PHI may be disclosed to a health oversight agency that oversees the health care system (e.g., the Texas Department of Health) or another agency that is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

G. Judicial and Administrative Proceedings. Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process so long as the court order or process complies with applicable federal and Texas law.

H. Law Enforcement Officials. Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena so long as the court order or process complies with applicable federal and Texas law.

I. Decedents. Your PHI may be disclosed to a coroner or medical examiner as authorized by law.

J. Organ and Tissue Procurement. Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

K. Research. Your PHI may be used or disclosed without your consent or authorization if a Privacy Board approves a waiver of authorization for disclosure and other requirements of Texas law are satisfied.

L. Health or Safety. Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

M. Specialized Government Functions. Your PHI may be used and disclosed to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

N. Workers' Compensation. Your PHI may be used and disclosed as authorized by and to the extent necessary to comply with Texas law relating to workers' compensation or other similar programs.

O. As Required by Law. Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories.

IV Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, your PHI may be used and disclosed only when you, provide your written authorization on an authorization form ("Your Authorization"). For instance, you will need to execute an authorization form before your PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

B. Marketing. Your Authorization must be obtained before using, disclosing, selling or coercing an individual to consent to the disclosure, use or sale of your PHI for marketing purposes.

Notice of Privacy Practices (Continued)

C. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and Texas law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and mental health or mental retardation services; (3) is about alcohol and drug abuse prevention, treatment, and referral; (4) is about HIV/AIDS or other sexually transmitted disease testing, diagnosis or treatment; (5) is about child abuse and neglect; or (6) is about sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization must be obtained.

D. Use and Disclosure of Information Upon Admission to a Psychiatric Unit or Chemical Dependency Treatment Center. Information regarding your care in the Hospital's psychiatric unit or chemical dependency treatment center is subject to special protections under Texas and federal law. The terms of this Notice shall apply to your PHI unless otherwise described in this Section IV.D.

■ **Psychiatric Treatment.** You are entitled to have access to the content of your psychiatric records, unless a Hospital professional determines that you should not be entitled to a portion of your records, as set forth under Texas law. All or part of your recorded mental health care information will be disclosed, within fifteen (15) days of receipt of your written request to examine or copy the record as required under Texas law. The Hospital professionals will disclose PHI to other Hospital professionals and personnel under the professionals' direction who participate in your diagnosis, evaluation and treatment. The Hospital professionals will disclose PHI to a Hospital employee under the direction of the professional to provide you with mental health services or in order to comply with statutory, licensing or accreditation requirements. The Hospital professionals will disclose your PHI to individuals, corporations or government agencies (i.e., your insurance company) involved in paying or collecting fees for mental or emotional services rendered to you. On occasion, a professional may use or disclose your PHI to qualified personnel for certain health care operations but, to the extent possible, your personally identifiable information will be removed. The Hospital and Health Professionals will not respond to inquiries about your treatment and will not disclose information revealing that you are a patient of the psychiatric unit to unauthorized individuals who call the Hospital to seek information, unless you have provided the Hospital with written consent. Your PHI will not be disclosed to a family member, relative or any other person seeking information about your care unless your written consent is obtained. If you are a minor or have a personal representative (such as a guardian or person authorized under a power of attorney), you will be consulted prior to sharing information with such person. If you refuse to grant permission or are unable to grant permission, information may be shared with your personal representative only to the extent permitted or required by Texas law. The Hospital and Health Professionals will comply with Texas law in reporting your PHI for public health activities or health oversight activities. If you disclose information related to child abuse or other types of actual or threatened abuse, the Hospital and Health Professionals may be required to report such information to governmental authorities responsible to investigate such abuse. If a Hospital professional determines that there is a probability of imminent physical injury to you, then your PHI may be disclosed to medical or law enforcement personnel. In certain judicial or administrative proceedings as set forth under Texas law, your PHI may be disclosed without an order; in other judicial or administrative proceedings, your PHI will be disclosed upon issuance of a court order or upon your written consent. Your PHI will not be used for marketing.

■ **Chemical Dependency Treatment.** If you are a recipient of chemical dependency treatment, your PHI is protected by federal confidentiality laws (42 U.S.C. 290dd-3, 290ee-3 and 42 CFR Part 2). Violations of these laws is a crime and may be reported to appropriate authorities. Your PHI will be disclosed to Hospital personnel within the chemical dependency treatment program and certain organizations providing services to the program that have a need to know your PHI to perform their job duties or to medical personnel in the event of a medical emergency. The Hospital and Health Professionals will obtain your authorization prior to disclosing any PHI to obtain payment for services rendered to you, such as for example, to your insurance company. On occasion, your PHI may be used for health care operations but your identifying information will be removed. The Hospital and Health Professionals will not respond to inquiries about your treatment and will not disclose information revealing that you are a patient of the chemical dependency treatment program to unauthorized individuals who call the Hospital to seek information. The Hospital and/or Health Professionals will not disclose your PHI to a family member, relative or any other person seeking information about your care unless your written Authorization is obtained. If you are a minor or have a personal representative (such as a guardian or person authorized under a power of attorney), the Hospital and/or Health Professionals will consult with you prior to sharing information with such person. If you refuse to grant permission or are unable to grant permission, your information may be shared with your personal representative only to the extent permitted or required by state law. The Hospital and Health Professionals will comply with federal and Texas law in reporting your PHI for public health activities or health oversight activities. If you disclose information related to child abuse, the Hospital and Health Professionals may be required to report such information to governmental authorities responsible to investigate such abuse. If you commit a crime on the premises your PHI may be used to report the crime. To the extent possible you will be notified or a protective order will be sought prior to disclosing information pursuant to a judicial or administrative proceeding. Your PHI will not be used for marketing.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may contact the Hospital Privacy Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Hospital Privacy Office will provide you with the correct address for the Director. The Hospital and Health Professionals will not retaliate against you if you file a complaint with the Hospital Privacy Office or the Director.

B. Right to Request Additional Restrictions. You may request restrictions on the use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional restrictions will be carefully considered, the Hospital and Health Professionals are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from the Hospital Privacy Office and submit the completed form to the Hospital Privacy Office. A written response will be sent to you.

