



Volume 1, Issue 11



Avoid Medical Errors Magazine

Table of Contents

How Do You Get Help in the Hospital? 3

Drug Shortages - Why They Occur..... 8

Food! Glorious Food! Part 4: Lunch 11

Side Effects of Medicines Can Take Years to Show Up 14

Disaster Preparedness for Elders at Home 18

Meditation - The Antidote for Stress 22

How to Have a Stress Free Holiday 25

Seven Essentials for Dealing with Depression 28

Basics of Asthma..... 32

Maximizing Nutrition for Lung Health 35



Patricia Iyer
MSN RN LNCC



How do you get help in the hospital?

You go into the hospital as a patient assuming you will receive good care and will not face an emergency. My work with medical malpractice attorneys for 24 years proves that this is not always the case. We have handled thousands of nursing malpractice cases that resulted from something going very wrong.

For example, Henry fell on an icy sidewalk. He was taken to the hospital by ambulance. When his son, Paul and daughter Caroline arrived at

the emergency department, Caroline was very concerned about her father and demanded he receive attention. When she became louder and belligerent, the security force removed Caroline from the emergency department. Henry's son, Paul stayed with his father. Although the initial x-rays of Henry's hip were read as not showing a fracture, Paul became concerned because his father was in unrelenting pain. Henry was moved to a medical surgical unit, where he continued to have severe pain. Paul asked the nurse assigned to Henry to come in to see him, to figure out what was wrong. The nurse did not think the severe pain was out of the ordinary.

After several hours of this, Paul became totally exasperated and threatened to call the police. Finally the nurse's supervisor came in, immediately realized the seriousness of the situation and contacted Henry's doctor. The doctor came in, ordered new x-rays and realized Henry had a fractured hip. Henry suffered permanent nerve damage. (This is a real case with details changed.)

As a patient or a visitor, you don't always understand how to get help. This article how you can use the chain of command to get the attention you or a family member needs.

Nursing hierarchy

Nursing assistants or technicians may perform simple tasks like changing bedpans and taking vital signs. The nursing assistant is obligated to share your concerns with the staff nurse (registered or licensed practical nurse) assigned to your loved one. The **staff nurse** performs bedside care. This nurse may be assigned to anywhere from one patient (in a critical care unit) to 8 or more patients. This

nurse reports to a **charge nurse** who oversees the nursing unit including all of the nursing staff on duty.

Some hospitals divide the nursing day into two 12 hours shifts (7 AM to 7 PM and 7 PM to 7 AM) and some into three 8 hour shifts. On the day shift, which may be 8 or 12 hours, the unit is usually run by a **permanent nurse manager/head nurse** who is responsible to hire, evaluate, fire and oversee all nursing care 24 hours a day. A charge nurse works the other one or two shifts. The charge nurse may be temporarily or permanently assigned to be in charge of the unit for that shift, but is not responsible for the entire nursing unit 24 hours a day.

On the evening and night shift, there is a supervisor who is in charge of the nursing units during these shifts but does not have 24 hours a day responsibility for the nursing units.

The head nurse may report to a **nursing director** who oversees several related nursing

units and has responsible to hire, fire and evaluate nursing managers. In a smaller facility, the head nurse may report directly to the highest nurse in the organization, sometimes called a **vice president for nursing**.

Using the chain of command

Let's say you become concerned and want nursing attention. Here are some secrets of how to get help. I am writing this from the perspective that you are the patient. Your visitors can follow these same steps.

1. **First, ask for help from the nurse assigned to you.** This is the place to start. This assumes that what you need is not an emergency. (I will explain what to do in an emergency next.) Explain what you need. Be patient; the nurse is assigned to many patients and you may have to wait. But if you do not get attention, ask again. The nurse may have forgotten.
2. If your nurse is off the unit for a meal or break, ask **who is covering your nurse's patients** while he or she is gone.
3. If you put on your light and no one comes, use your phone or cell phone to **call the hospital and ask the operator to ring the nurse's station for you.** There is usually someone within hearing of the phone there.
4. If no one answers the phone in the nurses' station, **wait for some time and try again.**
5. If necessary, call the operator again and ask her to **page the nursing supervisor** (on the evening/night shifts) or director of the department. This is guaranteed to get you attention.
6. This is called going up the **chain of command**. Although it may seem tempting to go right to the supervisor or director to get attention, this is most often not necessary. It is like taking out

a cannon to kill a fly. Most patients never have to use this weapon.

Let's say you are concerned and your nurse is blocking your efforts to get attention, as Henry's nurse did.

1. **Ask to speak to that nurse's supervisor.** Remember, the nurse's immediate supervisor is the head nurse or charge nurse. The level above that is the nursing supervisor or director.
2. **Remain calm but be insistent.**
3. When the manager reaches your bedside, explain what you need.
4. **If you are still not satisfied, ask to speak to the highest ranking nurse on duty.** Your request will get you attention. It will show you are an educated and concerned patient. You may not get to speak to the highest ranking nurse, but the request will very likely get you what you want.
5. Remember Caroline, who was ejected from the emergency department

because she got belligerent? Violence in the workplace – patients attacking nurses – is a real issue that worries nurses. They are sensitive to raised voices, shaking fists, pointing fingers and accusations. **Be respectful but insistent until you are satisfied.**

Getting attention in an emergency

There are certain changes that warrant immediate attention. You or a family member/visitor may be the first to become aware of these changes. Here are signs of emergencies:

- Sudden change in blood pressure, heart rate or breathing rate
- Sudden acute bleeding
- Sudden change in level of awareness
- New, repeated or prolonged seizures
- Failure to improve after treatment for an acute problem or symptoms (like Henry's prolonged severe pain)
- Acute drop in oxygen saturation (measured by a clip on the finger)

- Drop in urine output

Rapid Response Teams

As a result of patient safety efforts, many hospitals have put into place a rapid response team that will come to the bedside at the request of a nurse. A nurse worried about a patient can activate the emergency team. In a few hospitals, patient's families are empowered to call a "Code H" for Help and get the emergency team to come.

