

SUSAN G. KOMEN® SAN ANTONIO BREAST CANCER GUIDE



THE BATZ GUIDE

FOR BEDSIDE ADVOCACY

SAN ANTONIO



"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

> -Margaret Mead, American Anthropologist

THANK YOU TO OUR SPONSORS:











BILL AND SALLY McNUTT FOUNDATION (JANET MCNUTT)











Jack and William Light Charitable Trust

















Amy & Mark Montoney

Dr. & Mrs. Lon Smith

La Brasada Foundation

























HANIEY-WOOD

Jan and Ben Davis Xenex Dr. Carol Wratten

The Batz/Townsend Family Anne and Marc Ledet Laura and Lew Moorman Wave Healthcare Frost Bank Hanley Wood Stratton Rehabilitation The Mitchell Family Carolyn and Jim Jackson

Carrie and Jim Lane Ien and Louie Rubiola Jackie and Joby Pritzker The Bowers Family

Broadway Bank Ann and Paul Beuhler Karen and Todd Brockwell Carla and Dan Nelson Shana and Brady Anderson Kimberly and Randall Schultz XYN Management Jennie and Jason McLendon Ann and Rob Flannery

Jen and Chris Mitchell The Dugger Family Dennis Jewelry

Heather and Jack Nelson Allison and Rob Bassetti Liz and Demian Fore Vivia and Michael Robertson Robyn and Rob Hargrove Margaret and Sean Gunn Ann and Steven Hunt The Holshouser Family

ABOUT ME

PERSONAL PROFILE

1. NAME:
2. AGE:
3. GENDER:
4. HEIGHT:
5. WEIGHT:
6. BLOOD TYPE:
7. ETHNICITY:
8. ALLERGIES TO MEDICATIONS:
9. FAITH TRADITION, IF RELEVANT:
10. CURRENT OVER-THE-COUNTER MEDICATIONS (including prescriptions and vitamins):

WEEZIE ANGEL HERO AWARD



Last year The Louise H. Batz Patient Safety
Foundation implemented the Weezie's Angel
Hero Award in honor of Louise "Weezie" Batz's
commitment to helping others and to recognize
those individuals in a hospital setting who go
above and beyond in caring for patients, creating
mission awareness, and advocating for patient
safety.



