



All Season's Hospice Teaching Sheet

PAIN

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.

PROBLEMS:	Pain can be physical, emotional, mental, spiritual, financial and can cause: <ol style="list-style-type: none"> 1. Depression/Anxiety 2. Change in person's lifestyle 3. Anger 4. Social Withdrawal 5. Fear
CAUSES:	<ol style="list-style-type: none"> 1. Trauma/Injury 2. Infection 3. Tumors 4. Cancer 5. Emotional & Spiritual stresses and worries
TREATMENTS:	<ol style="list-style-type: none"> 1. Medications as directed by your Physician and the Hospice Interdisciplinary Team 2. Emotional & Spiritual Support 3. Non-pharmaceutical therapies such as massage therapy, music therapy, and relaxation techniques 4. Socialization

ITCHING

An Itch is a sensation of the skin causing the desire to scratch.

PROBLEMS:	Itching can cause: <ol style="list-style-type: none"> 1. Redness, irritation to the skin 2. Sleeplessness 3. Agitation 4. Infection
CAUSES:	<ol style="list-style-type: none"> 1. Dry flaky skin 2. Rash 3. Change in detergents or diet 4. Certain types of disease or cancer 5. Medications
TREATMENTS:	<ol style="list-style-type: none"> 1. Apply lotions to bath water in place of soaps 2. Apply cornstarch to skin folds by first applying to hands 3. Keep room cool 4. Wear loose clothes 5. Take warm baths with Aveeno powder or a cup of baking soda 6. Take medications as directed by physician if needed.

HICCUPS

A Hiccup is a spasm of the diaphragm (the muscle used in breathing, found under the lungs.)

PROBLEMS:	Hiccups can cause: <ol style="list-style-type: none"> 5. Interruption in sleep 6. Vomiting, if it occurs when eating 7. Pain at times
CAUSES:	<ol style="list-style-type: none"> 1. Excess air in the stomach 2. Irritation of the nerve that controls the diaphragm 3. Tumors of the neck, lung, and esophagus 4. Metabolic disorders: uremia, sepsis, and hypocalcemia
TREATMENTS:	<ol style="list-style-type: none"> 1. Breathe slowly and deeply into a paper bag ten times and repeat if needed. 2. Rapid swallow two glasses of warm liquid 3. Rapid swallow two teaspoons of granulated sugar 4. Medications as prescribed by your physician

UNCONSCIOUSNESS

Unconsciousness is a condition in which the patient does not respond.

PROBLEMS:	<ol style="list-style-type: none"> 1. Unable to communicate their wishes 2. Unable to eat or swallow 3. Immobility which can lead to bedsores 4. Dry mouth due to dehydration
CAUSES:	<ol style="list-style-type: none"> 1. Lack of oxygen to the brain 2. Changes in the metabolic balance due to decreased intake 3. Tumor spread to the brain 4. Impending death
TREATMENTS:	<ol style="list-style-type: none"> 1. Remember the patients can still hear so orient the patient by explaining who you are, what time of day it is, where he or she is and what are you doing during your care 2. Turn the patient every 2 hours to prevent pressure sores 3. Keep the lips moist and place ice chips or water droplets in the side of the patient's mouth 4. Use natural tears or normal saline in the eyes to keep them moist 5. Talk and touch the patient as if they were still conscious so they know you are there and they are not alone

FEVER

Change in body temperature from the normal. Fever can be classified as low (99.0-100.4) moderate (100.5 to 104) or high (104+).

PROBLEMS:	Fever can cause: <ol style="list-style-type: none"> 1. Chills 2. Weakness 3. Fatigue 4. Sweating 5. Dehydration
CAUSES:	<ol style="list-style-type: none"> 1. Infection 2. Tumors 3. Compromised Immune System 4. Hypersensitivity to drugs 5. Blood Transfusion
TREATMENTS:	<ol style="list-style-type: none"> 1. Increase fluids 2. Maintain stable room temperature 3. Tepid sponge baths 4. Antipyretic drugs such as aspirin and Tylenol as directed by your physician

UNCONSCIOUSNESS

Urinary incontinence is the inability to retain urine

PROBLEMS:	Urinary incontinence can cause: <ol style="list-style-type: none"> 1. Skin excoriation and breakdown 2. It can be painful 3. It can be embarrassing
CAUSES:	<ol style="list-style-type: none"> 1. Infection 2. Weak muscle tone 3. Need to get to the bathroom sooner 4. Tumors of the bladder
TREATMENTS:	<ol style="list-style-type: none"> 1. Medications as directed by your physician 2. Insertion of an indwelling catheter 3. Assist to the bathroom more often 4. If patient is too weak to get to the bathroom, have a bedside commode next to the bed.