The emergency team has healthcare professionals (a doctor, nurse and one other person like a respiratory therapist) who evaluate what is occurring and make decisions about emergency management. They assess and stabilize the patient, communicate with the attending physician, and make arrangements to transfer the patient to the critical care unit, if needed.

Calling the physician

When you as a patient or family member become aware of these signs of an emergency, be insistent on getting medical

attention. When you don't have the luxury of waiting and your efforts to get nursing attention fail, consider one more technique: **call the hospital operator and ask for the physician.** The operator will page the physician if he or she is in the building, or connect you with the answering service. Since you are bypassing the normal channels of communication, this also is guaranteed to get attention. However, since the operator may not be able to immediately locate the physician, it can take longer to get attention than if you use the nursing chain of command.

Here is the take home message: trust your instincts. If you need help, insist on getting it. Be firm, polite and persistent.

About the Author

Patricia Iyer MSN RN LNCC is coeditor of the newly released 4th Edition of *Nursing Malpractice*, available at www.patiyer.com. She is President of Avoid Medical Errors, LLC.



Drug Shortages – Why They Occur

The American Society of Health-System Pharmacists (ASHP) and the Institute for Safe Medication Practices (ISMP) issued a joint release in June 2010 concerning shortages of pre-filled epinephrine syringes and the potential for serious and potentially fatal dosing errors. A look at their website, www.ashp.org/DrugShortages/Current/, reveals a staggering list of medications, some critical, that may be missing from hospital pharmacies. When alternative medications must be employed, physicians and hospital

employees may be unfamiliar with dosing, routes for administration, drug interactions, length of effect and adverse side effects.

The June 2010 alert concerning epinephrine pre-filled syringes reported that the drug was generally available only in a dilution of 1 mg/ml, ten times the concentration of pre-filled syringes commonly used in cardiac arrest situations. The alert went out 12 days after a man went to an emergency department in Maine with an allergic reaction and died after administration of a dose of epinephrine 10 times the appropriate amount.

In November 2010, ASHP and ISMP, along with the American Society of Anesthesiologists

and the American Society of Clinical Oncology, sponsored a summit conference on the crisis. The ISMP published a survey of 1,800 health care practitioners, 68% of them pharmacists, concerning the effects of shortages. **Sixty four percent of all respondents believed that the shortages posed a risk of adverse patient outcomes.**

In the February 2011 issue of *Annals of Emergency Medicine*, an article entitled, “Hospital Pharmacists Scrambling Amid Vast Drug Shortages”, stated, “Supplies of multiple drugs that are crucial to clinical medicine dwindled to critical levels.” The Annals article details medication errors reported caused by shortages of propofol, succinylcholine, heparin, and multiple antibiotics.

The reasons for the shortages are not clear, as manufacturers have released little information other than “manufacturing delays” and “unanticipated increased demand”, but there are economic pressures leading manufacturers

to keep lower inventories on hand and take low-return drugs off the market.

The Food and Drug Administration (FDA) has asked manufacturers to give them advance notice when drugs are likely to be in shortage. They are legally required to give 6-months notice before discontinuing production of a “medically necessary” drug. But there is no statutory definition of “medically necessary” and no penalty if the firm doesn’t notify the FDA. While manufacturers are required to notify the FDA of quality problems, taking a drug off the market for economic issues is a business decision in which the FDA has no say.

Medical-Legal Considerations

Medication shortages can clearly cause bad outcomes. Let’s say you or a loved one are injured due to the absence of a critical medication. You file a lawsuit. The challenge for the plaintiff’s attorney will be to identify the cause:

- Was a substituted drug responsible for a bad outcome?
- Was an inappropriate drug given?
- Was the dosage or route of administration incorrect?
- Was the error on the part of the physician, pharmacist, or nurse?
- If a drug substitution was made, was the hospital's pharmacist negligent in pursuing a supply of the medication or was a manufacturer at fault?



Untangling Charlotte's Web:

The Story of a Life Cut Short by Medical Errors

*Barbara J. Levin BSN RN ONC LNCC
Mary Ann Shea JD BS RN Patricia Iyer RN MSN LNCC*

For the defense attorney, displacing responsibility from the physician to the hospital or from the hospital to a drug firm, may exonerate the client or bring in other parties to share the burden of an adverse outcome.

See www.amfs.com for details of our services.

ORDER THE DVD at

<http://www.avoidmedicalerrors.com/store/untangling-charlottes-web/>



Suzanne Holman, MEd



Food! Glorious Food! Part 4: Lunch

Looking for lunch ideas? **An omelet is sometimes my choice for lunch.** I use one whole egg and one white of an egg. Many people avoid eggs because they are afraid of increasing their cholesterol levels. Eggs actually are very beneficial because they contain high levels of lecithin and methionine that provide valuable functions that benefit the body and brain. Lecithin emulsifies fat, breaking it down so that it improves their digestion by enzymes. This helps in the

prevention of cholesterol building up on the lining of arteries. Methionine aids in forming the nucleic acid of the genes throughout our body and is a powerful antioxidant. High quality eggs are also rich in vitamins A and D.

I like to chop fresh cilantro into the beaten eggs. I actually have a little pair of scissors I keep in the kitchen to cut the cilantro into small pieces. Sometimes I also put in chopped onions. I cook in a quality non-stick pan. I flip the omelet over to make sure that it's cooked on both sides and then I add some feta cheese or a little sharp cheddar cheese on top.

After the omelet is cooked, I slide it onto a whole-wheat tortilla. I like Guerrero brand. Some of the whole-wheat tortillas taste like cardboard! Even though the calories aren't quite as low in these as in some other brands, they are whole wheat and they have a good amount of fiber as well as being delicious! Sometimes I have some fresh salsa with the omelet and include a piece of fruit in the meal.

Another great lunch is a salad with chopped leftover chicken. I buy a large container of the mixed greens at Costco, economical and ready to serve. You have to consume the greens quickly because they do not stay fresh very long. I prepare nice big salads and have the chopped chicken, some chopped onions, sliced English cucumbers, and maybe some tomatoes.

