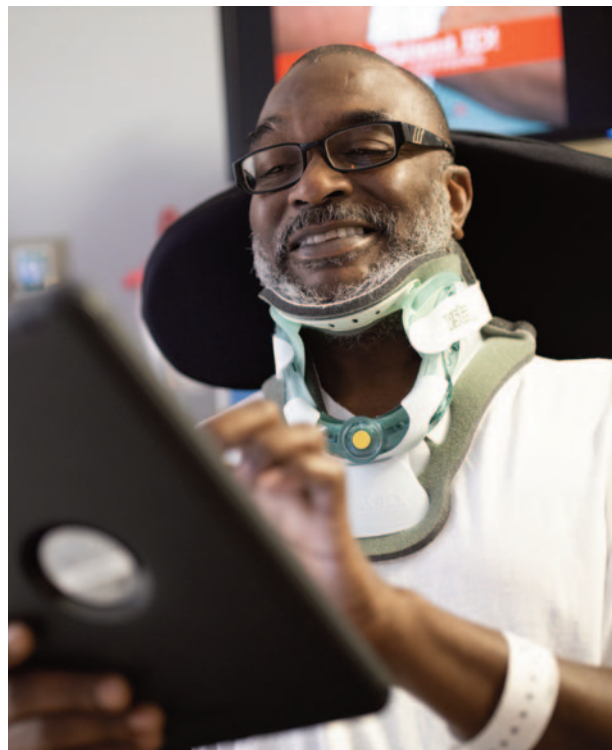
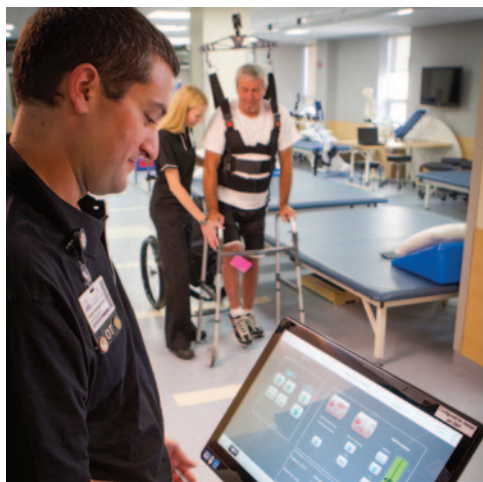


WakeMed Rehabilitation Hospital

Patient Handbook





Important Phone Numbers

Cathy Smith, Executive Director	
WakeMed Rehab Services	919-350-4161
Beth Villena, Director, Rehab Hospital	919-350-8864
Diane Gilewicz, Director, Rehab Nursing	919-350-6482
Laurie Leach, Director of Neuropsychology	919-350-7879
Alisa Dunn, Manager, Rehab Therapy Services	919-350-6344
Jeanne Dibbert, Manager, Rehab Case Management	919-350-2945
Linda Bogumil, Manager, Rehab Nursing Services (2D)	919-350-1107
Christine Fernandini, Manager, Rehab Nursing Services (2C)	919-350-2879
Renee Patton, Manager, Rehab Nursing Services (3C/4E)	919-350-8970

Welcome to WakeMed Rehabilitation Hospital

While you are with us, your recovery and well-being are our primary concerns.



During the many years that we have been helping individuals through the process of recovery and rehabilitation, we have learned a lot about the needs and expectations of our patients and their families. With each new patient and family, we learn even more.

Though we pride ourselves on being able to anticipate and meet patient and family needs, we may occasionally miss something. If at any time during your stay with us you have concerns, questions or problems, we have individuals who are responsible for helping you.

As a patient in our rehab program, a case manager is assigned to coordinate the efforts of your rehab team and act as an advocate on your behalf. You will meet your case manager soon after you are admitted to the rehab hospital. Your case manager will provide a phone number for you to use whenever you need to discuss a problem, share a concern or make suggestions about how we can improve your experience with us.

You are also encouraged to speak directly with your team members or charge nurse about anything that concerns you. If that is not possible or comfortable for you, you may ask your case manager to communicate with team members on your behalf. Our priority is to keep the lines of communication among you, your family members and our staff open and accessible.

Finally, as Director of WakeMed Rehab Hospital, I feel a personal responsibility to make sure that you are satisfied during your time with us. Please know that I, too, am available to meet with you or your family members should the need arise.

I can be reached at 919-350-8864.

On behalf of all of the staff at WakeMed Rehab, I welcome you to the Rehabilitation Hospital and wish you the very best.

Sincerely,

Sincerely,

A handwritten signature in black ink that reads "Beth Villena". The signature is fluid and cursive.

Beth Villena, MHA, LCSW, CCM
Director
WakeMed Rehabilitation



We are so glad you are here! We will work together to increase your independence, so you can return to doing as many of the things that are important to you as possible. To do this, we will focus on important aspects of you as a person: your lifestyle, relationships, appearance, preferences, personality, behavior, medical condition and physical abilities.

Our philosophy of care is based on three key objectives:

- Use a team approach that centers on you and your family
- Design a care plan that meets your individual needs
- Help you become as independent as possible

Helpful Information

Meals

Many patients choose to eat in their rooms, but you are always welcome to eat with other rehab patients in the dining room. Your food will be prepared according to your specific dietary needs. The dining schedule is:

- **Breakfast** – Served between 7:15 & 7:45 am
- **Lunch** – Served at noon
- **Dinner** – Served at 5 pm

If you would like to bring in outside food, please discuss it with your nurse ahead of time. Family members are welcome to bring their own food and join you for meals in your room or in the dining area.

Bathing

If your therapists determine that you are safe to shower, you will be offered a shower every other day. The nursing staff will assist you with this. Every morning and evening, you will have assistance with personal hygiene as needed.

Laundry

We encourage your family to take your clothing home to wash. Nursing staff will assist you if you do not have family nearby to launder clothes as needed.

Parking

Free visitor parking is available in the P1 Visitor parking deck.