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DEPRESSION

Depression is a feeling of sadness, despair, or discouragement that can last for weeks or months and interferes with a person's ability to manage their lives.

PROBLEMS:	Depression can cause: <ol style="list-style-type: none"> 1. Fatigue 2. Lack of sleep 3. Isolation from family and friends 4. Increase in pain 5. Inability to concentrate
CAUSES:	<ol style="list-style-type: none"> 1. Loss of hope 2. Disease process 3. Feelings of abandonment 4. Loss of control over one's life 5. Medications 6. Chemical changes in the body
TREATMENTS:	<ol style="list-style-type: none"> 1. Relaxation 2. Distractions- get involved in a pleasant activity with family and friends 3. Music and a calm atmosphere 4. Guided imagery/ visualization 5. Medications prescribed by physician

CONSTIPATION

Constipation is defined as small, infrequent, or difficult bowel movements determined in relation to the patient's normal elimination patterns.

PROBLEMS:	Constipation may cause: <ol style="list-style-type: none"> 1. Headaches 2. Anorexia (lack of appetite) 3. Abdominal discomfort and pain 4. Irritability 5. Fecal impactions (hard stool which is difficult to pass and may have to be removed manually)
CAUSES:	<ol style="list-style-type: none"> 1. Low fiber diet 2. Poor appetite 3. Inadequate fluid intake 4. Infrequent physical exercise 5. Decreased urge to defecate 6. Narcotics and other drugs
TREATMENTS:	<ol style="list-style-type: none"> 1. Increase fiber in diet 2. Increase fluid intake 3. Bed bound patients should be repositioned frequently and should be helped to perform active or passive exercises 4. The nurse will establish a bowel program depending on the individual's needs

COUGHING

Definition: Coughing is a normal response to protect you from harm by removing something foreign from your respiratory tract.

PROBLEMS:	Coughing can cause: <ol style="list-style-type: none"> 1. Poor appetite 2. Sore throat 3. Lack of sleep 4. Muscle pain, rib fracture 5. Vomiting
CAUSES:	<ol style="list-style-type: none"> 1. Allergies 2. URI infections 3. Thrush 4. Diseases
TREATMENTS:	<ol style="list-style-type: none"> 1. Medications as prescribed by physician 2. Increase in fluids (unless told not to by nurse) 3. Steam inhaler or room humidifier 4. Change in position 5. Ice chips with honey

DIARRHEA

Diarrhea is the passage of loose or watery stools three or more times a day.

PROBLEMS:	Diarrhea can cause: <ol style="list-style-type: none"> 1. Abdominal cramps 2. Dehydration 3. Irritation to the anal area due to acidic digestive enzymes found in stool 4. Weakness 5. Interference in normal activities of daily living
CAUSES:	<ol style="list-style-type: none"> 1. Tumor growth 2. Anxiety 3. Infection 4. Diet and food supplements 5. Medications (side effects)
TREATMENTS:	<ol style="list-style-type: none"> 1. Eat small meals and eliminate spicy foods, citrus juices, and foods that produce gas such as: beans, cabbage, broccoli, raw fruits, raw vegetables, and carbonated soft drinks. 2. Avoid caffeine and milk products (if they make the problem worse) 3. Drink clear liquids between meals such as broths, Gatorade, tea, apple, grape, and cranberry juices, and ginger ale. 4. Medications as prescribed by physician

WEAKNESS

Weakness is the lack of physical strength, vigor, or energy to do what you normally do.

PROBLEMS:	Weakness can cause: <ol style="list-style-type: none"> 1. Falls and injury 2. Inability to perform activities of daily living (ADL) 3. Decreased desire for socialization 4. Sadness
CAUSES:	<ol style="list-style-type: none"> 1. Poor food and fluid intake 2. Disease process 3. Insomnia 4. Depression and anxiety
TREATMENTS:	<ol style="list-style-type: none"> 1. Rest between activities 2. Schedule activities as tolerated and at times of the day that the patient appears more rested 3. Eat foods high in protein 4. Increased fluid intake as tolerated 5. Use assistive devices to ambulate and provide a sense of security 6. Medications if necessary for anxiety and or depression

INSOMNIA

Insomnia is the inability to sleep when you expect sleep to occur.

