

Patient & Family Handbook

Medical-Surgical Wards



Welcome to Navy Medicine's First And Finest!!

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Naval Medical Center Portsmouth (NMCP)

Navy Medicine's First and Finest

Naval Medical Center Portsmouth has proudly served the military and their families since 1830, making it the Navy's oldest continuously operating hospital. Nationally acclaimed, this state of the art medical center with ten branch clinics offers premier research and teaching programs designed to prepare new doctors, nurses and hospital corpsmen for the future. This patient driven TRICARE facility is entrusted with the health readiness of the United States armed forces. Naval Medical Center Portsmouth, proudly serving those who serve us so well.

Medical-Surgical Department

The Medical-Surgical Department is made up of four units: the General Surgery Unit (4F), the Orthopedic Unit (4G), the Internal Medicine Unit (4H), and the Oncology Unit (4J). The Medical-Surgical Department also has oversight of the Wounded Warrior Transition Unit. Staffing consists of Registered Nurses (RN's), Licensed Practical Nurses (LPN's), and Corpsman (HM's). All units provide care to male and female patients 17 years and older. The surgical wards provide nursing care to individuals acutely ill or injured and in varying stages of recuperation from diagnostic, therapeutic, and surgical interventions. Patients on the medical units include renal, endocrine, pulmonary, cardiac, infectious diseases, mental health patients requiring medical clearance, and hematologic and oncologic diagnoses requiring specialized care such as chemotherapy and biotherapy administration.

Medical-Surgical Department's Mission

The NMCP Medical-Surgical staff is committed to:

Quality Patient Care: We strive to provide the finest quality of medical care available.

Patient and Family Centered Care: An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.

Customer Satisfaction

The Customer Service program provides an avenue for patients and family members to express their satisfaction and/or concerns and ensure that patients are receiving the best quality care possible while at Naval Medical Center Portsmouth.

Each unit has a patient contact representative who works in conjunction with the ward Division Officer, to resolve issues and ensure that appropriate levels within the chain of command have been made aware of customer concerns.

We appreciate all feedback that we receive. We have a comprehensive team of providers, cleaning staff and food service personnel involved in your care experience. Please take the opportunity to acknowledge our staff members individually or as a group who have provided great service by completing an All Star Ballot Form. This form can also be used to describe concerns or make suggestions. The patient satisfaction survey is available on the back of the All Star Ballot Form. Physical forms can be returned in the suggestion box located at the nurse's station of each unit nursing station. The forms and surveys can be submitted as many times as you like.

Kiosks are also located throughout the hospital for patients and family members to provide feedback. The nearest station is located in between the middle set of elevators across from the labor and delivery entrance.

Comments can also be submitted online, mailed or called in using the address and phone number listed below.

Online address: http://ice.disa.mil/index.cfm?fa=site&site_id=313

- Click on "health"
- Scroll all the way down to the bottom of the list
- Ward 4F, 4G, 4H, 4J will be individually listed
- Click on applicable form
- Complete short survey and submit

Direct addresses:

4F: https://ice.disa.mil/index.cfm?fa=card&sp=117485&s=313&dep=*DoD&sc=11

4G: https://ice.disa.mil/index.cfm?fa=card&sp=117486&s=313&dep=*DoD&sc=11

4H: https://ice.disa.mil/index.cfm?fa=card&sp=117487&s=313&dep=*DoD&sc=11

4J: https://ice.disa.mil/index.cfm?fa=card&sp=117488&s=313&dep=*DoD&sc=11

Patient Contact Representatives' Points of Contact:

4F	757-953-4176	Medical-Surgical Ward 4F, 4G, 4H, or 4J
4G	757-953-2171	ATTN: Patient Contact Representative
4H	757-953-4032	620 John Paul Jones Circle
4J	757-953-4057	Portsmouth, VA 23708

Additionally, you can scan the codes below and complete a customer service form for the unit that you are located on.

4F



4G



4H



4J



Your opinion is very important to us. We take all comments very seriously. Please let us know when we are doing a good job or if you feel there are areas we need to improve upon. Our goal is to make sure you and your loved one receive the best quality care. Please help us make this happen!

Patient Bill of Rights

As our patient, you have the right to:

1. **Quality Medical and Dental Care.** You have the right to quality care and treatment consistent with available resources and generally accepted standards, regardless of race, creed, color, natural origin, religion, sex, age, handicap, diagnosis, or source of payment.
2. **Pain Alleviation.** You have the right to be treated for alleviation of pain and discomfort consistent with accepted medical and safety practices.
3. **Respect and Dignity.** You have the right to considerate and respectful care that recognizes your personal values and beliefs in the planned course of your care.
4. **Privacy and Confidentiality.** You have the right to, within law and military regulations, to security, personal privacy, and confidentiality of information regarding your medical treatment. You also have the right to receive care in a secure, safe environment and to access protective services, if necessary.
5. **Know the Identity of Staff.** You have the right to know the professional status and name of individuals providing care to you, and to know which practitioner is primarily responsible for your care.
6. **Ask Questions About Treatment.** You have the right to participate in ethical decisions regarding your care. Decisions may relate to withholding resuscitative services, forgoing or withdrawing life-sustaining treatment, and participating in conflict resolution. Your rights include access to consultation, including NAVMEDCEN's Medical Ethics Committee. You also may refuse treatment to the extent permitted by law. If your refusal prevents the appropriate care as determined by your care team, the patient/provider relationship may be terminated upon reasonable notice. If you are an active duty member, you will be further advised of any administrative action that may result from your refusal of treatment.

7. Informed Consent. You have the right to receive the necessary information to make knowledgeable decisions regarding consent, refusal, or treatment. The information will include details regarding possible complications, risks, benefits, and any alternative treatments available. Communications will be in a manner and terms you understand.

8. A Safe Environment. You have the right to care and treatment in a safe environment.

9. Use Protective and Advocacy Services. You have the right to make use of protective services. Listings of protective service agencies will be made available to patients and families, as appropriate.