WEEZIE ANGEL HERO AWARD 2015



Jon Alonzo



Dr. Jane Appleby



Tommye Austin, PhD



Dr. Paul Curry



Dr. Kenneth Davis



Kathryn Johnson



Dr. Lawrence Lynn



Amy Lyons, RN



Dr. Mark Montoney



Dr. Frank Overdyk



Angie Parks



Melinda Perrin



Charity Rivera



Dr. Michael Shabot



Dr. Kathleen Stevens



Patricia Toney



Eve Woods



Dr. Carol Wratten

WEEZIE ANGEL HERO AWARD 2016



Sandra Slodkoski



Dr. William Sutker



Veronica Montemayor



Irenia Vinuya



Cindy Cassity



Elise Matocha



Dr. Yan Xiao



Nelson Tuazon



WEEZIE ANGEL HERO AWARD 2017





Damita J. Williams



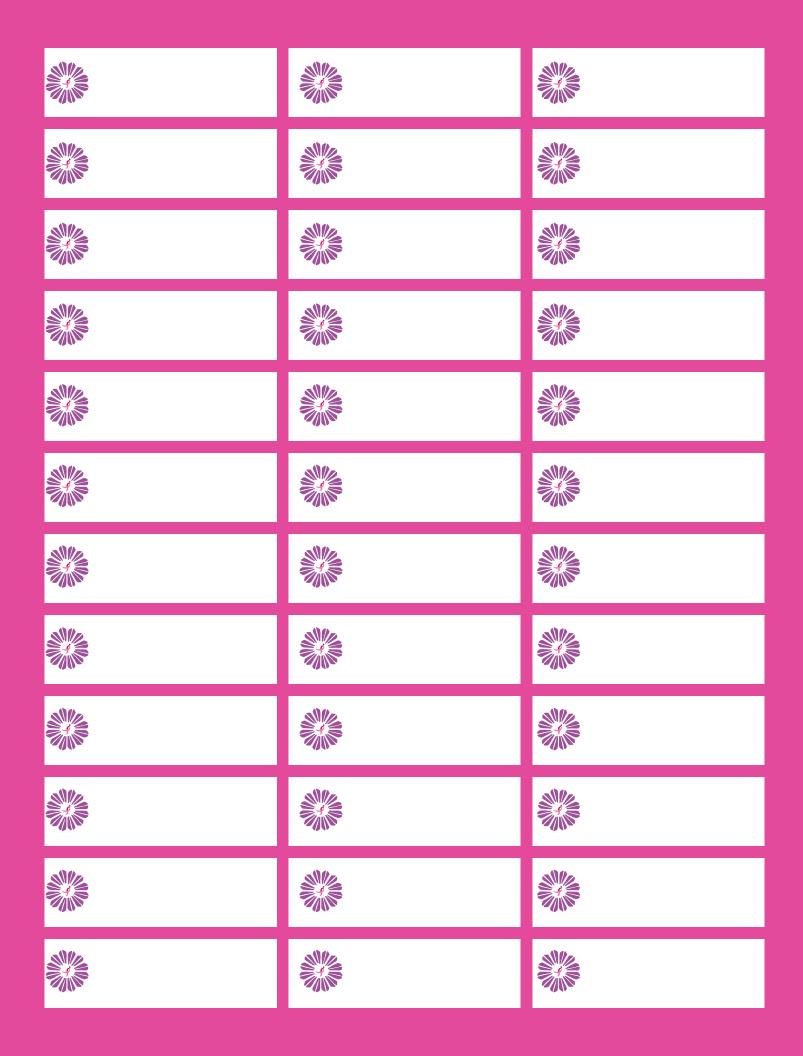
Staci Almager

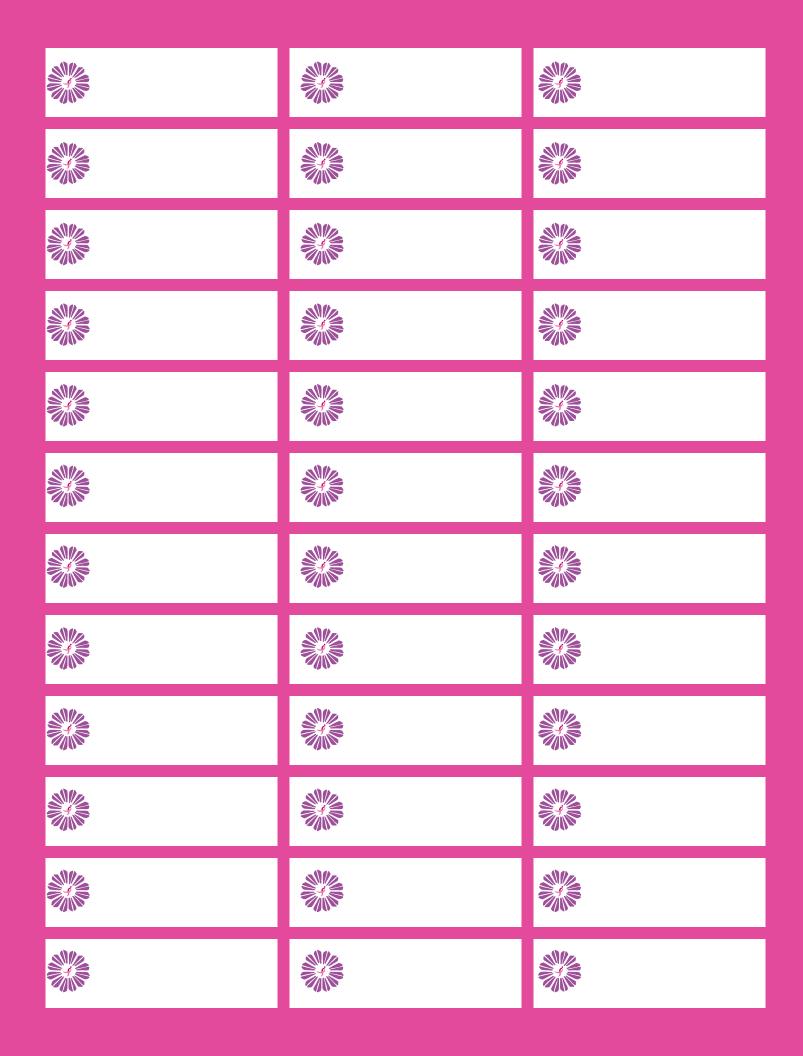


Jennifer Milton



Emilie Burgess





Our Vision: A world without breast cancer.

