North Cal Home Health Care, Inc.

PATIENT SERVICES HANDBOOK
General Information

During the initial phase of care, the North Cal Home Health Care, Inc. registered nurses will visit you

for _________ times a week.

The following services are available, should your plan of care indicate such services:

☐ Home Health Aide will visit you _____ times a week.

☐ Physical Therapy will evaluate you and then visit you ______ times a week.

☐ Occupational Therapy will evaluate you and then visit you ______ times a week.

☐ Speech Therapy will evaluate you and then visit you ______ times a week.

☐ A Dietician will evaluate you and then visit you ______ additional times.

☐ A Medical Social Worker will evaluate you and then visit you ______ additional times.

During your care, your input will help North Cal Home Health Care, Inc. establish your further plan of care.

Patient services are provided without regard to race, color, creed, sex, disability (mental or physical), religion, sexual preference or place of national origin.
Description of Services

Dear Patient,

Our agency provides nursing, physical therapy, speech therapy, occupational therapy, social services and home health aide services to patients in their homes. These services can only be provided through your doctor’s orders and are paid for by your insurance carrier as long as you meet the appropriate eligibility guidelines. A brief description of these guidelines are as follows: (Please note, these guidelines do not guarantee payment for services, and for detailed information you should review your individual policy):

Medicare

Medicare will only pay for services as long as: 1) you are homebound, (that means that it must take a taxing and considerable effort on your part to leave your home) 2) skilled services are medically necessary on an intermittent or part-time basis; 3) you remain under a physician’s care while receiving services.

Medi-Cal/IMS

Medi-Cal and IMS will pay for limited services if: 1) hands-on skilled care is provided; 2) you are homebound; 3) the care is medically necessary.

Private Insurance

Eligibility guidelines depend on the carrier and an individual’s policy. Pre-authorization is usually required and is completed by our office staff.

It is our goal to assist you back to recovery and a normal independent way of life as soon as possible. As you recover, the services of our staff will decrease.
Before you accept our services, you must receive a copy of two forms, “Patient’s Bill of Rights and Responsibilities” and “Your Right to Make Decisions About Medical Treatment”, and be informed of our agency’s policy regarding resuscitation. This means that if necessary, our staff will provide CPR or contact 911 unless instructed otherwise by you. If you do not want our staff to perform resuscitation measures, you must contact your physician, obtain an order, and complete a legal document known as an Advanced Directive. This may be in the form of a Durable Power of Attorney for Health Care, A Declaration Pursuant to the Natural Death Act, a living will, or a Do Not Resuscitate Directive.

Please be advised that if Home Health Aide services are provided, they are to assist you with your personal needs related to your medical condition. Please do not ask them to perform the following tasks:

- Change linens, prepare meals, grocery shop, or wash dishes for ANYONE OTHER THAN YOU, THE PATIENT.
- Move furniture, wash windows, walls, floors or any heavy housekeeping chores
- Drive anyone in their car or drive another car for the patient

These tasks are allowable for patients only: dusting, vacuuming, sweeping, damp mopping, dishes, laundry, linens, and cleaning the bathroom.

We hope these suggestions will aid you in understanding our services. You may contact our office from 8:30 am to 5:00 pm, Monday – Friday. After hours, Saturdays and Sundays, and on holidays leave your message with our answering service. The Registered Nurse On-Call will get back to you as soon as possible.

Thank you for choosing our agency. We hope you will find our service satisfactory, and wish you a speedy recovery.
ADMISSION CRITERIA

In order to be appropriate for admission for Home Care Services by North Cal Home Care Agency patient must continuously meet one of the following criteria:

1. Physician referrals/orders and agreement to provide continuing medical management.
2. The admission of the patient to the North Cal Home Care Agency for care is determined only after an evaluation of the patient and the home environment.
3. The patient’s home environment must support home care services.
4. For Medicare beneficiaries: homebound status and need for skilled services.
5. The reasonable expectations that patients clinical needs can be met at home.
6. The patient either self-care or there is a paid or voluntary reliable primary caregiver, who is able and willing to perform between home care visits such tasks as:
   • assist with ADL
   • giving prescribed medication
   • wound care
7. Appropriate attitudes and motivation of patient and family toward care at home.
8. Patient or patient representative signature on request for admission and authorization of treatment form.
9. Patient residence will be safe for work environment for agency personnel
10. The Agency reserves the right to deny admission to any patient under conditions judged to be detrimental to the health and safety of the patient, agency employees, or to any patient that doesn’t meet the Agency’s admission criteria.

DISCHARGE CRITERIA:

1. Agency services may be terminated by the patient, or by the patient’s family, physician or the provider.
2. The Agency will discharge the patient or terminate Agency services when:
   • The treatment goals are meet.
   • Geographic relocation of the patient
   • Patient no longer home bound
   • Repeatedly not home/not found
   • Patient refused to accept care/treatment as ordered by provider.
   • Persistent noncompliance with plan of care

3. The patient or family may discontinue services at anytime. However, if they wish to discontinue services before the agency deems services should be terminated, the patient or family sign a statement releasing the agency from any further responsibility.
Home Health Agency
Outcome and Assessment Information Set (OASIS)
NOTICE ABOUT PRIVACY
For Patients Who Do Not Have Medicare or Medicaid Coverage

- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
  - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
  - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
  - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.

- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.