10. Know Naval Medical Center Rules and Regulations. You have the right to be informed of NAVMEDCEN's rules and regulations relating to patient or visitor conduct (such as rules prohibiting smoking) and should expect compliance with those rules from other individuals.

11. Transfer and Continuity of Care. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and an explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred first must have accepted the patient for transfer.

Your Healthcare Team

Attending Physician - a physician (D.O. or M.D.) who has completed residency and practices medicine in a clinic or hospital, in the specialty learned during residency and is in charge of your care

Clinical Nurse Specialist (CNS) - a master's prepared registered nurse (RN) with specialized education in Medical-Surgical nursing who consults with the care team regarding care provided to patients

Discharge Planner - a health care team member, often a specialized RN, who assists with the coordination of care including talking with insurance providers and planning for discharge to home or a skilled facility

Hospital Corpsman - a person who is trained to assist the nursing staff

Intern - doctor who recently graduated from medical school and is receiving practical supervised training in the hospital

Lay Leader - a volunteer appointed by the commanding officer and supervised and trained by the command chaplain to serve to meet a particular faith group

Licensed Practical Nurse (LPN) - a licensed nurse who cares for patients under the direct supervision of the registered nurse and physician

Nurse Practitioner -

Nutritionist - a health care team member who is trained to assist in evaluating and meeting the nutritional needs of patients

Occupational Therapist - a master's prepared professional who promotes health, prevents injury or disability and which develops, improves, sustains or restores the highest possible level of independence

Pastor/Chaplain - a master's prepared individual who ministers to all who desire spiritual support

Pharmacist - a licensed provider who is able to dispense medicinal drugs and monitor and advice in drug therapies

Physical Therapist- a master's or doctoral prepared professional working with patients primarily to promote mobility, functional ability, quality of life and movement potential

Physical Therapy Tech - a person who received special training in physical therapy and works under the supervision of the physical therapist to achieve mobility and functional goals

Physician Assistant (PA) - licensed provider who

Registered Nurse (RN)- licensed provider who works in conjunction with the physicians, discharge planners, social workers, physical therapist and other providers to provide and coordinate care to the patient

Resident - a doctor who has completed medical school and has graduated from their internship and is currently training in a specialty

Respiratory Therapist - a bachelor's or master's prepared professional who works under the supervision of a physician or nurse practitioner to manage and stabilize airway and life support

Social Worker - a licensed professional who acts as a broker, mediator, counselor, and advocate for people in need

Admission to the Hospital

If you were not seen at an Admissions window or by an Admissions representative in the Emergency Room, a representative from Admissions will approach you or a family member shortly after you arrive on the unit. They will request the following information: name, current address, phone number, next of kin designation and person to contact in case of an emergency, any private insurance coverage, and if you have an advance directive, a living will or a medical power of attorney. If you are active duty, your military unit information will also be needed.

You will be asked to sign a "General Consent to Treatment" and "Privacy Act Statement".

You will have the option on the "HIPAA Disclosure" form if you would like to be placed on the hospital's roster as someone who approves of visitors. If you do not want any visitors, your name will be highlighted in red, informing the front gate to not let anyone through who wishes to see you.

Advance Directive

An advance directive is a legal document signed by a competent person to provide guidance for medical decisions in the event that you become incompetent or unable to make decisions for yourself. We encourage you to share your advance directive and your medical wishes with your family members.

If you do not have an advance directive, you will be provided with the tools to create one. **If you already have an advance directive, we ask that you please have someone bring it to the hospital.** Please give it to your nurse so we may make a copy and place it in your active file. This will ensure your wishes are carried out in the event of an emergency.

Wishes Regarding Resuscitation

A Do Not Resuscitate order reflects the patient's wishes regarding medical treatment in case their heart stops beating. Unless otherwise indicated, all patients will receive all aspects of life-sustaining treatment to include CPR and a breathing tube. For further information regarding resuscitation measures and treatment, please speak with your medical provider.

I.D. Band

Upon admission, an identification band will be placed on your wrist. A second red identification band may be used to identify allergies if applicable. Please wear these bands at all times. If the band is removed or damaged please notify staff immediately so a replacement can be made.

Valuables

We recommend valuables, such as money, credit cards, and jewelry, be sent home with loved ones. If you are not able to send your valuables home, we suggest you deposit them in the hospital safe, located in admissions (your nursing staff can assist you with this process). Dentures, eye glasses, hearing aids, and contact lenses should be placed in protective containers labeled with your information at the bedside. Please ensure that these items and other small personal items like cell phones are not kept in the bed, so they are not mistakenly taken with the sheets to laundered. NMCP cannot accept responsibility for items of value unless they are inventoried with the hospital treasury.

Your Hospital Stay

Your Room

Your room assignment is based upon your admitting diagnosis and the bed availability at the time of your admission.

Clothing

You are welcome to bring your own clothing, toilet articles, pillows and personal items.

Hospital Bed

Beds are electronically operated. Your nurse will show you how to operate your bed. The top two side rails will be placed in the up position and the whole bed will be in the lowest elevation for your safety. If you would like your side rails down, please discuss this with your nurse. In some instances additional equipment will be attached to or hung from the bed to assist in mobility or to provide therapies.

Calling for Assistance

A nurse call button is located at your bedside. When you press the button, the nursing station is alerted that you need assistance. A light flashes above your door, a tone will be heard throughout the floor, and a monitor at the nurse's station will also indicate the source of the call.

The bathrooms also have a call light system. The cord is located on the wall next to the toilet. Pull the cord to activate the call system.

Never hesitate to call for assistance; we are here to assist you during your hospital stay.

Safety and Security

Patient safety is very important to us. Many things contribute to an unsafe environment, such as: medication, weakness caused by illness, equipment, and an unfamiliar environment. Please do not take any risks. When you are getting up, if you need repositioning or desire to move about your room, please use your call bell so our staff may assist you or be close by in case you need additional support.