C. Right to Receive Confidential Communications. You may request, and the Hospital and Health Professionals will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Revoke Your Authorization. You may revoke Your Authorization, except to the extent that Hospital and Health Professionals have taken action in reliance upon it, by delivering a written revocation statement to the Health Information Management Department (Mall I) identified below. A form of written revocation is available upon request from the Hospital Privacy Office.

E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by the Hospital and Health Professionals in order to inspect and request copies of the records. Under limited circumstances, you may be denied access to a portion of your records. If you desire access to your records, please obtain a record request form from the Health Information Management Department and submit the completed form to the Health Information Management Department. If you request copies, you will be charged in accordance with federal and state law. You will also be charged for the postage costs, if you request that the copies be mailed to you.

F. Right to Amend Your Records. You have the right to request that PHI maintained in your medical record file or billing records be amended. If you desire to amend your records, please obtain an amendment request form from the Health Information Management Department and submit the completed form to the Health Information Management Department. Your request will be accommodated unless the Hospital and/or Health professionals believe that the information that would be amended is accurate and complete or other special circumstances apply.

G. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, you will be charged \$1.18 per page of the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on December 8, 2003.

B. Right to Change Terms of this Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that the Hospital and Health Professionals maintain, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas around the Hospital and on the Hospital's Internet site at www.hnmc.com. You also may obtain any new notice by contacting the Hospital Privacy Office.

VII. Privacy Office

You may contact the Hospital Privacy Office at:
Hospital Privacy Office

Houston Northwest Medical Center
710 FM 1960 West
Houston, TX 77090
Telephone Number: (281) 440-2458
E-mail: HNMC-PrivacyOffice@tenethealth.com

Corporate Privacy Office
Tenet HealthSystem
13737 Noel Road, Suite 100
Dallas, Texas 75240
E-mail: PrivacySecurityOffice@tenethealth.com
Ethics Action Line (EAL): 1-800-8-ETHICS

Patient Safety - Fall Prevention

Due to weakness, medications (i.e. antihypertensives, sedatives, diabetic or antiseizure medications), illness or surgery, your loved one is at higher risk of falling. To provide the safest environment, we need your assistance.

Please review the following guidelines:

- * Stay with your loved one as much as possible.
- * Please consider the use of sitters (family, church members) to assist as possible.
- * Let the nurse know if your loved one will be alone.
- * If an alarm is in use, let the nurse know when it needs disconnecting.
- * Don't leave the siderail down on the bed without notifying the nurse.
- * Make sure the call light, telephone, and personal belongings are within reach of your loved one.
- * Please remind your loved one to call for assistance to get out of bed or the chair.
- * To prevent dizziness, please remind your loved one to change positions slowly and avoid prolonged sitting.
- * Please remember to encourage your loved one to use assistive devices (grab bars, canes, walkers) as provided.

If deemed a high risk for falls your family member may be asked to wear red socks. Please assist us with maintaining the wearing of the red socks. In addition, a red Fall Risk sign may be placed outside your door as a warning to staff and a reminder to you and other visitors.

We are always available for any questions or concerns you may have.

Children Are at Risk of Falling While Hospitalized! What risk factors does your child have? Help Us Keep Your Child Safe		
Environmental Risks <input type="checkbox"/> Learning to Walk <input type="checkbox"/> Crawling and cruising <input type="checkbox"/> Temper Tantrums <input type="checkbox"/> Learning to use the bathroom <input type="checkbox"/> Climbing and Jumping <input type="checkbox"/> Running	Situational Risks <input type="checkbox"/> Unfamiliar environment <input type="checkbox"/> Cluttered Rooms <input type="checkbox"/> Tubes, IV Poles <input type="checkbox"/> Sleeping chairs blocking the route to the bathroom <input type="checkbox"/> Unfamiliar environment <input type="checkbox"/> Side rails left down or partially lowered <input type="checkbox"/> Children sleeping in the parent sleeping chair	Developmental Risks <input type="checkbox"/> Balance disturbances <input type="checkbox"/> Seizure disorders <input type="checkbox"/> Orthopedic Conditions <input type="checkbox"/> Suddenly feeling better <input type="checkbox"/> Increased fluid intake requiring more frequent trips to the bathroom <input type="checkbox"/> Dizzy or lightheaded from illness or medication <input type="checkbox"/> Behavioral permissiveness in response to acute illness or coping with hospitalization
What you can- do to prevent falls in the hospital setting		
Do . . . <input type="checkbox"/> Tell the nurse or doctor if your child complains of dizziness, feeling weak or seems less coordinated than usual. <input type="checkbox"/> Supervise your child's activities, walk next to your child and provide support as strength and balance are regained. <input type="checkbox"/> Notify nursing staff when you are leaving room. <input type="checkbox"/> Keep beds at lowest functioning height <input type="checkbox"/> Keep a clear pathway between the child's bed and the bathroom. <input type="checkbox"/> Leave a nightlight on when it is dark out <input type="checkbox"/> Wear non skid shoes or slippers.		Do Not . . . <input type="checkbox"/> Leave room in clutter. <input type="checkbox"/> Leave the bed rails down or partially down, even if you think your child won't move. <input type="checkbox"/> Allow your child to jump on the bed. <input type="checkbox"/> Allow your child to run in the room or hallway. <input type="checkbox"/> Allow your child to climb on the hospital furniture or equipment.
We need your help	<ul style="list-style-type: none"> • Once the children are feeling better, they may become more active and want to jump, run or climb. Please discourage this activity, as it could lead to falls, bumps and bruises. We need your assistance in encouraging appropriate behaviors that could endanger your child's safety while hospitalized. 	
Inform the nurse and doctor if your child has a recent history of falling.	<ul style="list-style-type: none"> • Children prone to falling may be supervised more closely by putting them in a room close to the nurse's station, padding side rails and/or assigning a nursing assistant to attend the child as needed. 	

MEDICATION SAFETY

Be an Informed Consumer! Here Are Some Steps You Can Take:

Being knowledgeable about medications, the dosages, indications, side effects, and any special considerations is an important aspect of your health care. This will help your doctors, nurses and pharmacists help you with your health care needs.

Before you are admitted to the hospital . . .