[CMS Logo]
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVISE REQUIRED BY LAW (the Privacy Act of 1974).
THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER,
AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.
Sections 1120(a), 1154, 1861(o), 1861(z), 1862, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide Information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED
The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-0002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- to support litigation involving the Centers for Medicare & Medicaid Services;
- to support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- to study the effectiveness and quality of care provided by home health agencies;
- to survey and certificate of Medicare and Medicaid home health agencies;
- to provide for development, validation, and refinement of a Medicare prospective payment system;
- to enable regulators to provide home health agencies with data for their internal quality improvement activities;
- to support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- to support constituent requests made to a Congressional representative.

III. ROUTINE USES
These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information.
Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State for developing and operating Medicare reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage); and/or to support State agencies in the evaluations and monitoring of care provided by HMAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION
The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager. TTY for the hearing and speech impaired: 1-877-436-2048.
HIPPA
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

USE AND DISCLOSURE OF HEALTH INFORMATION

North Cal Home Health Care, Inc. may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health professionals.

To Obtain Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for private duty care and the services that will be provided to you.

To Conduct Health Care Operations. The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency's patients. Health care operations includes such activities as:
• As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
• For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
• Under certain limited circumstances, when you are the victim of a crime.
• To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
• In an emergency in order to report a crime.

To Coroners And Medical Examiners. The Agency may disclose information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. The Agency may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation. The Agency may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of A Serious Threat To Health Of Safety. The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. The Agency may release your health information for worker's compensation or similar programs.
When Legally Required. The Agency will disclose your health information when it is required by any Federal, State or local law.

When There Are Risks to Public Health. The Agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.

- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.

- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

- Notify an employer about an individual who is a member of the workforce as legally required.

To report Abuse, Neglect Or Domestic Violence. The Agency is allowed to notify government authorities if the Agency believes a client is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the client agrees to the disclosure.

To Conduct Health Oversight Activities. The Agency may disclose your health information to a health oversight agency for activities including audits, civil administration or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclosed your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:
AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency’s disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Official.

- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Privacy Official Klara Trubin. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to Privacy Official at (415) 434-2273. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.

- **Right to amend health care information.** You or your representative have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to the Privacy Official. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are
requesting are not part of the Agency’s records, it the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.

- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Official at 22 Battery Street, Suite #426, San Francisco, CA 94111. The request should specify the time period for the accounting starting on or after 02/12/09. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- **Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Official at (415) 434-2273.

**DUTIES OF THE AGENCY**

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to the Privacy Official at 22 Battery Street, Suite #426, San Francisco, CA 94111. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**CONTACT PERSON**

The Agency has designated the Privacy Official as its contact person for all issues regarding client privacy and your rights under the Federal privacy standards. You may contact this person at (415) 434-2273.

**EFFECTIVE DATE**

This Notice is effective 02/12/09.

*IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICIAL AT 22 BATTERY STREET, SUITE #426, SAN FRANCISCO, CA 94111 OR CALL AT (415) 434-2273.*
Authorization to release information

I consent to release of information by any recognized health care institution or agency in which I have been a patient, and I authorize the health care professional to disclose any or all of my medical records to North Cal Home Health Care, Inc. In addition, I authorize North Cal Home Health Care, Inc. to release any information to any health care organization or professional who is involved in my care, including Federal, State or accrediting bodies to review records, including the use of my medical chart for the purpose of Quality Improvement review by the Agency.

Payment Request/Assignment of Benefits:

I certify that all Medicare, HMO, MediCal or other health care payment information is true and accurate, and I authorize North Cal Home Health Care, Inc. to request payment to the agency on my behalf. I authorize the release of all records required to act on this request. I understand I must provide any insurance of MediCal information including current documentation at the time of admission to the agency and any time that information changes during the time I am on service with the Home Health Care Agency. I authorize payment directly to North Cal Home Health Care, Inc. If I change insurance coverage while home care is provided, I understand that I will be responsible for all costs incurred if I fail to inform the agency.

Medicare Patients:

North Cal Home Health Care, Inc. accepts all Medicare Part A and Part B as payment in full for all skilled rehabilitation services. I will be informed if there are any charges for equipment.

Private Insurance, HMO, Self-Pay, Share of Cost, Outpatient Part B:

I am aware that I am individually responsible to pay any non-covered costs, share of cost or co-pay in consideration for the services I am to receive. All reasonable attempts will be made to collect from the entity responsible for payment.

Anticipated charges are: $_________ per _______ visit _______ hour for _________ services.
PATIENT RIGHTS AND RESPONSIBILITIES

As a patient, you have the right to:

- Be fully informed of your rights and responsibilities and receive this notice before the initiation of care.
- Be treated with respect, consideration and full recognition of dignity and individuality, including privacy in treatment, care for personal needs and respect for property.
- Exercise your rights (or your family or guardian) and voice complaints regarding care or lack of respect for your property without fear of reprisal or discrimination in any way, for any reason.
- Be fully informed, verbally or in writing of services available in the agency under the terms of your contract with Medicare, Medicaid, and/or insurance, and any costs you may incur, and to be taught about your illness so that you and/or your family can understand and participate in recovery and care.
- Be informed, in advance, about the care to be furnished, and any changes in the care to be furnished.
- Be advised, in advance, of the disciplines that will furnish the care, and the proposed frequency of visits and to be assured the personnel who provide the care are qualified through education and experience.
- Participate in planning the care and treatment and in planning changes in the care of treatment, and to be fully informed by your physician (unless medically contraindicated) of your illness, additional diagnosis and prognosis; that you may refuse treatment at any time and to be informed of the consequences of that refusal; and that you may participate or refuse experimental research, or clinical trials.
- Be assured of confidentiality in treatment of personal and medical records and to approve or refuse their release to any individual outside the agency, except in the case of transfer to another health facility or as required by law or third party payment contract.
- Be informed within a reasonable time of anticipated termination of service.
- Be informed of change in payer coverage in writing no later than 30 calendar days from the date the home health agency becomes aware of the change.
- Receive information on completing advance directives.

