



Newsletter

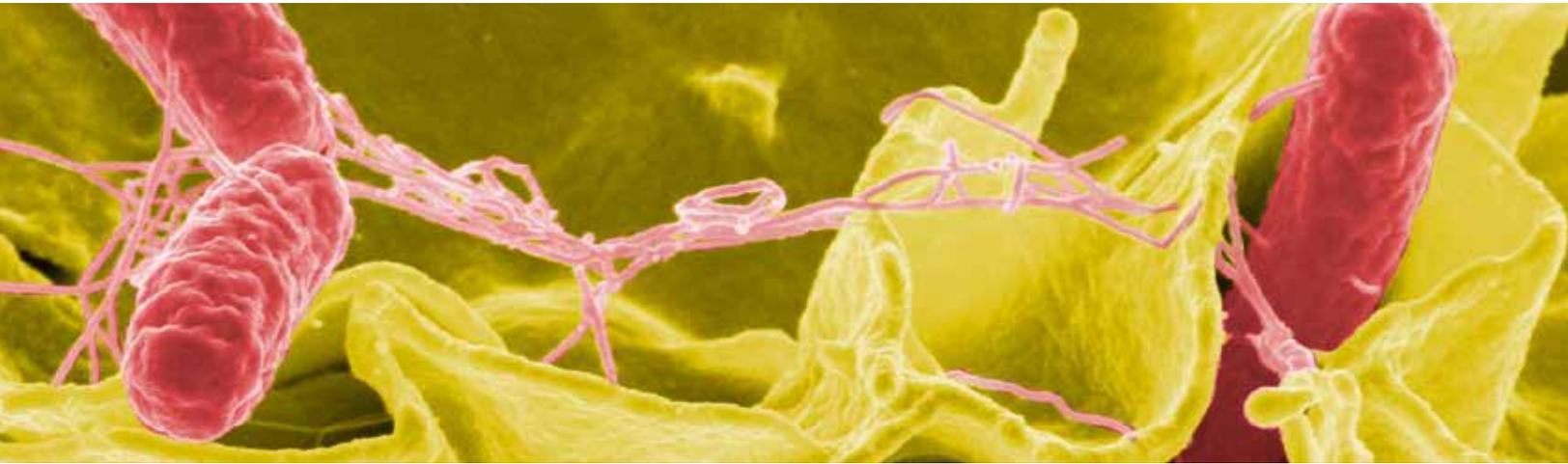
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Get Ahead of Sepsis
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Legionnaires' Disease

Get Ahead of Sepsis

Know the Risks. Spot the Signs. Act Fast.



Infections can put you and your family at risk for a life-threatening condition called sepsis.

What's The Problem?

Sepsis is the body's extreme response to an infection. It's what happens when an infection you already have – in your skin, lungs, urinary tract, or somewhere else – triggers a chain reaction through your body. It's life-threatening and without timely treatment, sepsis can rapidly cause tissue damage, organ failure, and death.

More than 1.5 million people get sepsis each year in the United States and at least 250,000 Americans die from sepsis each year.

The Get Ahead of Sepsis Educational Effort

It's important that patients, their families and caregivers, and healthcare professionals think about sepsis as a possibility. *Get Ahead of Sepsis* reminds us all of the importance of early recognition, timely treatment, and preventing infections.

- Sepsis is a medical emergency. Time matters. If you or your loved one suspects sepsis or has an infection that's not getting better or is getting worse, ask your doctor or nurse, "Could this infection be leading to sepsis?"
- Anyone can get an infection, and almost any infection can lead to sepsis. Sepsis more commonly occurs in adults 65 or older, people with weakened immune systems, people with chronic conditions such as diabetes, lung dis-

ease, cancer, and kidney disease, and children younger than one.

- There is no single symptom of sepsis. Symptoms of sepsis can include a combination of the following:
 - Confusion or disorientation
 - Shortness of breath
 - High heart rate
 - Fever, or shivering, or feeling very cold
 - Extreme pain or discomfort
 - Clammy or sweaty skin

What Can Patients Do?