Our Mission is to save lives by:

- Meeting the most critical needs in our communities
- Investing in breakthrough research to prevent and cure breast cancer

Susan G. Komen San Antonio was started in 1997 by a group of local survivors. Since then, we have invested \$19.1 million in the metropolitan area for our neighbors, friends, and loved ones who have no other options for breast cancer care.

Funds raised provide breast cancer screening, treatment assistance, education, aftercare services and pain relief care to patients in need in San Antonio.

One hundred percent of funds support local patients with breast cancer services and research programs.

Saving lives locally. Fighting breast cancer globally.

With donor support, local breast cancer fighters and survivors received 15,261 services in 2016.





















THE LOUISE HOLSHOUSER BATZ STORY

Every day in the United States an estimated 550 people die from preventable medical errors, which is approximately 200,000 people a year, making it the 3rd leading cause of death in the United States. (Healthgrades 2004)

On April 14, my mom, Louise Batz, went to have knee replacement procedure. That night, a medical error caused Mom to sustain an injury from which she could not recover. She lost her life eleven days later.

In Louise's memory, the family has established the Louise H. Batz Patient Safety Foundation.

DEDICATION

To Louise,

The Best Mom, Wife, Grandmother, Sister, and Friend anyone could have ever asked for.

Your love inspired us, and always will.

Love you forever.



About Susan G. Komen®

Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life.

To date, Komen has funded more than \$2.6 billion in funding to groundbreaking research, screening, education, and treatment support programs serving millions of people in more than 60 countries worldwide.

Susan G. Komen is the ONLY organization that addresses breast cancer on multiple fronts such as research, community health, global outreach and public policy initiatives in order to make the biggest impact against this disease.



GRANTEES

Susan G. Komen San Antonio Grantees

For more information about our Grantees, please visit komensanantonio.org or call (210) 222-9009

American Cancer Society - Transportation for Breast Cancer Patients

A van service program available in Bexar County for women diagnosed with breast cancer in need of transportation for treatment. (210) 614-4212

Friends of CHRISTUS Santa Rosa Foundation - Breast Cancer Screening

The program assists low-income, uninsured women with clinical breast exams and screening mammograms. Funded in part by Komen, CHRISTUS provides community mobile mammography. (210) 704-2000

The Louise H. Batz Patient Safety Foundation - Patient Guidebooks

The guides are an excellent resource to better understand hospital processes, standard treatment protocols and pertinent breast cancer information. louisebatz.org

Martinez Street Women's Center - Entre Mujeres/Between Women

The promotora program provides education, outreach and support services to underserved, low-income, minority women and their families. (210) 534-6638

SLEW Wellness Center - Aftercare Services for Disadvantaged Women with Breast

Cancer The program provides emotional and physical support for underinsured and low-income women in Bexar County who are recovering from and/or undergoing breast cancer surgery, chemotherapy or radiation treatment. Services include mental health, nutritional, physical and massage therapy, wigs and prosthetic bra fittings and lymphatic drainage therapy. (210) 654-7900

"When everything looks like an uphill struggle, just think of the view from the top."

- Lydia Tolle, 31 year survivor



ThriveWell Cancer Foundation - Patient Assistance

The program helps provides eligible breast cancer patients with financial assistance towards their cancer treatment. (210) 593-5949

University Health System - Screening Services

The project assists low-income, uninsured, at-risk women with clinical breast exams, screening mammography and advanced diagnostic procedures, and patient navigation. Funded in part by Komen, UHS provides community mobile mammography. Screening: (210) 358-7020 Mobile Mammography Unit: 210-358-3720 CareLink Program (210) 358-3350

WINGS - Breast Cancer Treatment for Uninsured Women

The program provides no-cost patient navigation services and comprehensive treatment (diagnostics, treatment and reconstruction) for uninsured women diagnosed with breast cancer or recurring breast cancer who have no other options for care. (210) 946-9464

The UT Health Center at San Antonio

The program assists low-income women with breast cancer treatment costs including medication and copay assistance.