As a patient, you have the responsibility to:

- Sign the required consents prior to care being given or received.
- Provide the agency with complete and accurate health and insurance information.
- Remain under a doctor’s care while receiving agency services.
- Treat agency staff and other personnel with respect and consideration
- Notify the agency when you cannot keep appointments.
- Accept the consequences of refusal of treatment or choice of non-compliance.
- Participate in the planning of your care.
- Provide a safe environment for the agency staff.
- Provide the agency with a copy of advance directives if you have one.
- Notify the agency of change of insurer or selection of HMO.
Complaint Procedure

If you have a complaint or question of an ethical nature or if you feel your rights have been denied, you can contact the Clinical supervisor at (415) 434-2273. If unresolved at this level, you should then contact the Director of Patient Care Services at which time you may be instructed to put your complaint in writing. If the matter is not resolved at this level, the owner should be contacted. A decision by the owner is binding and final. Each level must respond within (5) five working days. No reprisal will result from the complaint. In addition or instead of voicing your complaint to the Agency, you can call to:

California Department of Public Health, Licensing and Certification Division
from 8:00 am to 5:00 pm Monday through Friday
in the San Francisco County at:

1-800 554-0353
or
Send your complaint to:

County of San Francisco,
California Department of Public Health
Daly City Office,
350 90th Street, 2nd Floor,
Daly City, CA 94015

Voice messages may be left 24 hours a day. You will not be subject to any reprisals or discrimination from the agency. You can call before, during, or after you have discussed the complaint with the agency. You may also contact Joint Commission if you have any concerns about safety or your care treatment and services at 1-800-994-6610, 24 hours a day, 7 days a week. Staff members are available to answer calls only on weekdays between 8:30 am and 5:00 pm central standard time. You may also email Joint Commission at complaint@jcaho.org.
# FOOD AND DRUG INTERACTION GUIDE

## GASTROINTESTINAL PREPARATION

<table>
<thead>
<tr>
<th>Drug</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>Atropine</td>
<td>Take ½ hour before meals. May cause drowsiness. Avoid alcoholic beverages.</td>
</tr>
<tr>
<td>Belladonna (Donnatal)</td>
<td>Take ½ hour before meals.</td>
</tr>
<tr>
<td>Diphenoxylate (Lomotil)</td>
<td>Avoid alcohol or other depressants such as tranquilizers and sedatives.</td>
</tr>
<tr>
<td>Hyoscine Sulfate</td>
<td>Same as atropine above.</td>
</tr>
<tr>
<td>Propantheline Bromide</td>
<td>Take ½ hour before meals.</td>
</tr>
<tr>
<td>Metoclopramide (Reglan)</td>
<td>Take ½ hour before meals. May cause drowsiness so avoid alcoholic beverages.</td>
</tr>
<tr>
<td>Cimetidine (Tagamet)</td>
<td>Take with or immediately after a meal.</td>
</tr>
<tr>
<td>Bethanechol (Urecholine)</td>
<td>Take on an empty stomach 1 hour before or 2 hours after meals.</td>
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## LAXATIVES

<table>
<thead>
<tr>
<th>Drug</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>Diocetyl Sodium</td>
<td>Take with 8 oz. of water.</td>
</tr>
<tr>
<td>Sulfasalazine (Colace)</td>
<td>Take with 8 oz. of water with meals.</td>
</tr>
<tr>
<td>Psyllium</td>
<td></td>
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<tr>
<td>(Effersyllium, Metamucil)</td>
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## MINERALS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>Iron (Ferrox, Ferisol)</td>
<td>Take on an empty stomach with water. If stomach upset occurs, take after meal or with food. Do not take simultaneously with tetracycline or tetracycline.</td>
</tr>
<tr>
<td>Potassium Chloride</td>
<td>May cause stomach upset. Take after meals or with food and a glass of water.</td>
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## ORAL HYPOGLYCEMICS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>Chlorpropanide (Diabinese)</td>
<td>Take with milk or food. Avoid alcoholic beverages. May cause stomach upset.</td>
</tr>
<tr>
<td>Tolbutamide (Orinase)</td>
<td>Take with milk or food. Avoid alcoholic beverages. May cause stomach upset.</td>
</tr>
<tr>
<td>Glyburide,</td>
<td>May cause stomach upset. Take ½ hour before meals. Avoid alcoholic beverages.</td>
</tr>
<tr>
<td>(DiaBeta, Micronase)</td>
<td></td>
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## CARDIOVASCULAR DRUGS

<table>
<thead>
<tr>
<th>Drug</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>Methyldopa (Adomet)</td>
<td>Avoid natural licorice. (Most licorice in this country is artificial and not harmful, but imported licorice candy and flavoring from Europe is often natural).</td>
</tr>
<tr>
<td>Propranolol (Inderal)</td>
<td>Take with food for best results. If being used for high blood pressure, avoid foods high in sodium or Tyramine.</td>
</tr>
<tr>
<td>Nitrates (Isotolin, Sorbitrate)</td>
<td>Avoid alcoholic beverages. Take on an empty stomach 1 hour before or 2 hours after meals.</td>
</tr>
<tr>
<td>Digoxin (Lanoxin)</td>
<td></td>
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<tr>
<td>Dipyridamole (Persantine)</td>
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<tr>
<td>Quinidine</td>
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<tr>
<td>(Quinaglutet, Quinora)</td>
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## DIURETICS