It is a good idea to wash your produce with a vegetable cleaner that you can purchase at the store. A lot of vegetables have waxy coatings and you don't know what kind of pesticides. And even with organic vegetables,

you don't know how really clean the produce actually is.

I like to use regular salad dressing instead of the light dressings. I just don't think that any of them are all that good. I use Viva Italian dressing and add good vinegar like champagne vinegar or rice vinegar. I pour half the salad dressing out after I shake it up really well. Then I fill the bottle with vinegar and a little water to keep it from getting too acidic. Do the same with what you poured out of the bottle and then you have two bottles of a really good dressing with half the fat. This way you don't have any of the thickeners often used in the light dressings. And often, the low fat dressings have more sugar to make up for the loss of the fats. You can also choose plain balsamic vinegar for your salad. I bought it in a spray bottle because I tended to get too much on my salads and that was just a little too intense. But if you can spray a little, it will give you just enough and it's very flavorful and totally good for you.

Another lunch could be canned tuna or wild caught canned salmon. These are a great source of Omega-3 fatty acids and DHA. I use some feta cheese in my tuna in addition to light mayonnaise. I find that I don't need as much mayonnaise that way. I like to include chopped celery and some chopped onions. And I also add one of my favorite spices like Blackened Red Fish by Spice Hunter. Try to avoid adding more salt. Tuna already is fairly high in sodium.

Also good is using leftover chicken and a little shredded cheese in a wholegrain sandwich. I have a Panini maker and I love making sandwiches in that. It makes them seem a little special. It gets everything melted and toasts the bread. Next month, I'll share flavorful dinner ideas.

About the Author

Suzanne has a master's degree in education specializing in counseling and has been an educator of psychology and technology. She's had extensive coach training through Thomas

Leonard's Graduate School of Coaching and the University of Texas, Dallas. Suzanne is also an Emotional Intelligence Certified Coach. Contact Suzanne at www.suzanneholman.com

Sign up for the Avoid Medical Errors Inner Circle for monthly advice from experts, special reports, to share your story, and get answers to Frequently Asked Questions.

Get details at
www.avoidmedicalerrors.com



Elizabeth Bewley MBA



Side Effects of Medicines Can Take Years to Show Up

Lawrence was 67 and newly retired from his job as a high school principal in New Mexico when he landed in the hospital with a heart attack. His doctors put him on a drug to control cholesterol. He felt lucky to be alive and to recover uneventfully. He continued on the drug month after month without any problems.

Four years later, his health took a turn for the worse. He developed a rash all over his body.

Doctor after doctor found his symptoms puzzling.

Eventually, his skin doctor referred him to a nationally-renowned clinic where he underwent days of testing. They checked for, and ruled out, every life-threatening cause they could think of (skin cancer, lupus, Lyme disease, and so forth.) They even offered treatments that would only soothe the itchy rash -- not eliminate its cause.

Three years after that extensive round of testing, Lawrence became seriously ill.

He noted, "I began to feel body aches and a 'sick' feeling in my digestive system." Within

weeks, “the onset of pain and weakness caused me to seek out a new family doctor. When he saw my blood tests he immediately discovered my liver was almost destroyed and muscle structure profoundly impaired.”

Fortunately for Lawrence, the doctor quickly ordered him to stop taking the cholesterol medicine he had been taking for seven years. He also prescribed a fat-free diet and almost complete rest. Lawrence said somberly, “I realize he saved my life. We have since heard of others who did not recover but died by letting this go on too long.”

The next three months, Lawrence reports, “were utter agony.” He was unable to bathe or dress without help, and his wife had to take overall household chores. “The pain and fatigue were intense. The muscle injury even had taken my voice away and it is very difficult for me to swallow food.”

Four months after stopping the drug, Lawrence reported, “I have begun to regain some use of my arms and legs and the muscle pain has

receded. The doctor has prescribed a physical fitness program, and I go to the local gym 3 times a week for an hour of exercises. We continue the fat-free diet, though I have lost too much weight.”

Lawrence hopes to be back to normal in another year. He hopes that his voice will have recovered enough that he can return to singing. He enjoys being part of a community group that puts on musical programs for elementary schools and nursing homes.

Recently, Lawrence got his medical records. He discovered that the main doctor who had seen him three years earlier at the nationally-renowned clinic had suggested that his rash might be a reaction to a medicine he was taking. The doctor didn’t think that it was very likely, but he thought that it was possible. He had suggested stopping one or more of Lawrence’s medicines for a month or two, if this change could be done without causing Lawrence other harm. Lawrence was deeply disturbed to see this recommendation in his

medical records, because his doctor had not acted on it.

He commented, “If my dermatologist had picked up on the suggestion of ‘drug-related’ a couple of years ago and gotten me off the drug, I might not have gotten to this life-threatening place.”

Lawrence’s experience highlights five issues that can hurt you:

- **You may assume that a drug is safe** for you because you didn’t notice any problems when you first started taking it.
- Your doctor may **dismiss suggestions** that there is a connection between new symptoms you experience and drugs that you have been taking for a long time.
- If your doctors can’t figure out what is wrong with you, after a while they may **give up trying**.
- Your doctor **may not follow up** when specialists suggest paths to go down to try to figure out what is causing your symptoms.

- You **may not know** what’s in your medical records.

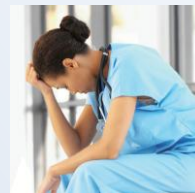
Four steps can help you protect yourself and others:

- Keep in mind the conclusion that a team of researchers led by Dr. Jerry Gurwitz in Massachusetts came to: “Any symptom in an elderly patient should be considered **a drug side effect** until proved otherwise.”
- **Be persistent.** If your doctor seems to have given up trying to figure out what is wrong with you, consider finding another doctor.
- **Study your medical records.** If the jargon is confusing, get help translating them into language you can understand.
- **Educate yourself about the side effects of the medications you take.** There are many websites with information about medications. Look for sites that describe their information as being for patients.

By following the four steps above, you can learn from Lawrence's tragedy and help avoid having a similar experience yourself.