Medication

If you brought medications, supplements or herbs from home, please let your nurse know. Medication you take while in the hospital should be prescribed by your doctor, dispensed by the hospital pharmacist and administered by a nurse. Please do not take your personal medications unless approved by your doctor overseeing your inpatient care. We request that you send your home medications with a trusted friend or family member. Pharmacy will keep medications if a suitable friend or family member is not available (your nurse can help facilitate that). If any medications are not available at our pharmacy, as long as it is in the original container, it will be sent to pharmacy, identified and returned to the nurse to dispense when due.

Please communicate with the staff concerning the medications, supplements and herbs that you take at home regularly or as needed. Let the staff know the name of the medication, supplement or herb, the dose, how frequently you take the item, and the last time it was taken. Whenever possible, we will try to mirror your medication schedule at home.

Meals

Your doctor will order a diet specific to your needs. A dietician may meet with you to discuss your eating habits, food preference, any food allergies, provide counseling regarding your care and nutrition, and make recommendations to the healthcare team related to nutrition requirements.

Breakfast, lunch and dinner trays arrive around 7:00 am, 11:30 am, and 5:00 pm. If you have a problem with your diet, please notify your nursing staff to assist you. If you are a diabetic who gets their blood sugar checked before your meals, please call for assistance before beginning your meal. If your diet allows, family may bring in food for you. Please discuss this with your nurse and/or dietician. Water, ice, juices, snacks and nutrient supplements are available on all units, diet permitting. Please ask staff for assistance. Patient refrigerators are located on each unit to keep smaller items and snacks. Please speak with nursing staff to access the patient refrigerator.

Phone

Every room has a phone at the bedside. To complete a local call, dial "9" first to get out of the hospital, then your number. No long distance phone calls can be made. There are outlets throughout the room to plug in your personal phone charger if you have it with you. The unit does not provide phone chargers for personal use.

Many units have semi-private rooms. Please be cognizant of the patient in the next bed. Please keep ringers on low. Monitor the volume of your phone conversations and the time of day. We want to encourage all our patients to rest in a peaceful environment.

Restrooms

Each patient room has a bathroom. Please see the nursing station for additional public bathrooms located on the unit. A public bathroom is located on the main hallway between the middle elevators and the entrance to 4H/J.

Discharge and Beyond

Medication

Your medication list will be reviewed with you again before discharge. The physician may discontinue previous medications in addition to adding new medications. You should be fully aware of the plan and should receive education regarding medications from the physician, pharmacy, and nutrition office or ward staff. Your discharge instructions should state the last time you were given your medications or the next time you are able to take them.

Please remind the staff of any home medications stored in pharmacy during your hospital stay. A receipt from when the medications were first delivered to the pharmacy is used to collect the medications out again. A copy of this form will be located in the soft chart.

Discharge Process

Upon learning of discharge plans, please be patient with the staff as we coordinate everything involved in your safe discharge from the hospital. The physician completes his/her notes in the computer and places the orders for the medications. Pharmacy verifies the medications and prepares them for pick-up. Any additional supplies are collected and last minute teaching is reinforced in preparation for your discharge.

A full or abbreviated summary of your hospital visit will be reviewed with you paying specific attention to discharge instructions, medications and follow-up appointments.

Transport out of hospital to vehicle

Your safety is our top priority from the time of your arrival until the time that we are able to deliver you to transport vehicle upon discharge. Please allow us to wheel you out of the hospital in a wheelchair.

Concerns after Discharge

Generally, please go to the nearest Emergency room immediately if you

have chest pain, shortness of breath, dizziness, temperature greater than 101 degrees Fahrenheit or other symptoms that you think are an emergency. Please go to the clinic as soon as possible if your incision becomes red, hard, warm, or for greenish or white drainage.

For questions regarding follow-up care or appointments, please call the clinic.

The NMCP triage line is 757-953-1321.

Family Visitation

A "HIPAA Password" can be set up between the family and the nurse. This word will be used as a communication tool to share information over the phone. When a family member calls the unit for information they will be asked, "What is the HIPAA Password?" Information can only be shared with those who know the Password to ensure patient privacy.

Visitation hours on the Medical-Surgical wards are *10:00 am- 8:00 pm*. When you want to talk to a nurse or doctor please be aware that between *6:30 am- 8:00 am* and *6:30 pm- 8:00 pm* we conduct change-of-shift report, which means nurses and doctors may not be available. During this time we will be exchanging information important for patient care.

The nurse may ask visitors to step out of the patient's room when a medical procedure needs to be done. This is done for patient safety and privacy. The staff will notify the family when they can return to the room.

Visitor bathrooms and waiting rooms are located in different locations on each ward, the nursing staff for that specific ward can direct you.

Helpful Information

Helpful Phone Numbers

Med-Surgical Ward Numbers

- 4F 757-953-4226
- 4G 757-953-4125
- 4H 757-953-4020
- 4J 757-953-4056

Tri-Care Hampton Roads Appointment Center 1-866-645-4584

Tri-Care Information 1-877-874-2273

Quarterdeck 757-953-5008

Television Channel Listings

14 CBS	28 CNN	44 Fox Sports
16 NBC	30 Headline News	45 Discovery Kids
18 ABC	32 The Weather	47 Sprout
20 The Newborn	Channel	48 Noggin
Channel	34 ABC Family	49 Nicktoons
22 Chapel	36 AMC	51 FOX News
23 Inspirational	38 Discovery	53 Pentagon Channel
24 FOX	40 TLC	
26 Cartoon Network	42 Fox Sports Net	

Parking Garage Colors

Hospital Amenities

Galley/Dining Services

Open to all personnel, military, staff and visitors. Active duty in official physical fitness attire will not be permitted to remain in the galley to eat, but may purchase food "to go".