Bedside iPad

When you are admitted to rehab, you will have an iPad connected for your use. It is intended to increase your knowledge about your current health status, help you make more informed decisions and support you in becoming an active member of your care team. Some specific features include:

- **My Health** – You can view your vital signs and trends immediately; lab results are usually available in 12 hours.
- **MyChart** – You can sign up for the WakeMed MyChart patient portal and you can access it from your Bedside iPad.
- **To Learn** – You can complete, at your own pace, education assignments sent to you by your treatment team. Completed education will be saved in your MyChart account for your future reference.
- **Happening Soon** – You can see your rehab schedule and when medications are due.
- **Note to Self** – You can write reminder notes to yourself.
- **Additional Activities** – Café 3000 menu, Campus map, TV channel list and more.
- **Virtual Visits** – Rehab staff can help patients connect virtually with loved ones through in-room iPads using the following apps:
 - > Google Meet
 - > Facebook Messenger
 - > Skype
 - > WhatsApp

Therapy Schedule

Your therapy program will formally begin the day after admission. You will get a daily therapy schedule each morning to prepare you for the day's events. Staff will help you get to and from your therapy appointments. You will participate in a minimum of three hours of therapy most days.

Introducing Your Team

With WakeMed Rehab, you have an entire team on your side! Your team includes rehab physicians and nurses, nursing assistants, a clinical case manager and occupational and physical therapists. Depending on your specific needs, other team members may include a speech language pathologist, neuropsychologist, rehab psychologist and therapeutic recreation specialist. Members of your team work together to develop treatments designed to best meet your needs.

You & Your Family

The most important members of the treatment team are you and your family. We will ask for your input and always welcome your candid feedback.

Medical Care

Medical care is directed and provided by psychiatrists, who are physicians who are board certified in physical medicine and rehabilitation. They are assisted by advanced practice providers (APPs), including physician assistants (PAs) and nurse practitioners (NPs). The psychiatrist and APP will see you every day during your stay and usually visit in the early morning. The APP is the main medical person you will see during the work day. A psychiatrist is on call in the evening and at night. Consulting physician services and 24-hour emergency medical services are available if needed.

Clinical Case Management

A clinical case manager (CCM) is the team leader and a liaison between you, your family and the treatment team. Your clinical case manager will help you and your family with personal, financial, emotional and social concerns that may arise as a result of your illness or injury. In addition, they work to set up family training and an appropriate and safe discharge plan.

Nursing Care

As key members of the team, nurses work closely with other rehab team members to ensure your needs are met. They are present 24 hours a day, seven

days-a-week, and provide nursing care, manage complex medical issues, educate you and your family about your condition, and teach you the skills you need to function at the highest health level. Also helping you are nursing assistants who are trained professionals who work under the direction of the nurse, assisting with activities of daily living and other health care needs.

Occupational Therapy

Occupational therapists (OTs) help you learn to care for yourself through therapy in daily living skills, such as bathing, dressing and grooming, as well as hand coordination, strength and movement. You can expect 60 to 90 minutes per day.

Physical Therapy

Physical therapists (PTs) help improve your strength, balance, coordination, quality of movement and functional mobility, such as transferring, walking, wheelchair mobility or stair climbing, as appropriate. You can expect 60 to 90 minutes per day.

Speech Therapy

Speech language pathologists help improve your speech, language, cognition, swallowing and communication skills. If needed, you can expect 30 to 60 minutes per day.

Neuropsychology

If needed, neuropsychologists are psychologists with specialized training in brain function. They evaluate cognitive (thinking ability), emotional and behavioral changes related to a medical condition.

Rehab Psychology

A rehabilitation psychologist specializes in working with people with different medical/physical conditions to help promote recovery, as appropriate.

Therapeutic Recreation

Therapeutic recreation specialists work with you on leisure skills and community re-entry, as appropriate.

Dietitian

A clinical dietitian is available for nutritional assessment, diet modification and counseling.

Spiritual Care

Our chaplains are available to meet with you and your family members to offer spiritual support and assistance with decision making.

Your needs will be evaluated on a daily basis and your rehab program will be adjusted to meet your individualized needs.

Keeping You Informed

Team Conference

Once a week, your Case Manager and rehab medical team will come to your hospital room and briefly share with you and your family how things are going. If your family is unable to attend in person, your Case Manager can call them from the room so they can be involved. It is a weekly opportunity to hear how you are doing, ask questions and engage with your team! Information on your discharge plans will also be shared.

Team Conference Report

In addition to talking with you and your family about your weekly progress, you will receive a written Patient/Caregiver Update after each weekly bedside team rounding. Sections include:

- **Medical Update:** This section provides brief updates on how you are doing medically and with nursing care needs.
- **Preparing for Discharge:** This section will help you and your family know how much help you need now as well as what help may be needed after you discharge. This information covers several important areas including moving around, going up and down stairs, getting dressed and remembering.
- **Discharge Plan:** An estimated length of stay or discharge date will be re-evaluated each week and discussed with you. Also included in this section will be follow up recommendations for therapy and medical equipment needed once you discharge.

Levels of Assistance

Here are the definitions for the levels of assistance you may need as you recover.

Care Needed	Assistance Term
None Patient is 100% able to do task without assistance.	Independent (I)
None Patient can do task on his or her own, but needs help setting up (example: putting toothpaste on toothbrush).	Set-up
Eyes-On Patient can do task on his or her own, but needs helper watching to ensure safety.	Supervision (S)
Standing Close Patient needs helper to stand close by to ensure safety.	Standby Assist (SBA)
A Little Hands-on Patient needs helper to place hands on to ensure safety.	Contact Guard Assist (CGA)
Some Hands-on Patient does 75% of task, with up to 25% assistance needed from helper.	Minimum Assist (Min A)
A Lot of Hands-on Patient does 50% of task, with up to 50% assistance needed from helper.	Moderate Assist (Mod A)
A Lot of Hands-on Patient does 25% of task, with up to 75% assistance needed from helper.	Maximum Assist (Max A)
Total Care Helper does 100% of the task for patient.	Dependent (D)

Levels of Communication and Cognition

Care Needed	Assistance Term
None Patient is functioning at a normal level for his or her age or developmental stage.	Within Normal Limits (WNL)
Supervising Patient is able to function in environment.	Within Functional Limits (WFL)
A Little Support Patient has some difficulty with skills and may require aids to assist, such as to-do lists, memory books, alarms, etc.	Mild Deficits
Some Support Patient's difficulties significantly impact tasks or ability to communicate.	Moderate Deficits
A Lot of Support Patient has great difficulty with even basic tasks.	Severe Deficits
Total Care Patient is unable to complete daily tasks or express needs.	Profound Deficits

Keeping You Safe

To help us maintain a positive, respectful, and caring environment for all, ***please avoid***:

- A tone that is threatening
- Words that hurt, humiliate or threaten
- Physical actions that may cause injury
- Sexual actions
- Use of drugs or alcohol
- Possession, display or use of any weapon

Preparing You for Discharge

Discharge Criteria

You will be discharged from the Rehab Hospital when you meet any of the following:

- You meet your inpatient rehab goals or your progress plateaus.
- You would benefit from a less intensive rehab program.
- You are well enough to be cared for in a less intensive care setting.
- Your medical needs would be best addressed by WakeMed's acute care team.
- You do not consistently participate in three hours of therapy each day.
- You may also be asked to leave Rehab if your choices prevent you from making progress in rehab or put you or others at risk.

