Teaching Plan for

HANSABEN AMIN

Start of Care 10/10/19

Prepared by Teri Politico

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Primary Diagnosis

Bilateral primary osteoarthritis of knee (M17.0)

MONITOR SYMPTOMS & KNOW WHEN TO CALL THE DOCTOR

Call your doctor immediately if you experience any of the following:
• reduced range of motion in affected area
• new or worsening pain
• increase in numbness and/or tingling in extremities
• increase in swelling of affected area
• oral temp 100.5º f or higher

The medication (s) you take for this condition are/is _____. Always carry this medication with you and notify your doctor immediately if you have any of the above conditions reviewed under #1.

Before the home health visit, be prepared to recall the following for the nurse or therapist:
• The specific medications you are taking for this condition.
• The specific the signs and symptoms that would require a call to the physician (reviewed under #1).

HAND THERAPY EXERCISES

• Stacking coins - grab a handful of coins and practice stacking them on top of each other.
• Pinching Clothespin - take a clothespin and practice pinching it with different fingers.
• Palm Up and Down - place your hand palm-up on a table. Next, use your non-affected hand to flip your hand palm-down. Repeat 10 times.
• Wrist bend movement - gently bend your wrist back and forth while your arm is resting on the table. Repeat 10 times.
• Wrist side movement - place your affected hand palm-down on the table. Use the other hand to bend your wrist side-to-side.
• Grip and Release - take a water bottle and place it on a table. Practice gripping the water bottle with your affected hand. Release. Repeat by bringing the bottle back to the other side of the table.
• Finger curl - practice touching your thumb to each of your fingertips.
• Squeeze a stress ball - pinch the ball with fingers and thumb extended. Press your fingers down into the top of the ball and your thumb upward on the bottom of the ball.
• Hand putty - wrap the putty around two fingers and spread your fingers apart

• Power grip - squeeze all your fingers into the putty

FUNCTIONAL TASKS

HAIR GROOMING - you will need the following: comb, brush, mirror, hair products
• Teach and assist the patient to hold the brush and comb the hair starting from scalp to ends of hair. You may use a wide-tooth comb to avoid hair damage. If the hair is curly, begin at the ends of the hair first so all tangles are removed.

SHAVING - locate the best place to complete shaving. Check the area of the skin for moles, birthmarks, or cuts to avoid bleeding and infection. Assist the patient to open shaving cream and remove safety cap from razor.

CLEANING AND TRIMMING NAILS - teach and assist patient how to soak his hands or feet in warm water for at least 5 minutes to soften the nails and make them easier to trim. Use nail clippers to trim fingernails with a slight curve while toenails should be straight across.

PERINEAL CARE FOR MALES - hold penis, wash and rinse the tip. Always wash from the small opening where the urine flows, outward to the end of the penis. Wash, rinse and dry the shaft of the penis. Clean between the skin folds in and under the scrotum area. Lastly, wash, rinse and dry the anal area, moving front to back.

PERINEAL CARE FOR FEMALES - separate the folds of skin in the genitals (labia), using clean washcloth, wipe with one down stroke the sides of the labia. Using a different side of the cloth, wash down the middle of the labia. Rinse from front to back. Lastly, wash, rinse and dry the anal area, moving front to back using a different part of the washcloth for each wipe.

ORAL CARE - help the patient grasp the toothbrush.
• Open and close the toothpaste lid.
• Provide adequate pressure to squeeze toothpaste. Hold toothbrush while squeezing toothpaste.
• Hand control to reach all teeth and gums with the toothbrush with adequate pressure.
• Denture cleaning - remove and rinse dentures after eating to remove food debris and other loose particles. Be sure to handle your dentures carefully, don't bend or damage the clasps when cleaning.
• Brush your dentures daily. Soak and brush them with a soft-bristled brush.
• Soak dentures overnight. Place it in water or a mild denture-soaking solution. Rinse dentures before putting them back in your mouth.

SELF-FEEDING - proper positioning provides the physical supports needed for a person to use their arms and hands to self-feed and to chew and swallow to the best of their ability.
• Patient can use adaptive eating utensils, cups and plates to practice self-feeding. An example is weighted spoon which allows people who have tremors or poor arm stability to have something a little weighted on the end so that they could scoop it. Another one is angled spoon for those who have limited range of motion in their arm. They can just scoop the food while eating

BATHING IN THE SHOWER - gather all the toiletries in one caddy or plastic box so that everything is in place. Establish a self-care routine and stick with it.
• Bathroom door should stay unlocked in case of an emergency. If there's a difficulty with balance, add grabbing bars to prevent from falling or from getting in the habit of grabbing curtain or glass door.
• Place a non-stick mat or a shower chair for convenience.
• Turn on and get into shower.
• Use shampoo, conditioner and body wash that come in a pump.
• Wash face, underarms, body and privates. Rinse off well. Use towel to dry off.

BATHING IN THE TUB - gather all the toiletries in one caddy or plastic box so that everything is in place. Establish a self-care routine and stick with it.
• Turn on the tap, get in bath once full
• Use shampoo, conditioner and body wash that come in a pump.
• Wash face, underarms, body and privates. Rinse off well.
• Let water out of tub and get out. Use towel to dry off.