1. Whenever you start taking a medication for the first time, make sure you have the following information:
 - a) the name of the medicine (brand name or generic name)
 - b) what the medicine looks like
 - c) the reason you are taking the medicine and how long you are supposed to take it
 - d) at what times you should take the medicine
 - e) possible side effects
 - f) whether or not the medicine will interact with food or other medicines.
2. Make a list of all the medicine you are taking now. Include prescription medications, over the counter and any herbal preparations. Also include the dose of the medicines and how often you take them.
3. List any allergies to foods or medicines. Tell what happened to you when you took the medicine or ate the food.
4. Show the list to all of your doctors and pharmacists.
5. Keep your medicines in their original containers.

When you are admitted to the hospital . . .

1. Bring your medications and the list of your medications and allergies to the hospital. The doctors, nurses and pharmacists will need to know what medicines you are taking.
2. After the nurse has seen your medicines, send them home with your family.
3. Tell your doctor and the nurses that you want to know the names of your medicines and why you are taking them.
4. A nurse will check your hospital identification bracelet whenever medication is given to you.
5. If the medicine you are given does not look like the medicine you take at home, ask why.
6. If you have never received the medicine before, or you are not sure why it is being given to you, or you have any questions at all, ask the nurse.
7. When your doctor is ready to send you home, the nurse will review with you the medicines your doctor wants you to continue at home. Be sure to ask questions, if anything is not clear.

At the doctor's office . . .

1. Take your medicine list with you every time you go to the doctor. This is especially important if you see more than one doctor, as they might not know about the medicines other doctors prescribed for you.
2. Ask your doctor to explain what is written on any prescription, including the drug name, how often you should take it, and the purpose for the medicine.
3. Update your medication list often.

USING ANTIBIOTICS SAFELY

Antibiotics are drugs that have helped save many lives by fighting bacterial infections, some fungal infections, and some parasites. Through the years, though, certain bacteria have developed the ability to resist the antibiotics that were designed to kill them. It is important to know how to safely use these medications and take steps to prevent more bacteria from developing a resistance to antibiotics. Here are some things you can do:

Know when to take antibiotics. The first step in using antibiotics safely is to know when you should take them. Antibiotics won't work against viral infections, including colds and the flu.

Follow directions. If your doctor does prescribe an antibiotic, make sure you understand exactly how it should be taken. Some medications work best if taken with food, while others should be taken on an empty stomach. Ask your doctor to tell you exactly what schedule you should use to take the medicine. There's a big difference between every eight hours and taking it three times a day with meals.

You also should take all of the antibiotics in the prescription. Don't stop taking them when you feel better or save some for the next time you feel sick. If you don't take all of the prescription, you may be allowing the stronger bacteria to live and become resistant to that antibiotic.

INFECTION CONTROL

Why is infection control important?

Many healthcare workers care for patients in very close quarters and frequent contact is made between people. Some types of procedures can increase a patient's risk of infection. Preventing infections can help patients recover quickly and stay as healthy as possible.

The #1 way to stop the spread of germs

Hand hygiene is the best way to stop the spread of infections. You and your visitors can use the foam alcohol-based hand sanitizer on the wall in rooms or the ones in the hallways. Or wash your hands with soap and water for a minimum of 15 seconds.

Take an Active Role in Your Care

It is okay to ask your healthcare provider, like your doctor or nurse, if they have sanitized their hands when they enter your room. In fact, we encourage you to ask **everyone** that comes in to your room to use the hand sanitizer or wash with soap and water before touching you.

So when should you wash/sanitize your hands (or ask others to)? *To name a few. . .*

- ◆ Before and after visiting
- ◆ Before and after touching patients
- ◆ Before eating or leaving your room
- ◆ Before and after touching any devices ex: urinary catheter, central line, dialysis catheters, etc (you shouldn't touch them though)
- ◆ After using the toilet, blowing nose or sneezing
- ◆ After handling items used by or on other people
- ◆ When your hands look dirty

Respiratory (Cough) Etiquette – “Cover Your Cough”

Germs can also spread when we cough or sneeze; please cover your mouth and nose when you cough or sneeze. Cover your cough or sneeze with a tissue or the inside of your arm (not your hands). If you do cough or sneeze into your hands remember to sanitize your hands afterwards. If you are actively coughing in a waiting area, you may be asked to wear a regular surgical mask to prevent droplets from spreading to others.

What are some examples of how infections are spread?

By direct contact, such as touching people; indirect contact, such as touching contaminated environmental surfaces; or close contact when people sneeze or cough.

Who can get an infection?

Anyone can! But some people are at special risk because their immune systems are weak. Others are at risk because they have had procedures, medications or have devices (ex: central line, ventilator, etc.) that may increase their risk of infection.

How can you keep from getting an infection or spreading one to someone else?

Cleanliness is the key to infection control and the best way to prevent spreading infections is through good hand hygiene. Certain communicable conditions require special precautions though. Some of these conditions include:

- ◆ Chickenpox
- ◆ Viral diarrhea or C. difficile
- ◆ Strep Throat
- ◆ MRSA
- ◆ Hepatitis A
- ◆ RSV or the Flu
- ◆ Measles or Mumps or Rubella
- ◆ TB (Tuberculosis)
- ◆ Pertussis (Whooping Cough)

The Center for Disease Control and Prevention recommends precautions for conditions based on how they are transmitted. Our staff follows these recommendations. Patients and visitors can help by staying in their room and keeping their hands clean. Ask a lot of questions and be active in your care. Additional precautions for certain conditions may apply so ask your nurse if you'll need to wear a mask or if it's safe for you to leave your room.

Quick ways can you help prevent infections

Practice GOOD HAND HYGIENE – use a 15 second hand wash with soap and water or use alcohol-based hand sanitizer.

Don't share patient care items with anyone, such as creams, glassware, towels, razors.

TAKE AN ACTIVE PART IN YOUR HEALTHCARE –“IT'S OK TO ASK!”

If your visitor has an illness that could be spread to others, ask them not to visit the hospital while they are infectious.

Always cover your mouth and nose when you cough and sneeze, throw tissue away then clean your hands

Thank you – Infection Control Department.