Patients and their families should prevent infections, be alert to the symptoms of sepsis, and seek immediate medical care if sepsis is suspected or for an infection that is not improving or is getting worse.

- Talk to your doctor or nurse about steps you can take to prevent infections. Some steps include taking good care of chronic conditions and getting recommended vaccines.
- Practice good hygiene, such as hand-washing, and keeping cuts clean until healed.
- Know the symptoms of sepsis.
- ACT FAST. Get medical care immediately if you suspect sepsis or have an infection that's not getting better or is getting worse.

What Can Healthcare Professionals Do?

Get Ahead of Sepsis calls on healthcare professionals to educate patients, prevent infections, suspect and identify sepsis early, and start sepsis treatment fast. If healthcare professionals suspect sepsis:

- Immediately alert clinician in charge if it is not you.
- Know your facility's existing guidance for diagnosing and managing sepsis.
- Start antibiotics as soon as possible, in addition to other therapies appropriate for that individual patient.
- Check patient progress frequently. Re-assess antibiotic therapy 24-48 hours to stop or change therapy as needed. Be sure antibiotic type, dose, and duration are correct.

More Information

- Get Ahead of Sepsis [<https://www.cdc.gov/sepsis/get-ahead-of-sepsis/index.html>]
- CDC's Sepsis Website [<https://www.cdc.gov/sepsis/index.html>]

Source: <https://www.cdc.gov/features/get-ahead-sepsis/index.html>

Legionnaires' Disease

A problem for health care facilities

Nursing Talk

IN A FOG

Dear Cassandra,

Last night I finished my shift in a client's home at 11:00 P.M. When I walked outside, I was shocked to see that dense fog covered the neighborhood. I had parked my car down the street from the client's house, and I could barely see my car in the light of the street lamp.

I didn't know what to do. I weighed the options. Should I go back inside the client's house and wait for the fog to clear? Should I walk to my car and sit in it? Should I try to drive home?

I was so surprised to see the fog. The skies had been clear when I had come to the client's home at 3:00 P.M. How could it be so foggy now?

I decided to go back inside the client's house to wait for the fog to clear. Was this the right thing to do?

In A Fog in Chicago

Dear In A Fog,

Fog can be one of the most dangerous weather conditions drivers may experience. It often develops unexpectedly and sneaks up on us. Carl Sandburg, an American poet, captured the phenomenon in a poem published in his first mainstream collection of poems, *Chicago Poems*, in 1918.

Sandburg said he went to interview a juvenile court judge in Chicago. As he cut through Grant Park, he saw the fog over the Chicago harbor. Sandburg had a book of Japanese Haiku poems with him, and he decided to write a Haiku while he waited for the judge to see him. Below is his famous poem:

Fog

The fog comes
on little cat feet.

It sits looking
over harbor and city
on silent haunches
and then moves on.

Overview

Legionnaires' disease (LD) is a serious, and often deadly, lung infection (pneumonia). People usually get it by breathing in water droplets containing Legionella germs. People can also get it if contaminated water accidentally goes into the lungs while drinking. Many people being treated at health care facilities, including long-term care facilities and hospitals, have conditions that put them at greater risk of getting sick and dying from LD. Legionella grows best in buildings with large water systems that are not managed effectively. CDC outbreak investigations show that effective water management programs—actions that reduce the risk of Legionella growing and spreading in building water systems—can help prevent problems that lead to LD. Health care facility leaders* should be aware that LD is a risk in their facility and that they can take action to prevent infections.

Health care facility leaders can

- Build a team focused on keeping their facility's water safe.
- Create and use a water management program to limit Legionella and other waterborne germs from growing and spreading. cdc.gov/legionella/WMP-toolkit
- Work with healthcare providers to identify LD cases early and determine if the cases may be associated with a health care facility.
- Report LD cases to local public health authorities quickly and work with them to investigate and prevent additional cases.

*Leaders may include infection control practitioners, facility managers, hospital administrators, quality assurance staff, or others.

People definitely got Legionnaires' disease from a health care facility in **76%** of locations reporting exposures.