YWCA of San Antonio, Encoreplus Program

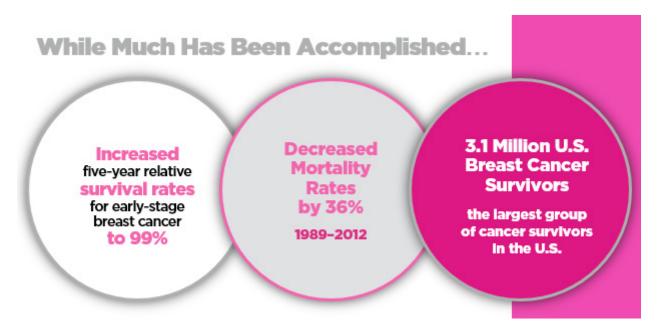
For uninsured/underinsured women ages 40-49 who have not had a mammogram within the last 12 months. Provides breast health education and referrals for low-cost mammograms. (210) 433-9922

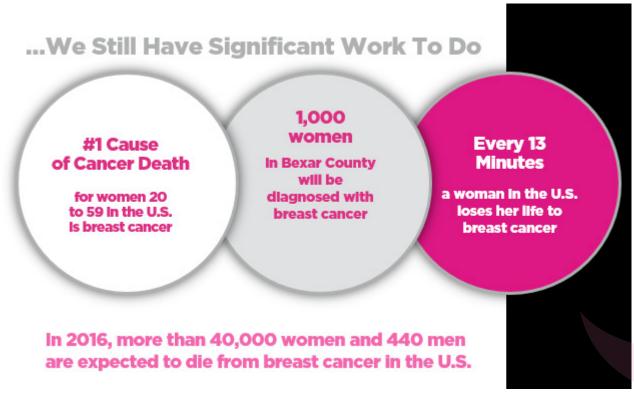


"Only you know your body. If you have pain, your body is telling you something. We have to open up about breast cancer and be aware."

- Cecilia Villalva, Fighter

BOLD GOAL





Komen's Bold Goal

is to reduce the current number of deaths by 50% in the U.S. by 2026.

Our efforts helped reduce death rates from breast cancer by 37 percent between 1990-2013. We will not stop until fulfilled cure is found.





1 in 8 women will be diagnosed in her lifetime.

This year, in Bexar County, 1,000 people are expected to be diagnosed with breast cancer and nearly 200 will lose their lives to the disease.

Breast cancer knows no boundaries, be it age, gender, socio-economic status or geographic location.



MISSION

Save lives by meeting the most critical needs in our communities, and investing in breakthrough research to prevent and cure breast cancer.

GOAL

Within the next decade, reduce current number of breast cancer deaths by 50% in the United States.

- Know your risk
- Get screened
- Know your body
- Make healthy choices

For questions or support, contact:

Susan G. Komen San Antonio
P.O. Box 6678, San Antonio, Texas 78209
www.komensanantonio.org • (210) 222-9009 • info@sakomen.net
facebook.com/komensanantonio • @komensanantonio





Diagnosis -First Steps

Understanding Your Breast Cancer Diagnosis

When Breast Cancer is Diagnosed

Before Breast Surgery

Metastatic Breast Cancer



UNDERSTANDING YOUR BREAST CANCER DIAGNOSIS

To make a definite diagnosis of breast cancer, cells or tissue must be removed by surgery or with a needle from the abnormal area of the breast. They are then examined under a microscope. The procedure that removes cells or tissue is called a biopsy. If a biopsy confirms cancer, a number of tests may be done to find out if the breast cancer has spread to other organs.

QUESTION:	ANSWER:
What did my biopsy show?	
What kind of breast cancer do I have? What is the stage and grade?	
How does the stage of my breast cancer affect my treatment options?	
How does the stage of my breast cancer affect my chances for survival?	
Besides my breast cancer stage, what other factors affect my treatment and prognosis?	