About the Author

Elizabeth L. Bewley is President & CEO of Pario Health Institute and the author of *Killer Cure: Why health care is the second leading cause of death in America and how to ensure that it's not yours*. She is also the author of a weekly newspaper column called "The Good Patient." To tell Elizabeth your story or to ask her a question, write to: thegoodpatient@pariohealth.net



Reducing Risks in Same Day Surgery

This program is an interview between Pat Iyer, President of Avoid Medical Errors and Pat Lewis. When you purchase this program, you will receive the interview in audio form, transcript and bonuses.

What you will learn

Patricia Lewis is an RN and legal nurse consultant. She shares information from the perspective of being a risk manager and a nurse who is thoroughly familiar with the risks of same day surgery.

Invest in your safety or that of a loved one:
<http://www.avoidmedicalerrors.com/store/same-day-surgery-risks/>



Sarah Jean Fisher
MSN, RN-BC, BA



Disaster Preparedness for Elders at Home

According to MSNBC.com, nearly half of all deaths attributed to Hurricane Katrina were 75 years of age or older(1). In other words, those over 75 years of age are twice as likely to perish in a disaster than a younger person. Disaster preparedness for elders at home is not just getting ready to face a hurricane, tornado or severe winter storm by taping windows, bringing in lawn furniture or purchasing candles, matches and batteries.

Remember, in general the elderly process ideas, respond, and move slower than their younger counterparts. Taping the windows etc. and stocking up will not be the gauge to guarantee the safety of your beloved elder. Here are some ideas to help improve the safety of you or a beloved elder.

Going to a Shelter

Ideally, you or a beloved elder will get to a local shelter so you/she won't have to "wait out the storm" alone. (In this article, "she" refers to an elderly relative or friend.) If you evacuate your residence, leave a note prominently placed for loved ones saying where you are, when you left your home, and a phone number/directions

to the shelter if available. Before you leave, turn off and unplug all non-essential electrical items (TV, radio, computer, lamps, toaster, stove, washer, dryer, etc.) to reduce possible injury to rescue teams. Turn off the gas main valve to prevent leaks and potential explosions. Before the danger becomes eminent and early in the face of a potential disaster, pack a small suitcase or backpack with all your medications and a list of the dosages and times taken. Also include the names, addresses, phone numbers of your next of kin in the event you are unable to speak. Pack deodorant, toothbrush /toothpaste, mouthwash, personal size bar/liquid soap, two towels, washcloths, clothes and underwear for 3 days, a flashlight, and a transistor radio with spare batteries. Not necessary but nice to have are some books or recreational items, snack foods like health bars or trail mix, a camera and cell phone. Store the suitcase/backpack in the area you might use if you were “waiting it out.”

Waiting it out at Home

But what if you/she can't or doesn't get out the house in time? Would you/she be able to survive alone for 3 days on what is available in a current residence? Sit down now and consider or discuss the things that will really be needed for your beloved elder. Talk about daily needs and what must be available for safety and comfort for 3-5 days. Food, shelter, and clothing are the three primary requirements.

Even if you/she plan on evacuating to a nearby shelter, reason suggests that if there is an appropriate room in your current residence that would serve as an adequate emergency shelter, you should prepare it in case the unforeseen occurs. Store the small suitcase or backpack mentioned above in that space. Preferably, it should be in a basement room, away from windows. Physically, it should contain enough space for some movement and be able to be divided into designated areas for sleep, waking hours, activity space and a private space for waste elimination. Having a toilet in the space is an extra bonus. If not, plan on plenty small sealable bags and larger ones

to store used bags in. Remember, if you have a toilet and the water supply is affected, provide an additional water supply to pour directly and scantily into the toilet to remove waste. Plan on a gallon of drinking water per person/day and canned or packaged foods enough for 3-5 daily meals for 3-5 days. Boredom has the capacity to increase appetite and the elderly frequently eat 4-6 smaller meals daily. There should be a stocked first aid kit, blankets, pillows, and a battery-operated light source or two, with plenty of spare batteries. Have a list of her allergies, diagnoses, and medications with written instructions on dosage, in case your relative is temporarily unable to communicate for a time. Have a list of all physicians' and specialists' names and phone numbers in case service is available for a time.

If loss of electric/gas power is a real possibility, a small cooking unit with an external power source like propane or charcoal (if outdoors access is possible) may be used. If the elder might not be able to safely navigate using

charcoal or propane, pull-top cans, bottles, or an easy-to-use can opener can give access to ample food sources that can be eaten at room temperature if heating is unavailable (beans, vegetables, soups/stews, boxed cereals, canned milk or fruit). Bring to your shelter all the fresh fruit and produce you have. When the power does go out, you can empty ice trays into a cooler, bucket, or tub to store milk, butter, cheese, meats from your refrigerator safely for 4-6 hours if you can keep it covered. "Ice Bricks" frozen in lunch containers can also increase the longevity of low temperature food storage areas.

Don't forget Fido, Kitty, and Tweety. The elderly are notoriously attached to their pets, and pet safety is just as important to elders as human life. Provide ample pet food, water, bedding, "sweaters", medicines and have written instructions already packed if special care is needed for any pet conditions.

I'm sure there are several items that I have forgotten, but this information can give you a

head start on survival and a good chance of “safely weathering out the storm.”

- (1) Life on MSNBC.com “when the power does go out”. August 8, 2008, retrieved 12/4/2011.

About The Author

Sarah Jean Fisher earned a master’s degree in nursing from Thomas Jefferson University with emphasis on education and has been certified in gerontology for over 13 years. She has end-of-life training certification by ELNEC (End of Life Nursing Education Consortium) and her bachelor’s degree in English is from Bucknell University. Sarah Jean has been a nurse for over 18 years. Long-term care has been her only focus. She has worked as a charge nurse, shift supervisor, and has been specializing in staff development/infection control for the past 8 years. She has presented original programs at the annual National Gerontological Nursing

Association (NGNA) Conference and was the founding president of the Southeast Pennsylvania Chapter of NGNA.