Location: Building 2, 1st Floor, opposite end of building from Emergency Room

Hours:	Everyday		
	Breakfast	6am-8am	\$2.50
	Lunch	11am-1pm	\$4.50
	Dinner	4:30pm-6pm	\$4.50

Menu can be accessed at this address:

<http://www.med.navy.mil/sites/NMCP2/Galley/Pages/Menu.aspx>

Hospital Restaurants & Kiosks

Food Court

Located: Building 3, 2nd Floor, right inside parking garage exit/entrance

Subway

Hours: Monday - Thursday 24 hours
Fridays close at 10am
Saturday-Sunday 8am-4pm

White Lotus Sushi

Hours: Monday - Friday 6am-4pm
Saturday - Sunday Closed

NrGize-Lifestyle Cafe Rollers

Hours: Monday - Friday 10am-6pm
Saturday - Sunday 8am-4pm

Dancing Goat

Located: Building 3, 2nd Floor, next to the food court

Hours: Monday - Friday 6am-2pm
 Saturday 7am-11pm
 Sunday Closed

Coffee Kiosk

Located: Building 2, 2nd Floor, Crosswalk between hospital and parking garage

Hours:

Restaurants on Base

The SandBar

Located: Building 256

Hours: Monday - Friday 7am-11pm

Services

Directions: Take the main elevators to 2nd floor, take a left, walk through the overpass into Bldg. 3. All services located in the first hall.

Navy Federal Credit Union

Monday-Friday 7-4

Saturday/Sunday Closed

Barber Shop

Monday-Friday 6-7

Saturday-Sunday 10-4pm

Optical Shop

Monday-Friday 9-5:30

Saturday-Sunday Closed

On & Off-Base Lodging

Fisher House

The Fisher House is located across from the Naval Medical Center. It is a non-profit center for families of hospitalized family members who live more than 50 miles from the hospital. There are also several hotels that offer discounted rates for families. The chaplain can help you make these arrangements.

Lodging

NMCP or the Medical-Surgical Department does not affiliate or endorse any of the following locations. This list is provided as a resource only.

Riverwalk Inn & Suites

333 Effingham Street
Portsmouth, VA 23704
757-295-0151

Renaissance Portsmouth Hotel

425 Water Street
Portsmouth, VA 23704
(757) 673-3000

Comfort Inn Olde Town

347 Effingham Street
Portsmouth, VA 23704
(757) 397-7788

The Patriot Inn B & B

201 North Street
Portsmouth, VA 23704
(757) 391-9290

Econo Lodge

1031 London Boulevard
Portsmouth, VA 23704
(757) 399-4414

Harbor Tower Apartments

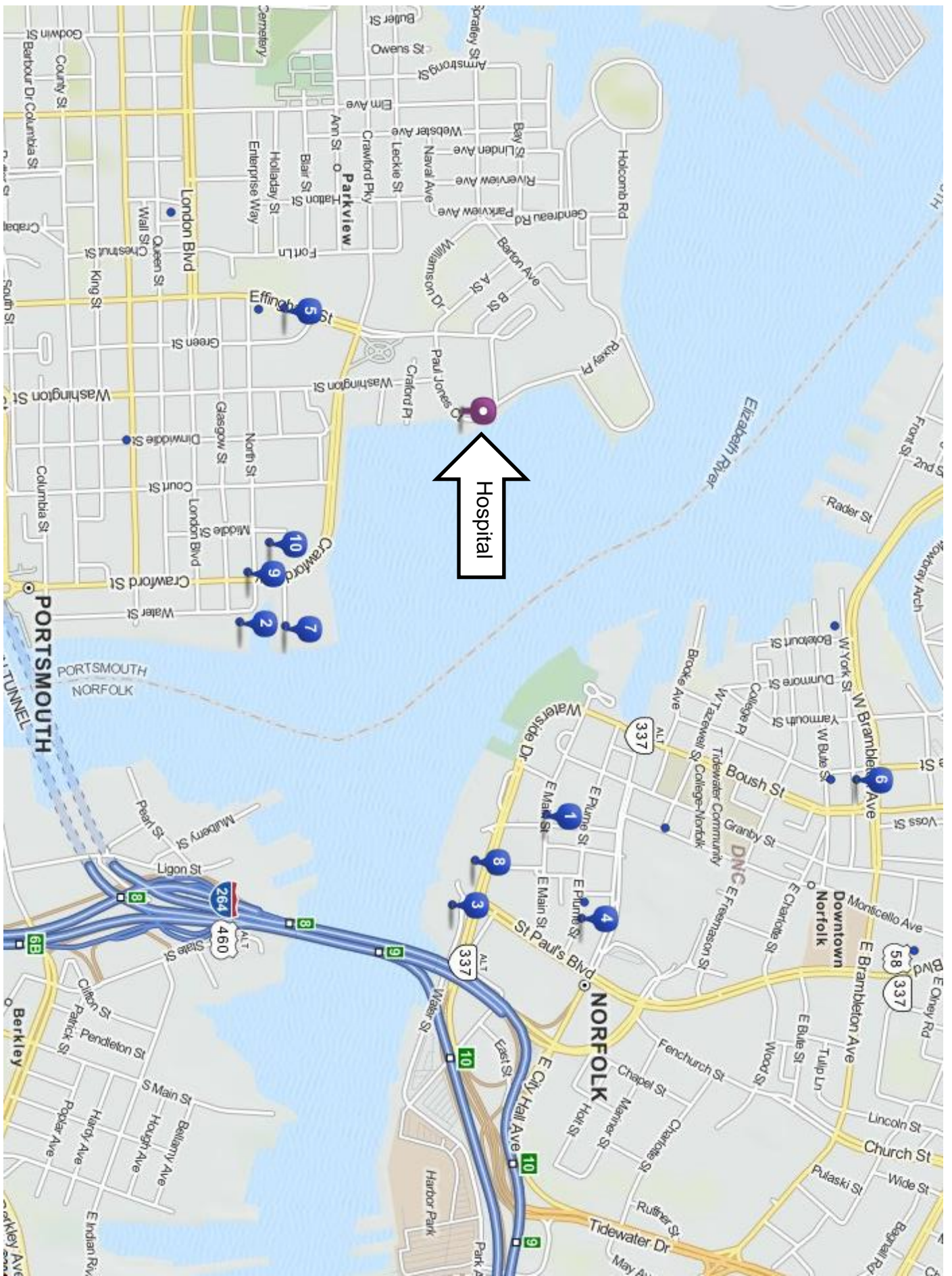
1 Harbor Court
Portsmouth, VA 23704
(877) 814-8428