ACTIVITIES OF DAILY LIVING

PREPARING TO GET DRESSED
• Keep a chair to sit down while you dress and undress. This can help your balance and makes it easier to put on socks and shoes.
• Lay clothing out on a bed or chair. Dress while seated. Ideally, wear loose, comfortable and wrinkle-free clothing.
• You may want to consider getting adaptive clothing that's designed with special features like velcro, zipper pulls, or grab loops to make it easier to get dressed

DRESSING: SHIRTS AND T-SHIRTS
• First, look for the sleeve of the T-shirt. You may gather the material at the sleeve using your dominant hand.
• Once the sleeve has been opened, place it between your knees and lift your non dominant hand into the sleeve. Pull the sleeve up over your hand and up to your shoulder. It is easier to get the dominant arm in to the other sleeve.

• Hold on to the collar of the T-shirt as you place it over your head. Check the position of the shoulder and adjust the t-shirt by pulling down both sides

DRESSING: PANTS
• If you wear a belt, loop it into your pants before you put your pants on.
• While sitting down, use your dominant hand to put your weak leg into the pant leg. Then, step in using your strong leg.
• Stand up and use your dominant hand to pull your pants up. Use your non dominant hand to keep your pants up while you zip and button with your dominant hand

PUTTING ON SOCKS - While sitting, cross your leg over the other leg so it is easier to reach. Use your strong hand to spread the sock open. Then slip on the sock

PUTTING ON SHOES - While sitting, cross your other leg over your strong leg. This makes your weaker foot easier to reach. Use your dominant hand to slip your shoe on.

SIMPLE HOME EXERCISE FOR MOBILITY AND INDEPENDENCE

Sit to Stand exercise - this is one of the best mobility exercises to strengthen legs, core, and back muscles to improve balance.

• Walk your hips up to the edge of the chair.
• Bring toes back underneath knees.
• Depending on your abilities, you can use arms to push off the chair or off of knees.
• Next, lean forward and push up with legs to a standing position.
• To sit, bend a little at the knees to push hips toward chair and lower the body to a seated position.
• If possible, do 10 repetitions every day. Find out what works best for you.

Chair exercises - these are workouts that are done while seated on a regular chair with back support. It can reduce the risk of falling, strengthens muscles, improve circulation, increase flexibility, and range of motion. Do this routine 2 to 3 times a week or find out what works best for you.

• Toe Raises - sit in a sturdy chair as tall as you can with your feet flat on the floor. Lift your toes up in the air as far as you can. Repeat 10 times. This exercise can help strengthen your lower leg muscles.
• Heel Raises - sit in a chair as straight as you can with your feet flat on the floor. Raise your heels up in the air as far as you can. This strengthens calf muscles.

• Leg Raises - sit up straight. Start with your knees bent then straighten your right leg out so that your knees is as straight as it can go. Next, bend your knee so that your foot is flat on the floor. Repeat it 10 times for each leg. This strengthens thigh muscles.
• Knee Raises - sit up straight with your feet flat on the floor. Raise your knee up in the air as high as you can. You can assist your leg with hand if needed. Do this 10 times for each leg. This strengthens front of hip.
• Hip Abduction - you can perform this exercise with or without resistance. Sit up straight with your feet flat on the floor and knees bent. Slide your right leg out to the side and then back in. Do this 10 times for each leg. This will help strengthen outer hip muscles.

BED TO CHAIR PIVOT TRANSFER (STRONG SIDE)

• Prepare and ensure that you will transfer toward your stronger side.
• Set up your chair or wheelchair 90 degrees from where you are sitting. Make sure to turn on brakes.
• Next, shuffle your hips towards the edge of the bed with feet flat on the floor.
• Reach using your stronger arm and place your hand onto the furthest chair arm.
• Lean your weight forward and transfer yourself onto the chair. Swivel from your hips and move your buttocks so you can sit comfortably

BED TO COMMODE TRANSFER

• Ensure that you are in the position to transfer from the chair. Double check wheelchair brakes before attempting a transfer.
• Next, remove or clear any type of components of the chair that are in the way of transfer such as footrests and/or leg rests.
• If you are a caregiver, ensure that you are ready to support patient's weight in case of assisting them during the transfer. Determine which the patient's weak side is and ready to support in case help will be needed.
• Patient should now be in the position at the edge of the wheelchair with feet flat on the ground. When the patient is ready to stand, place your hands on their hip area. Patient's arms should be on top of the armrests for stability and support, push upward and out of the chair.
• The toilet should be directly in front of the patient once they are in standing position after exiting the chair.
• Once they are ready to sit down, assist them by providing limb and hip support. Slowly step back until patient is positioned to sit in the center of the toilet seat. It is recommended to have a raised toilet seat with arm to provide support

CHAIR TO CHAIR TRANSFER

• Prepare the wheelchair and the patient for the transfer. Lock the wheels of the wheelchair before doing a transfer.
• Use a gait or transfer belt by fastens it securely around the patient's waist.
• Grip the belt tightly, bend your knees, and keep your back straight.
• Lift or move as the patient pushes up.
• Keep the patient's weaker knee between your legs. Pivot the patient around in front of the chair. Lower him gently

WHEELCHAIR TO CAR TRANSFER

• Prepare the wheelchair. Ensure that brakes are locked before attempting a transfer.
• Sliding car seat as far back as possible to provide an optimal room to engage the transfer.
• Assist the patient while they move towards the edge of the wheelchair seat.
• Once the patient is close to the edge of the seat, lean forward towards the caregiver. Leaning forward on the seat eases the weight of the body and can easily lift out of the chair.
• Caregiver should always be on standby to prevent accidents.
• Patient should hold on to the armrests of the chair and push self up.
• Keep the patient's weaker knee between your legs in order to support while lifting.
• Guide the patient to shift his body toward the opened car door facing the caregiver.
• Once patient is next to the car door, assist him in getting into the vehicle