PROBLEMS:	Insomnia can cause: <ol style="list-style-type: none"> 1. Interrupted sleep patterns 2. Fatigue due to lack of sleep 3. Irritability 4. Difficulty focusing 5. Restlessness
CAUSES:	<ol style="list-style-type: none"> 1. Worry and fears 2. Pain 3. Medication 4. Difficulty breathing
TREATMENTS:	<ol style="list-style-type: none"> 1. Deal with worries during the daytime 2. Ensure pain medication is adequate to last the night 3. Exercise if possible 4. Try taking less naps during the day 5. Drink warm milk with honey at bedtime 6. Take sleep medications as ordered.



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SAFETY

These safety instructions are provided to assist you in identifying safety hazards in your home. You are responsible for correcting any hazards identified.

GENERAL SAFETY

- Keep in touch with others. If you live alone, ask a neighbor, friend, or family member to check on you each day.
- Get up slowly. Because of certain changes in blood circulation, it is best to get up from a chair or bed slowly and turn your head slowly to avoid dizziness.
- Don't hurry. Many accidents happen because people try to do things too quickly. Take time to be safe. Carrying objects-Make sure your view isn't blocked. Get a firm grip. Lift with your legs (knees bent, back straight) and walk slowly. Get help from heavy or awkward objects. Use a solid step stool or ladder, not a chair or box if you must climb to reach a high place. Check hot water temperatures to prevent burns. Experts suggest setting hot water at 100° Fahrenheit or lower.

SAFETY

Walkways

- Remove throw rugs whenever possible to avoid tripping.
- If you can't remove rugs, use rugs with no skid back to avoid slipping.
- Repair or replace torn carpeting to avoid tripping.
- Make the transition between types of flooring as even as possible and secure to prevent slipping.
- Don't walk on freshly washed or waxed floors until they are dry.
- Wipe up spills immediately.
- Avoid wearing sock, smooth-soled shoes or slippers on uncarpeted floors.
- Mark sliding glass doors with stickers to prevent someone from walking through.

Stairs

- Make sure handrails are well anchored on both sides of the stairway.
- Non-skid treads can be placed on wooden stairs to prevent slipping.
- Make sure carpeting is secure.

Furniture Layout

- Arrange furniture so that pathways are not cluttered.
- Chairs/ tables need to be sturdy and stable enough to support a person leaning on them.
- Pad furniture with sharp edges and corners.

Lighting

- Be sure that your lighting is ample to prevent falls and to assure that you can read medication labels and instructions easily.
- Good lighting in hallways, stairs, and bathroom is important.

BATHROOM SAFETY

Bathtub

- Install skid-resistant or a rubber mat
- Use a bath seat if it is too difficult to stand during a shower or to get out of the tub.
- Install grab bars on the side of the tub or shower for balance.
- DO NOT use the soap dish or towel bars for balance- these can pull out of the wall.

Toilet

- Use an elevated toilet seat or commode if you need support getting on and off the toilet or you are not able to bend your hip normally after surgery.
- Install grab bars around the toilet if you need more leverage to get off the toilet.

Doors

- Avoid locking bathroom doors or use only locks that can be opened from both sides when you may need assistance in the bathroom.



All Season's Hospice Teaching Sheet

FIRE PREVENTION AND RESPONSE

Smoke detectors are recommended in each bedroom, hallways, and in the kitchen. Check them regularly. Mount or store a fire extinguisher (ABC Type) in a central and accessible area. Make sure it functions well and that you know how to use it.

- DO NOT SMOKE IN BED or while sleepy.
- Keep space heaters/portable heaters away from furniture, cords, curtains, and other items that could ignite.
- Keep space heaters/portable heaters away from walkways where they can be bumped and cause burns.
- Make sure you have a screen in front of your fireplace.
- Fire response- make sure you and all caring for you know how to use 911 for emergencies.
- Notify the fire department of any disabled persons in your residence.

HAVE AN EVACUATION PLAN

- Establish specific exit routes for safe evacuation and make sure everyone is aware of them.
- Plan how to get someone who is ill out of an apartment that is not on the first floor.
- Know the location of all doors and windows

EARTHQUAKE/DISASTER/PREPAREDNESS

Before:

- Keep a 1-2 week supply of food/ water on hand and consider any special dietary needs or formulas you may use. Place in a waterproof container.
- Store a 1-2 week supply of medications and/or medical supplies that you will need (insulin, syringes, and dressings)
- Know the procedure to follow if you are using medical equipment that runs on electricity and there is a power failure (ventilators, IV pumps, feeding pumps)
- Keep a flashlight and portable radio handy. These are helpful if the lights go out or for an emergency.
- Check the condition and charge on batteries, especially for special medical equipment.
- Block or lock wheels of items such as hospital beds, commodes, and refrigerators.
- Persons who live alone should appoint an official "buddy" who will check on them after an earthquake or disaster.
- Anchor tall furniture to the wall and remove heavy items from the top shelves.