Family Training

Your clinical case manager will work to set up family training with members of your family so they can learn about your therapy, ask questions and have hands-on practice with your care. We want you and your family to feel safe, comfortable and prepared when it is time to leave the WakeMed Rehab Hospital.

Day Passes

Your treatment team may recommend that you go home on a day pass prior to discharge to practice newly learned skills. Day passes may be used on weekends between 10am and 8pm, after any scheduled therapy is completed. A family member or other caregiver must complete training before a pass will be allowed.

Discharge Planning

Your clinical case manager will work with you and your family to ensure that you are discharged to the best possible setting. Whether you are going home or to another location, we will help you identify your needs and assist with the transition.

Most patients discharge to home. Your clinical case manager will communicate your team's recommendations for follow-up therapy and equipment and offer you choices regarding agencies and vendors who can provide these services to you. Once you are in agreement, your case manager will coordinate the necessary arrangements. Medical equipment will be delivered to your room by the morning of discharge for you to take home with you. Your signature will be required to accept this equipment. Please note there may be out-of-pocket costs for some items that will be due prior to delivery.

Independence Day



Just before your discharge from the Rehab Hospital, you will celebrate Independence Day. You will be asked to do everything within your abilities for yourself. Your team members will be close by to evaluate and encourage you, but they will challenge you to carry out your tasks of the day as independently as possible. We will make the day special for you and celebrate your accomplishments!

Pharmacy Discharge Service

The WakeMed Pharmacy offers a service to patients discharging home from Rehab that simplifies the process of obtaining medications. If interested, you can let your clinical case manager know and you will be contacted by a pharmacy discharge coordinator who will take care of your medication needs prior to leaving the hospital. The prescriptions will be delivered to your room, including any over-the-counter items you would like to purchase. The pharmacy accepts all major prescription insurance plans, offers many low-cost medications, and payments can be handled over the phone with a family member.

WakeMed MyChart

All patients now have access to WakeMed MyChart, an online portal that provides 24/7 access to key portions of your electronic medical record. MyChart saves you time and allows you to better manage your health through convenient access to important clinical information. Any team member can help you sign up for MyChart using your bedside iPad while you are in the Rehab Hospital. If you do not access MyChart while in the hospital, sign-up instructions will also be on your discharge instructions, along with a personal activation code if you do not already have one. You may also call 919-350-2288 to have someone help you sign up for MyChart over the phone.



Personal Health Profile

Keeping your personal health information updated and in one place is strongly encouraged! You can take it to doctors' appointments or the emergency room and not have to remember all those important details, like your doctors' names, the medicines you take, your critical medical history and diagnoses, insurance coverage, as well as your emergency contact information if you aren't able to speak for yourself. There are a number of choices on how this information can be collected and stored, depending on your personal preferences. Please ask your clinical case manager for assistance.

Aging with a Disability

People with physical and cognitive disabilities have a diverse range of abilities and needs to function safely in society. As people with disabilities age, they experience the same natural decline in physical strength and memory as non-disabled people, which can lead to new risk factors for overall health.

As people with disabilities age, they may experience:

- **Increased medical needs:** People generally have more health issues as they age, but a person with prior disabilities may have more difficulty monitoring multiple health issues or medications to manage their health.
- **Increased falls risk:** Individuals with physical disabilities often require the use of mobility equipment such as walkers or wheelchairs. Most people naturally lose strength and balance as they age, which creates a higher risk of falling for those who may already have lowered mobility.
- **Increased caregiving needs:** People with physical disabilities generally find adaptations and a system that works for them at home to meet their self-care and household needs. Reduced endurance and coordination with aging can lead to more hands-on care needed at home.
- **Decline in cognition:** Thinking and memory skills generally decline as we age. For individuals with baseline cognitive disabilities, this decline can cause further loss of skills and independence.
- **Social isolation or depression:** As people age with a disability, they may become isolated due to lack of independence or changes in life roles. As individuals and their caregivers age, people with disabilities are at a higher risk for low mood and depression.
- **Skin breakdown:** People with physical disabilities often spend extended time in a wheelchair or bed-level without repositioning. As we age, our skin naturally becomes thinner and more fragile. Individuals with reduced mobility are more vulnerable to skin breakdown and wounds.

Steps to minimize risk factors while aging with a disability:

- Schedule regular appointments with your primary care doctor to monitor your physical health and safely manage your medications.
- Speak with your healthcare provider if you are having falls at home. Falls are the #1 cause of injury for older adults. Most falls are preventable through ensuring a safe home environment, exercising to promote strength/balance, and using appropriate equipment.
- Stay active and build your strength to prevent a decline in independence at home. Individuals with disabilities may notice they need more hands-on care as they age. Monitor for these changes and talk with your family about how to have more help at home- perhaps through family care or hiring aides.
- Stay mentally active through daily tasks that challenge your thinking skills. Monitor for changes in memory or problem-solving skills that impact independence.
- Join in new activities that promote social stimulation and talk to family or providers if you are feeling down.
- Keep skin clean and dry. If needed, ask caregivers to help with repositioning to prevent skin breakdown.

Continuing Your Journey

There are lots of things that you can do to continue your recovery after discharge. In addition to participating with any follow up therapy services ordered for you, going to all follow-up doctor's appointments and taking all prescribed medications, a routine of fitness, good nutrition and weight management are all very important to your wellbeing.

It is our great honor to serve you and your family during this difficult time. If there is anything we can do to make your experience better, please do not hesitate to let anyone on your team know.

Read on for additional information for your health, wellness & safety.