Legionnaires' disease kills **25%** of those who get it from a health care facility.

Most problems leading to US health care-associated outbreaks could be prevented with effective water management.

Problem

Legionnaires' disease can occur in your health care facility

Health care facilities may put people at risk for LD when they do not have an effective water management program. These limit germ growth by:

- Keeping hot water temperatures high enough.
- Making sure disinfectant amounts are right.
- Keeping water flowing (preventing stagnation).
- Operating and maintaining equipment to prevent slime (biofilm), organic debris, and corrosion.
- Monitoring factors external to buildings, such as construction, water main breaks, and changes in municipal water quality.

Contaminated water droplets can be spread by:

- Showerheads and sink faucets.
- Hydrotherapy equipment, such as jetted therapy baths.
- Medical equipment, such as respiratory machines, bronchoscopes, and heater-cooler units.

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Legionnaires' Disease

A problem for health care facilities

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- Ice machines.
- Cooling towers (parts of large air-conditioning systems).
- Decorative fountains and water features.

Health care facility leaders and providers should be aware that some people are at increased risk for LD:

- Adults 50 years or older.
- Current or former smokers.
- People with a weakened immune system or chronic disease.

What Can Be Done

The Federal government is

- Promoting LD prevention practices and providing tools on how to develop water management programs for health care facilities and other at-risk buildings.
- Requiring LD prevention programs at Veterans Health Administration health care facilities. <http://bit.ly/2pIRrhL>
- Providing information on technologies for Legionella control in building plumbing systems. <http://bit.ly/2cA7w3L>
- Tracking LD and providing guidance in responding to outbreaks to find the source and help prevent more infections.

Health care facility leaders can

- Build a team focused on keeping their facility's water safe.
- Create and use a water management program to limit Legionella and other waterborne germs from growing and spreading. <https://www.cdc.gov/legionella/WMPtoolkit>
- Work with healthcare providers to identify LD cases early and determine if the cases may be associated with a health care facility.
- Report LD cases to local public health authorities quickly and work with them to investigate and prevent additional infections.

Health care providers can

- Test for LD in people with health care-associated pneumonia, especially those with severe pneumonia or in facilities where other LD cases have been identified or Legionella has been found in the water.
- Test for LD in people with pneumonia who have a weakened immune system or chronic disease, fail outpatient treatment, require intensive care, or report recent travel.
- Order a culture specific for Legionella from a lower respiratory specimen (e.g., sputum), preferably before giving antibiotics. Also order a urinary antigen test.
- Talk to their laboratories to make sure they do Legionella tests on site or have another way to quickly get results.

State and local officials can

- Improve monitoring for LD in health care facilities (including reviewing previous cases to look for patterns), and respond promptly to reports of cases.
- Understand capacity of laboratories to process Legionella specimens, and encourage laboratories to save patient isolates for public health investigations.
- Report details, including visits to health care facilities, for all LD cases to CDC. <http://bit.ly/2pyjn7j>
- Report details for all LD outbreaks to CDC's National Outbreak Reporting System. www.cdc.gov/nors
- Provide tools and information to help health care facility leaders create and use Legionella water management programs.

Source: <https://www.cdc.gov/vitalsigns/legionella/index.html>

Nursing Talk

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I clearly remember two different nights I drove home in fog. Each was so terrifying that even now, many years later, I can still see the details in my mind.

The first time, a friend and I had gone to a PTA meeting at a school within our city limits. The weather was fine when we drove to the meeting, but the parking lot and streets were shrouded with fog when we came out of the meeting. We were young and stupid, and we just assumed we would be able to drive home.

I remember driving slowly down the streets. On the residential streets, we had to avoid hitting cars parked at the curb. It was almost impossible to see dark colored cars. Finally, we made it to my friend's house. She asked me if I wanted to stay overnight at her house, but I told her I wanted to go home.