Reduce Your Risk For Deep Vein Thrombosis

What is it? Deep vein thrombosis is also called "DVT". It is a blood clot that forms inside a vein. The clot may block part or all the blood flow. It may break away from the vein wall and travel into the lungs.

A hospital stay can mean a lot of time off your feet. This could make you at risk for a deep vein thrombosis (DVT).

Deep vein thrombosis can occur in anyone. But some people are more susceptible than others. Some risk factors for DVT include:

- Obesity
- Advanced age
- Pregnancy
- Birth control pills or hormone replacement
- Restricted mobility
- Inherited clotting disorder
- Smoking

Do's and Don'ts - Tips to reduce your risk for DVT

- If able, try to walk as much as possible in the halls. Discuss walking with your nurse. Ask your nurse if you are allowed to walk.
- The physician may want you to rest in bed. If you are on bedrest, ask your nurse about leg exercises. An example of an exercise: Pretend you are pressing and releasing a gas pedal. Try to do this exercise 12 times every one to two hours when you are in bed.
- If you are required to stay in bed the nurse may apply soft feet wrappings or leg wrappings. You will notice this equipment gently squeezes your feet or legs. The intermittent compression on your feet or legs helps blood flow. If you need to remain in the bed this equipment may be used. Do not remove unless you discuss with the nurse.
- If you will be confined to a bed or chair stretch your legs. Regular stretching and leg movement are good for circulation.
- Avoid crossing your legs for extended periods of time.

Reduce your risk for DVT blood clots

- Maintain a healthy weight
- Quit smoking - the nurse will give you information on quitting smoking.

Depression and Suicide

Hospitals are required to provide information about national patient risk factors. This information is taken from The National Institute of Mental Health (NIMH). NIMH is part of the National Institute of Health (NIH), a component of the U.S. Department of Health and Human Services.

If someone tells you they are thinking about suicide, you should take their distress seriously, listen nonjudgmentally, and help them get to a professional for evaluation and treatment. People consider suicide when they are hopeless and unable to see alternative solutions to problems. Suicidal behavior is most often related to a mental disorder (depression) or to alcohol or other substance abuse. Suicidal behavior is also more likely to occur when people experience stressful events (major losses, incarceration). If someone is in imminent danger of harming himself or herself, do not leave the person alone. You may need to take emergency steps to get help, such as calling 911. When someone is in a suicidal crisis, it is important to limit access to firearms or other lethal means of committing suicide.

Researchers believe that both depression and suicidal behavior can be linked to decreased serotonin in the brain. Scientists have learned that serotonin receptors in the brain increase their activity in persons with major depression and suicidality. Major psychiatric illnesses, including bipolar disorder, major depression, schizophrenia, alcoholism and substance abuse, and certain personality disorders, which run in families, increase the risk for suicidal behavior. This does not mean that suicidal behavior is inevitable for individuals with this family history; it simply means that such persons may be more vulnerable and should take steps to reduce their risk, such as getting evaluation and treatment at the first sign of mental illness.

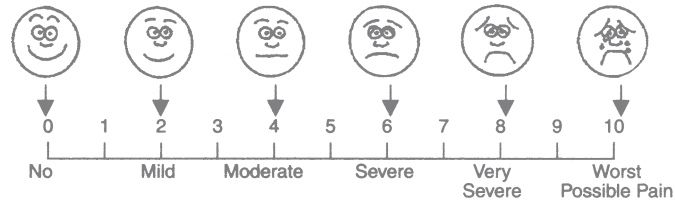
If you are suffering from depression or feel yourself at risk for suicide, see your doctor or call 911 immediately. Get the facts and take appropriate action.

The National Suicide Prevention Lifeline –1-800-273-TALK www.suicidepreventionlifeline.org

Pain Management

The staff at Houston Northwest Medical Center places a high priority on meeting your pain management needs. We will address your needs on a regular basis by involving you and your family in your plan of care, and working with the physician and other health care providers involved in your care.

Pain is discomfort or soreness. It may occur suddenly (acute pain) or may persist over time (chronic pain). Pain can arise from a treatment or surgical procedure, from swelling/injury in the affected area, or from conditions unrelated to the reason for being in the hospital, such as headache, arthritis, or muscle strain. No two people feel pain or express their pain in the same way. While under our care, we will be asking you to rate your pain on a number scale of “0-10”.



Pain Scale adapted from Jacox, et al. Rockville, MD. Agency for Health Care Policy and Research (AHCPR), US Dept Of Health & Human Services. Publication NO. 94-0592, 1994 & Wong, D. Essentials of Pediatric Nursing, 5th ed. 1997.

We need your help to manage your pain. Please do the following:

1. Communicate your discomfort level using the pain scale to your doctor or nurse.
2. Don't wait to be asked about your pain or discomfort level. The earlier the doctor or nurse knows about it, the sooner we can start to meet your pain needs.
3. Use words such as sharp, shooting, ache, or gnawing to describe the pain.
4. Give the staff feedback as to how the pain medicine is working for you.
5. Take your medicine as prescribed (you may be awakened during the night to receive pain medicine around the clock to ensure adequate relief).
6. Report any side effects to your doctor or nurse.
7. Common side effects include constipation, nausea, drowsiness and slowed breathing. All of these can be managed if your doctor or nurse knows about them as soon as they happen.
8. Write down any questions or concerns that you want to share with the doctor.

Basic Concepts of Pain Management

1. Extreme pain is not normal and may be largely or completely relieved with medication. Pain is a common medical problem that requires urgent attention, so do not be embarrassed or afraid to talk about it.
2. Signs of pain and how much pain a person is experiencing are not always expressed. What a person says about their pain is the best way to know how much and what kind of pain they are having. Some people with severe acute pain and many with chronic (constant) pain may not show any signs of pain.
3. The ways, customs and religious beliefs of families are important in the management of pain. Customs, beliefs of a person and their family can have a great impact on how pain is judged and how that pain will be controlled.
4. Reference Sites:
The National Pain Foundation – <http://www.nationalpainfoundation.org/>
American Chronic Pain Association – <http://www.theacpa.org/>
American Pain Foundation – <http://www.painfoundation.org/>
Excellus BlueCross Blue Shield – <https://www.excellusbcbs.com>

You Can Quit Smoking

Nicotine: A Powerful Addiction

If you have tried to quit in the past, you know how hard it is. For some people, nicotine can be as addicting as cocaine or heroin. Quitting is difficult. It takes many people 2 or 3 tries to quit before being successful on a long term basis.