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<tr>
<th>Drug</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyazide</td>
<td>Take with milk or food. May cause stomach upset. Include high potassium foods in Diet (see below).</td>
</tr>
<tr>
<td>Furosemide (Lasix)</td>
<td>Take with milk or food with 8 oz. of water. Include high potassium foods in Diet (see below).</td>
</tr>
<tr>
<td>Spironolactone (Aldactone)</td>
<td>Take with milk or food. May cause stomach upset.</td>
</tr>
<tr>
<td>Thiazides</td>
<td>Take with milk or food. May cause stomach upset. Include high potassium foods in Diet (see below).</td>
</tr>
<tr>
<td>(Diuril, Hydrodiuril)</td>
<td></td>
</tr>
</tbody>
</table>
### HIGH POTASSIUM FOODS

<table>
<thead>
<tr>
<th>Artichokes</th>
<th>Apricots</th>
<th>Pumpkin</th>
<th>Honeydew</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asparagus</td>
<td>Avocado</td>
<td>Spinach</td>
<td>Orange/juice</td>
</tr>
<tr>
<td>Dried Beans</td>
<td>Banana</td>
<td>Squash</td>
<td>Prunes/juice</td>
</tr>
<tr>
<td>Bamboo Shoots</td>
<td>Cantaloupe</td>
<td>Tomato/juice</td>
<td>Dried Fruit</td>
</tr>
<tr>
<td>Broccoli</td>
<td>Celery</td>
<td>Potatoes</td>
<td>Rhubarb</td>
</tr>
<tr>
<td>Brussels Sprouts</td>
<td>Dates</td>
<td>Veggie Juice</td>
<td>Raisins</td>
</tr>
<tr>
<td>Carrots</td>
<td>Figs</td>
<td>Greens</td>
<td>Chocolate</td>
</tr>
</tbody>
</table>

### ANALGESICS

<table>
<thead>
<tr>
<th>ASA (Aspirin, Empirin)</th>
<th>May cause stomach upset. Take with milk or food.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotics</td>
<td>Take on an empty stomach. Causes drowsiness. Avoid alcoholic beverages. (Morphine, Codeine, Demerol)</td>
</tr>
<tr>
<td>Phenazopyridine (Pyridium)</td>
<td>Take ½ hour before meals with a full glass of water.</td>
</tr>
</tbody>
</table>

### ANTIBIOTICS

<table>
<thead>
<tr>
<th>Cephalosporins (Cefclor, Keflex)</th>
<th>For best results, take on an empty stomach (1 hour before meals or 2 hours after meals). If stomach irritation occurs, take with food or milk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chloramphenicol (Chloromycin)</td>
<td>Same as cephalosporins</td>
</tr>
<tr>
<td>Erythromycin Base (E-nycin, Erylab, Eryc)</td>
<td>Absorption unaffected by food.</td>
</tr>
<tr>
<td>Stearate Estolate (Lotusone)</td>
<td>Take on an empty or immediately before meals.</td>
</tr>
<tr>
<td>Ethylsucinate (EES, Pedianiycin)</td>
<td>Absorption unaffected by food.</td>
</tr>
<tr>
<td>Metronidazole (Flagyl)</td>
<td>May cause stomach upset. Take with food. Nausea and vomiting may occur if taken with alcoholic beverages.</td>
</tr>
<tr>
<td>Nitrofurantoin (Furadantin, Macrodantin)</td>
<td>May cause stomach upset. For best results, take with milk or food.</td>
</tr>
</tbody>
</table>

### ANTI DEPRESSANTS

<table>
<thead>
<tr>
<th>MAO INHIBITORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoxcarbazine (Marplan)</td>
</tr>
<tr>
<td>Tranylcypromine (Pamate)</td>
</tr>
<tr>
<td>Phenelzine (Nardil)</td>
</tr>
</tbody>
</table>

### FOODS HIGH IN TYRAMINE

<table>
<thead>
<tr>
<th>Aged Cheese</th>
<th>Bananas</th>
<th>Chocolate</th>
<th>Raisins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged Meat</td>
<td>Beer</td>
<td>Cola Drinks</td>
<td>Sherry</td>
</tr>
<tr>
<td>Anchovies</td>
<td>Caffeine</td>
<td>Mushrooms</td>
<td>Sausage</td>
</tr>
<tr>
<td>Avocados</td>
<td>Chicken Liver</td>
<td>Pickled Herring</td>
<td>Sour Cream</td>
</tr>
<tr>
<td>Fruits</td>
<td>Nuts</td>
<td>Soy Sauce</td>
<td>Yogurt</td>
</tr>
</tbody>
</table>