The last leg of the drive was a mile on an oiled road with no curbs or street lights or center line. This was the most difficult of all. I needed to avoid the ditch, but I needed to stay on my side of the road. If I drove too slowly, someone might crash into me from behind. If I drove too fast, I might not see the headlights of an approaching car and crash into it. I finally made it safely home.

My second experience with fog was different. I had gone to a beauty shop in a small town about seven miles out in the country. Much of the snow on the farm fields had melted, but snowdrifts remained here and there. I don't remember seeing fog in the small town, but I came upon patches of fog out in the countryside. It was like driving through a cloud. This time the highway had a center stripe with reflectors along the side of the road. That helped immensely.

In an article called "Drive Safely in Dense Fog" at <https://www.statefarm.com>, State Farm gives the following advice:

"Dense fog can create dangerous conditions on the road. The safest thing to do is pull over into a parking area until the fog clears. If you must continue your trip, keep in mind these tips for driving in fog:

- Minimize distractions. Turn off your cell phone and the stereo.
- Reduce your speed. Because you can't see the road or other vehicles, a low speed can help you react safely.
- Roll down your window to listen for cars.

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WATCH OUT FOR FLOOD DAMAGED CARS

—By Karen Centowski—



When hurricane Harvey struck Texas and hurricane Irma hit Florida this year, hundreds of thousands of vehicles were damaged by flood water. In fact, according to the firm Cox Automotive, hurricanes Harvey and Irma may have flooded between half a million and one million cars.

Vehicles declared a total loss will be given a “salvage” title. These vehicles will be sold to dismantlers who will sell the undamaged parts. Other vehicles declared a total loss will end up in the hands of scammers.

The National Insurance Crime Bureau, an industry fraud prevention group, issued the following statement: “Unfortunately, some of the flooded vehicles may be purchased at bargain prices, cleaned up, and then taken out of state where the vehicle identification number is switched and the car is retitled with no indication that it has been damaged.” The vehicles are then sold to unsuspecting buyers.

According to the article “Watch out for flood of water-damaged used vehicles” on cars.com, the National Insurance Crime Bureau recommends that used car buyers take the following steps to avoid getting scammed with a water-damaged car:

“Select a reputable car dealer and use a VIN checker to ensure the car does not have a salvage title. You can use dealer reviews at Cars.com’s DealerRater.com site to find a dealer and also can browse Cars.com’s used-car inventory. You can find links to reputable VIN history and title checkers at the federal National Motor Vehicle Title Information System site.

Flood-check tips:

- Inspect (and smell) the vehicle for water stains, mildew, sand or silt under the carpet, floor mats, headliner and dashboard.
- Inspect the upholstery and door panel materials for fading.
- Check for rust around screws in the center console area and areas water doesn’t usually reach.
- Check for mud or grit in the spare tire compartment and in small crevices under the hood. Also, look for rust and corrosion under the hood.
- Inspect the seat belt retractor for moisture, mildew or grime.
- Check to make sure the speakers work; door-mounted speakers will often be damaged in a flood.
- Pay close attention to the wheels; aluminum alloys may be coated in a white powder and show signs of pitting, or small dimples in the material.
- Have a mechanic inspect the vehicle prior to purchasing it.
- Trust your instincts. If a deal sounds too good to be true, it probably is.”

Nursing Talk

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- Use roadside reflectors as a guide. The markings can help you navigate twists and turns.
- Turn off cruise control for more control of your vehicle.
- Use windshield wipers and defrosters to limit excess moisture on the window.
- Drive with low beams and fog lights. High beams can worsen visibility because they reflect off the fog.

If you can pull over to a safe area, make sure to do the following:

- Use your turn signal. Other drivers may be using your taillights as a guide, so alert them that you’re pulling off the road.
- Pull away from the road. If drivers can’t see the shoulder, they likely won’t see your vehicle either.
- Turn on your hazard lights to help other drivers know you’re stopped. Avoid using flashing lights while driving.”

I think you made the right decision by going back into the client’s house to wait for the fog to clear. Sometimes the best driving decision you can make is simply to stay off of the road.

Cassandra

We invite you to submit questions for this column. E-mail edward.lara@ahhc-1.com.

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