During:

- If inside, stay inside and take cover under a heavy desk or table away from windows or objects which may fall.
- Drag a bed bound patient (or transfer them to a wheelchair) to move to a safe area.
- Lock the wheels on a wheelchair after moving to a safe area.
- If outside, stay away from trees, electrical lines, and buildings.
- Follow your evacuation plans.

After:

- Home infusion patients should go to the nearest emergency room if you run out of medications, solutions, or supplies and are unable to contact the Agency. We will try to contact patients as soon as possible after an earthquake.
- If necessary, use an ambu bag for ventilator-dependent patient until you can connect to a backup system.
- Turn off the gas at the meter if you smell gas or hear hissing near gas appliances. DO NOT LIGHT ANY MATCHES IF A GAS LEAK IS SUSPECTED.
- Assess for injuries and be prepared to administer First Aid.
- Turn on a portable radio to listen for instructions from Public Safety Agencies.



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ORAL CARE

Daily oral and dental care is essential for all of us. Natural teeth should be brushed frequently (preferably after each meal or snack) with a soft bristly toothbrush. A small amount of toothpaste is useful when brushing. In addition to brushing, flossing is an effective way to clean between teeth and maintain gums. Bad breath, gum irritation, and tooth decay frequently result in from inadequate mouth. Dentures should be cleaned on a daily basis.

When there are mouth sores and irritated gums, measures beyond simple hygiene may be necessary. The Hospice Nurse needs to be notified. When such irritation is present, avoid spicy, highly seasoned foods. Typically, the resident would follow the guidelines for a bland, soft diet to minimize the discomfort of the situation. Remove denture plates until all irritation is gone and/or sores have healed.

In the event the gums are tender or bleed easily, use swabs, toothettes, or a damp cloth to clean the teeth and gums. If "dry mouth" is a problem, artificial saliva may be an option. A simple and often effective remedy for "dry mouth" is frequent mouth rinses with water in addition to sucking on ice chips or popsicles. Sugarless, hard candies and chewing gum can also be effective in this area. Keep the mouth moist and clean is essential to good oral health and comfort.

SOME WARNING SIGNS OF SWALLOWING PROBLEMS

Any of these signs could indicate a serious problem with swallowing:

- ❖ Clearing the throat frequently
- ❖ A voice that sounds wet or "gurgly"
- ❖ Spoken or nonverbal expression about fear of eating, swallowing, or choking
- ❖ A delay in swallowing after food has been chewed
- ❖ Holding food or liquid in the mouth without swallowing it
- ❖ Exaggerated movements of the jaw, lips, or tongue
- ❖ Tilting the head back to eat or drink
- ❖ Swallowing several times on a bite
- ❖ Food or liquid falling out of the mouth
- ❖ Food left in the mouth after swallowing it or finishing a meal
- ❖ Coughing during or after the meal
- ❖ Fatigue or exhaustion after or during the meal
- ❖ Significant weight loss over time

Caregiver Tips:

- ❖ Eating should be slow and deliberate
- ❖ Be sure the person is positioned properly
- ❖ Choose food of appropriate texture and temperature
- ❖ Report any coughing or choking incident to your Nurse
- ❖ Alternate solids and liquids
- ❖ Have patient "dry swallow" or "double swallow" between bites
- ❖ Have patients sit up after eating



MOVING AND LIFTING

Practical tips to remember when helping someone move about:

- ❖ Evaluate the weight of the person being moved and that person's ability to help in the move
- ❖ Do not attempt to lift anyone alone if you have any doubts of your ability to do so in a safe manner for you and the person involved.
- ❖ Establish a firm base of support by placing your feet 12-18 inches apart
- ❖ Remember to flex your knees and use the muscles in your arms and legs
- ❖ Avoid straining your back muscles when lifting or moving anyone
- ❖ Whenever possible, use push and/or roll techniques rather than direct lifting practices
- ❖ Remain close to the person you are moving to maintain control
- ❖ Lift smoothly to avoid the strains created by jerky and awkward movements
- ❖ Do not twist your body to turn. Instead move your feet with your turning motion to change positions.