UNDERSTANDING YOUR BREAST CANCER DIAGNOSIS

QUESTION:	ANSWER:
How many lymph nodes were removed? How many had cancer?	
What are the hormone receptor status and HER2 status of my tumor? What are the results of other tests?	
Was the entire tumor removed? Were the margins close or positive? If they were close, do I need more surgery?	
What do I need to consider before treatment begins if I would like to have a child after I have been treated for breast cancer?	
Will my tumor be saved? Where will it be stored? For how long? How can it be accessed in the future?	

DIAGNOSIS/ FIRST STEPS - WHEN BREAST CANCER IS DIAGNOSED

QUESTION:	ANSWER:
Who will coordinate my care?	
How can I get a copy of my pathology report?	
Will the lymph nodes under my arm be checked for cancer? If so, how will this affect my treatment options?	
What tests will I have before surgery to see if the cancer has spread to any other organs (liver, lungs, bones)?	
What do you recommend for treatments? Will you refer me to an oncologist (a doctor who specializes in treating people with cancer)?	

NOTES





"Tough women stand together."

- Missy Rael, 8 year survivor

DIAGNOSIS/ FIRST STEPS - BEFORE BREAST SURGERY

Your treatment options depend on many factors, such as your age, tumor stage and estrogen receptor (ER) status. Deciding on your treatment plan is a personal matter as well as a medical one. Your treatment should be based on the risks and benefits and how these relate to your personal values and lifestyle.

These questions will help you prepare for your surgery.

QUESTION:	ANSWER:
What type of surgery do you recommend for me and why?	
If I choose breast reconstruction, can it be done at the time of surgery, as well as later? Will you refer me to a reconstructive surgeon before my surgery?	
How long will I be in the hospital? Will I need someone to help me when I go home from the hospital?	
How should I expect to feel after the operation? What limitations will I have on my normal activities? Will my daily routine be affected?	
Where will the surgical scar(s) be located? Will my breast(s) feel any different after the surgery? Will I have less feeling in my breast?	

DIAGNOSIS/ FIRST STEPS - BEFORE BREAST SURGERY

QUESTION:	ANSWER:
When should I return for a follow- up appointment?	
When will I find out my results of the surgery (pathology)?	
What side effects might I have after surgery (i.e., pain, tenderness, bruising, scarring, numbness)? Which one should I tell you about?	
What is my risk of having long-term problems or side effects from my surgery?	
Will I need any other treatments? If so, which one and how long after surgery will they start?	

DIAGNOSIS/ FIRST STEPS -BEFORE BREAST SURGERY

QUESTION:	ANSWER:
What is my prognosis (chance for recovery)?	
What other tests should I have to see if the cancer has spread to other organs (such as the bones, liver, lungs or brain)?	
Who will discuss my treatment options with me? How much time can I take to decide what type of treatment to have? How long will it be before treatment begins?	

NOTES

DIAGNOSIS/ FIRST STEPS - METASTATIC BREAST CANCER

Breast cancer that spreads outside the breast to other parts of the body is called metastatic breast cancer (also called stage IV or advanced breast cancer). Although metastatic breast cancer cannot be cured, it can be treated. Today, women are living longer with metastatic breast cancer. As research continues and treatment improves, so does survival.

QUESTION:	ANSWER:
Where else in my body has the breast cancer been found?	
What is my prognosis (chances for survival)? What is my cancer subtype? What does that mean to me?	
What additional tests (such as a biopsy) will I need and how often? Why? Are there any risks with any of the tests?	
What are my treatment options? Which options do you suggest for me and why?	
How long do I have to make a treatment decision?	

DIAGNOSIS/ FIRST STEPS - METASTATIC BREAST CANCER

QUESTION:	ANSWER:
What are the possible side effects of this treatment(s)? How long will they last?	
Are there clinical trials I should consider? If so, how can I learn more?	
What lifestyle changes will I have to make? Will I have a new "normal"? If so, what might that be?	
Should I expect to have any pain? How can I manage my pain? Will you refer me to a pain specialist?	
Where can I find a metastatic breast cancer support group? What support is available for my family?	
If treatment needs to end, who will guide me on this decision? Who will help me with end-of-life care?	