Building Weight Management Skills

Plan & Prepare

- Make the healthy choice the easy choice: plan meals ahead of time and shop with a list.
- Limit eating out to 1-2x times per week, as restaurant meals tend to be higher in calories, fat, and sodium.
- Space meals 4-5 hours apart.

Practice Portion Control

Use the plate method or your hand:

- Vegetables = your open hand
- Protein = your palm
- Grains and fruit = your fist

Rethink Your Drink

- Limit high calorie drinks; soda, juice, sweetened coffee drinks and sweet tea.
- Drink plenty of water every day. It is calorie free and hydrates your body.
- Flavor your water with fruits, vegetables, or herbs.

Mindful Eating: Am I hungry?

- Eat until you are satisfied, not stuffed.
- Pay attention to what leads to overeating such as screen time, boredom, anxiety and/or stress.
- Address emotions head-on instead of eating to feel better.

Exercise

- For weight loss or maintenance, aim for 250 minutes of exercise per week.
- Include both cardio and strength training exercises.

Get Enough Sleep

- Sleep 7+ hours each night.
- Lack of sleep can affect hormones and increase hunger.

Write it Down

- Keep a log of your food, drinks, and exercise using a notebook, the computer, or an app.
- Tracking your progress keeps you accountable and mindful.

Find a Support System

- A relative, friend, or an online tool can help keep you accountable may help with focus and motivation.

Set a Goal

- Set realistic measurable goals.
- Small and gradual changes help to build confidence as you achieve results.

Celebrate new habits!

Enjoy non-food rewards:

- See a movie
- Shop for new clothes

Call 919-350-7000 to meet with a WakeMed registered dietitian who can determine your individual needs and help you set goals.

KNOW YOUR NUMBERS

Body mass index (BMI)

Calculated using height and weight

Ranges:

18.5-24.9: Ideal

25-29.9: Over recommended

>30: At risk

Waist circumference

Measurement around the torso

Indicator of fat surrounding organ.

Goals:

Below 40 inches for men

Below 35 inches for women

Why does a healthy weight matter?

Maintaining a healthy weight may improve your quality of life and helps to reduce your risk of developing heart disease, hypertension, stroke, diabetes, metabolic syndrome, and certain cancers.

Did you know?

Losing just 3-10% of body weight and maintaining the weight loss can measurably improve your health.

What is metabolic syndrome?

A condition where three of these risk factors occur: high blood pressure, high blood sugar, low HDL cholesterol, high triglycerides, and elevated waist circumference. Metabolic syndrome raises the risk of heart disease, diabetes, and stroke and currently it affects about a quarter of adults.

Keys to Long Term Success

Slow and Steady

Aim for a gradual weight loss of ½-2 pounds a week.

Avoid fad and quick fix diets that don't include making lifestyle changes.

Know plateaus are normal.

Focus on maintaining healthy habits and introduce new ones when ready. Be patient; it may take time for your body to adapt to a new weight.

Don't give up!

Anticipate set-backs; no one is perfect.

Try to get back on track and focus on your goals.

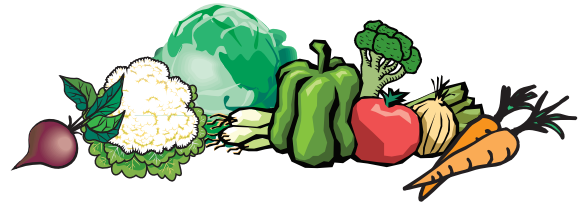


Eat These Healthy Foods

VEGETABLES

3-5 SERVINGS PER DAY
1 serving = 2 cups raw leafy,
1 cup raw, ½ cup cooked

asparagus, beets, bok choy, broccoli, Brussels sprouts, cabbage, celery, carrots, cauliflower, cucumbers, green beans, leafy greens, mushrooms, okra, peppers, spinach, summer squash, tomatoes, zucchini



FRUITS

2-4 SERVINGS PER DAY
1 serving = 1 medium fruit, 1 cup raw,
½ cup cooked, ¼ cup dried

apples, berries (blueberries, strawberries, blackberries), bananas, cantaloupe, grapes, honeydew, kiwi, mango, nectarines, oranges, papaya, peaches, pears, pineapple, plums, watermelon



WHOLE GRAINS AND STARCHY VEGETABLES

3 - 8 SERVINGS PER DAY
1 serving = ½ cup cooked, 1 piece

barley, brown rice, bulgur, farro, oats, quinoa
whole grain bread, pasta, or tortillas
corn, white or sweet potatoes, winter squash



BEANS, PEAS & LENTILS

AT LEAST 1 SERVING PER DAY
1 serving = ½ cup cooked

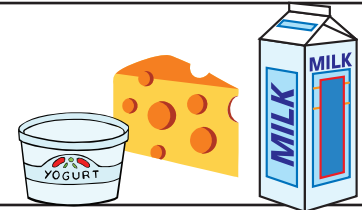
beans: black, cannellini, edamame, kidney, lima, navy, pinto
peas: black-eyed peas, chickpeas, field peas, split peas
lentils: black beluga, brown, green, red, yellow



LOW-FAT DAIRY

1 - 3 SERVINGS PER DAY
1 serving = 1 cup milk or yogurt,
¾ cup Greek yogurt, 1 ounce cheese

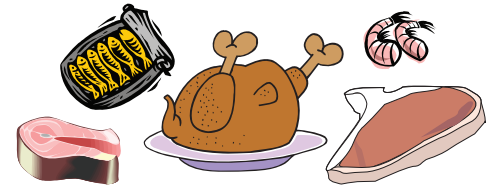
low-fat, low-sugar yogurt
low-fat dairy or plant milk and cottage cheese
small portions of cheese



FISH, SEAFOOD, EGGS, POULTRY, LEAN MEATS

UP TO 7 OUNCES PER DAY
Choose seafood 2 - 3 times per week.
Limit red meat.

seafood: crab, flounder, herring, oysters, salmon, sardines, scallops, shrimp, trout, tuna
eggs and skinless chicken and turkey
95% extra lean ground beef, loin or flank cuts of meat



