

100k *lives* Campaign

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

What You Need to Know about Heart Attacks: *A Fact Sheet for Patients and Their Family Members*

A heart attack (acute myocardial infarction) happens when blood stops flowing to a part of the heart. Often, the blood flow stops because a clot is in one of the heart's blood vessels. A person having a heart attack, as well as his or her family, can help doctors and nurses give good care.

When you are at home:

Know the symptoms of heart attack. These include:

- Chest pain. Often, the pain is in the center of your chest. This pain may last 5 minutes, or longer.
- Pain in other parts of your body. This might be in your arm, back, neck, jaw, or stomach.
- Shortness of breath.
- Other symptoms such as feeling nauseous (like you want to throw up), being dizzy, or breaking out in a cold sweat.

Act fast if you think this is a heart attack

- Call 9-1-1 or go to the hospital right away.
- Do not wait more than 5 minutes before you call or go to the hospital.

When you are in the hospital:

Tell the doctor or nurse about all the medications you take. This includes prescription medicines, over-the-counter drugs, and home remedies. Make sure to also say if you are allergic to any medications.

Here are some medications you may get if you are having a heart attack:

- Aspirin, to stop blood clots from forming.
- Beta blocker, to help prevent another heart attack.
- ACE inhibitor, if your heart needs help pumping.



When you go home from the hospital:

- Make an appointment to see your doctor within 1 week after you leave the hospital.
- Know the medications you will take at home. Talk with your doctor or nurse about what each medication does, how much to take, and who to call if there is a problem. Your medications are likely to include aspirin and a beta blocker.

You can learn more about Acute Myocardial Infarction (heart attack) as it relates to the 100,000 Lives Campaign at www.ihl.org.

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What You Need to Know about Central Line Infections (CLI): *A Fact Sheet for Patients and their Family Members*

Patients who need frequent intravenous (IV) medications, blood, fluid replacement and/or nutrition may have a central venous catheter (or “line”) placed into one of their veins. This line can stay in place for days and even weeks.

Catheter-related bloodstream infections (CR-BSI):

Lines are often very helpful. But sometimes they cause infections when bacteria grow in the line and spreads to the patient’s bloodstream. This is called a “catheter-related bloodstream infection” (CR-BSI). It is very serious and 20 percent (or 1 out of 5) of patients who get CR-BSI die from it.

A bundle of 5 care steps to prevent CR-BSI:

Doctors and nurses can help prevent CR-BSI by using a bundle of 5 “care steps.” Hospitals find that when all 5 of these steps are done that there are almost no cases of CR-BSI. The bundle of care steps are:

- Using proper hand hygiene. Everyone who touches the central line must wash their hands with soap and water or an alcohol cleanser.
- Wearing maximal barrier precautions. The person who inserts the line should be in sterile clothing – wearing a mask, gloves, and hair covering. The patient should be fully covered with a sterile drape, except for a very small hole where the line goes in.
- Cleaning the patient’s skin with “chlorhexidine” (a type of soap) when the line is put in.
- Finding the best vein to insert the line. Often, this is the subclavian vein (in the chest) which is not as likely to get an infection as veins in the arm or leg.
- Checking the line for infection each day. The line should be taken out only when needed and not on a schedule.

How patients and family members can help:

- Watch the hospital staff to make sure they wash their hands before and after working with the patient. Do not be afraid to remind them to wash their hands!
- Ask the doctors and nurses lots of questions before you agree to a line. Questions can include: Which vein will you use to put in the line? How will you clean the skin when the line goes in? What steps are you taking to lower the risk of infection?



- Make sure the doctors and nurses check the line every day for signs of infection. They should only replace the line when needed and not on a schedule.

Learn more about central line infections as they relate to the 100,000 Lives Campaign at www.ihl.org.

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What You Need to Know about Medication Errors: *A Fact Sheet for Patients and Their Family Members*

One of the most common types of medical mistakes has to do with medication errors – when patients take too many, too few, or the wrong pills. Medication errors can be very serious and lead to serious complications, admission to the hospital or even death. The good news is that patients and family members can help prevent medication errors.

Many medication errors occur at “transition points” such as when patients enter the hospital, move from one room to another, or leave the hospital to go home. There are some ways you can help prevent medication errors at these transition points.

A list of your medications:

You can help prevent errors by knowing about all the medications you take. But this can be hard to do. To help, make a list of all your medications. Then bring this list each time you see a doctor or nurse. Your medication list should include:

- Names of all your medications (include over-the-counter and herbal remedies)
- Dosages (how much you take of each medication)
- Time (when you take each medication)
- Ways you take each medication (such as a pill, patch, or liquid)

Up-to-date medication information:

Make sure to keep your medication list up-to-date.

- Ask the doctor or nurse if your list includes all the medications you take now.
- Change the information on your list each time you start or stop taking a medication.
- Ask a pharmacist to review your medication list and make any needed changes.
- Make sure that the medications you are taking do not interact with one another. Ask your pharmacist for help if you aren't sure. You can also look on the Internet for websites that help you figure out what medications should not be taken together. One you may try is www.drugs.com.
- Try to use the same pharmacy for all your prescriptions and refills, so that your pharmacist can tell you about medications that you should not take at the same time.
- Throw away all medications you no longer take.