Governor Dinwiddie Hotel Old Towne

506 Dinwiddie Street
Portsmouth, VA 23704
(757) 392-1330

The Glen Coe Inn

222 North Street
Portsmouth, VA 23704
(757) 397-8128
Navy Lodge
Norfolk
7811 Hampton Blvd
Norfolk, VA 23505
(757) 489-2656





Five Things You Can Do To Prevent Infection

5

Five Things You Can Do To Prevent Infection was developed in collaboration with

American Hospital Association
www.hospitalconnect.com

Association for Professionals in Infection Control and Epidemiology, Inc.
www.apic.org

Centers for Disease Control and Prevention
www.cdc.gov

Infectious Diseases Society of America
www.idsociety.org

The Joint Commission
www.jointcommission.org

Society for Healthcare Epidemiology of America
www.shea-online.org

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety.

Helping health care organizations help patients

Avoiding contagious diseases like the common cold, strep throat, and the flu is important to everyone. Here are five easy things you can do to fight the spread of infection.

1.

Clean your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- Or, if your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.



2.

Make sure health care providers clean their hands and wear gloves.

- Doctors, nurses, dentists and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they've cleaned their hands.
- Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Don't be afraid to ask them if they should wear gloves.



3.

Cover your mouth and nose.

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose to prevent the spread of infection to others.

- Use a tissue! Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.



4.

If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.



5.

Get shots to avoid disease and fight the spread of infection.

Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:

- Chicken pox
- Measels
- Tetanus
- Shingles
- Flu (also known as influenza)
- Whooping cough (also known as Pertussis)
- German measles (also known as Rubella)
- Pneumonia (*Streptococcus pneumoniae*)
- Human papillomavirus
- Mumps
- Diphtheria
- Hepatitis
- Meningitis



Hand Hygiene Saves Lives



hand hygiene

- Washing hands with soap and water.
- Cleansing hands using an alcohol-based hand rub.
- Preventing the spread of germs and infections.



Why?

To prevent hospital infections.

- In the United States, hospital patients get nearly 2 million infections each year. That's about 1 infection per 20 patients!
- Infections you get in the hospital can be life-threatening and hard to treat.
- All patients are at risk for hospital infections.
- You can take action by asking both your healthcare providers and visitors to wash their hands.

Remember: Hand hygiene saves lives.

To make a difference in your own health.

- Hand hygiene is one of the most important ways to prevent the spread of infections, including the common cold, flu, and even hard-to-treat infections, such as methicillin-resistant *Staphylococcus aureus*, or MRSA.

When?

You should practice hand hygiene:

- Before preparing or eating food.
- Before touching your eyes, nose, or mouth.
- Before and after changing wound dressings or bandages.
- After using the restroom.
- After blowing your nose, coughing, or sneezing.
- After touching hospital surfaces such as bed rails, bedside tables, doorknobs, remote controls, or the phone.

Healthcare providers should practice hand hygiene:

- Every time they enter your room.*
- Before putting on gloves. Wearing gloves alone is not enough to prevent the spread of infection.
- After removing gloves.

Remember: Ask your doctors and nurses to clean their hands before they examine you.

* If you already have an infection, your healthcare providers may take special measures (isolation precautions) to prevent the spread of your infection to others. They might enter your room wearing protective equipment (e.g., gloves, gown, mask). You do not need to ask them to clean their hands because they should have done so before they put on gloves.

How?

With soap and water:

1. Wet your hands with warm water. Use liquid soap if possible. Apply a nickel- or quarter-sized amount of soap to your hands.
2. Rub your hands together until soap forms a lather and then rub all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing your hands for 15 seconds. Need a timer? Imagine singing the “Happy Birthday” song twice.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel if possible. Then use your paper towel to turn off the faucet and to open the door if needed.

Remember: It only takes 15 seconds to protect yourself and others.

With an alcohol-based hand rub:

1. Follow directions on the bottle for how much of the product to use.
2. Rub hands together and then rub product all over the top of your hands, in between your fingers and the area around and under the fingernails.
3. Continue rubbing until your hands are dry. If enough rub was used to kill germs, it should take at least 15 seconds of rubbing before your hands feel dry. You should not rinse your hands with water or dry them with a towel.

Which?

Use soap and water:

- When your hands look dirty.
- After you use the bathroom.
- Before you eat or prepare food.

Use an alcohol-based hand rub:

- When your hands do not look dirty.
- If soap and water are not available.

Alcohol based hand rubs


- Products that kill germs on the hands.
- Should contain 60% to 95% ethanol or isopropanol (types of alcohol).
- Are fast-acting and convenient.

Who?

You can make a difference in your own health:

- Healthcare providers know they should practice hand hygiene, but they sometimes forget. Most welcome your friendly reminder.
- Ask healthcare providers to practice hand hygiene in a polite way — tell them that you know how easy it is for people to get infections in the hospital and that you don’t want it to happen to you.

Remember: Take control of your health, practice hand hygiene.



Hand Hygiene is the #1 way to prevent the spread of infections

Why?

You can take action by practicing hand hygiene regularly and by asking those around you to practice it as well.

When?