HEALTHY FAT

1-4 SERVINGS PER DAY
1 serving = 1 tablespoon oil,
1 ounce nuts or seeds, 2 tablespoons
nut butter, ½ avocado

plant oils like olive and canola
nuts, seeds, nut and seed butters
avocados



SPICES & SEASONINGS

UNLIMITED

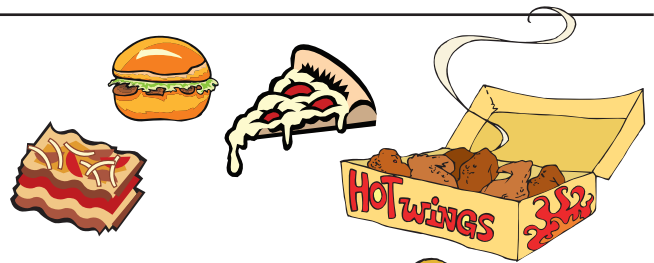
garlic, ginger, mustard, onions, scallions
fresh or dried herbs and spices
lemon, lime, vinegar, hot pepper sauce



Limit or Avoid These Foods

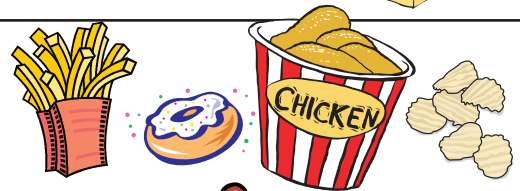
RESTAURANT & FAST FOODS

burgers, cheese dishes, chicken fingers/wings, cream sauces and soups, pizza



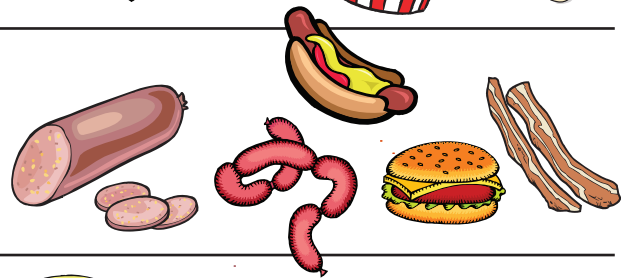
FRIED FOODS

chips, French fries, fried chicken, fried fish, fried seafood, hush puppies, pork rinds



FATTY MEATS

bacon, bologna, country ham, fatback, fatty ribeye, hot dogs, porterhouse steaks, regular ground beef, ribs, salami, sausage



SALTY FOODS

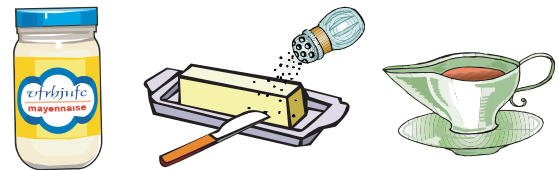
Limit the addition of salt and seasoned salt to your food

boxed meals, canned soup, country ham, crackers, cured meats, frozen meals, instant mixes, lunch meats, salted nuts, smoked meats



FATS AND SEASONINGS

butter, fatback, gravy, lard, margarine, meat drippings, mayonnaise, salad dressing, shortening



HIGH-FAT BAKERY FOODS & SNACKS

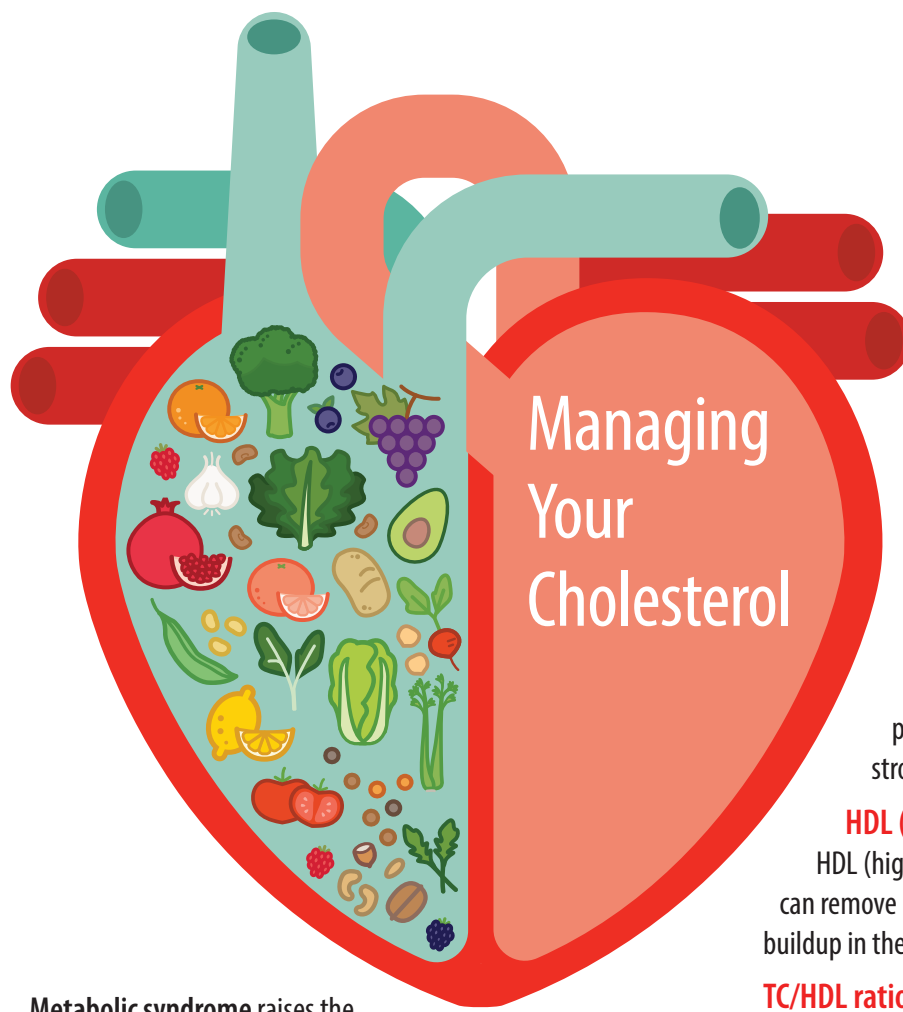
biscuits, cake, cookies, doughnuts, muffins, pastries, pie, sweetened granola



HIGH-SUGAR FOODS & DRINKS

candy, coffee drinks, energy drinks, fruit juice, ice cream, jam, jelly, sherbet, sports drinks, soda, sweet tea, syrup





Managing Your Cholesterol

Metabolic syndrome raises the risk of heart disease, diabetes, and stroke. It affects about a quarter of adults and occurs when three of these risk factors are found:

- low HDL cholesterol
- triglycerides 150 or above
- blood pressure 130/85 or greater
- blood sugar 100 or more
- elevated waist circumference

What Do the Numbers Mean?