WALKING ON UNEVEN SURFACES

• If you're the caregiver, clear the floor of any possible obstacles. Once they're ready stand next to them.
• Take the patient's nearest hand and hold it so that his palm rests on your fist. Place your other arm around their waist.
• Gently help the patient to walk using small steps

GETTING UP STAIRS WITH A CANE

• If you're the caregiver, use a gait or transfer belt by fasten it securely around the patient's waist.
• Ask the patient to place on hand on the handrail of the staircase. Cane will be on the other hand.
• Position yourself on their weaker side which usually the side they are holding the cane in.
• Instruct the patient to put their stronger leg up on the step first while keeping the cane on lower step.
• Then they would put their weaker leg up on the step (still keeping the cane on the floor or lower step).
• Once both legs are on the higher step, they would then bring the cane up to the same step they are standing on

GETTING DOWN STAIRS WITH A CANE

• If you're the caregiver, use a gait or transfer belt by fasten it securely around the patient's waist.
• Ask the patient to place on hand on the handrail of the staircase. Cane will be on the other hand.
• Position yourself on their weaker side which usually the side they are holding the cane in.
• This time, patient should place the cane on the lower step first. Then patient should step down with his weaker leg and then his stronger leg as next

BENDING/STOOPING

• Keep your feet flat on the floor and shoulder-width apart from one another.
• As you bend, keep your back upright and straight.
• Bend at the knees and hips only. Avoid to bending over at the waist since this will put your upper back into a rounded position which can cause broken bones in the spine.
• When changing the direction you're facing, move your feet with your body. Do not twist the spine. Pivot on your heels or toes with your knees slightly bent. Keep nose, knees, and toes pointing in the same direction.
• To pick up an object, keep your back straight and bend at your knees and hips. Do not bend forward at the waist with your knees straight

LYING TO SITTING

• Lie on a bed flat.
• Bend your right knee and slide your right heel along the bed. Bend your left knee in the same manner.
• To roll onto your left side, place your left hand on the outside of your thigh.
• Roll onto the left side, in one smooth movement by turning your head, reaching your right arm across and dropping your knees to the left.
• Stay in this position and place your right hand just in front of your left shoulder.
• Move your legs towards the edge of the bed. Take your feet off the edge
• As your feet move off the edge of the bed use this momentum to push off with your right hand and dig your left elbow in to the bed to sit up.
• Use both hands by your hips to shift your sitting bones to the edge of the bed

SIT TO LYING

• Ensure to lock the brakes on the wheelchair and the bed.
• If you're the caregiver, use a gait or transfer belt by fasten it securely around the patient's waist.
• Get the wheelchair close to the bed.
• Ask the patient to slide forward from the chair, feet flat on the floor.
• Using proper body mechanics lift or move as the patient pushes up.
• Assist the patient as he/she sits on the bed with the feet flat on the floor.
• Instruct the patient to lay on her shoulder while caregiver picks up patient's feet.
• Make sure the patient comfortably laying flat on the bed with good body alignment

ROLL LEFT AND RIGHT

• If you have an adjustable bed, position the head of the bed to a flat or nearly-flat position.
• If you're the caregiver, instruct the patient to Cross arms over his or her chest. This prevents them from getting trapped under his or her body during the turn.
• Stand at the side of the bed and face the patient. Put a pillow between the person's knees.
• If possible, ask the patient to grab the opposite bed rail to help pull himself or herself onto his or her side.
• Roll the edge of the sheet on your side and grab it. Pull the sheet up so the person slowly rolls from his or her back to his or her side.
• Place pillows behind the patient's back and buttocks to help keep him or her on his or her side comfortably.
• Make sure to smooth the sheets so they are not wrinkled. Check the patient if he/she is comfortable and breathing easily.
• Help the patient move into a comfortable resting position in the bed, if needed. If you placed a slide sheet under the patient, you can use it to change the patient's position.

WALKING

• If you use a walker or a cane, that's a great place to start.
• Try going on walks around your living room or around your neighborhood with a caregiver.
• Extend the duration of your walks as you get stronger.
• Another option is to practice your foot, leg, and core rehab exercise diligently. They will help you will rebuild enough strength to progress to a walker or cane

STRATEGIES FOR SELF CARE AND MOBILITY

History of falling (Z91.81)

Unspecified asthma, uncomplicated (J45.909)

MONITOR SYMPTOMS & KNOW WHEN TO CALL THE DOCTOR

Call your doctor immediately if you experience any of the following:
• increased shortness of breath
• increase in chest tightness or pain
• agitation
• confusion

The medication (s) you take for this condition are/is _____. Always carry this medication with you and notify your doctor immediately if you have any of the above conditions reviewed under #1.

Before the home health visit, be prepared to recall the following for the nurse or therapist:
• The specific medications you are taking for this condition.
• The specific the signs and symptoms that would require a call to the physician (reviewed under #1).

WHAT CAUSES LUNG DISEASE

• Smoking- Smoke from cigarettes, cigars, and pipes is the number one cause of lung disease.
• Exposure to secondhand smoke. This is especially bad for babies and young children.
• Radon. This colorless, odorless gas is present in many homes and is a recognized cause of lung cancer.
• Asbestos. This is natural mineral fiber harms lung cells, causing lung scarring and lung cancer. It can cause mesothelioma which is a cancer that forms in the tissue covering the lungs and many other organs of the body.
• Air pollution. Some air pollutants like car exhaust may contribute to asthma, COPD, lung cancer, and other lung diseases.