### MISCELLANEOUS

<table>
<thead>
<tr>
<th>Aminophylline</th>
<th>May cause stomach upset. Take with food and water. Side effects are increased by caffeine containing foods such as coffee, tea, cocoa and chocolate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulants (Coumadin, dicoumarol)</td>
<td>Avoid alcoholic beverages. Avoid foods high in Vitmain K: beef, liver, oils, green leafy vegetables (kale, brussel sprouts, cabbage, collards, spinach). Avoid taking with salicylates.</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>May cause stomach upset, take with food. May cause drowsiness. Do not take concurrently with alcoholic beverages.</td>
</tr>
<tr>
<td>Chloral Hydrate (Noctoc)</td>
<td>Take with milk or food. May cause stomach upset.</td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td>May cause stomach upset, take with milk or food. May decrease the therapeutic effects of aspirin, requiring dosage adjustment, if taken together.</td>
</tr>
<tr>
<td>Lithium Carbonate (Lithon, Eskalith)</td>
<td>May cause drowsiness. Do not take with alcoholic beverages. Take after meals or with food or milk. Maintain adequate fluid and salt intake.</td>
</tr>
<tr>
<td>Meclazine (Antivert, Bonine, Marezine)</td>
<td>May cause drowsiness. Do not take with alcoholic beverages.</td>
</tr>
<tr>
<td>Barbitalates (Phenobarbital)</td>
<td>May cause drowsiness. Do not take with alcoholic beverages or medications containing antihistamines.</td>
</tr>
<tr>
<td>Phenytoin (Dilantin)</td>
<td>Take with food to increase absorption and reduce stomach irritation. Avoid alcoholic beverages.</td>
</tr>
<tr>
<td>Prednisolone (Delta-Cortef)</td>
<td>Take with milk or food. May cause stomach upset.</td>
</tr>
<tr>
<td>Prednisone (Deltason)</td>
<td>Take with milk or food. May cause stomach upset.</td>
</tr>
<tr>
<td>Albuterol (Proventil)</td>
<td>Take with milk or food. May cause stomach upset.</td>
</tr>
<tr>
<td>Sinemet</td>
<td>Take with milk or food. May cause stomach upset. Avoid excessive protein.</td>
</tr>
<tr>
<td>Sulfia Drugs</td>
<td>Take on an empty stomach with 8 oz. of water.</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Avoid brussel sprouts, cabbage, cauliflower, kale, greens, rutabaga, soybeans and turnips. Take with milk or food. Avoid alcoholic beverages. May cause stomach upset.</td>
</tr>
</tbody>
</table>

This pamphlet has been prepared for you by the Food & Nutrition management Services and Pharmacy Management Services. It contains information about some common interactions that may occur between food and drugs that you take. It does not attempt to discuss all possible food-drug interactions, nor does it list possible drug-drug interactions. For information regarding drug-drug interactions, you should consult your Pharmacist or Physician.

If you have questions regarding information in this pamphlet, contact your Physician, Pharmacist or Registered Dietitian at your hospital.

Food and Nutrition Management Services
6151 W. Century Blvd., Suite #916, Los Angeles, CA 90045

REORDER #30
**Information Regarding Your Medication Regimen**

<table>
<thead>
<tr>
<th>Your doctor has prescribed medication to help you treat your condition. This medication will help you only if you take it correctly. Here’s how:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOW TO FILL YOUR PRESCRIPTION</strong></td>
</tr>
<tr>
<td>Have your prescription filled at the pharmacy you ordinarily use. That way, the pharmacist can keep a complete record of your medications. Tell him if you are allergic to any medications.</td>
</tr>
<tr>
<td>If you need to refill your prescription, don’t wait until the last minute. Refill it before you run out of medication. There should be no disruption in your dosing regime.</td>
</tr>
<tr>
<td><strong>HOW TO TAKE YOUR MEDICATION</strong></td>
</tr>
<tr>
<td>Take your medication in a well lit room. Double check the label to make sure you are taking the right medication at the right time. If you don’t understand the directions, call your pharmacist or doctor.</td>
</tr>
<tr>
<td>If you forget to take a dose or several doses, don’t take two or more doses together. Instead, contact your doctor or pharmacist for directions.</td>
</tr>
</tbody>
</table>

| Don’t stop taking your medication unless your doctor tells you to. Do not self-prescribe or self-regulate. |
| Make sure you shake the liquid medicine bottles effectively before taking. |
| **HOW TO STORE YOUR MEDICATION** |
| Keep your medication in its original container or in a properly labeled prescription bottle. If you are taking more than one medication, don’t store them together in a pill box or container. |
| Store your medication in a cool, dry place or as directed by your pharmacist. Don’t keep in the bathroom medicine cabinet where heat and humidity may cause it to lose its effectiveness. Some medications require refrigeration. Please read labels closely. |
| If you have children, make sure your medication containers have childproof caps. Always keep the containers beyond the reach of children. |
| Wash your hands before taking your medications to avoid contamination. |
SAFETY IN YOUR HOME

Tips for Staying Independent
Falls or other injuries could leave you unable to live on your own. It is our hope that the following information will enable you to make your home safer and more comfortable. Removing potential hazards and making things easier to do can help you stay independent.

Having an Emergency Plan
Listed on the back page of this booklet you will find local emergency numbers. If numbers for your particular area are not listed, space is provided for you to include those numbers.

Remember RACE:

R= REMOVE patient and family from immediate danger. Develop a fire escape plan for your home and determine one place for all family members to meet outside in a safe place away from the fire.

A=ACTIVATE-call 911. Remember to give your street address.

C=CONTAIN the fire, if possible, by closing all doors. Remember your own safety first and do not place yourself in danger.

E=EXTINGUISH the fire if possible, if not, evacuate the area. Again, do not place yourself in any danger.

Fire Safety
Do you have an emergency exit plan?
Once a fire starts, it spreads rapidly. Since you may not have much time to get out and there may be a lot of confusion, it is important that everyone knows what to do.

Check Smoke Detectors
Do you have smoke detectors installed in your home?
If the answer is no, we urge you to purchase smoke detectors for your own personal safety. Not: Some local fire departments or local government agencies will provide assistance in acquiring or installing smoke detectors. Many home fire injuries and deaths are caused by smoke and toxic gases, rather than the fire itself. Smoke detectors provide an early warning and can save you in the event of a fire.

You may want to consider Carbon Monoxide detectors for your home safety.
At least one smoke detector should be placed near bedrooms, either on the ceilings or 6-12 inches below the ceiling on the wall. Place smoke detectors away from air vents.

Are your smoke detectors currently in proper working order?
Check the batteries on a regular basis.

Getting Rid of Hazards
Hazards that can cause fires, falls and other injuries in the home are easy to overlook. At the time, they’re often easy to fix. Checking each room for safety hazards can help you prevent injuries.