Why quit?

You will live longer and better.

Quitting will decrease your chances of a heart attack, a stroke or many kinds of cancer.

If you are pregnant, quitting will increase your chances of having a healthy baby.

You will not expose people around you to second hand smoke.

You will decrease your expenses and have more money to spend on other things.

Some benefits of quitting

In 20 minutes:

Your blood pressure returns to normal

Your pulse rate decreases to normal

In 8 hours:

The carbon monoxide level in your blood drops to normal

The oxygen level in your blood increases to normal

In 24 hours:

Your chances of a heart attack decreases

In 48 hours:

Your nerve endings start regrowing

Ability to smell and taste is increased

In 1 to 9 months:

Your coughing, congestion, fatigue, and shortness of breath decrease

Your lungs increase their ability to handle mucus, clean the lungs, reduce infection

Your body's overall energy increases

Five Keys

Get Ready

Get Support

Learn new skills and behaviors

Get help from medicine from your doctor if you need it

Make a plan to help you in case you start smoking again or have difficulties

Get ready

Set a quit date

Change the places where you usually smoke

- get rid of your ashtrays

- think about where you have your favorite cigarette and don't go there.

Get support

Let your family, friends and coworkers know you are going to stop smoking.

Talk to your doctor

Get individual, group or telephone counseling. The more counseling you have, the better your chances of success are.

Learn new skills and behaviors

Plan to change your routine as you quit.

Sit in a different chair.

Change your route to work.

Drink a different beverage with or after your meal.

Do something to reduce your feelings of stress: take a bath, a walk, garden.

Plan something to do that you enjoy every day.

Drink more liquid than usual - water and other beverages without caffeine

Reward yourself every day you are *successful*

Be prepared for Relapse or Difficult situations

Most relapses occur within 3 months after quitting

Remember, most people try to quit several times before they are successful

Avoid drinking alcohol - it lowers your chances of success

You may need to avoid being around other smokers initially as the smell may want you to smoke

Many smokers gain up to 10lbs when they quit. Stay active, use healthy snacks, chew sugar-free gum. **Remember, the most important thing to your present and future health is to stop smoking**

You may feel more irritable or depressed initially when you stop smoking - be active, listen to happy music, treat yourself to something that will improve your mood - a new CD, a book, a pedicure, a massage, a walk outside

ADDITIONAL RESOURCES

1. Smoking Quitline **1-877-937-7848**

2. American Heart Association **1-800-242-8721** www.americanheart.org

3. American Cancer Society **713-266-2877** www.cancer.org

4. American Lung Association **713-629-1600** www.lungusa.org

5. National Cancer Institute **1-800-422-6237** www.nci.gov

6. Office on Smoking & Health National Center for Chronic Disease Prevention and Health Promotion **1-800-232-1311**

6. www.cdc.gov/tobacco

For Pregnant Women: American College of Obstetricians and Gynecologists **1-202-638-5577**

Credits: Adapted from U.S. Dept. of Health and Human Services Brochure: **You Can Quit Smoking**. June 2000

American Cancer Society Complete Guide to Quitting

Pneumococcal Polysaccharide Vaccine - What You Need To Know 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Alaskan Natives and certain Native American populations.

Pneumococcal Polysaccharide

7/29/97

4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma
 - have kidney failure
 - have nephrotic syndrome
 - have had an organ or bone marrow transplant
 - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- Otherwise healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy:** The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPV?

PPV is a very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7 What is there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock).

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.
VAERS does not provide medical advice.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit the National Immunization Program website at www.cdc.gov/vaccines



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Inactivated Influenza Vaccine - What You Need to Know 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days.

It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly.

Influenza vaccine can prevent influenza.

2 Inactivated Influenza Vaccine

There are two types of influenza vaccine:

1. Inactivated (killed) vaccine, or the “flu shot” is given by injection into the muscle. **2. Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent “influenza-like” illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

3 Who should get inactivated influenza vaccine?

All children 6 months and older and all older adults:

- **All children** from 6 months through 18 years of age.
- Anyone **50 years of age or older.**

Anyone who is **at risk of complications from influenza, or more likely to require medical care:**

- Women who will be **pregnant** during influenza season.
- Anyone with **long-term health problems** with:
 - heart disease
 - kidney disease
 - liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with a **weakened immune system** due to:
 - HIV/AIDS or other diseases affecting the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on **long-term aspirin treatment** (they could develop Reyes Syndrome if they got influenza).
- **Residents of nursing homes and other chronic-care facilities.**

Anyone who lives with or cares for people at high risk for influenza-related complications:

- **Health care providers.**
- **Household contacts and caregivers of children** from birth up to 5 years of age.
- **Household contacts and caregivers of**
 - people 50 years and older, or
 - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services.**
- People living in **dormitories, correctional facilities,** or under other **crowded conditions,** to prevent outbreaks.
- People at high risk of influenza complications who **travel** to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

Influenza vaccine is also recommended for anyone who wants to **reduce the likelihood of becoming ill** with influenza or **spreading influenza to others.**

Inactivated Influenza Vaccine - What You Need to Know 2008-09 (cont.)