FOODS TO KEEP THE LUNGS HEALTHY

• Drink plenty of water. Water is essential for healthy lungs. Dry lungs are prone to irritation. You should try to drink between six and eight glasses a day.

• Fatty fish like salmon, mackerel, herring, lake trout, sardines and albacore tuna are high in omega-3 fatty acids which are linked with lung health.
• Apples are good source of vitamin C which contributes to good lung function.
• Apricots are associated with healthy lungs due to their vitamin A content.
• Broccoli is a highly antioxidant green vegetable. It is one of the best greens for lung health, especially in individuals with chronic obstructive pulmonary disorder.
• Poultry such as chicken, turkey, and other small poultry birds can benefit your lungs. Your body may absorb animal-based versions of vitamin A better than plant-based.
• Walnuts eating regular servings of walnuts -- about one handful daily -- may help fight asthma and other respiratory ailments.
• Beans like kidney, pinto, black and other are good sources of antioxidants, which fight off free radicals that may damage lungs.
• Berries are rich in antioxidants. Acai, blueberry, cranberries, grapes, and strawberries are good for the lungs.

BREATHING EXERCISES

There are exercises that can help maintain and increase lung capacity to keep your lungs healthy and get your body the oxygen it needs.

Practice Makes Perfect. Ideally, you should practice both exercises about 5 to 10 minutes every day.

Diaphragmatic breathing engages the diaphragm, which is supposed to do most of the heavy lifting when it comes to breathing. This technique is helpful in people with COPD, as the diaphragm isn't as effective in these individuals and could be strengthened.

How to practice diaphragmatic breathing

• Relax your shoulders and sit back or lie down.
• Place one hand on your belly and one on your chest.
• Inhale through your nose for two seconds, feeling the air move into your abdomen and feeling your stomach move out. Your stomach should move more than your chest does.
• Breathe out for two seconds through pursed lips while pressing on your abdomen. Repeat..

Pursed-lips breathing

• This exercise reduces the number of breaths you take and keeps your airways open longer. More air can flow in and out of your lungs so you can be more physically active.

• To practice it, simply breathe in through your nose and breathe out at least twice as long through your mouth, with pursed lips.

Home Treatments for Shortness of Breath (Dyspnea)

• Sitting forward - resting while sitting can help relax your body and make breathing easier.
• Sitting forward supported by a table. If you have both a chair and table to use, you may find this to be more comfortable sitting position in which to catch your breath.
• Standing with supported back. This can help relax your body and airways.
• Sleeping in a relaxed position. Lie on your side with a pillow between your legs and your head elevated by pillows, keeping your back straight. Or lie on your back with your head elevated and your knees bent, with a pillow under your knees.
• Cool air can help relieve shortness of breath. Pointing a small handheld fan toward your face can help your symptoms.
• Drink coffee. Caffeine relaxes the muscles in the airways of people with asthma. This can improve lung function for up to four hours.

Natural ways to cleanse your lungs

• Steam therapy. It involves inhaling water vapor to open the airways and help the lungs drain mucus. Steam adds warmth and moisture to the air, which may improve breathing and help loosen mucus inside the airways and lungs. Inhaling water vapor can provide
• Controlled coughing loosens excess mucus in the lungs, sending it up through the airways. Doctors recommend that people with COPD perform this exercise to help clear their lungs.
• Drain mucus from the lungs. Postural drainage involves lying in different positions to use gravity to remove mucus from the lungs. This practice may improve breathing and help treat or prevent lung infections.
• Postural drainage techniques differ depending on the position: on your back, on your side, and on your stomach.
• Green tea contains many antioxidants that may help reduce inflammation in the lungs. These compounds may even protect lung tissue from the harmful effects of smoke inhalation.
• Chest percussion is another effective way to remove excess mucus from the lungs. Combining chest percussion and postural drainage can help clear the airways of excess mucus.

“Breathing Exercises.” American Lung Association, www.lung.org/lung-health-and-diseases/protecting-your-lungs/breathing-exercises.html.

“Lung Disease.” Womenshealth.gov, 1 Apr. 2019, www.womenshealth.gov/a-z-topics/lung-disease.

“Respiratory Disease Management - Full Text View.” Full Text View - ClinicalTrials.gov, clinicaltrials.gov/ct2/show/NCT01543217.

“Respiratory Diseases.” Respiratory Diseases | Healthy People 2020, www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases.

HOW TO TAKE CARE OF YOUR LUNGS

Major depressive disorder, single episode, unspecified (F32.9)

DEPRESSION IS COMMON

• Depression is a common problem in older adults. And the symptoms of elderly depression can affect every aspect of your life, impacting your energy, appetite, sleep, and interest in work, hobbies, and relationships.
• Unfortunately, all too many depressed older adults fail to recognize the symptoms of depression, or don't take the steps to get the help they need. There are many reasons that elderly depression is so often overlooked:
• You may assume you have good reason to be down or that depression is just part of aging.
• You may be isolated-which can lead to depression-with few around to notice your distress.
• You may not realize that your physical complaints are signs of depression.
• You may be reluctant to talk about your feelings or ask for help.