Sarah Jean has also worked for four years as a geriatric nursing expert witness with Med League Support Services reading and evaluating medical records for attorneys related to potential litigation. She is a widow with 4 grown children, 11 grandchildren and her first great-grandchild. She can be reached at SFJ94@comcast.net.

Spread the word. Who do you know who would enjoy reading Avoid Medical Errors Magazine? Encourage them to sign up at www.avoidmedicalerrors.com. Share the news on Facebook, Twitter, and LinkedIn.



Kaye Rice MEd CN



Meditation – The Antidote for Stress

What are the Benefits of Restful Awareness or Meditation?

There are two kinds of deep rest. The first is restful sleep in which both the body and the mind are at rest and we have very little awareness. The second is restful awareness, a state where the body is in deep rest, but the mind is still alert. The best way to achieve the state of restful awareness and its benefits is through the daily practice of meditation. In our Western Culture we commonly think of meditation as a tool for stress management,

however meditation has many benefits. Meditation releases stress, enhances creativity, and enlivens the natural healing and rejuvenating systems in our bodies.

What is Stress?

We experience stress anytime we encounter an obstacle to the fulfillment of our needs or desires. Stress triggers the most primitive part of our involuntary nervous system and our body responds with what is commonly known as the “fight or flight” response. The “fight or flight” response was first described by an early 20th century American scientist by the name of Walter Cannon. The original purpose of the fight-or-flight response was to help us survive

in threatening situations, and occasionally it still serves that purpose if we happen to encounter a life threatening situation. However, more often than not when we have stress in our daily lives it triggers an “inappropriate” fight or flight response. When this happens and we do not have a way to release this stress then eventually stress will accumulate in our body and can lower our immunity and cause disease (dis-ease). Some of the results of experiencing prolonged or accumulated stress are accumulated toxins, elevated blood pressure, autoimmune diseases, heart disease, cancer, stomach ulcers, insomnia, anxiety and depression.

What are the Body’s Responses of the Fight or Flight Response?

- Increased heart rate and blood pressure
- Breathing becomes shallow and rapid
- Sweating
- Blood platelets become more sticky
- Increased production of hormones by the adrenal glands: adrenaline, cortisol and glucagon.

- Decrease in the production of HGH (growth hormone), insulin and sex hormones
- Suppressed immune system

More About is “Restful Awareness”

The state of “restful awareness or meditation produces physiological responses that are exactly the opposite of the fight or flight response. This is why meditation is often referred to as “the antidote to stress”. What are the body’s responses during meditation?

- Decreased heart rate
- Blood pressure becomes normal
- Breathing slows and becomes more efficient
- You perspire less
- Your adrenal glands produce less hormones adrenaline, glucagon, and cortisol (known as the “stress hormone”)
- Your pituitary gland produces more growth hormone (HGH is also known as the “anti-aging hormone), and you produce more sex hormones
- Strengthened immune system

Practicing meditation will affect your health in the following ways. Meditation provides a way to release stress and eliminate toxins. When the mind settles down in a state of restful awareness, the body also settles and gets a deep level of rest. Rest is nature's way of restoring and rejuvenating the body and enlivening the body's own self-healing systems. Meditation's benefits have been well established and accepted by the medical community. Meditation is for members of the mainstream world who are looking for tools to experience more health, well-being and balance in their lives.

About the Author

Kay is a Primordial Sound Meditation Instructor and Vedic Master, certified by the Chopra Center for Well-Being. Primordial Sound meditation is a mantra-based meditation process in which individuals receive personal mantras based on their birth information. If you would like more information about meditation or Primordial Sound Meditation, please contact

Kay at kay@kayrice.com or visit her website at www.kayrice.com

Mind Body Medicine

This program is an interview between Pat Iyer, President of Avoid Medical Errors and Kay Rice. When you purchase this program, you will receive the interview in audio form, transcript and a bonus.

What you will learn

Kay Rice challenges assumptions about Western medicine and presents a different model of thinking. She asks us to think about your medical care in a way that will help you realize

- the basis of mind-body medicine and how that can help you
- how you can help your body fight disease
- the impact of stress on the body
- how you can harness your body's intelligence to create better balance in your life

Invest in your health:

<http://www.avoidmedicalerrors.com/store/mind-body-medicine/>



Aila Accad RN, MSN



How to Have a Stress Free Holiday

Although any holiday can become a stress management challenge, even the busiest person can create a stress-free holiday feeling with a little forethought, flexibility and creativity.

Here are four ideas that can help.

1. Start with the outcome you want. Before you begin to prepare for a holiday, envision the end of the day. What is the feeling you want to have when the holiday is over? Peace, joy, a genuine sense of connection with family and

friends? While you are feeling those positive feelings begin to picture the actions you took to get that outcome. You may find that there are many activities you have done in the past to prepare for a holiday that do not contribute in any way toward getting the result you want. In fact, there may be some things you would normally do that stress you so much they actually get you the opposite of what you want. Be flexible and focused. Select only the actions that have the best chance of creating the holiday feeling you want. *Example:* If you have to work on a holiday, rather than trying to squeeze the celebration into a shortened time frame, pick another day when everyone can relax and celebrate together.

2. Decide what's most important to you about the holiday. Is it food, gifts, decorations or connecting with others? Focus your time and energy on the activities that are most meaningful. Simplify or eliminate some of the traditional holiday tasks so meaningful moments can stand out. *Examples:* Streamline decorations; buy cookies instead of baking, put gifts in bags instead of wrapping.

3. Be a receiver. It is as blessed to receive as to give. Allowing others to help you prepare for a holiday gives them the opportunity to feel good too. So much of your stress can come from trying to do everything yourself. Even though you are capable of doing it all, that may not be the best choice. You can ask for help not out of deficiency, but rather out of generosity in knowing that others will feel good helping. *Example:* Make your holiday meal an opportunity for each family member to contribute their signature dish rather than doing it all yourself.