NOTES

Breast Cancer Treatment

If breast cancer is found, it can be treated. Breast cancer treatment is tailored to your specific breast cancer, the stage of the breast cancer, your overall health, age and other medical issues as well as your personal preferences.

Each treatment option has risks and benefits to consider along with your own values and lifestyle.

Treatment Choices/Options

Chemotherapy and Side Effects

Radiation Therapy

About Hormone Therapy

Clinical Trials





TREATMENT CHOICES/OPTIONS

Your treatment plan depends on several factors such as: your age, stage of your tumor and estrogen receptor (ER) status. The type of treatment you decide on should be based on the risks and benefits and how they relate to your own values and lifestyle.

These questions will help you determine the best treatment plan for you.

QUESTION:	ANSWER:
What are my treatment options? What do you recommend for me and why?	
What is your opinion about breast-conserving surgery (lumpectomy) followed by radiation therapy? Is this treatment right for me? (Anyone considering this option should also consult with a radiation oncologist.)	
What is a sentinel node biopsy? Will I have this done? How accurate is a sentinel lymph node biopsy in my case?	
Will I need more treatment (radiation therapy, chemotherapy and/or hormonal therapy) after my surgery? Will you refer me to a radiation oncologist for radiation therapy, and a medical oncologist to discuss the need for chemotherapy or hormonal therapy?	
Can breast reconstruction be done at the time of the surgery, as well as later? Will you refer me to a reconstructive surgeon before my surgery?	

TREATMENT CHOICES/OPTIONS

QUESTION:	ANSWER:
If I choose not to have reconstruction, what can I do? What type of breast prostheses are available? Where can I buy a breast prosthesis? Is it covered by my insurance?	
How long do I have to make a treatment decision? What will my insurance cover?	
Is there a clinical trial for patients with my type of breast cancer? If so, how can I learn more?	

NOTES

TREATMENT - CHEMOTHERAPY AND SIDE EFFECTS

Chemotherapy uses drugs to kill cancer cells. It can stop growth of a tumor in the breast and kill cancer cells that have spread to other parts of the body. It usually begins four to six weeks after surgery. It can be given in many ways. A few of the drugs can be given by mouth, but most are injected into a vein (intravenous or IV). Chemotherapy may also be given before surgery.

Answers to these questions will help you understand the need for chemotherapy.

QUESTION:	ANSWER:
Why do I need chemotherapy?	
When should I begin chemotherapy?	
What drugs will I take and why?	
If I have to go to the hospital for the treatment, how long will each treatment take? Will I need someone to go with me?	
What are the possible side effects? How long will they last? What are the long-term risks?	

TREATMENT - CHEMOTHERAPY AND SIDE EFFECTS

QUESTION:	ANSWER:
Are there any integrative and complementary therapies that may help me cope with side effects?	
During treatment, will I be able to continue my normal activities (work, exercise, etc.)?	
Is chemotherapy covered by health insurance?	



TREATMENT - RADIATION THERAPY

Radiation Therapy uses X-rays to kill cancer cells. Radiation therapy is given after a lumpectomy (surgery) and sometimes after a mastectomy. There are several ways to receive radiation therapy.

Discuss the options with your doctor.

Answers to these questions will help you understand the need for radiation.

QUESTION:	ANSWER:
Why do I need radiation therapy?	
How many radiation treatments will I have? When should I start? Will I need someone to go with me?	
How long will each radiation treatment take? Who will give me the radiation treatments?	
How is radiation given?	
If I choose to have my breast reconstructed, do I still need radiation?	

TREATMENT RADIATION THERAPY

QUESTION:	ANSWER:
What can I do to prepare for my treatment (i.e., wear a two-piece outfit)?	
What are the possible side effects of radiation? How long will they last? What side effects should I report to you?	
What are the long-term risks of this treatment?	
Can I continue normal activities (work, sex, sports, etc.) during treatment? After treatment?	
How often should I return to see you after my radiation treatment end? Which doctor should I see?	