YOU CAN FEEL GOOD AT ANY AGE

Depression isn't a sign of weakness or a character flaw. It can happen to anyone, at any age, no matter your background or your previous accomplishments in life. While life's changes as you age-such as retirement, the death of loved ones, declining health-can sometimes trigger depression, they don't have to keep you down. No matter what challenges you face as you age, there are steps you can take to feel happy and hopeful once again and enjoy your golden years.

CAUSES OF DEPRESSION IN OLDER ADULTS

As we grow older, we often face significant life changes that can increase the risk for depression.

These can include:

• Health problems - Illness and disability; chronic or severe pain; cognitive decline; damage to your body image due to surgery or sickness.
• Loneliness and isolation - Living alone; a dwindling social circle due to deaths or relocation; decreased mobility due to illness or a loss of driving privileges.
• Reduced sense of purpose - Feelings of purposelessness or loss of identity due to retirement or physical limitations on activities you used to enjoy.
• Fears - Fear of death or dying; anxiety over financial problems or health issues.
• Recent bereavements - The death of friends, family members, and pets; the loss of a spouse or partner.

MEDICAL CONDITIONS THAT CAN CAUSE ELDERLY DEPRESSION

It's important to be aware that medical problems can cause depression in older adults and the elderly, either directly or as a psychological reaction to the illness. Any chronic medical condition, particularly if it is painful, disabling, or life-threatening, can lead to depression or make your depression symptoms worse.

These include:

• Parkinson's disease
• Stroke
• Heart disease
• Cancer
• Diabetes
• Thyroid disorders
• Vitamin B12 deficiency
• Dementia and Alzheimer's disease
• Lupus
• Multiple sclerosis (MS)

DEPRESSION AS A SIDE EFFECT OF MEDICATION

Symptoms of depression can also occur as a side effect of many commonly prescribed drugs. You're particularly at risk if you're taking multiple medications. While the mood-related side effects of prescription medication can affect anyone, older adults are more sensitive because, as we age, our bodies become less efficient at metabolizing and processing

drugs.

If you feel depressed after starting a new medication, talk to your doctor. You may be able to lower your dose or switch to another medication that doesn't impact your mood.

Medications that can cause or worsen depression include:

• Blood pressure medication (e. g. clonidine)
• Beta-blockers (e. g. Lopressor, Inderal)
• High-cholesterol drugs (e. g. Lipitor, Mevacor, Zocor)
• Tranquilizers (e. g. Valium, Xanax, Halcion)
• Calcium-channel blockers
• Medication for Parkinson's disease
• Sleeping pills
• Ulcer medication (e. g. Zantac, Tagamet)
• Heart drugs containing reserpine
• Steroids (e. g. cortisone and prednisone)
• Painkillers and arthritis drugs
• Estrogens (e. g. Premarin, Prempro)
• Anticholinergic drugs used to treat GI disorders

IS IT DEPRESSION OR DEMENTIA?

Symptoms of Depression

• Mental decline is relatively rapid
• Know the correct time, date, and where you are
• Difficulty concentrating
• Language and motor skills are slow, but normal
• You notice or worry about memory problems

Symptoms of Dementia

• Mental decline happens slowly
• Confusion and disorientation; becoming lost in familiar locations

• Difficulty with short-term memory
• Writing, speaking, and motor skills are impaired
• You don't notice memory problems or seem to care

SELF-HELP FOR ELDERLY DEPRESSION

It's a myth to think that after a certain age older adults can't learn new skills, try new activities, or make fresh lifestyle changes. The truth is that the human brain never stops changing, so as an older adult, you're just as capable as a young person of learning new things and adapting to new ideas that can help you recover from depression.

Overcoming depression involves finding new things you enjoy, learning to adapt to change, staying physically and socially active, and feeling connected to your community and loved ones.

Of course, when you're depressed, acting and putting self-help steps into action can be hard. Sometimes, just thinking about the things you should do to feel better can seem overwhelming. But small steps can make a big difference to how you feel. Taking a short walk, for example, is something you can do right now-and it can boost your mood for the next two hours. By taking small steps day by day, your depression symptoms will ease, and you'll find yourself feeling more energetic and hopeful again.

SEEK OUT FACE-TO-FACE CONNECTION

• On your own, it can be difficult to maintain perspective and sustain the effort required to beat depression. That's why support matters-so try to connect to others and limit the time you're alone. If you can't get out to socialize, invite loved ones to visit you, or keep in touch over the phone or email.
• But digital communication isn't a replacement for face-to-face contact. Do your best to see people in person daily. Your mood will thank you! And remember, it's never too late to build new friendships. Start by joining a senior center, a book club, or another group of people with similar interests

• To overcome depression-and stop it coming back-it's important to continue to feel engaged and enjoy a strong purpose in life. As we age, life changes and we lose things that previously occupied our time and gave our life meaning. You may retire, for example, or your children may leave home, or friends may move away. But there are still plenty of ways you can find new meaning in life and continue to feel connected and engaged.
• Get out into the world. Try not to stay cooped up at home all day. Go to the park, take a trip to the hairdresser, have lunch with a friend, visit a museum, or go to a concert or a play.