You and your loved ones should clean your hands very often, especially after touching objects or surfaces in the hospital room, before eating, and after using the restroom. Your healthcare provider should practice hand hygiene every time they enter your room.

How?

It only takes 15 seconds of using either soap and water or an alcohol-based hand rub to kill the germs that cause infections.

Which?

Use soap and water when your hands look dirty; otherwise, you can use an alcohol-based hand rub.

Who?

You, your loved ones, and your healthcare providers should practice hand hygiene.

For more information, please visit www.cdc.gov/handhygiene or call 1-800-CDC-INFO

CDC acknowledges the following partners in the development of the *Hand Hygiene Saves Lives* video: the Association for Professionals in Infection Control and Epidemiology and Safe Care Campaign.

This brochure was developed with support from the CDC Foundation and Kimberly-Clark Corporation.

FALL FREE HOSPITAL



We are committed to your safety while you are with us. Our fall prevent program is one of the ways that we do that. Our associates perform fall risk assessments each shift.

All patients are at risk for falling at any point during their hospitalization. A patient's fall risk may change given the treatments received or procedures completed.

Please help us keep you safe. Even one fall, is one fall too many.



Ways to prevent falls

- Please stop and call for assistance to get out of bed.
- Keep pathways clear of clutter and tripping hazards. This includes medical equipment, personal belongings and cords.
- Report risks and unsafe conditions like wet floors and equipment cords.
- Brakes are engaged on beds and wheelchairs.
- Top handrails on each side in up position. Bed lowered closest to the ground.
- Call bells and patient belongings within reach.
- Proper footwear available and in use.
- Appropriate lighting.
- Patients identified as moderate or high fall risk receive a yellow bracelet, blanket and socks.



FAQs

(frequently asked questions)

about “MRSA” (Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or “Staph” is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some Staph are resistant, meaning they cannot be killed by some antibiotics. “Methicillin-resistant *Staphylococcus aureus*” or “MRSA” is a type of Staph that is resistant to some of the antibiotics that are often used to treat Staph infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as “community-associated MRSA” infection, is available from the Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/mrsa>

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully clean hospital rooms and medical equipment.
- Use Contact Precautions when caring for patients with MRSA. Contact Precautions mean:
 - o Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
 - o Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.

- o Visitors may also be asked to wear a gown and gloves.
 - o When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
 - o Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- **May test** some patients to see if they have MRSA on their skin. This test involves rubbing a cotton-tipped swab in the patient’s nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don’t take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors’ offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

FAQs

(frequently asked questions)

about “Surgical Site Infections”

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

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FAQs

(frequently asked questions)

about “Catheter-Associated Urinary Tract Infection”

What is “catheter-associated urinary tract infection”?

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile (“clean”) technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

FAQs

(frequently asked questions)

about “Catheter-Associated Bloodstream Infections” (also known as “Central Line-Associated Bloodstream Infections”)

What is a catheter-associated bloodstream infection?

A “central line” or “central catheter” is a tube that is placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a “central line” and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient’s skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.

- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

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WHAT YOU NEED TO KNOW

NEUTROPENIA AND RISK FOR INFECTION

WHAT IS NEUTROPENIA?

Neutropenia, pronounced noo-troh-PEE-nee-uh, is a decrease in the number of white blood cells. These cells are the body's main defense against infection. Neutropenia is common after receiving chemotherapy and increases your risk for infections.

Why does chemotherapy cause neutropenia?

These cancer-fighting drugs work by killing fast-growing cells in the body—both good and bad. These drugs kill cancer cells as well as healthy white blood cells.

How do I know if I have neutropenia?

Your doctor or nurse will tell you. Because neutropenia is common after receiving chemotherapy, your doctor may draw some blood to look for neutropenia.

When will I be most likely to have neutropenia?

Neutropenia often occurs between 7 and 12 days after you receive chemotherapy. This period can be different depending upon the chemotherapy you get. Your doctor or nurse will let you know exactly when your white blood cell count is likely to be at its lowest. You should carefully watch for signs and symptoms of infection during this time.

How can I prevent neutropenia?

There is not much you can do to prevent neutropenia from occurring, but you can decrease your risk for getting an infection while your white blood cell count is low.

What are the signs and symptoms of an infection?

For patients with neutropenia, even a minor infection can quickly become serious. Call your doctor right away if you have:

- Fever that is 100.4°F (38°C) or higher for more than one hour, or a one-time temperature of 101° F or higher.
- Chills and sweats.
- Change in cough or new cough.
- Sore throat or new mouth sore.
- Shortness of breath.
- Nasal congestion.
- Stiff neck.
- Burning or pain with urination.
- Unusual vaginal discharge or irritation.
- Increased urination.
- Redness, soreness, or swelling in any area, including surgical wounds and ports.
- Diarrhea.
- Vomiting.
- Pain in the abdomen or rectum.
- New onset of pain.
- Changes in skin, urination, or mental status.

How can I prevent an infection?

In addition to receiving treatment from your doctor, the following suggestions can help prevent infections:

- Clean your hands frequently.
- Try to avoid crowded places and contact with people who are sick.
- Do not share food, drink cups, utensils or other personal items, such as toothbrushes.
- Shower or bathe daily and use an unscented lotion to prevent your skin from becoming dry and cracked.
- Cook meat and eggs all the way through to kill any germs.
- Carefully wash raw fruits and vegetables.
- Protect your skin from direct contact with pet bodily waste (urine or feces) by wearing vinyl or household cleaning gloves when cleaning up after your pet. Wash your hands immediately afterwards.
- Use gloves for gardening.
- Clean your teeth and gums with a soft toothbrush, and if your doctor or nurse recommends one, use a mouthwash to prevent mouth sores.
- Try and keep all your household surfaces clean.
- Get the seasonal flu shot as soon as it is available.

What if I have to go to the emergency room?