4. Save money, give meaning. The gift of time and care can be more treasured and valuable than a purchased present. Sharing your time or talent is rewarding for both giver and receiver. One year I took up a neighborhood collection for the family of a sick child and asked a neighbor, dressed in costume, to deliver the cash. The family never knew from where the gift came. This is still my favorite holiday memory! *Examples:* Give a coupon for babysitting, spring yard cleanup, a picnic dinner... Be creative.

Create the holiday feeling you want by deciding on the outcome first, being flexible, selective and creative about choosing the tasks that serve your outcome, nurturing yourself and others by asking others to participate in holiday preparations and sharing your special gifts of caring in creative ways.

I'm envisioning more stress-free holidays for you and your loved ones!

About The Author

Aila Accad, RN, MSN is an award-winning speaker, bestselling author and certified life coach, who specializes in quick ways to release stress and empower your life. A health innovator, futurist and member of the National Speakers Association, she is a popular keynote speaker and radio and television guest. Her bestselling book *Thirty-Four Instant Stress Busters: Quick Tips to De-stress Fast with no Extra Time or Money* is available at www.stressbustersbook.com. Sign up for *De-Stress Tips & News* at www.ailaspeaks.com and receive a gift, "Ten Instant Stress Busters" e-book.

Couch Potatoes: Secrets of Getting Fit

This program is an interview between Pat Iyer, President of Avoid Medical Errors and Mike Schatzki. When you purchase this program, you will receive the interview in audio form, transcript and a bonus.

What you will learn

Mike Schatzki shares some surprising information about getting fit, just for us couch potatoes. If you are already fit, you'll find out the two things you need to do to stay fit. Mike's content is NOT "warmed over stuff you already knew". You will

- learn what you need to do to reduce by 50% your risks of prematurely dying from anything.
- how you can avoid being in the 90% of people who do not keep weight off permanently.

Buy this at

<http://www.avoidmedicalerrors.com/store/couch-potatoes-secrets-of-getting-fit/>



Carol Kivler MS CSP



Seven Essentials for Dealing with Depression

We know from statistics that one out of every four Americans will be faced with a depressive episode in his or her lifetime. That means that many of us will experience a friend or family member's fight with depression. But do any of us know how to deal with depression when it hurts someone we love?

I've had four serious battles with depression. While struggling under the disease's relentless waves, I saw my family and friends left on the outside of the wall depression had built

between us. No one seemed to know what to say or do to support me during hospitalizations or in the long months I spent recovering from the episodes. I knew of many ways my friends and family could have reached through the wall of depression to help me, but most of them didn't.

For anyone witnessing a friend, partner, or family member suffering from depression, here are seven essentials for helping to relieve the disease's vicious symptoms. You do have the power to support someone in the midst of a depressive episode.

Seven Essentials

Provide a listening ear. Start the conversation by sharing your concern for your friend or family member. Name some observations you've noticed about her lately, and follow with some open-ended questions. Leave an opportunity for her to talk. Assure her you are not there to judge but to listen. It is so hard to find words to talk about depression, and even harder for most to hear these words. When someone is depressed, her mind is often consumed by anxiety and negative, recurring thought patterns. Being able to express these thoughts with someone makes a great difference.

Show patience and an understanding that depression isn't something he can snap out of or will himself out of. Depression is a chemical imbalance in the brain. Someone battling depression is not lazy; he is not able to concentrate or motivate himself to move beyond the depression. Information about depression is available in many places – the

more you understand and accept the disease as “real ailment” the more patience you will acquire.

Offer encouragement for her to seek the services of a professional, without her feeling ashamed or embarrassed. Assure your friend or family member that depression is a treatable, recoverable illness. Your believing in her recovery is like handing her a life preserver in an ocean of despair. Just letting her know that depression is a treatable ailment with a probability, not simply a possibility, of recovery, may be the most significant message you can send.

Give reassurance and hope. Depression is a disorder that affects people by surrounding them with an all-consuming feeling of hopelessness. As a person who cares about your friend or family member, you have the ability to plant a seed of hope and hold on to it for her until she can have faith in herself again. Giving unlimited patience and care may become someone's deciding factor between

life and death. Reassurance that she is not facing this isolating battle alone makes a world of difference.

Make visits and phone calls. Depression forces a person to withdraw from life. Keeping in touch with your friend or loved one reminds him you're there for him, even when he's pulled farther away from you. A phone call is the gesture you'd use to respond to a friend with a physical ailment; make it the same expression you offer to a friend suffering from a mental ailment. Suggest you go for a short walk together. The time out can create a respite from unrelenting depressive thoughts. Exercise also renews the body, revitalizing it after emotional battles.

Send a note or card. A letter or card is a physical reminder that your friend or family member is in your thoughts and prayers. Your family member or friend can hold your words in her hands and reread them whenever she needs a tangible message of encouragement.

Forming these "touch points" without even saying a word normalizes an isolating disease.

Prepare a meal of nourishment for a healthy body. Depression triggers two extreme responses to food. Someone dealing with depression either neglects his body's needs or numbs his depression with unhealthy eating patterns. Delivering a healthy meal or snack is another way to show you care about your friend or family member.

Depression is as real as any physical illness and can be even more debilitating than a physical disease. We need to acknowledge, understand, and accept that friends and family members struggling with depression need the same loving concern and care that individuals dealing with physical illnesses receive.

Encouragement and support are gifts each of us can give to another—by you reaching out, the person you care about will have the chance to reach back.

About the Author

Carol A. Kivler, MS, CSP, President of Kivler Communications, is a speaker, motivator, training consultant executive coach, and author. Her company provides customized corporate training and development, organizational development, and executive coaching to a wide range of corporations, organizations, government agencies, and school systems.

Carol delivers programs known for their intriguing learning environment, interactive exercises, and appealing materials. She has conducted more than 2,500 corporate programs and motivational speeches.

Order Bullying in Healthcare: How it Harms Patients at

www.avoidmedicalerrors.com/store/bullying-in-healthcare-how-it-harms-patients/

Bullying in Health Care: How it Harms Patients

This program is an interview between Pat Iyer, President of Avoid Medical Errors, Dr. Alan Rosenstein, and Beth Boynton MSN RN. When you purchase this program, you will receive the interview in audio form, transcript and 6 bonuses.