• Volunteer your time. Helping others is one of the best ways to feel better about yourself and expand your social network.
• Join a depression support group. Being with others facing the same problems can help reduce your sense of isolation. It can also be inspiring to hear how others cope with depression.
• Take care of a pet A pet can keep you company, and walking a dog, for example, can be good exercise for you and a great way to meet people. Dog owners love to chat while their pets play together.
• Learn a new skill. Pick something that you've always wanted to learn, or that sparks your imagination and creativity-a musical instrument, a foreign language, or a new game or sport, for example. Take a class or join a club to meet like-minded people.
• Create opportunities to laugh. Laughter provides a mood boost, so swap humorous stories and jokes with your loved ones, watch a comedy, or read a funny book

WAYS TO FEEL CONNECTED AND ENGAGED

MOVE YOUR BODY

EAT TO SUPPORT YOUR MOOD

SUPPORT QUALITY SLEEP

SPEND TIME IN SUNLIGHT

ALCOHOL AND DEPRESSION IN OLDER ADULTS

Many older adults struggle with sleep problems, particularly insomnia. But lack of sleep makes depression worse. Aim for somewhere between 7 to 9 hours of sleep each night. You can help yourself get better quality sleep by avoiding alcohol and caffeine, keeping a regular sleep-wake schedule, and making sure your bedroom is dark, quiet, and cool.

• Sunlight can help boost serotonin levels, improve your mood, and cope with Seasonal Affective Disorder (SAD). Whenever possible, get outside during daylight hours and expose yourself to the sun for at least 15 minutes a day.
• Have your coffee outside or by a window, enjoy an al fresco meal, or spend time gardening.
• Exercise outside by hiking, walking in a local park, or playing golf with a friend.
• If you live somewhere with little winter sunshine, try using a light therapy box

It can be tempting to use alcohol to deal with physical and emotional pain. It may help you take your mind off an illness, feel less lonely, or get to sleep. But alcohol makes symptoms of depression and anxiety worse over the long run. It also impairs brain function and interacts in negative ways with numerous medications, including antidepressants. And while drinking may help you nod off, it also keeps you from getting the refreshing deep sleep you need.

• Exercise is a powerful depression treatment. In fact, research suggests it can be just as effective as antidepressants. And you don't have to suffer through a rigorous workout to reap the benefits. Take a short walk now and see how much better you feel. Anything that gets you up and moving helps. Look for small ways to add more movement to your day: park farther from the store, take the stairs, do light housework, or enjoy a short walk. It all adds up.
• Even if you're ill, frail, or disabled, there are many safe exercises you can do to build your strength and boost your mood-even from a chair or wheelchair. Just listen to your body and back off if you're in pain

• Your dietary habits make a difference with depression.
• Start by minimizing sugar and refined carbs. Sugary and starchy comfort foods can give you a quick boost, but you pay for it later when your blood sugar crashes.
• Instead, focus on quality protein, complex carbs, and healthy fats, which will leave you satisfied and emotionally balanced.
• Going too long without eating can also worsen your mood, making you tired and irritable, so do your best to eat something at least every 3-4 hours

ANTIDEPRESSANT RISK FACTORS

COUNSELING AND THERAPY

Older adults are more sensitive to drug side effects and vulnerable to interactions with other medicines they're taking. Studies have also found that SSRIs such as Prozac can cause rapid bone loss and a higher risk for fractures and falls. Because of these safety concerns, elderly adults on antidepressants should be carefully monitored.. In many cases, therapy and/or healthy lifestyle changes, such as exercise, can be as effective as antidepressants in relieving depression, without the dangerous side effects.

• Therapy works well on depression because it addresses the underlying causes of the depression, rather than just the symptoms.
• Supportive counseling includes religious and peer counseling. It can ease loneliness and the hopelessness of depression, and help you find new meaning and purpose.
• Therapy helps you work through stressful life changes, heal from losses, and process difficult emotions. It can also help

you change negative thinking patterns and develop better coping skills.
• Support groups for depression, illness, or bereavement connect you with others who are going through the same challenges. They are a safe place to share experiences, advice, and encouragement

“Depression in Older Adults.” HelpGuide.org, www.helpguide.org/articles/depression/depression-in-older-adults.htm.

Depression and Older Adults. (n.d.). Retrieved May 16, 2019, from https://www.nia.nih.gov/health/depression-and-older-adults

SELF-CARE STRATEGIES TO COMBAT DEPRESSION

Essential (primary) hypertension (I10.)

MONITOR SYMPTOMS & KNOW WHEN TO CALL THE DOCTOR

Call your doctor immediately if you experience any of the following:
• abnormal blood pressure (based on physician orders)
• increase in shortness of breath
• increase in dizziness
• heart palpitations

The medication (s) you take for this condition are/is _____. Always carry this medication with you and notify your doctor immediately if you have any of the above conditions reviewed under #1.

Before the home health visit, be prepared to recall the following for the nurse or therapist:
• The specific medications you are taking for this condition.
• The specific the signs and symptoms that would require a call to the physician (reviewed under #1).

HOW TO TAKE YOUR BLOOD PRESSURE WITH A MACHINE

• Accurate blood pressure (BP) readings are important, since high blood pressure may not cause any symptoms until it is dangerously high.
• Your blood pressure is shown as two numbers written one over the other. Your systolic BP (top number) and diastolic BP

(bottom number) which shows the pressure in your arteries (blood vessels) as your heart muscle pumps and fills with blood.
• It is important not to take coffee or tea, smoke, or exercise 30 minutes before taking your blood pressure.
• It is advised to measure your blood pressure at the same time each day - usually in the morning before taking your blood pressure medicines, and in the evening.
• With your feet flat on the floor, sit on a chair with your back straight. Your upper arm should be at the level of your heart, while your arm is supported on a flat surface such as a table. Place the digital blood pressure monitor on the table and put the cuff around your bicep.
• Typically, you need to push the start or on button for the device to begin measuring your blood pressure.
• Record the blood pressure for your arm with the higher blood pressure reading.