Cancer patients receiving chemotherapy should not sit in a waiting room for a long time. While you are receiving chemotherapy, fever may be a sign of infection. Infections can become serious very quickly. When you check in, tell them right away that you are getting chemotherapy and have a fever. This may be an indication of an infection.



To learn more about CDC's new resources, please visit cdc.gov/cancer/preventinfections

No More Excuses: You Need a Flu Vaccine

Get the Facts

- The flu vaccine is safe, does not cause the flu, and can protect the ones you love.
- Spread the word and GET VACCINATED!



Even healthy people need a flu vaccine.

Influenza (flu) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. Even healthy people can get sick enough to miss work or school for a significant amount of time or even be hospitalized. The flu vaccine is recommended for everyone 6 months of age and older. Pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, so getting a yearly flu vaccine is especially important for them.

Is the flu vaccine safe?

Yes. The flu vaccine is safe. They have been given to hundreds of millions of people for more than 50 years and have a very good safety track record. Each year, CDC works closely with the U.S. Food and Drug Administration (FDA), and other partners to ensure the highest safety standards for flu vaccines.

The most common side effects of flu vaccines are mild.

The flu vaccine cannot cause flu illness; however, it can cause mild side effects that may be mistaken for flu. For example, people vaccinated with the flu shot may feel achy and may have a sore arm where the shot was given. People vaccinated with the nasal spray flu vaccine may have a stuffy nose and sore throat. These side effects are NOT the flu. If experienced at all, these effects are usually mild and last only 1-2 days.

Even if I get sick, won't I recover quickly?

Not necessarily. Influenza can be serious and anyone can become sick with flu and experience serious complications. But even if you bounce back quickly, others around you might not be so lucky. Older people, young children, pregnant women and people with medical conditions like asthma, diabetes, heart disease and lung disease are at especially high risk from the flu. Kids, teens and adults who are active and healthy also can get very sick from flu and spread it to others. Some people can be infected with the flu virus but have no symptoms. During this time, you can still spread the virus to others. Don't be the one spreading flu to those you care about.

Shingles Vaccine

What You Need to Know

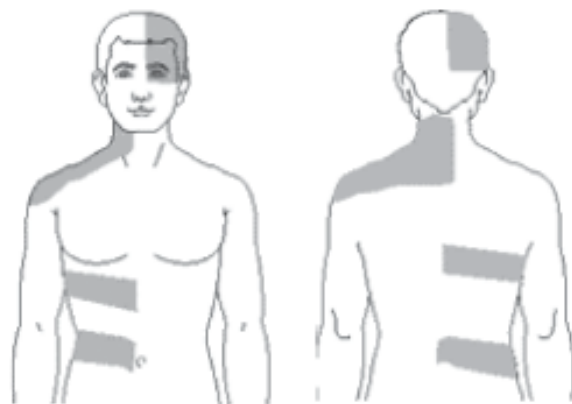
Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is shingles?

Shingles is a painful skin rash, often with blisters. It is also called Herpes Zoster, or just Zoster.

A shingles rash usually appears on one side of the face or body and lasts from 2 to 4 weeks. Its main symptom is pain, which can be quite severe. Other symptoms of shingles can include fever, headache, chills and upset stomach. Very rarely, a shingles infection can lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis) or death.



For about 1 person in 5, severe pain can continue even long after the rash clears up. This is called **post-herpetic neuralgia**.

Shingles is caused by the Varicella Zoster virus, the same virus that causes chickenpox.

Only someone who has had chickenpox—or, rarely, has gotten chickenpox vaccine—can get shingles. The virus stays in your body, and can cause shingles many years later.

You can't catch shingles from another person with shingles. However, a person who has never had chickenpox (or chicken pox vaccine) could get **chickenpox** from someone with shingles. This is not very common.

Shingles is far more common in people 50 years of age and older than in younger people. It is also more common in people whose immune systems are weakened because of a disease such as cancer, or drugs such as steroids or chemotherapy.

At least 1 million people a year in the United States get shingles.

2 Shingles vaccine

A vaccine for shingles was licensed in 2006. In clinical trials, the vaccine reduced the risk of shingles by 50%. It can also reduce pain in people who still get shingles after being vaccinated.

A single dose of shingles vaccine is recommended for adults 60 years of age and older.

3 Some people should not get shingles vaccine or should wait.

A person should not get shingles vaccine who:

- has ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or any other component of shingles vaccine. Tell your doctor if you have any severe allergies.
- has a weakened immune system because of current:
 - AIDS or another disease that affects the immune system,
 - treatment with drugs that affect the immune system, such as prolonged use of high-dose steroids,
 - cancer treatment such as radiation or chemotherapy,
 - cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma.
- is pregnant, or might be pregnant. Women should not become pregnant until at least 4 weeks after getting shingles vaccine.

Someone with a minor acute illness, such as a cold, may be vaccinated. But anyone with a moderate or severe acute illness should usually wait until they recover before getting the vaccine. This includes anyone with a temperature of 101.3° F or higher.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Pneumococcal Polysaccharide Vaccine

What You Need to Know

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Pneumococcal disease

Pneumococcal disease is caused by *Streptococcus pneumoniae* bacteria. It is a leading cause of vaccine-preventable illness and death in the United States.

Anyone can get pneumococcal disease, but some people are at greater risk than others:

- People 65 years and older
- The very young
- People with certain health problems
- People with a weakened immune system
- Smokers

Pneumococcal disease can lead to serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain (meningitis).

Pneumococcal pneumonia kills about 1 out of 20 people who get it. Bacteremia kills about 1 person in 5, and meningitis about 3 people in 10.

People with the health problems described in Section 3 of this statement may be more likely to die from the disease.

2 Pneumococcal polysaccharide vaccine (PPSV)

Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

Pneumococcal polysaccharide vaccine (PPSV) protects against 23 types of pneumococcal bacteria, including those most likely to cause serious disease.