Check all rugs, runners and mats. Are all small rugs and runners slip-resistant?
Estimates that in 1982, over 2,500 people age 65 and over were treated in hospital emergency rooms for injuries that resulted from tripping over rugs and runners. Falls are also the most common cause of fatal injury to older people.

- Remove rugs and runners that tend to slide.
- Apply double-faced adhesive carpet tape or rubber matting to the backs of rug and runners.
- Purchase rugs with slip-resistant backing
- Check rugs and mats periodically to see if the backing needs to be replaced.
- Place rubber matting under rugs. Rubber matting can be cut to the size of the rug.

Note: Over time adhesive on tape can wear away. Rugs with slip-resistant backing also become less effective as they are washed. Periodically check rugs and mats to see if new tape or backing is needed.

Check Areas Around Beds

Are lamps or light switches within easy reach of the bed?
Lamps located close to each bed will enable people getting up at night to see where they are going.
SAFETY IN YOUR HOME

Rearrange furniture closer to switches or move lamps closer to beds. Install night lights.

Is there a telephone close to your bed?
In case of an emergency it is important to be able to reach the telephone without getting out of the bed.

Are ash trays, smoking materials or other fire sources (heaters, hot plates, teapots, etc.) located away from beds or bedding?
Burns are a leading cause of accidental death among seniors. Smoking in bed is a major contributor to this problem. Don’t smoke in bed or have hot liquids or other heat sources near the bed.

Is anything covering your electric blanket when in use?
“Tucking in” electric blankets or placing additional coverings on top of them can cause excessive heat buildup that can start a fire. Don’t set electric blankets so high that they could burn someone.

Do you ever sleep with a heating pad that is turned on?
Never go to sleep with a heating pad if it is turned on, because it can cause serious burns, even at relatively low settings.

Check Bathtub and Shower Areas

Are bathtubs and showers equipped with nonskid mats, abrasive strips or surfaces that are not slippery?
Wet, soapy tile or porcelain surfaces are especially slippery and may contribute to falls. Apply textured strips or appliques on the floors of tubs and showers. Use non-skid mats in the tub or shower and on the bathroom floor. If you are unsteady on your feet, use a stool with non-skid tips as a seat while showering or bathing.

Grab bars can help you get in and out of your tub or shower, and can help prevent falls. Check existing bars for strength and stability and repair if necessary.
Attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are not sure how it is done, get someone who is qualified to assist you.

Check ALL Electrical/telephone Cords

Are lamp, extension and telephone cords placed out of the flow of traffic?
Cords stretched across walkways may cause someone to trip. Arrange furniture so that outlets are available for lamps and appliances without the use of an extension cord, place it on the floor against a wall where people cannot trip over it. Move the phone so that telephone cords will not lie where people walk.

Are cords out from beneath furniture and rugs or carpeting?
Furniture resting on cords can damage them, creating fire and shock hazards. Electric cords that run under carpeting may cause fire. Remove cords from under furniture or carpeting. Replace damaged or frayed cords.

Are cords attached to the walls or base boards with nails or staple?
Nails or staples can damage cords, presenting fire and shock hazards. Remove nails, staples, etc.
Check wiring for damage. Use tape to attach cords to walls or floors.

Do extension cords carry more than their proper load than indicated by the ratings label on the cord and the appliance?
Overloading extension cords may cause fires. Standard 18 gauge extension cords can carry 1250 watts. If an extension cord is needed, use one having a sufficient amp or wattage rating. If the rating on the cord is exceeded because of the power requirements of one or more appliances being used on the cord, change the cord to a higher rated one or unplug some appliances.

Are heaters that come with a 3-prong plug being used in a 3-prong outlet or with a properly attached adapter?
The grounding feature provided by a 3-hole receptacle or an adapter for 2-hole receptacle is a safety feature designed to lessen the risk of shock. Never defeat the grounding feature. If you do not have a 3-hole outlet, use an adapter to connect the heater’s 3-prong plug. Make sure the adapter ground wire or tab is attached to the outlet.

Are small stoves and heaters placed where they can be knocked over, and away from
SAFETY IN YOUR HOME

furnishings and flammable materials, such as curtains or rugs?
Heaters can cause fires or serious burns if they cause you to trip or if they are knocked over.
Relocate heaters away from passageways and flammable materials.
If your home has space heating equipment, such as kerosene heater, a gas heater or an LP gas heater, do you understand the installation and operating instructions thoroughly?
Unvented heaters should be used with room doors open or window slightly open to provide ventilation. The correct fuel, as recommended by the manufacturer, should always be used. Vented heaters should have proper venting, and the venting system should be checked frequently. Improper venting is the most frequent cause of carbon monoxide poisoning and older consumers are at special risk.

Check Entrances and Stairs
Are entrances safe?
Put bright lights over front and back doors, or install motion sensor lights that come on when you approach. Replace dim or burned out lights along pathways and halls. Oil or replace locks and handles that don’t turn easily or are hard to grasp. Install dead bolt locks on outside doors. Mark keys so they are easy to identify.

Are stairs and pathways clear?
Put nonskid strips on the outer edge of steps, or paint the edges white. Repair handrails that aren’t sturdy. Replace handrails that don’t run the full length of the stairs. Repair broken or loose steps and cracked or uneven paving. Keep pathways and steps free of hoses, newspapers and other clutter.