What you will learn

Bullying does not occur just in the playground or corporate setting. It also happens in health care where people's lives are at stake. Bullying in the healthcare environment can have serious consequences to patient care. Beth Boynton RN and Alan Rosenstein MD share their expertise about this potentially very dangerous behavior.





Kathleen Cunningham CMLC



Basics of Asthma

About 20 million Americans have asthma. Asthma impacts people of all ages. The disease usually begins before the age of five. Asthma seems to be more prevalent in boys than girls, but the reverse is true once patients become adults. More women have asthma than men. The goal is usually to keep asthma under control as effectively as possible.

Many people with asthma have allergies of some sort and the relationship between asthma and allergies is fairly well understood. Usually there are two components to asthma. There is usually some degree of inflammation

of the breathing tubes and constriction or narrowing of the breathing tubes. Some cases are mild while others are severe and can even be fatal.

People have **different triggers**, that is, something that can set off an asthmatic reaction. Common triggers include pollen, cigarette smoke, dust mites, animal hair, cockroaches, cold air, wood smoke, dust, aspirin and related anti-inflammatory medications, mold, industrial air pollution, etc. Some patients experience asthma brought on by exercise or even gastric reflux.

There are basically **two types of asthma** - allergic asthma (extrinsic asthma) and non-allergic asthma (intrinsic asthma). Allergic asthma is usually triggered by exposure to an allergen, like those listed above. In allergic asthma, the immune system of the body is involved. In non-allergic or "intrinsic asthma" the immune system is *not* involved. Airway obstruction and inflammation are present in both types. Non-allergic asthma can be brought on by stress, cold air, dry air, anxiety as well as exposure to allergens.

Signs and symptoms include shortness of breath, difficulty breathing out, wheezing, chest tightness and coughing. Some people with asthma notice a skin condition called eczema.

There are a **variety of medications** to help deal with the symptoms of asthma. There are inhaled medications as well as oral medications. Many patients benefit from breathing treatments. Some patients need medication only when their asthma is flaring

up, while more severe cases require medication all the time.

A doctor or nurse practitioner can set up a **treatment plan** that suits each patient's individual needs. There are many ways to treat asthma. There are treatments done every day to prevent an asthma attack from occurring in the first place. Usually, these are oral medications. There are medications called "leukotrienes" which prevent attacks for about 24 hours. Medications can be pills taken orally or by inhalation using a metered dose inhaler. Bronchodilators such as theophylline are also used to treat asthma. Some patients require long term use of steroids, which can lead to other side effects and complications. In addition to preventative medications, there are "rescue" medicines for quick relief. Only a patient's healthcare provider can decide which method of control is best for that individual. Often several different ways of treating asthma are tried to try to determine what works best for each particular patient.

Asthma patients often learn (the hard way) what **triggers their attacks**. Once a patient has identified his triggers, the best thing to do is to try to avoid exposure to them as best they can. Some healthcare providers advise their patients to keep the humidity level in their home between 35% and 50%. Even where you live can make a difference. Every year, the Asthma and Allergy Foundation of America generates a list of the ten worst cities for people with asthma to live. Interestingly, most of the cities are in the southeastern US. The 2011 worst city to live in for asthmatics is Richmond, VA. Of the ten worst cities, four of them are in Tennessee. This is thought to be due to poor air quality, increased pollen levels and relaxed smoking laws. The other nine cities on the list are: Knoxville (TN), Memphis (TN), Chattanooga (TN), Tulsa (OK), St. Louis (MO), Augusta (GA), Virginia Beach (VA), Philadelphia (PA) and Nashville (TN).

If asthma is suspected, consider a **thorough physical examination** with a qualified care provider. There are physicians that specialize

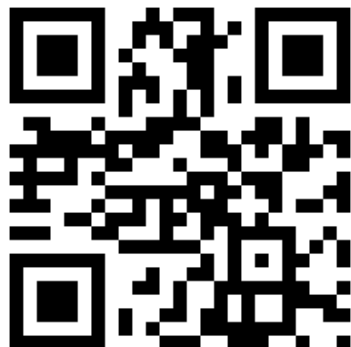
in asthma and allergy care. You may wish to discuss what steps to take with your primary doctor. Evaluation for asthma may include breathing tests and allergy testing. Sometimes a chest x-ray is performed. Prior to your appointment, make a list of what exposures seem to make your symptoms worse. Do your symptoms come at a certain time of the day? Do your symptoms worsen in certain types of places?

There is no real "cure" for asthma, but with proper care, it can be well controlled. So much so that some asthmatics have gone on to become great athletes. Jackie Joyner-Kersey won gold and silver Olympic medals in track and field events despite having asthma. Following her career as a world class athlete, Ms. Joyner-Kersey has worked hard on behalf of other people with asthma. The goal for most patients is to keep their asthma as well controlled as possible.

About the Author

Kathleen Cunningham is a Medical Investigator /Certified Medical Legal Consultant with 20 years of experience in her field. Ten of those years were spent as the full time in-house medical investigator for Gerry Spence's nationally recognized law firm in Wyoming. For several years she functioned as the in-house medical legal consultant for the law firm of Meyer and Williams in Wyoming.

Scan the code with your smart phone and QR code app.



Charlotte's Story: A Life Cut Short by Medical Errors

Barbara Levin shares her perspective about patient safety from two viewpoints: as the daughter of a woman who was a victim of medical errors, and as a registered nurse who is involved in day-to-day care in taking care of patients in the hospital. Barbara's mother was a vibrant, active woman who went into the operating room for simple same day surgery. Barbara's essential information will benefit you by learning

- her poignant story of the series of errors that ultimately ended in her mother's death.
- how to recognize the danger signals to watch for when you or someone you love is in the hospital.
- concrete strategies you can take to keep records of medical care, share information about medications, communicate with your physician, and be your own advocate.