4 When should I get influenza vaccine?

Plan to get influenza vaccine in October or November if you can. But getting vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year. **Children younger than 9 years of age getting influenza vaccine for the first time** – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
 - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
 - A severe allergy to any vaccine component is also a reason to not get the vaccine.
 - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, a certain type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CD website at www.cdc.gov/flu



DRUGS To Stop Prior to Surgery

PRESCRIPTION DRUGS/NON-PRESCRIPTION DRUGS RECOMMENDATIONS

The following drugs should not be taken for at least 72 hours before surgery. If your doctor tells you to discontinue the drug for a longer period, then follow your doctor's instructions

PRESCRIPTION DRUGS

GENERIC NAME	BRAND NAME	GENERIC NAME	BRAND NAME
Aspirin	Butalbital/Aspirin, Fiorinal, Fiorinal, Lanorinal	Nabumetone	Relafen
Celecoxib	Celebrex	Naproxen	Naprosyn, Naprelan
Diclofenac	Voltaren, Cataflam, Arthrotec	Oxaprozin	Daypro
Etodolac	Lodine	Piroxicam	Feldene
Fenoprofen	Nalfon	Rofecoxib	Vioxx
Fluribprofen	Ansaid	Sulindac	Clinoril
Ibuprofen	Motrin, IBU, Ibuprohm, Saleto 400/600/800	Tolmetin	Tolectin
Indomethacin	Indocin	Diflunisal	Dolobid
Ketoprofen	Orudis, Oruvail	Magnesium Sulfate &/or Choline Salicylate	Trilisate, Tricosal, Magsal
Ketorolac	Toradol	Salsalate	Disalcid, Amigesic, Argesic SA, Salflex, Salsitab, Marthritic, Monogesic
Meclofenamate	Meclomen	Valdecoxib	Bextra
Mefenamic Acid	Ponstel		

NON-PRESCRIPTION DRUGS

GENERIC NAME	BRAND NAME
Aspirin	Acetagesic, Alka-Seltzer, Anacin, Arthritis Foundation Pain Reliever, Ascriptin, Aspergum, BC Powder & tablet, Bufferin, Buffers, Buffex, Cama, Cope, Easpirin, Ecotrin, Empirin, Equagesic, Excedrin, Femback, Gelpirin, Genprin, Gensan, Goody Powder, Halfprin, Heartline, Magnaprin, Micrainin, Mobilgesic, Momentum, Pain Reliever Tabs, Pabalate, Pamprin, Saleto, Supac, Therapy Bayer, Vanquish, Zorprin
Bismuth Subsalicylate	Pepto-Bismol
Choline Salicylate	Arthropan
Ibuprofen	Advil, Arthritis Foundation, Bayer Select, Excedrin, Genpril, Haltram, Ibuprin, Menadol, Midol IB, Nuprin, Pamprin IB, Saleto 200
Ketoprofen	Orudis KT, Actron
Magnesium Salicylate	MagSal
Naproxen Sodium	Aleve

If you are taking the following drugs, please talk to your doctor about it at least 2 weeks before surgery.

GENERIC NAME	BRAND NAME
Clopidrogel	Plavix
Dicumarol	
Dipyridamole	Persantine
Ticlopidine	Ticlid
Warfarin	Coumadin

The following products, containing acetaminophen, may be taken for pain prior to surgery:

Anacin Aspirin Free, Excedrin Aspirin Free, Feverall, Midol Menstrual Formula, Tempra, Tylenol.

For more information or questions call the hospital pharmacy at 281- 440-2178.

FOOD AND DRUG INTERACTIONS

HOW TO USE THIS GUIDE

- Find your medication in the following list, or ask your nurse to highlight it for you.
- The name of each medication is followed by one or more letters.
- Match this letter or letters with the information in the table below.

Acarbose A	Cyclosporine G	Isoniazid B,D,E	Nitrfurantoin A	Ritonavir A
Accolate B	Cytotec A	Isoptin E,G,H	Nizoral E	Rythmol I
Accutane A,E,I	Cytovene A	Isotretinoin A,E,I	Noctec E	Sandimmune G
Acetaminophen E	Darvocet E	Isradipine G	Norfloxacin C	Saquinavir A,G
Acitretin E,J	Darvocet-N E	Itraconazole A,G	Noroxin C	Selegiline D
Adalat G	Darvon E	Ketoconazole E	Norvir A	Septra E
Advil G	Daypro A	Ketoprofen A	Olsalazine A	Sertraline G
Alendronate B,C	DDI B	Ketorolac A	Omeprazole B	Simvastatin G
Alkeran B	Decadron A	Lamprene A	Orap G	Sinemet I
Anafranil G	Declomycin B,C	Lansoprazole B	Orasone A	Sirolimus G
Anaprox A	Demeclocycline B,C	Laradopa I	Oxaprozin A	SloBid H
Ansaid A	Deprenyl D	Levodopa/Carbidopa I	Parnate D	Soriatane E,I
Antabuse E	Dexamethasone A	Lipitor G	Pen Vee K B	Sporanox A,G
Aralen A	Diabeta E	Lithium carbonate A	Penicillamine B,C	Sucralfate B
Aspirin A	Diabinese E	Lodine A	Penicillin VK B	Sular, B,G
Atorvastatin G	Diazepam G	Lomustine B	Penicillin G B	Sulindac A
Atovaquone A,I	Dicloxacillin B	Lovastatin G	Pentoxifylline A	Tacrolimus E,G
AZT I	Didanosine B	Macrochantin A	Phenylpropanolamine H	Tegretol G
Bactrim E	Didronel B,C	Marplan D	Phenelzine D	Tetracycline B,C
Bethanecol B	Dipentum A	Matulane D,E	Phos-Lo A	TheoDur H
Buspar E,G	Disulfiram E	Meclofenamate A	Pimozide G	Theophylline H
Buspirone E,G	Dolobid A	Meclomen A	Piroxicam A	Ticlid A
Calan E,G,H	Dynacirc G	Medrol A	Plaquenil A	Ticlopidine A
Calcium Acetate A	Dynapen B	Melphalan B	Plendil G	Tolbutamide E
Carafate B	Effexor A	Mepron A,I	Pletal G	Tolectin A
Carbamazepine G	Eldepryl D	Metformin A	Precose A	Tolinase E
Carbatrol G	Entex H	Methotrexate B,C,E	Prednisolone A	Tolmetin A
Cardene B,G	Eskalith A	Methylprednisolone A	Prevacid B	Toradol A
CCNU B	Etidronate B,C	Metronidazole E	Prednisone A	Tranlycypromine D
CeeNu B	Etodolac A	Mevacor G	Prilosec B	Trental A
Cefpodoxime A	Feldene A	Mexiletine A,H	Procarbazine D,E	Tylenol E
Ceftin A	Felodipine G	Mexitol A,H	Procardia G	Uniphyll H
Cefuroxime A	Flagyl E	Micronase E	Prograf E,G	Univase B
Chloral Hydrate E	Fortovase A,G	Misoprostol A	Propafenone I	Urecholine G
Chloroquine A	Ganciclovir A	Moexipril B	Propoxyphene E	V Cillin K B
Chlorpropamide E	Glipizide E	Motrin A	Propulsid G	Valium G
Cilostazol G	Glucophage A	Nabumetone A	Quinaglute G	Vantin A
Cipro C,H	Griseofulvin A,E,I	Naprosyn A	Quinidex G	Venlafaxine A
Cisapride G	Hexadrol A	Naproxen A	Quinidine G	Verapamil E,G,H
Clinoril A	Hydrocortisone A	Nardil D	Rapamune G	Verelan E,G,H
Clofazimine A	Hydroxychloroquine A	Neoral G	Relafen A	Videx B
Clomipramine G	Ibuprofen A	Nicardipine B,G	Retrovir I	Warfarin F
Cortef A	Indinavir B	Nifedipine B,G	Rheumatrex B,C,E	Zafirlukast B
Cortisone A	Indocin A	Nilandron E	Rifadin B	Zidovudine I
Cotrimoxazole E	Indomethacin A	Nilutamide E	Rifamate B,D,E	Zinc Sulfate B
Coumadin F	INH B,D,E	Nimodipine B,G	Rifampin B	Zocor G
Crixivan B	Invirase A,G	Nimotop B,G	Rilutek B	Zolof G
Cuprimine B,C	Isocarboxazid D	Nisoldipine B,G	Riluzole B	