TREATMENT - ABOUT HORMONE THERAPY

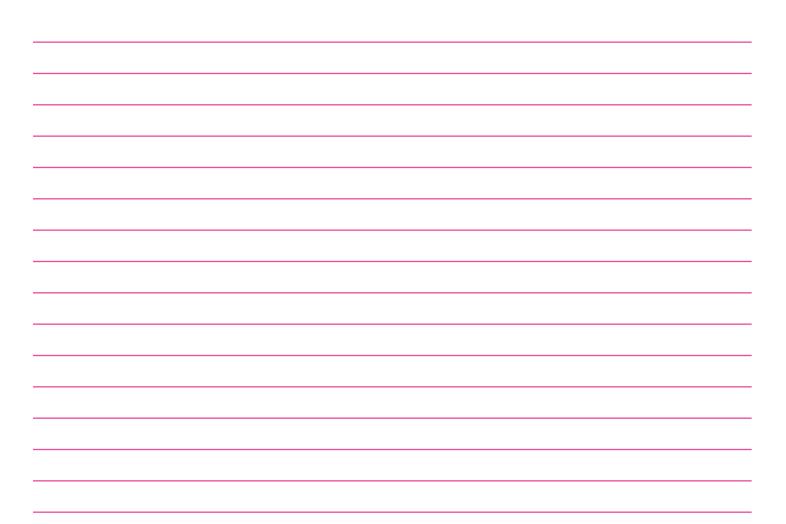
Hormones, like estrogen, can promote the growth of breast cancer if the cancer cells depend on hormones to grow. Hormone therapy treats breast cancer by preventing cancer cells from getting the hormones they need to grow. The most common hormone therapy for early stage breast cancer is the drug tamoxifen. A newer class of drugs called aromatase inhibitors is also available. Other therapies, such as the suppression or removal of the ovaries, are sometimes used as well. Note: Hormone therapy is not to be confused with hormone replacement therapy.

Answers to these questions will help you understand hormone treatment.

QUESTION:	ANSWER:
Which hormone treatment do you recommend for me and why?	
How does hormone therapy treat breast cancer?	
What are the short and long- term side effects of this hormone treatment? What are my chances of having side effects?	
How soon after surgery should the hormone therapy be started? How long will I be on the therapy?	
How do I take the treatment? How often?	

TREATMENT - ABOUT HORMONE THERAPY

QUESTION:	ANSWER:
Will I take the hormone therapy along with my other treatment?	
Will my insurance pay for the hormone treatment? If not, are there financial assistance programs that will help cover the costs?	
Will I need more tests or exams? If so, which tests and how often will they be needed?	
What sign and symptoms should I tell you about?	





"Don't ever give up, keep fighting for a cure."

- Pat Shreder, Survivor

TREATMENT - CLINICAL TRIALS

Clinical trials are studies designed to test the safety and effectiveness of ways to prevent, detect or treat disease. People volunteer to join these studies. Clinical trials are a great way to try a new, potentially better treatment as well as a way to help cancer research. Today, because of the brave women and men who have been a part of breast cancer clinical trials, we have better ways to screen, diagnose and treat breast cancer.

Answers to the questions below can help you gather information on clinical trials so that you can make the right choices for you.

QUESTION:	ANSWER:
What are the types of clinical trials?	
How could I learn more about breast cancer prevention trials?	
What is informed consent?	
What else do I need to know about before I enroll in a clinical trial?	

TREATMENT - RADIATION THERAPY

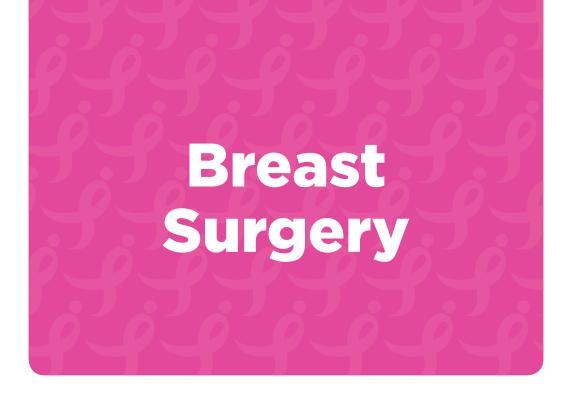
If you have breast cancer, ask the following:

QUESTION:	ANSWER:
Is there a clinical trial that you would suggest for me? If so, why and how long is the trial?	
How can I find out more about this trial?	
Where would I need to go to be a part of the trial?	
What are the pros and cons of this trial?	