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

Another type of pneumococcal vaccine (pneumococcal conjugate vaccine, or PCV) is routinely recommended for children younger than 5 years of age. PCV is described in a separate Vaccine Information Statement.

3 Who should get PPSV?

- All adults 65 years of age and older.
- Anyone 2 through 64 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid or cochlear implant
- Anyone 2 through 64 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma or leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone 2 through 64 years of age who is taking a drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Any adult 19 through 64 years of age who:
 - is a smoker
 - has asthma

PPSV may be less effective for some people, especially those with lower resistance to infection.

But these people should still be vaccinated, because they are more likely to have serious complications if they get pneumococcal disease.

Children who often get ear infections, sinus infections, or other upper respiratory diseases, but who are otherwise healthy, do not need to get PPSV because it is not effective against those conditions.



Fact sheet about health benefits of smoking cessation

1. There are immediate and long-term health benefits of quitting for all smokers.

Time since quitting	Beneficial health changes that take place
Within 20 minutes	Your heart rate and blood pressure drop.
12 hours	The carbon monoxide level in your blood drops to normal.
2-12 weeks	Your circulation improves and your lung function increases.
1-9 months	Coughing and shortness of breath decrease.
1 year	Your risk of coronary heart disease is about half that of a smoker.
5 years	Your stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting.
10 years	Your risk of lung cancer falls to about half that of a smoker and your risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases.
15 years	The risk of coronary heart disease is that of a nonsmoker's.

2. People of all ages who have already developed smoking-related health problems can still benefit from quitting

Time of quitting smoking	Benefits in comparison with those who continued
At about 30	Gain almost 10 years of life expectancy
At about 40	Gain 9 years of life expectancy
At about 50	Gain 6 years of life expectancy
At about 60	Gain 3 years of life expectancy
After the onset of life-threatening disease	Rapid benefit, people who quit smoking after having a heart attack reduce their chances of having another heart attack by 50%.

3. Quitting smoking decreases the excess risk of many diseases related to second-hand smoke in children, such as respiratory diseases (e.g., asthma) and ear infections.

4. Quitting smoking reduces the chances of impotence, having difficulty getting pregnant, having premature births, babies with low birth weights and miscarriage.

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Tobacco Cessation Resources

Health Promotions Educator

Welness Center, Naval Medical Center Portsmouth
Bldg 3, 5th Floor
953-1927 or 9794

Government Resources

[Tips From Former Smokers](#)

This CDC campaign Web site lets you view the ads, learn more about the people featured and their health conditions, and access quit-smoking resources.

[1-800-QUIT-NOW](#)

A free, phone-based service with educational materials, coaches, a quit plan, and referrals to local resources to help you quit tobacco use.

[1-855-DÉJELO-YA \(1-855-335-3569\)](#)

Free help to quit smoking is available through this Spanish-language quitline.

[BeTobaccoFree.gov](#)

This HHS Web site provides one-stop access to tobacco-related information from its various agencies.

[smokefree.gov](#)

A Web site that provides free, accurate information and assistance to help you quit smoking and stay tobacco-free.

[smokefree.gov \(en Español\)](#)

A Spanish-language Web site that provides free, accurate information and assistance to help you quit smoking and stay tobacco-free.

[SmokefreeWomen](#)

A Web site that provides free, accurate information and assistance to help women quit smoking and stay tobacco-free.

[SfT \(Smokefree Teen\)](#)

A Web site that provides free, accurate information and assistance to help teens quit smoking and stay tobacco-free.

[SmokefreeTXT](#)

A mobile service that provides encouragement, advice, and tips to help young adults quit smoking.

[Smokefree Smartphone Apps](#)

Smokefree smartphone applications that help you track your quit smoking progress, receive motivational reminders, and more.

[Quit Tobacco—Make Everyone Proud](#)

A DoD-sponsored Web site for military personnel and their families.

[Help for Smokers and Other Tobacco Users](#)

An easy-to-read guide to quitting tobacco use.

[Treating Tobacco Use and Dependence: 2008 Update—Overview](#)

Consumer materials to help tobacco users become tobacco-free.

[FDA 101: Smoking Cessation Products](#)

Identifies FDA-approved products that can help you quit smoking.

[Harms of Smoking and Benefits of Quitting](#)

A fact sheet from the National Cancer Institute that summarizes the harmful effects of smoking and short- and long-term benefits of quitting.

Other Resources

[American Cancer Society](#)

Guide to quitting smoking.

[American Heart Association](#)

Information and support to help you quit smoking.

[American Lung Association](#)

Resources to help smokers figure out their reasons for quitting and then take the big step of quitting for good.

Hospital Safety

What to do during Emergency CODES:

RED Fire

The Hospital and Medical - Surgical Wards have a plan in the event of a fire. When a fire alarm sounds, all Fire doors will close automatically. Staff will close the door to your room. If evacuation of your floor is required, staff will direct you on where to go. Keep in mind this could be laterally to a ward down the hall. If you are able to ambulate, follow the staff as they will be assisting those who cannot move on their own.

PINK Infant/Child Abduction

Be alert to overheard announcements. If you see someone who matches the description, notify staff immediately.

Silver Child/Adult - Lost/Eloped

Be alert to overheard announcements. If you see someone who matches the description, notify staff immediately.

Black Bomb

If you notice a bag/purse/backpack or anything that is left alone and looks suspicious, do not touch it. Notify a staff member or security immediately.

Gray

Disaster

Be alert to overheard announcements. In the event of a disaster, you will be directed by staff on how to stay safe.

White

Active Shooter/Armed Intruder

Recent events have led to the guidelines in an effort to deter, detect, defend against or mitigate the effects of an active shooter incident.

Be alert to overheard announcements. In the event of an active shooter, seek cover and concealment. Staff will attempt to move patients and visitors into rooms with lockable doors and no windows. Barricade the doors, turn off the lights, and remain calm and quiet until the all-clear is given or police direct you otherwise.