All Season's Hospice Teaching Sheet

EXPECTATIONS WITHIN THE TIME FRAME

1-3 Months

- ❖ Withdrawal from the world and people
- ❖ Decreased food intake
- ❖ Increase in sleep
- ❖ Going inside of self
- ❖ Less communication

1-2 Weeks

Disorientation

- ❖ Agitation
- ❖ Confusion
- ❖ Talking with the unseen
- ❖ Picking at clothes

Physical

- ❖ Decreased blood pressure
- ❖ Color changes, pale, bluish
- ❖ Respiration irregularities
- ❖ Sleeping but responding
- ❖ Not eating, taking little fluids
- ❖ Pulse increase or decrease
- ❖ Increased perspiration
- ❖ Congestion
- ❖ Complaints of body tired and heavy
- ❖ Body temperature to be hot/cold



Days or Hours

- ❖ Intensification of one or two week signs
- ❖ Surge of energy
- ❖ Decrease in blood pressure
- ❖ Eyes glossy, tearing , half open
- ❖ Irregular breathing, stop/start
- ❖ Restlessness or no activity
- ❖ Purplish knees, feet, hands, blotchy
- ❖ Pulse weak and hard to find
- ❖ Decreased urine output
- ❖ May wet or stool the bed

Minutes

- ❖ "fish out of water" breathing
- ❖ Cannot be awakened

WHEN THE RESIDENT PASSES

Effective January 1,2004, licensees and/or facility staff may contact the hospice agency in lieu of calling emergency response services if all of the following conditions are met:

1. The client/resident is receiving hospice services from a licensed hospice agency,
2. The client/resident has completed an advance health care directive, requesting to forego resuscitative measures,
3. The facility has documented that facility staff have received training from the hospice agency on the expected course of the client's/resident's illness and the symptoms of impending death.

If the above requirements are met-

- ❖ Notify Hospice immediately regarding the resident's death
- ❖ A hospice nurse will come to the facility
- ❖ A hospice nurse will call the resident's family
- ❖ A hospice nurse will call the County Coroner and Mortuary



All Season's Hospice Teaching Sheet

DRUG CLASS AND FOOD INTERACTION PATIENT TEACHING TOOL

This information is intended for general information only. Refer to your physician or pharmacist for specific instructions.

A. ANTIANGINAL

- What it does: Relaxes and dilates coronary vessels, dilates or opens blood vessels in the heart to increase oxygen to the heart muscles.
 - What to watch for: Constant dull headache, lightheadedness if you stand up too rapidly, nausea, increase or decrease in heart rate.
 - Pastes: Absorbed through the skin- best after bath or shower, to dry skin. Be sure to remove old patch. Best place to put it is on the chest, abdomen, or upper arms.
 - Sublingual: Take under your tongue every five minutes- not more than a total of three pills for each chest pain episode. Keep pills in bottle and do not mix with other pills. Refill every six months and discard old pills. Pill is still potent if it burns or tingles when placed under the tongue.
 - Food interaction: None known at this time.
-

B. ANTIARTHRITIC/ ANTIGOUT

- What it does: Decreases inflammation, promotes excretion of uric acid.
 - What to watch for: Skin rash, upset stomach. Take with food to minimize stomach distress.
 - Food interaction: None known at this time.
-

C. ANTIDIARRHEAL

- What it does: Decreases GI tract mobility and stool's fluid content. Stops diarrhea.
 - What to watch for: Dizziness, drowsiness, dry mouth, urinary retention, rash, constipation. DO NOT exceed recommended dosage.
 - Food interaction: None known at this time
-

D. ADRENERGIC (SYMPATHOMIMETIC) (PRESSOR AGENTS)

- What it does: Stimulates heart muscle, increases oxygen consumption, increases blood pressure, reduces peripheral circulation, bronchodilation
 - What to watch for: Throbbing headache, nervousness, anxiety, dizziness, urinary retention. DO NOT change dose or frequency of medication.
 - Food interaction: Limit caffeine
-

E. STEROIDS

- What it does: Used for severe inflammation or immunosuppression. Decreases inflammation and suppresses immune response.
 - What to watch for: GI upset- take with meals. Long term- peptic ulcers, moon face, acne. DO NOT suddenly stop medication without doctor's advice.
 - Food interaction: May need to decrease sodium and concentrated sweets intake. Avoid grapefruit juice.
-

F. ANALGESIC

- What it does: Decreases inflammation, reduces fever, decreases pain.
 - What to watch for: Upset stomach- always take with food. Store in tightly covered, light-resistant containers.
 - Food interaction: None known at this time.
-



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G. ANTIARRHYTHMICS

- What it does: Helps heart beat regularly.
- What to watch for: Dry mouth, lightheadedness, ringing in ears, changes in urination (burning or inability), nausea, headache. Herbs: limit aloe, foxglove, hawthorne, and avoid St. John's Wort.
- Food interaction: None known at this time.