	Desirable Level	Borderline Level	High-risk Level
LDL	Less than 100 mg/dL Near optimal/above optimal: 100-129 mg/dL	130-159 mg/dL	High: 160-189 mg/dL Very high: 190 mg/dL+
HDL	Greater than 60 mg/dL	Increased risk of heart disease Men: Less than 40 mg/dL Women: Less than 50 mg/dL	
Triglycerides	Less than 150 mg/dL	150-199 mg/dL	High: 200-499 mg/dL Very high: More than 500 mg/dL
Total Cholesterol	Optimal: Less than 180 mg/dL Desirable: 181-200 mg/dL	200-239 mg/dL	240 mg/dL and over

Total Cholesterol

Cholesterol has important roles in the body, but too much in the bloodstream can increase the risk of heart disease. Total cholesterol is a measure of LDL, HDL, and 20% of the triglyceride level. It is not always an accurate indicator of heart health, as knowing the individual cholesterol values gives a better picture.

LDL (bad) Cholesterol

LDL (low density lipoprotein) cholesterol takes cholesterol from the liver and delivers it to other tissues. Along the way, LDL cholesterol can leave fat and cholesterol in the walls of blood vessels, causing plaque buildup and raising the risk for heart disease and stroke.

HDL (good) Cholesterol

HDL (high density lipoprotein) cholesterol is helpful because it can remove LDL from the bloodstream. This may decrease plaque buildup in the walls of blood vessels.

TC/HDL ratio

Total cholesterol divided by HDL estimates if there is enough HDL to manage the LDL. Even with elevated total or LDL cholesterol, HDL may help protect from heart disease and stroke.

Triglycerides

Triglycerides are the most common fats in the body. Too many triglycerides in the blood may make it difficult for HDL to remove LDL. There are many reasons triglycerides may be elevated, such as lack of exercise, extra weight, insulin resistance, or consuming too much sugar, simple starches, or alcohol.

What habits can improve cholesterol and triglycerides?

Being more physically active.

- Start small and work up to at least 2 ½ hours each week.
- Do muscle-strengthening exercises at least twice a week.
- Add in flexibility and stretching.

Achieving a healthy weight.

- If losing weight is desired, try for 3-10% weight loss.
- Aim for a gradual weight loss of ½ to 2 pounds per week.
- Try to maintain weight through healthy habits.

Limiting alcohol intake.

- No more than 1 drink each day for most women
- No more than 2 drinks each day for most men

Avoiding all tobacco use to protect blood vessels and improve HDL.



Choosing healthy fats.

- Unsaturated fats are liquid at room temperature and include polyunsaturated and monounsaturated fats. They may improve cholesterol when used instead of saturated fats. They are found in nuts, seeds, olives, avocados, seafood, and most plant oils like olive oil.
- Omega-3 fatty acids are a type of polyunsaturated fat that may reduce inflammation and improve heart health. Choose at least 8 ounces of non-fried seafood each week and include plant sources of omega-3 fatty acids such as flaxseeds, chia seeds, hemp seeds, walnuts, and canola oil.
- Saturated fats are usually solid at room temperature and too much may cause unhealthy changes in cholesterol and triglycerides. They are found in almost all fatty foods, but especially in meat, dairy, palm oil, and coconut oil. Much of the saturated fat we eat comes from desserts and dishes that are also high in salt or sugar.

Getting enough fiber can lower LDL and triglycerides.

- Build meals around beans, lentils, vegetables, fruits, whole grains, nuts, and seeds.
- Choose whole grains like oatmeal, barley, whole wheat, brown rice, popcorn, and quinoa.
- Eat fruits and vegetables instead of drinking juice.
- Aim for 21-38 grams of fiber daily.

Reducing added sugar may improve triglycerides and LDL cholesterol.

- Limit sugary drinks, the number one source of added sugar in America.
- Make sweet treats just that – an occasional treat rather than a daily food.

Choosing proteins wisely.

- Limit processed meat like hot dogs, bologna, sausage, bacon, and deli meat.
- Have beans and legumes instead of meat a few times a week.
- When eating meat, opt for leaner cuts of beef and pork and skinless poultry.

Healthy Blood Pressure

Blood pressure (BP) measures the force of blood flowing through blood vessels. High blood pressure (or hypertension) is when the force is always too high. **Nearly half** of American adults have high BP and many don't know. There are usually no obvious symptoms.

Systolic BP (the top number)

- The pressure of blood against artery walls when the heart beats.
- Normal is below 120 mm Hg.
- Over time and left untreated the risk of death from heart disease and stroke doubles with each increase of 20 mm Hg above normal in those 40-89 years old.

Diastolic BP (the bottom number)

- The pressure of blood against artery walls while the heart is resting between beats.
- Normal is below 80 mm Hg.
- Over time and left untreated, the risk of death from heart disease and stroke doubles with each increase of 10 mm Hg above normal in those 40-89 years old.

Know Your Numbers

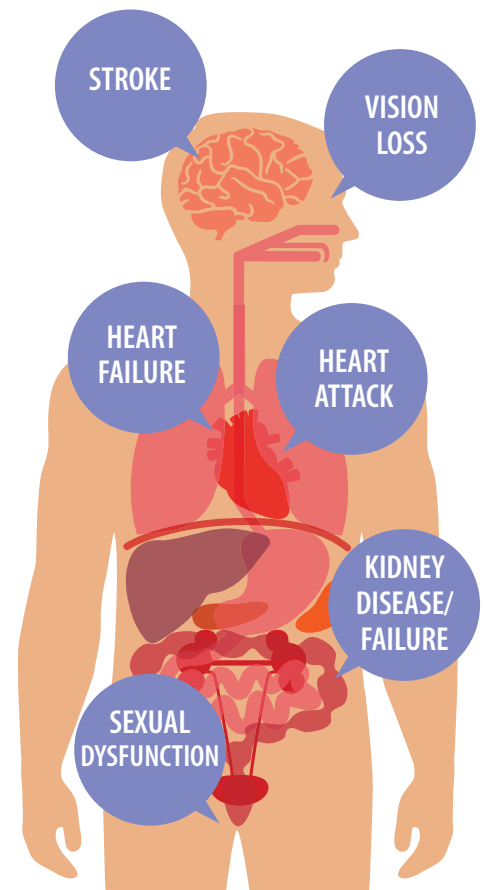
Blood Pressure Category	Systolic mm Hg (upper number)		Diastolic mm Hg (lower number)
Normal	Less than 120	and	Less than 80
Elevated	120 – 129	and	Less than 80
High Blood Pressure (Hypertension Stage 1)	130-139	or	80-89
High Blood Pressure (Hypertension Stage 2)	140 or higher	or	90 or higher
Hypertensive Crisis (Consult your doctor immediately)	Higher than 180	and/or	Higher than 120

- Your health care provider may recommend monitoring your blood pressure at home; ask for clear instructions on how to do it yourself.
- Lifestyle changes are an important part of improving BP and may be recommended.
- Medication may be part of your treatment plan for high BP. If your healthcare provider prescribes medication, begin taking it immediately and follow the directions.