During an Earthquake
- If you are indoors get under a table, a desk or bed, or brace yourself in a strong doorway. Watch for falling, flying and sliding objects. Stay away from windows.
- If you are outdoors move to an open area away from building, trees, power poles, brick or block walls and other objects that could fall.
- If you are in an automobile, stop and stay in it until the shaking stops. Avoid stopping near trees and power lines, on or under overpasses.
- If you are in a high rise building get under a desk until the shaking stops. Do not use the elevator to evacuate. Use the stairs.
- If you’re in a store get under a table, or any sturdy object, or in a doorway.
- Avoid stopping under anything that could fall. Do not dash for the exit. Choose your exit carefully.

If you must evacuate:
- Prominently post a message indicating where you can be found.
- Take with you:
  1. Medicines and first aid kit
  2. Flashlight, radio and batteries
  3. Important papers and cash
  4. Food, sleeping bags/blankets
  5. Extra clothing
  6. Make arrangements for pets

After a disaster:
- Put on heavy shoes immediately to avoid injury from stepping on glass or other debris
- Check for injuries and give first aid
- Check for fires and fire hazards
  1. Sniff for gas leaks, starting at the hot water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows and carefully leave the house. Do not turn lights on or off, or light matches or do anything that might make sparks. **Note:** Do not shut off gas unless an emergency exists. If time permits call the gas company or a qualified plumber. **DO NOT** turn it back on until the gas company or plumber has checked it out.
  2. If water leaks are suspected shut off water at main valve.
  3. If damage to electrical system is suspected (frayed wires, sparks, or the smell of hot insulation) turn off system at main circuit breaker of fuse box.
- Check neighbors for injury
- Turn on radio and listen for advisories.
- Locate light source, if necessary.
SAFETY IN YOUR HOME

- Do not touch downed power lines or objects touched by downed power lines.
- Clean up potentially harmful material
- Check to see that sewage lines are intact before continued flushing of toilets.
- Check house, roof, and chimney for damage.
- Check Emergency supplies.
- Do not use phone except for genuine emergencies.
- Do not go sightseeing.
- Be prepared for aftershocks.
- Open closets and cupboards carefully.
- Cooperate with public safety officials. Be prepared to evacuate when necessary.

HOSPITAL BED
- Always keep wheels locked. Unlock only to move bed.
- Always maintain side rails up and locked into position
- Electric beds may malfunction or a power failure may cause the bed to remain in one position. Always know how to use the manual hand crank.
- A bedridden person should always have a way to summon help. Provide patient with a call bell or other emergency response system.
- Unplug electric beds before washing the mattress or framework.

WHEELCHAIR
- Always lock the wheelchair brakes before making transfers to or from your chair or bed or car.
- If you are unable to place both feet flat on the floor do not lean forward in the wheelchair— you may fall.
- Prolonged sitting in the wheelchair may cause pressure sores to develop. Establish a routine of shifting your weight from side to side, up and down, if possible. The armrest of the wheelchair may be padded to help cushion and relieve pressure to arms.

WALKER
- When ready to ambulate stand a few minutes with the walker to steady your balance.
- Walking surface should be dry, clean and well lighted. Removing throw rugs will enhance safety.
- When walking do not look at your feet—look straight ahead.
- Wear supportive, flat soled, non-skid shoes. Avoid high heels and slip-on shoes.
- Attach a light weight bag or basket to your walker to safely carry small items.

CANES AND CRUTCHES
- Avoid waking on slippery, wet or uneven surfaces. Removing throw rugs will enhance safety.
- Make sure the rubber tip on cane/crutch end is without cracks or tears and that it fits securely.
- Crutches should have padded underarm rests.
- Always look straight ahead while walking with a cane, do not look at your feet.
- Always get up slowly from a sitting position and assess if you feel dizzy or off balance. While standing breathe slowly. If dizziness should persist, sit down and call for assistance.

OXYGEN THERAPY
- NO SMOKING IN YOUR HOME!
- OXYGEN IS NOT TO BE USED AROUND A SPACE HEATER OR STOVE!
- Keep all purpose fire extinguisher in your home.
- Electric blankets and electric heating pads may be potential hazard
- Use only water-soluble lubricating jelly if needed. Do not use products that contain oil or alcohol, as they flammable.
- Clean your cannula or mask every eight hours with a wet cloth.
- Oxygen tubing should not be covered by bed linen, clothing or furniture.
- Oxygen tank systems should be kept upright and always turned off when not in use.
- Oxygen containers should never be put in the truck of the car.
- Equipment may be wiped clean with household detergent and warm water.
At Home Infection Control

Infections can be a major health hazard. An infection is diseases that result when germs invade and grow in the body. Some infections can cause a short illness while others can be very serious. The infections may involve a body part or the whole body. Patients and caregivers need to protect themselves from infections. You can help prevent infections by practicing the following guidelines:

1. Hand washing is the one most important procedure to prevent the spread of infection.
   a. Wash your hands before and after providing care.
   b. Wash your hands before preparing food.
   c. Wash your hands before eating.
   d. Wash your hands after using the bathroom.
   e. Use liquid soap in the bathroom.

2. Each family member should use his or her own towels, washcloths, toothbrush, drinking glass, and other personal care items.

3. Wash cooking and eating utensils with hot soapy water after they have been used.

4. Clean cooking and eating surfaces with soap and water of disinfectant.

5. Do not leave sitting out and uncovered. Close all food containers. Refrigerate foods that will spoil. Keep hot food hot and cold food cold.

6. Soiled bed linens should be changed immediately. Soiled linens are washed in hot water using a detergent. Wash separately from other laundry.

7. Soiled disposable products (dressing, diapers) should be placed in a heavy plastic bag, fastened securely and placed in the trash pick-up.

8. Used needles and syringes can be placed into rigid walled containers (empty bleach bottle), sealed securely and disposed of in the trash for trash pick-up.