Invest your safety: <http://bit.ly/t9edgR>



Nancy Collins
PhD, RD, LD/N



Maximizing Nutrition for Lung Health: Nutritional Guidelines for People with COPD (chronic obstructive pulmonary disease)

Why nutrition matters for people with lung disease

- Eating a healthy diet will help you feel better and is an important part of managing COPD.

- Food is your body's fuel and provides the energy your body needs to perform all of your daily functions.
- The muscles used in breathing may require up to 10 times more energy (calories) in people with COPD than those without COPD.
- The types and amounts of foods you eat affect your metabolism, including how much carbon dioxide is produced by digestion. Too much carbon dioxide can make you feel weak and fatigued.
- Good nutrition helps the body fight infections, which can be common in COPD.

- Maintaining a healthy weight is especially important for people with COPD. Being overweight can make breathing more difficult and may demand more oxygen. Being underweight can make you feel weak and tired, and may make you more susceptible to infections, including chest infections such as pneumonia. People with COPD who maintain a healthy weight live longer and enjoy improved quality of life compared to those who do not.

What to eat and drink

- Try to eat at least two to three servings of fruits and three to five servings of vegetables each day.
- Consume two to three servings of low-fat dairy foods each day. If you are lactose intolerant, use Lactaid® products to avoid gastrointestinal symptoms.
- Aim for 25-35 grams of dietary fiber each day from foods such as whole grains, beans, vegetables, and fruits (includes soluble and insoluble fiber). Increase dietary fiber

gradually to avoid excessive gas, bloating, and similar symptoms. Use Beano® to help you digest beans, broccoli, or other foods that you have difficulty tolerating.

- Choose lean proteins, such as egg whites, fish and shellfish, white meat chicken and turkey, and tenderloin cuts of beef and pork.
- Drink at least six to eight 8 ounce glasses of water or other beverages each day, unless your doctor has advised you to limit your fluids.

What to limit or avoid in your diet

- Limit your dietary sodium to 2000 mg daily. Choose no-added-salt or low-sodium foods.
- Limit consumption of foods with added sugar and refined starches, especially those with little nutritional value, such as cakes, cookies, pies, and candies. Sugars cause production of excess carbon monoxide in the bloodstream, which can increase fatigue.
- Avoid carbonated and sugary beverages.

- Avoid foods that cause you to experience gas or bloating if products like Lactaid or Beano are not helpful.

Other tips

- Try to eat five to six small meals and snacks each day, rather than fewer larger meals. This will help keep your metabolism burning calories efficiently. Also avoiding large meals helps minimize the pressure on your diaphragm (the muscle in the abdomen used for breathing) and may lessen shortness of breath during meals.
 - Wear your nasal cannula while eating if continuous oxygen is prescribed. Even if you do not require continuous oxygen, you may find it helpful to wear the cannula during and after meals. Eating and digestion use more oxygen.
 - Relax at meal times; try to make eating pleasurable. Rest before you eat so you have more energy to enjoy mealtimes.
- Eat your biggest meal at the time of day when you generally feel the best and have the most energy.
 - Chop food into small pieces to make chewing less of a chore. Cook foods well so they are softer textured; avoid overcooking meats, which may cause toughening.
 - Prepare foods ahead of time or when you have more energy; this helps make preparation simple when you are most tired. When possible, have someone assist you with preparing meals and shopping. Home-delivered meals are an option as well.
 - Try to avoid very hot or cold foods and beverages if coughing during meals is problematic; these foods may stimulate the cough reflex.
 - Reduce the use of beverages at mealtimes to minimize pressure on the diaphragm.
 - Drink more water if you are troubled by excessive mucus. This may help thin out the

mucus so it is less uncomfortable. Drinking water also helps keep the airways moist and prevents dehydration.

- Limit dairy products only if they seem to worsen your symptoms. Otherwise they are an important part of a healthy diet, especially if you have osteoporosis.
 - Talk to your physician about changing the timing of when you take certain medications, with regards to meals, if you think these medications alter your sense of taste.
 - Eat foods with high-nutrient value and healthy fats, if you have a poor appetite or need to gain weight. Include nuts (unsalted), granola, avocado, peanut butter, olive oil, tuna fish, and yogurt in your diet.
 - Choose a variety of foods to eat every day to ensure that you consume all the vitamins and minerals needed by your body to maintain health.
- Limit alcohol and ask about any interactions alcohol may have with prescription and over-the-counter medications.
 - Avoid chewing gum and using straws to limit swallowed air, which can cause bloating and gassiness.
 - Adjust your calorie level (the quantity of food you eat) to achieve a healthy weight.
 - Consult with a Registered or Licensed Dietitian for assistance in modifying your diet, especially if you have other diseases that also require diet modifications.

About the Author

Dr. Nancy Collins, founder and executive director of RD411.com, is a registered and licensed dietitian. Dr. Collins has over twenty years of practitioner experience in clinical nutrition and consulting to the health care industry. She is nationally known as a medico-legal expert dealing with the issues of malnutrition, wound healing, and regulatory

compliance and has served as an expert witness in over 400 legal matters.

Dr. Collins is a frequent speaker at medical education symposia and a prolific author. Dr. Collins is an editorial advisor to the journal *Advances in Skin and Wound Care*, a contributing editor for *Ostomy-Wound Management*, and a columnist for *Today's Diet and Nutrition*. She is also the member of many medical advisory boards including the American Professional Wound Care Association, which granted her Fellow status.

Dr. Collins is a Past President of the Florida Dietetic Association and a past Chair of the Nutrition Entrepreneurs DPG. Currently, she holds the position of Delegate to the American Dietetic Association. In 2003, Dr. Collins was awarded the Dietitian of the Year Award for her longstanding contributions to the profession of nutrition. In 2009, she was awarded Nutrition Entrepreneur of the Year for her visionary projects and forward thinking.

YES, We Want To Hear From You!

We need your feedback in order for us to continue to improve our publication for you.

- We want to know how you liked it.
- We want to know what you want to learn about.

Send us an email with your suggestion, testimonial or enhancement.

Send all emails to:

avoidmedicalerrors@gmail.com

Editor: Pat Iyer

Layout: Jessica Wilson