HOW TO TAKE ANOTHER PERSON'S BLOOD PRESSURE MANUALLY

• To check the blood pressure of a family member at home without the aid of an electronic or automated machine, you need to prepare the following medical items: a blood pressure cuff with a squeezable pump (balloon), a stethoscope, an aneroid monitor.
• To check another person's BP manually, inform him or her to sit in a relaxed position arms at rest on a table.
• Secure the cuff on his or her bicep and squeeze the pump (balloon) to increase the pressure.
• Watch the aneroid monitor and pump the pressure to 30 mm Hg more than the person's normal blood pressure (or to 180 mm Hg if this is not known).
• After the cuff is inflated while secured on the person's bicep, place the stethoscope just inside the inner elbow crease, about 1 inch under the cuff.
• Slowly deflate the pump (balloon) and listen through the stethoscope. When the first beat hits, note the number on the aneroid monitor. This is the upper reading or the person's systolic pressure.
• Listen attentively through the stethoscope until the heartbeat stops. Record the number from the aneroid monitor of the last audible beat. This is the diastolic pressure. These two numbers are the BP reading of the person.

Checking Your Blood Pressure. (2009, September 21). Retrieved July 29, 2019, from https://www.webmd.com/hypertension-high-blood-pressure/monitoring-blood-pressure

Get the most out of home blood pressure monitoring. (2019, January 9). Retrieved July 29, 2019, from https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/in-depth/high-blood-pressure/art-20047889

HOW TO TAKE YOUR BLOOD PRESSURE

Type 1 diabetes mellitus without complications (E10.9)

MONITOR SYMPTOMS & KNOW WHEN TO CALL THE DOCTOR

Call your doctor immediately if you experience any of the following:
• frequent urination
• increased thirst
• always feeling hungry
• excessive extreme fatigue
• blurry vision
• tingling or pain in the hands or feet

The medication (s) you take for this condition are/is _____. Always carry this medication with you and notify your doctor immediately if you have any of the above conditions reviewed under #1.

Before the home health visit, be prepared to recall the following for the nurse or therapist:
• The specific medications you are taking for this condition.
• The specific the signs and symptoms that would require a call to the physician (reviewed under #1).

HOW TO MIX INSULIN

• When you need to be given a mixture of different types of insulin, it is advised that you draw up regular (clear) insulin first. Injecting the insulin with cloudy appearance into a vial of clear insulin should not be done. This will contaminate the entire
• If you have difficulty mixing your insulin, talk to your doctor. You may be given an option to use pre-mixed insulin, pre-filled syringes, or you may take 2 separate shots.
• Be consistent with how you prepare your insulin shot, so as not to draw up the wrong type or dose by mistake.
• Be careful that if you have different types of insulin from different containers, you do not inject a certain type of insulin to a wrong bottle

PREPARE AND ADMINISTER SUBCUTANEOUS INSULIN

• Before you can administer your insulin, you must transfer the correct amount from the medication vial to the syringe. Follow these guidelines.
• Wash your hands. Then assemble this equipment in a clean area: a sterile syringe and needle, a SHARPS container,

insulin, and alcohol swabs or wipes (or rubbing alcohol and cotton balls).
• Check the labels on the syringe and bottle of insulin to make sure they match. If you're using U-100 insulin, you must use a U-100 syringe. Also check that you have the correct type of insulin, such as NPH or Lente.
• If your insulin is the cloudy-looking type, roll the bottle between your hands to mix it. Mix gently to prevent large air bubbles from forming in the insulin.
• Clean the top of the insulin bottle with an alcohol swab or wipe or with a cotton ball and rubbing alcohol.
• Select an appropriate injection site. (Refer to the guide your nurse gave you, showing you how to rotate your injection sites correctly. Keep a record of which sites you use and when you use them.)
• Pull the skin taut; then, using a circular motion, clean the skin with an alcohol swab or wipe or a cotton ball soaked in alcohol.
• Remove the needle cover. To prevent possible infection, don't touch the needle. Touch only the barrel and plunger of the syringe. Pull back the plunger to the prescribed number of insulin units. This draws air into the syringe.
• Insert the needle into the rubber stopper on the insulin bottle and push in the plunger. This pushes air into the bottle and prevents a vacuum.
• Hold the bottle and syringe together in one hand; then turn them upside down so the bottle is on top. You can hold the bottle between your thumb and forefinger and the syringe between your ring finger and little finger, against your palm. Or you can hold the bottle between your forefinger and middle finger, while holding the syringe between your thumb and little finger.
• Pull back on the plunger until the top, black portion of the barrel corresponds to the line that indicates you have withdrawn your correct insulin dose. Remove the needle from the bottle.
• If air bubbles appear in the syringe after you fill it with insulin, tap the syringe and push lightly on the plunger to remove them. Draw up more insulin, if necessary.
• Using your thumb and forefinger, pinch the skin at the injection site. Then quickly plunge the needle (up to its hub) into the subcutaneous tissue at a 90-degree angle.
• Place an alcohol swab or cotton ball over the injection site; then press down on it lightly as you withdraw the needle. Don't rub the injection site when withdrawing the needle.
• Dispose of the needle and syringe in the SHARPS container.
• Important: If you travel, always keep a bottle of insulin and a syringe with you. Keep insulin at room temperature. Don't refrigerate it or place it near heat (above 90Ãƒ Æ’Ã¢‚¬Å¡Ã‚° F [32Ãƒ Æ’Ã¢‚¬Å¡Ã‚° C])

WHERE CAN I INJECT INSULIN?