Ways to use a medication list:

- Bring your medication list each time you go to the hospital, emergency room, or clinic.
- If you are too sick to do so yourself, ask a family member to show the medication list to your doctors and nurses.
- Make sure your family has your doctor's name and phone number. This way, they can help the hospital staff find out what medications you take.
- When you leave the hospital, talk with the doctor or nurse about the medications you will take at home. This is also a good time to ask why you need to take these medications.

You can learn more about Medication Errors as they relate to the 100,000 Lives Campaign at www.ihl.org.

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What You Need to Know about Rapid Response Teams: *A Fact Sheet for Patients and Their Family Members*

A Rapid Response Team is a group of nurses and doctors who are trained to help when there are signs that a patient is getting much sicker. The purpose of a rapid response team is to help before there is a medical emergency such as a heart attack.

Rapid response teams take action very quickly when something goes wrong. They may suggest laboratory tests, x-rays, medications, or even moving the patient to an intensive care unit. These actions can help patients get better and live longer.

Problems can happen any time a patient is in the hospital. This includes just after surgery, during medical tests, or when a patient is recovering from an illness.

Warning signs that a patient is getting much sicker:

- Changes in the heart or respiratory (breathing) rate
- A drop in blood pressure (it gets much lower)
- Changes in urinary output (much more or much less urine)
- Confusion or other mental status (thinking) changes
- When something just does not look or seem right with the patient

How family members can help:

- Find out if the hospital has a rapid response team.
- Ask the nurse to call the rapid response team when there are warning signs that the patient is getting much sicker.

You can learn more about Rapid Response Teams as they relate to the 100,000 Lives Campaign at www.ihl.org.

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What You Need to Know about Infections after Surgery: *A Fact Sheet for Patients and Their Family Members*

Most patients who have surgery do well. But sometimes patients get infections. This happens to about 3 out of 100 patients who have surgery. Infections after surgery can lead to other problems. Sometimes, patients have to stay longer in the hospital. Rarely, patients die from infections. Patients and their family members can help lower the risk of infection after surgery. Here are some ways:

Days or weeks before surgery:

Meet with your surgeon.

- Bring an up-to-date list of all the medications you take. Talk with your surgeon about why you take each medication and how it helps.
- Let the surgeon know if you are allergic to any medication and what happens when you take it.
- Tell the surgeon if you have diabetes or high blood sugar.
- Talk about ways to lower your risk of getting an infection. This may include taking antibiotic medicines.

The day or night before surgery:

Take extra good care of your body.

- Do not shave near where you will have surgery. Shaving can irritate your skin which may lead to infection. If you are a man who shaves your face every day, ask your surgeon if it is okay to do so.
- Keep warm. This means wearing warm clothes or wrapping up in blankets when you go to the hospital. In cold weather, it also means heating up the car before you get in. Keeping warm before surgery lowers your chance of getting an infection.

At the time of surgery:

- Tell the anesthesiologist (doctor or nurse who puts you to sleep for surgery) about all the medications you take. A good way to do this is with an up-to-date medication list.
- Let the anesthesiologist know if you have diabetes or high blood sugar. People with high blood sugar have a greater chance of getting infections after surgery.
- Speak up if someone tries to shave you before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask for blankets or other ways to stay warm while you wait for surgery. Find out how you will be kept warm during and after surgery. Ask for extra blankets if you feel cold.



- Ask if you will get antibiotic medicine. If so, find out how much medicine you will get. Most people are on antibiotics for just one day as taking too much can lead to other problems.

You can learn more about Surgical Site Infection as it relates to the 100,000 Lives Campaign at www.ihl.org.

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What You Need to Know about Ventilator-Associated Pneumonia (VAP): *A Fact Sheet for Patients and their Family Members*

Ventilator-Associated Pneumonia (VAP) is a lung infection that can happen to patients who are on ventilators (machines to help them breathe). This infection is very serious. About 15 percent (1 or 2 out of 10) of patients on ventilators get VAP. About half (50 out of 100) the patients with VAP die from it.

Some hospital patients need help breathing, either because they have just had a major operation or because they are very ill. These patients are often placed on a ventilator, a machine that supplies regular breaths through a tube inserted in the patient's mouth, nose, or through a hole in the front of the neck. Most of these patients recover, and the ventilator can be removed. However, there are proven ways to help prevent VAP – and patients and families can help to make sure these things are done.

A bundle of 4 care steps to prevent VAP:

Doctors and nurses can help prevent VAP by using a bundle of 4 “care steps.” Hospitals find that when all 4 of these steps are done that there are almost no cases of VAP. The bundle of care steps are:

- Raising the head of the patient's bed between 30 and 40 degrees.
- Giving the patient medication to prevent stomach ulcers.
- Preventing blood clots when patients are lying very still.
- Seeing if patients can breathe on their own when waking up after surgery.

How family members can help:

Ask the nurses and doctors these questions:

- Are you going to raise the head of the bed when [patient] is on the ventilator?
- How are you going to prevent stomach ulcers?
- What will you do to prevent blood clots?
- When can [patient] try breathing on his or her own?

Learn more about ventilator-associated pneumonia as it relates to the 100,000 Lives Campaign on www.ihl.org.

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