Metabolic syndrome is a group of risk factors that raises the risk of heart disease, diabetes, stroke and other health problems. It affects about 23% of adults and is when three of these risk factors occur: blood pressure 130/85 or greater, high blood sugar, low HDL cholesterol, high triglycerides, and elevated waist circumference.



High blood pressure can damage the blood vessels and increase the risk for developing conditions such as:





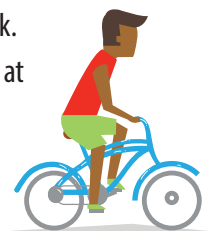
Factors that influence blood pressure:

We cannot change these things that may increase blood pressure:

- **Family history:** Greater risk if parents or other close blood relatives have high BP.
- **Age:** Blood vessels lose elasticity with age.
- **Ethnicity:** African-Americans tend to develop high BP more often than people of any other racial background in the US. It also tends to occur at younger ages and to be more severe.
- **Gender:**
 - Under 45 years, men more likely
 - 45 to 64, men and women: similar rates
 - 65 years and older, women more likely

We can change our habits and lower blood pressure by:

- **Improving eating habits.**
- **Being more physically active.**
 - Start with 10 minutes at a time.
 - Work up to at least 2.5 hours a week.
 - Do muscle-strengthening exercises at least twice a week.
 - Add in flexibility and stretching.
- **Achieving a healthy weight.**
- **Limiting alcohol intake:**
 - No more than 1 a day for most women
 - No more than 2 a day for most men
- **Avoiding all tobacco use,** as it causes a temporary increase in blood pressure.
- **Managing stress,** as it may directly contribute to high BP or may encourage unhealthy habits.



How can nutrition improve blood pressure?

The following statements are part of the DASH diet, which has been shown to reduce blood pressure.

Generally, the higher someone's salt intake, the higher their blood pressure. Follow these tips to start reducing sodium by 1,000mg/day with the goal of limiting to 1,500-2,300mg/day:

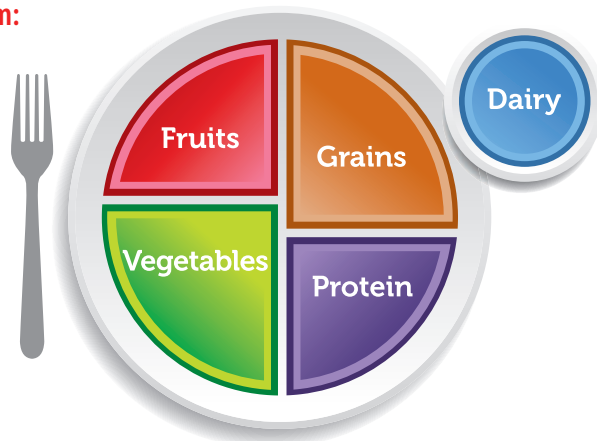
- Prepare meals when possible. About 75% of the salt we eat is from processed foods.
- Flavor foods with pepper, herbs, spices, lemon, lime, vinegar, garlic, or onions.
- Compare brands and read labels. Limit processed meat and foods with these words on the package: cured, smoked, brine, broth, or saline.
- Rinse canned beans and vegetables or look for "no salt added" or low-sodium products.
- Aim for 600-800mg of sodium per meal and less than 200mg for snacks.
- Limit all salt shakers: sea salt and table salt have the same percentage of sodium.

Potassium helps reduce tension in the blood vessel walls and can help the body get rid of some sodium through urine. Follow these tips to increase potassium:

- Eat 5-9 servings of fruits and vegetables each day.
- Enjoy low-fat dairy products; many are high in potassium and calcium.
- Include legumes, beans, nuts, seeds, and fish.

Consume fiber and healthy fats while reducing sugar:

- Choose whole grains like oatmeal, quinoa, and brown rice instead of refined grains like white flour and white rice.
- Limit sugary drinks and sweets.
- Cook with non-tropical vegetable oils like olive, peanut, avocado, and canola oil.



1. Get a Kit of emergency supplies.

Be prepared to improvise and use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about fresh water, food and clean air.

Recommended Supplies to Include in a Basic Kit:

- | | |
|--|---|
| ✓ Water: one gallon per person per day, for drinking and sanitation | ✓ Moist towelettes, garbage bags and plastic ties for personal sanitation |
| ✓ Non-perishable food: at least a three-day supply | ✓ Wrench or pliers to turn off utilities |
| ✓ Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both | ✓ Manual can opener if kit contains canned food |
| ✓ Flashlight and extra batteries | ✓ Plastic Sheeting and duct tape to shelter-in-place |
| ✓ First aid kit | ✓ Important family documents |
| ✓ Whistle to signal for help | ✓ Items for unique family needs, such as daily prescription medications, infant formula, diapers or pet food |
| ✓ Filter mask or cotton t-shirt, to help filter the air | |



Include Medications and Medical Supplies: If you take medicine or use a medical treatment on a daily basis, be sure you have what you need on hand to make it on your own for at least a week and keep a copy of your prescriptions as well as dosage or treatment information. If it is not possible to have a week-long supply of medicines and supplies, keep as much as possible on hand and talk to your pharmacist or doctor about what else you should do to prepare. If you undergo routine treatments administered by a clinic or hospital, or if you receive regular services such as home health care, treatment or transportation, talk to your service provider about their emergency plans. Work with them to identify back-up service providers within your area and other areas you might evacuate to.