H. ANTIHYPERTENSIVES

- What it does: Lowers blood pressure. Helps decrease workload of heart.
- What to watch for: Dizziness, lightheadedness when getting up, headache, stomach upset, loss of taste, fatigue, insomnia. Take with food to minimize stomach distress.
- Food interaction: Observe low sodium diet. Limit caffeine and alcohol consumption.

I. GI TRACT DRUGS/ H2 ANTAGONIST

- What it does: Decrease gastric acid secretion or protect ulcerated surface by forming a barrier (Carafate).
- What to watch for: Mild diarrhea, headache, rash, sweating, nausea, malaise, constipation. NOTE: Separate antacids and these medications by one hour.
- Food interaction: None known at this time.

J. ANTIPARKINSON

- What it does: Relaxes smooth muscle, blocking agent to reduce symptoms.
- What to watch for: Dry mouth, dizziness, nervousness, agitation, blurred vision, urinary retention.
- Food interaction: Effectiveness decreased by high protein diet. Take with low protein or non acid juice. Avoid fava beans and vitamin B6 supplementation

K. ANTIPYRETICS

Very similar to analgesics

L. SPASMOLYTICS

- What it does: Relaxes smooth muscle of bronchial airways or urinary tract.
- What to watch for: Rapid heart rate, restlessness, dizziness, nausea, vomiting, poor appetite, dry mouth, blurred vision, and rash. DO NOT crush or dissolve slow-release products.
- Food interaction: None known at this time.

M. CARDIAC GLYCOSIDES

- What it does: Improves the strength of heart contractions.
- What to watch for: Anorexia, upset stomach, diarrhea, headache, fatigue, skin rash, irregular heart rate. Check pulse before taking medication. DO NOT TAKE if pulse is below _____.
- Food interaction: Take 90 minutes before meals as absorption decreases with food. Bran fiber decreases absorption. Limit use of herbal teas and licorice.

N. CHOLINERGICS

- What it does: Stimulates intestine and bladder contraction. Increases smooth muscle tone. Lowers intraocular pressure in glaucoma.
- What to watch for: Flushing of skin, tearing, stomach upset. Sustained papillary contraction, pain in eye, blurred vision, headaches, twitching, painful brow.
- Food interaction: None known at this time.



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O. DIURETICS

- What it does: Water pill to rid body of excess fluid to reduce heart's work. May also decrease blood pressure.
- What to watch for: Leg cramps, vomiting, dizziness, weakness and mental confusion. If these occur CALL YOUR DOCTOR.
- Food interaction: Adequate potassium foods and limit sodium. Avoid natural licorice.

P. ELECTROLYTE REPLENISHES

- What it does: Supplements lost electrolytes.
- What to watch for: Nausea, vomiting, abdominal pain, irregular heart beat.
- Food interaction: None known at this time.

Q. LAXATIVE/ STOOL SOFTENER

- What it does: Increase bowel movement, absorbs water and increases volume and bulk, lubricates..

R. VITAMINS/ MINERALS/ NUTRITIONAL SUPPLEMENTS

- What to watch for: Generally safe. Take as directed.
- Food interaction: Recommend discussion with MD regarding potential interaction with prescribed medications.

S. HERBAL REMEDIES

- What it does: Nutritional supplements for energy, metabolism, hormonal balance, and growth.
- What to watch for: Recommend discussion with MD regarding potential interaction with prescribed medications.
- Food interaction: Recommend discussion with MD regarding potential interaction with prescribed medications.

T. BRONCHIODILATORS

- What it does: Results in relaxation of smooth muscle of the bronchial airways and pulmonary blood vessels.
- What to watch for: Nervousness, restlessness, headache, insomnia, muscle twitching, flushing, nausea, vomiting and diarrhea. Take pills with milk or food to minimize stomach upset.
- Food interaction: Limit caffeine containing foods.

U. NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)

- What it does: Produces anti-inflammatory, analgesic, and antipyretic effects.
- What to watch for: Headache, dizziness, visual disturbances, nausea, abdominal pain, diarrhea, dyspnea.
- Food interaction: None known at this time.