9. Damp mop uncarpeted floors at least once a week.

10. Bathroom surfaces: sink, toilet, toilet seat and floor should be cleaned routinely. A disinfectant, bathroom cleaner or a solution of water and detergent is used.

11. Special precautions to prevent infection in your particular condition will be discussed, as necessary, by the nurse at your home visits.

12. Notify the nurse or physician if the patient develops any of the following signs or symptoms: fever, pain or tenderness, fatigue, loss of appetite, nausea, vomiting, diarrhea, and rash, sore on mucous membranes, redness or swelling of a body part, and discharge or drainage from any area of the body.

13. Clean up spills of blood or urine with a 10% bleach solution (mix 1 part of bleach to 10 parts of water daily). Throw away unused bleach solution at the end of the day.

14. Whenever possible, the family should wear disposable gloves when in contact with the patient’s blood, wound drainage, feces, urine, open areas of the skin, or other bodily fluids.

15. Clean utility gloves with hot soapy water, then disinfect the gloves with a 10% solution of bleach. Throw away and replace cracked gloves.

16. Cover your mouth and nose when coughing or sneezing to prevent the spread of germs. Turn your head to avoid droplets from coughs or sneezes.
PATIENT RESOURCES/EMERGENCY NUMBERS

Your Home Health Care Agency is:

North Cal Home Health Care, Inc.
(415) 434-2273

North Cal Home Health Care, Inc. staff is proud to have the opportunity to provide home health services to you. The following information will help you understand how to call for help in urgent or emergency situations.

IN CASE OF A DISASTER

Remain in a safe place. Turn your radio dial to KQED Public Media for Northern California or 88.5 FM or TV channel 9 or call (415) 864-2000.

While receiving your services, someone from North Cal Home Health Care, Inc. will be contacting you.

THE AGENCY IS NOT AN EMERGENCY CARE FACILITY.
Emergencies are referred to acute care facilities.

EMERGENCY NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paramedic / Fire / Police</td>
<td>911</td>
</tr>
<tr>
<td>Ambulance Companies –</td>
<td></td>
</tr>
<tr>
<td>American Medical Response</td>
<td>(415) 922-9400</td>
</tr>
<tr>
<td>Emergency Ambulance</td>
<td>(415) 695-6610</td>
</tr>
<tr>
<td>Joseph's Ambulance</td>
<td>(415) 921-0707</td>
</tr>
<tr>
<td>King-American Ambulance</td>
<td>(415) 931-3000</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>(415) 427-8000</td>
</tr>
<tr>
<td>Child Abuse Hotline</td>
<td>(415) 558-2650 or</td>
</tr>
<tr>
<td></td>
<td>(800) 856-5555</td>
</tr>
<tr>
<td>Department of Aging (City and County)</td>
<td>(415) 355-6700</td>
</tr>
<tr>
<td>Department of Health Services (Home Health Hotline)</td>
<td>(800) 228-1019</td>
</tr>
<tr>
<td>National Institute of Aging</td>
<td>(650) 573-2700</td>
</tr>
<tr>
<td>Legal Aid Foundation</td>
<td>(800) 399-4529</td>
</tr>
<tr>
<td>SF info Line for Community Services/Resources</td>
<td>(415) 982-8999</td>
</tr>
<tr>
<td>Mayor's Office for the Disabled (Info: Handicap Stickers)</td>
<td>(415) 554-6789</td>
</tr>
<tr>
<td>Medicare Hotline</td>
<td>(800) 638-6833</td>
</tr>
<tr>
<td>Social Security Office</td>
<td>(800) 772-1213</td>
</tr>
</tbody>
</table>
Home Health Agency
Outcome and Assessment Information Set (OASIS)
STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

- You have the right to know why we need to ask you questions.
  We are required by law to collect health information to make sure:
  1) you get quality health care, and
  2) payment for Medicare and Medicaid patients is correct.

- You have the right to have your personal health care information kept confidential.
  You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- You have the right to refuse to answer questions.
  We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.

- You have the right to look at your personal health information.
  - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
  - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which the Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.
**PATIENT RESOURCES**

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<thead>
<tr>
<th>MEDICAL SERVICES (Physical / Mental / Pharmacies)</th>
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<tbody>
<tr>
<td>Medical Information</td>
<td>(650) 301-9971</td>
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<tr>
<td>National Institute for Drug Abuse</td>
<td>(800) 662-4357</td>
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<tr>
<td>Nursing Home Information and Referral Service</td>
<td>(800) 777-2866</td>
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<tr>
<td>Pharmacy 24 Hour CVS Referral Line</td>
<td>(800) 627-2866</td>
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<tr>
<td>Housing Authority</td>
<td>(415) 241-1017</td>
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<tr>
<td>HUB User</td>
<td>(800) 245-2691</td>
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<tr>
<td>Emergency Shelter</td>
<td>(415) 861-8688</td>
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<tr>
<td>Food Stamp Application Information Line</td>
<td>(800) 223-8383</td>
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<tr>
<td>Salvation Army</td>
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<tr>
<td>Concord</td>
<td>(925) 656-6180</td>
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<tr>
<td>San Francisco</td>
<td>(415) 575-4848</td>
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**TRANSPORTATION**

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<tbody>
<tr>
<td>Yellow Cab</td>
<td>(415) 333-3333</td>
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<tr>
<td>The Taxi Cab</td>
<td>(415) 333-3310</td>
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<tr>
<td>SF Muni</td>
<td>311 or (415) 701-2311</td>
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These referral sources are given to the patient/caregiver for emergencies. *North Cal Home Health Care, Inc.* has 24-hour on-call availability by calling (415) 434-2273.