ROTATE INJECTION SITES

WHY ROTATE SITES?

• You can inject insulin into these areas:
• the outer part of both upper arms
• the right and left sides of your stomach, just above and below your waist (except for a 2-inch [5-centimeter] circle around your navel)
• the right and left sides of your back below the waist, just behind your hip bone
• the front and outsides of both thighs, from 4 inches (10 centimeters) below the top of your thigh to 4 inches above your knee

Whether you administer your insulin by needle or by an insulin pump, you need to rotate the injection sites.

• Rotating the site for injecting insulin reduces injury to the skin and underlying fatty tissue. It prevents a buildup of scar tissue and swelling and lumps.
• It can also minimize a slow insulin absorption rate. This can result from repeated injections in one spot, which can cause fibrous tissue growth and a decreased blood supply in that area.
• Site rotation can also offset changes that exercise causes in insulin absorption. Exercise increases blood flow to the body part being exercised, thereby increasing the insulin absorption rate. So, don't inject yourself in an area about to be exercised. (For example, don't inject yourself in the thigh before you go walking or bike riding.)

DIFFERENT PARTS OF THE BODY ABSORB AT DIFFERENT RATES

• Keep in mind that different parts of the body absorb insulin at different rates. The stomach absorbs insulin best, then the upper arm and, last, the thighs. Use this approach:
• Talk with your doctor or home care nurse about the best injection sites for you and how to vary those sites. Until you establish a routine, you might want to keep a chart showing where you've injected your insulin each time.
• Inject into the same body area for 1 to 2 weeks, depending on the number of injections you need daily. For example, if you need four injections a day, use one area for only about 5 days.
• Cover the entire area within an injection site, but don't inject into the same spot.
• Don't inject into spots where you can't easily grasp fatty tissue.
• Have a family member give you injections in hard-to-reach areas.
• Check with your doctor if a site becomes especially painful or if swelling develops or lumps appear

PROPER STORAGE OF INSULIN

Generally, all types of insulin including vials that are not in use (spare vials) should be refrigerated. Extremes of temperature should be avoided. Insulin should not be allowed to freeze or placed in a hot car or in direct sunlight.

HOW TO TEST BLOOD SUGAR

• There are various ways to know your blood sugar levels. Most involve obtaining a drop of blood from your fingertip, and then applying the blood to a special strip (with reagent), allowing the blood to stay on the strip for a certain amount of time
• A device called the glucometer will then give you the digital reading of your blood sugar level.
• To self-monitor your blood sugar level, especially if you are being given insulin, it is recommended to take your blood sugar two to four times a day (usually before meals and at bedtime), or as prescribed by your doctor.
• Every 6 to 12 months, your doctor may advise to have a comparison of the blood sugar results of your glucometer with a measured blood sugar level in a laboratory. You may undergo a test called fasting blood sugar. Ideally, you must fast 6 to 8 hours

HOW TO TEST URINE

• To test for ketones in your urine, you may be advised by your doctor to use the urine dipstick (Ketostix or Chemstrip UK) to detect for ketones. Ketones in your urine signal poor insulin control of your diabetes.
• Other strips are available if you are prescribed to measure both your urine blood sugar and ketones. Examples are Keto-Diastix or Chemstrip UK.
• If you have been diagnosed with type 1 diabetes with consistently high blood sugar levels, you may be advised to have your urine tested for sugar.
• Immediately report to your doctor the results for your urine test for sugar especially if you have ketones. This can mean that your blood sugar is out of control

DIABETIC FOOT CARE

• Gently wash your feet daily in LUKEWARM water and use moisturizer (NOT BETWEEN THE TOES).
• Cut nails carefully NOT TOO SHORT and straight across. File - don't cut - the edges.
• Shake out your shoes and inspect the inside before wearing.
• Never walk barefoot. Not even at home!
• Don't smoke. Smoking restricts blood flow in your feet.
• Never trim corns or calluses.
• Wear clean, dry socks and change them daily.
• Avoid socks that are thick and bulky and socks without tight elastic bands.
• Wear socks to bed.

• Always keep your feet warm and dry.
• Inspect your feet daily for cuts, blisters, redness, swelling, or nail problems

EXERCISE

• Exercise is extremely important for your condition because it helps lower blood sugar levels and reduces risk factors to heart problems, among other medical conditions.
• Resistance (strength) training such as weightlifting is recommended for you because it can increase lean muscle as well as your metabolism rates even at rest.
• Ideally, exercise at the same time (preferably when blood sugar level is very high) and in the same amounts every day

PRECAUTIONS FOR EXERCISE

• Use proper footwear, and if appropriate, other protective equipment.
• Avoid exercise in extreme cold or heat

DIABETIC DIET

• Fruits and vegetables are usually good choices but be careful not to eat too much fruit. Non-starchy vegetables including spinach, carrots, broccoli, and green beans are advised.
• Eat whole-grain foods, such as brown rice and whole wheat pasta. Include legumes
• Foods to avoid: sodas, fruit punches and other sugar-sweetened drinks. Select diet drinks or water. Also avoid sugary snacks (cookies, cakes, chips, ice cream).
• Drink six to eight glasses of unsweetened clear liquids per day. It's a good idea to drink a glass of water before and a glass of water after each meal

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MANAGE YOUR DIABETIC CONDITION