A	Take with food.	D	Avoid aged cheese, herring, salami, pepperoni, summer sausage, raspberries, liver & over ripe avocados.	G	Avoid grapefruit/grapefruit products 6-8 hours before and after taking this medication.
B	Take on an empty stomach (1 hour before meals, or 2-3 hours after meals)	E	Check with your doctor or pharmacist as these drugs may interact with alcohol.	H	Caffeine Interactions. It may be necessary to limit your consumption of caffeine-containing beverages while on these medications.
C	Take your medicine at least 1 hour before or 2-3 hours after eating dairy products (milk, cheese, ice cream, yogurt, etc.)	F	Wide variations in the amount of green leafy vegetables, broccoli, brussel sprouts, cabbage, mayonnaise, canola/salad/soybean oil consumed each day may change the effectiveness & safety of this medication.	I	Miscellaneous drug/food interactions. Check with your doctor or pharmacist.

HERBAL MEDICATIONS - RECOMMENDATIONS

The following herbal medications as published in JAMA and the American Society of Anesthesiologists should be discontinued prior to surgery. Refer to the table for specific time frames.

Herb (other names)	Relevant effects	Perioperative concerns	Recommendations
Cayenne (capsicum annuum, chili pepper, paprika)	External-muscle spasm or soreness. Internal-GI tract disorders.	External-Potential for skin ulceration and blistering. Internal-overdose may cause severe hypothermia	Discontinue at least 7 days before surgery
Echinacea (Purple cone flower)	Boosts immunity	Allergic reactions, impairs immune suppressive drugs and wound healing	Discontinue far in advance, especially for transplant patients or those with liver dysfunction
Ephedra (ma huang)	Increases heart rate and blood pressure	Risk of heart attack, arrhythmias, stroke, interaction with other drugs, kidney stones	Discontinue at least 24 hours before surgery
Feverfew (tanacetum parthenium, featherfew, midsummer daisy)	Migraine prophylactic, Antipyretic	Can inhibit platelet activity and increase bleeding. Avoid use in patients on warfarin or other anticoagulant, may enhance bleeding. Rebound headache with sudden cessation. GI irritation and ulcers.	Taper dose weeks before surgery. Discontinue at least 7 days before surgery
Garlic (ajo)	Prevents clotting	Risk of bleeding, especially when combined with other drugs that inhibit clotting	Discontinue at least 7 days before surgery
Ginko (duck foot, maidenhair, silver apricot, fossil tree)	Prevents clotting	Risk of bleeding, especially when combined with other drugs that inhibit clotting	Discontinue at least 36 hours before surgery
Ginger (zingiber officinate, black ginger, African ginger)	Antinauseant, antispasmodic	May increase bleeding time. Use caution when taking warfarin, may cause excessive bleeding	Discontinue at least 7 days before surgery
Ginseng	Lowers blood glucose	Lowers blood-sugar levels, increases risk of bleeding; interferes with warfarin (an anti-clotting drug)	Discontinue at least 7 days before surgery
Goldenseal (hydrastis canadensis, orange root, yellow root, ground raspberry, turmeric root, eye root)	Diuretic, anti-inflammatory, laxative, hemostatic	Functions as an oxytocic. Overdose may cause paralysis, functions as an aquaretic not a diuretic (no sodium excreted, just free water). May worsen edema and/or hypertension.	Discontinue at least 7 days before surgery
Kava (kawa, awa, intoxicating pepper)	Sedates, decreases anxiety	May increase sedative effects of anesthesia	Discontinue at least 24 hours before surgery
Licorice (glycyrrhiza glabra, licorice root, sweet root)	Gastric and duodenal ulcers, gastritis, cough, bronchitis	May cause high blood pressure, hypokalemia and edema, contraindicated in chronic liver conditions, renal insufficiency, hypertonia, hypokalemis	Discontinue at least 7 days before surgery
Saw palmetto (serene repens, sabal, cabbage palm)	Benign prostatic hypertrophy, antiandrogenic, antiexudative	May see additive effects with other hormone therapies (birth control pills or estrogen replacement therapy)	Discontinue at least 7 days before surgery
St. John's wort (amber, goatweed, Hardhay, Hypericum, klamathweed)	Inhibits re-uptake of neuro-transmitters (similar to Prozac)	Alters metabolisms of other drugs for transplant patients	Discontinue at least 5 days before surgery
Valerian (All-heal Setwall, Vandal root)	Sedates	Could increase effects of sedatives	Taper dose weeks before surgery

THE BILLING PROCESS

Houston Northwest Medical Center is committed to providing accurate and timely filing of your insurance claim. We understand the billing for your healthcare claims can be confusing. We are pleased to be able to provide you with some information that may help.