Include Emergency Documents: Include copies of important documents in your emergency supply kits such as family records, medical records, wills, deeds, social security number, charge and bank accounts information, and tax records. It is best to keep these documents in a waterproof container. If there is any information related to operating equipment or life-saving devices that you rely on, include those in your emergency kit as well. If you have a communication disability, make sure your emergency information list notes the best way to communicate with you. Also be sure you have cash or travelers checks in your kits in case you need to purchase supplies.

Additional Items: If you use eyeglass, hearing aids and hearing aid batteries, wheelchair batteries or oxygen, be sure you always have extras in your kit. Also have copies of your medical insurance, Medicare and Medicaid cards readily available. If you have a service animal, be sure to include food, water, collar with ID tag, medical records and other emergency pet supplies.

Consider two kits. In one, put everything you will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you have to get away.

2. Make a Plan for what you will do in an emergency.

The reality of a disaster situation is that you will likely not have access to everyday conveniences. To plan in advance, think through the details of your everyday life.

Develop a Family Emergency Plan. Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. **Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency.** It may be easier to make a long-distance phone call than to call across town, so an **out-of-town contact** may be in a better position to communicate among separated family members. Depending on your circumstances and the nature of the attack, the first important decision is whether you stay put or get away. You should understand and plan for both possibilities. **Watch television and listen to the radio for official instructions as they become available.**



Preparing Makes Sense for People with Disabilities and Special Needs. Get Ready Now.

Create a Personal Support Network: If you anticipate needing assistance during a disaster, **ask family, friends and others to be part of your plan.** Share each aspect of your emergency plan with everyone in your group, including a friend or relative in another area who would not be impacted by the same emergency who can help if necessary. Include the names and numbers of everyone in your personal support network, as well as your medical providers in your emergency supply kit. Make sure that someone in your personal support network has an extra key to your home and knows where you keep your emergency supplies. If you use a wheelchair or other medical equipment, show friends how to use these devices so they can move you if necessary and teach them how to use any lifesaving equipment or administer medicine in case of an emergency. Practice your plan with those who have agreed to be part of your personal support network.

Inform your employer and co-workers about your disability and let them know specifically what assistance you will need in an emergency. Talk about communication difficulties, physical limitations, equipment instructions and medication procedures. Always participate in trainings and emergency drills offered by your employer.

Create a Plan to Shelter-in-Place: There are circumstances when staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as sheltering-in-place and sealing the room can be a matter of survival. **If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to shelter-in-place and seal the room. Consider precutting plastic sheeting to seal windows, doors and air vents.** Each piece should be several inches larger than the space you want to cover so that you can duct tape it flat against the wall. Label each piece with the location of where it fits. Immediately turn off air conditioning, forced air heating systems, exhaust fans and clothes dryers. Take your emergency supplies and go into the room you have designated. Seal all windows, doors and vents. Understand that sealing the room is a temporary measure to create a barrier between you and contaminated air. **Listen to the radio** for instructions from local emergency management officials.

Create a Plan to Get Away: Plan in advance how you will assemble your family and anticipate where you will go. **Choose several destinations in different directions** so you have options in an emergency. **Become familiar with alternate routes as well as other means of transportation** out of your area. If you do not have a car, plan how you will leave if you have to. If you typically rely on elevators, have a back-up plan in case they are not working. **Talk to your neighbors about how you can work together.**

Consider Your Service Animal or Pets: Whether you decide to stay put or evacuate, you will need to make plans in advance for your service animal and pets. Keep in mind that what's best for you is typically what's best for your animals. If you must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, make sure that they allow pets. Some only allow service animals.

Fire Safety: Plan two ways out of every room in case of fire. Check for items such as bookcases, hanging pictures or overhead lights that could fall and block an escape path.

Contact Your Local Emergency Information Management Office: Some local emergency management offices maintain registers of people with disabilities and other special needs so you can be located and assisted quickly in a disaster. Contact your local emergency management agency to see if these services exist where you live. In addition, wearing medical alert tags or bracelets that identify your special needs can be a crucial aid in an emergency situation.

3. Be Informed about what might happen.

Some of the things you can do to prepare for the unexpected, such as assembling an emergency supply kit and making an emergency plan are the same regardless of the type of emergency. However, it's important to stay informed about what might happen and know what types of emergencies are likely to affect your region. Be prepared to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene.

Above all, stay calm, be patient and think before you act.



Homeland
Security



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Falls Prevention Tips

HOME SAFETY CHECKLIST

Exercise



- ☐ Exercise regularly to build your strength and improve balance and coordination.
- ☐ Ask your doctor which exercises are safe for you.

Take Your Time



- ☐ See an eye specialist to have your eyes checked. Poor vision can increase your chance of falling.
- ☐ Use nightlights to light the path between the bedroom and bathroom.
- ☐ Turn the lights on before climbing the stairs. Switches should be at both ends.

Be Medication Wise



- ☐ If your meds make you dizzy or unbalanced, contact your doctor.
- ☐ Keep a list of all the over-the-counter and prescription medications you are taking and bring it (or the bottles) with you to the doctor so he/she can check them for potential side effects or medication interactions.
- ☐ Have your doctor or pharmacist review all medications you are taking. Some can affect balance and coordination.



Clear the Way

- ☐ Remove tripping hazards on the floor in walking areas and stairways.
- ☐ During the winter, keep sidewalks, outdoor steps and walkways clear of snow and ice.

Slippery When Wet



- ☐ Use non-slip bath mats to prevent slips and falls in bathtubs and showers.
- ☐ Grab bars should be installed in all bathrooms next to bathtubs, showers and toilets.
- ☐ Wipe up spilled liquids right away; even a few drops can be a slipping hazard.

Throw Rugs Can Throw You

- ☐ Remove throw rugs or use non-skid backing, and smooth out all folds and wrinkles.
- ☐ If carpeting is puckered, wrinkled or torn, replace or repair.

Tread Carefully

- ☐ Use sturdy, easy-to-grip handrails on both sides of the stairs.
- ☐ Wear sturdy, well-fitted, low-heeled shoes with non-slip soles. They are much safer.

Think Before You Drink



- ☐ Alcohol affects your balance, which can make you more likely to fall.
- ☐ Dangerous side effects can occur when alcohol is taken with certain medications. Check with your doctor to see if moderate consumption is safe for you.

Notes

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Notes



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