At the time of your visit your personal Admit Representative will update your account with your insurance information and obtain a copy of your insurance card. This information will allow the Admitting Department to verify your benefits and obtain authorization from your insurance carrier when needed. The Business Office uses this information in the system to file your claims to the correct address.

Please know your benefits, as it is our practice to collect the deductible, co-pay and co-insurance amount, based on the information we receive from your insurance company at the time of service. The amount that is collected is only an estimate; you will be billed for any additional amount due as determined by your insurance company.

After your hospital visit, the Business Office will file your claim with your insurance company. The insurance company will process your claim in about 45 to 60 days. Then you will receive an explanation of benefit (EOB) detailing the amount billed, discounted amount, amount paid, and amount that is the patient's responsibility. Once payment is received by the hospital, you will receive a statement for any balance due determined by your

insurance company, that was not paid at the time of your visit. You will need to contact the Customer Care Center to set up arrangements if you are unable to pay the full balance due.

Houston Northwest Medical Center has a discounted program for patients who do not have health insurance. The patient will be responsible for the balance and requested to pay this amount at the time of hospital registration. If you feel that you may qualify for governmental assistance such as Medicaid or Medicare, our Medicaid Financial Counselor may be able to help you apply for assistance. You can call 281-440-2378 for more information. The physician service is billed separately from your hospital bill. If you receive a bill from the physician and have questions regarding the bill, please call the number listed on their statement. You may receive bills from the following physicians, depending on the treatment you received.

- Personal Physician
- Pathologist
- Cardiologist
- Emergency room physician
- Radiologist
- Anesthesiologist
- Hospitalist

If you have questions regarding your hospital bill, please contact our Customer Care Center at 1-800-964-4232.

STILL PAYING BILLS THE OLD-FASHIONED WAY?



Houston Northwest Medical Center now has a great way for patients to free themselves from stamps and envelopes, save time, and maybe even spare a tree or two. Check out the hospital's online bill pay service that is available at www.hnmc.com/paybill.

With Houston Northwest Medical Center's online bill pay, patients can get information about their account status and pay outstanding balances via a secure web site any time, from any Internet connection. Patients also have access to many of the same services they would if they inquired about their bill by phone or mail. With Houston Northwest

Medical Center's web-based payment options, patients can:

- View bills online.
- Set up recurring payment plans.
- Access a glossary of billing terms.
- View frequently asked billing question.
- Change contact information.

The great news is that patients can save time and a bit of hassle by replacing the checkbook and stamps! Plus, paying bills online gives patients access to simple and useful resources that help answer billing questions, and an easy and safe way to pay their hospital bill.

Visit us today at www.hnmc.com/paybill.

PATIENT SAFETY TIPS

1. Ask every person to identify themselves when they come into your room. Employees are required to wear their name tags for you to see.
2. Ask everyone — caregivers and visitors — to wash their hands. Hand washing is the best way to fight the spread of infection.
3. Before you go in for a procedure, ask to make sure they have the right patient and are doing the correct procedure. Your identification bracelet will be checked, you will be asked your complete name and complete birth date many times. This may get tiresome and may seem inefficient, but it is a planned repetition to assure the correct procedure or medication is being delivered in the correct way to the correct person.
4. Question all medications that you are about to receive while you are in the hospital. Make sure you have the correct medication, in the correct dose.
5. Report anything unusual to your doctor and nurse. Report changes in your condition. Ask questions. If something is unclear, ask again. If you still don't understand ask someone else. It is your right to know what is happening to you. Patients that are involved in their own care have better outcomes. Together we make a great team.
6. We have a rapid response team in the hospital 24 hours per day. This team will respond immediately if a patient's condition deteriorates. They can be accessed by dialing zero on your phone.
7. If you have a physical impairment, difficulty in communicating, or aren't comfortable with English, we have ways to accommodate you and want to meet your needs to the best of our abilities. Please ask for assistance.
8. You will hear messages over the public address system calling "codes." These are usually drills. Your caregiver will let you know if an emergency is real.
9. Pay attention to signs. Many areas are off-limits to patients and visitors for a good reason. There areas may be sterile or may contain dangerous equipment or radiation. Let your caregiver know if you find something broken or in disrepair, or of any unsafe condition that you discover.
10. Leave all valuables at home, but be sure to bring adequate identification and your insurance information. Don't leave your purse or other valuables unattended. If you have valuables and cannot send them home with a family member, ask that they be locked in the safe.

GOOD QUESTIONS FOR YOUR GOOD HEALTH



Every time you talk with a doctor, nurse or pharmacist, use the **Ask Me 3** questions to better understand your health.

- **What is my main problem?**
- **What do I need to do?**
- **Why is this important for me to do this?**

When to Ask Questions

- You can ask questions when:
- You see your doctor, nurse, or pharmacist.
- You prepare for a medical test or procedure.
- You forget your medicine.

What If I Ask and Still Don't Understand?

- Let your doctor, nurse, or pharmacist know if you still don't understand what you need to do.
- You might say, "This is new to me. Will you please explain that to me one more time?"

Who Needs to Ask 3?

Everyone wants help with health information. You are not alone if you find things confusing at times. Asking questions helps you understand how to stay well or to get better.

Your Doctor, Nurse, and Pharmacist Want to Answer 3

Are you nervous to ask your health provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, doctors have busy schedules. Yet your doctor wants you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

Asking these questions can help me:

- ~ Take care of my health
- ~ Prepare for medical tests
- ~ Take my medicines the right way
- I don't need to feel rushed or embarrassed if I don't understand something. I can ask my doctor again.
- When I **Ask 3**, I am prepared. I know what to do for my health.

ASK 3

Every time you talk with a doctor, nurse, or pharmacist use the ASK ME 3 questions to better understand your health.

- 1) What is my main problem? _____
- 2) What do I need to do? _____
- 3) Why is it important for me to do this? _____

Be involved in your care. One of the National Patient Safety Goals specifically states that patients should be involved in their own care as a patient safety strategy. Ask questions. If you have concerns, speak up. Together we make a great team.