TREATMENT - RADIATION THERAPY

If you have breast cancer, ask the following:

QUESTION:	ANSWER:
What is a placebo?	
What is the cost of this trial? Does insurance cover clinical trials? If not, is there financial assistance available?	
Who can help me find a trial that is right for me?	



Before Breast Surgery

After Breast Surgery

Post-Surgery Follow-up

About Reconstructive Breast Surgery

About Lymphedema







DIAGNOSIS/ FIRST STEPS - BEFORE BREAST SURGERY

Your treatment options depend on many factors, such as your age, tumor stage and estrogen receptor (ER) status. Deciding on your treatment plan is a personal matter as well as a medical one. Your treatment should be based on the risks and benefits and how these relate to your personal values and lifestyle.

These questions will help you prepare for your surgery.

QUESTION:	ANSWER:
What type of surgery do you recommend for me and why?	
If I choose breast reconstruction, can it be done at the time of surgery, as well as later? Will you refer me to a reconstructive surgeon before my surgery?	
How long will I be in the hospital? Will I need someone to help me when I go home from the hospital?	
How should I expect to feel after the operation? What limitations will I have on my normal activities? Will my daily routine be affected?	
Where will the surgical scar(s) be located? Will my breast(s) feel any different after the surgery? Will I have less feeling in my breast?	

DIAGNOSIS/ FIRST STEPS -BEFORE BREAST SURGERY

QUESTION:	ANSWER:
When should I return for a follow-up appointment?	
When will I find out my results of the surgery (pathology)?	
What side effects might I have after surgery (i.e., pain, tenderness, bruising, scarring, numbness)? Which one should I tell you about?	
What is my risk of having long-term problems or side effects from my surgery?	
Will I need any other treatments? If so, which one and how long after surgery will they start?	



"I've been surviving the world of carcinoma for six years. You can hide from it or live your life. I choose to LIVE. There's too much out there to see, learn, teach and love."

- Lucie Arteaga, 5 year survivor

SURGERY – AFTER BREAST SURGERY

After surgery, it is important to take care of yourself physically and mentally.

These questions will help you play an active role in our recovery.

QUESTION:	ANSWER:
When will I be able to get back to my daily routine?	
Are there any precautions I should take? If lymph nodes were removed, ask: Should I avoid having an injection in that arm or shaving under that arm? What is lymphedema? How can I reduce my chances of getting lymphedema?	
Are there special exercises I should be doing? What kind? When should I start? How long should I do them? Are there any exercises that I should avoid?	
Will my tumor be saved? Where will it be stored? For how long?	

SURGERY AFTER BREAST SURGERY

QUESTION:	ANSWER:
What problems should I report to you? What pain or discomfort is normal? How can I treat the pain?	
Where can I find a breast cancer or cancer support group led by a qualified professional?	



POST-SURGERY FOLLOW-UP

These questions will help you prepare for follow-up visits to the doctor.

QUESTION:	ANSWER:	
Who will I see after my treatment?		
How often should I return to my doctor for an exam, lab tests or other X-rays? What tests will be done? What will the tests tell us? When should I have my next mammogram?		

SURGERY - ABOUT RECONSTRUCTIVE BREAST SURGERY

Breast reconstructive can help restore the look and feel of the breast that was removed during a mastectomy. Performed by a plastic surgeon, breast reconstruction can be done during the mastectomy surgery or in another operation. Exactly when you decide to have reconstruction depends on your wishes and the specifics of the situation. You should discuss your options with your doctor.

QUESTION:	ANSWER:
What are the types of reconstructive surgery? What will my insurance cover? What type do you recommend?	
When is the best time for me to have reconstruction - now or later? If I need radiation therapy, will it affect the results and success of the reconstructive breast surgery?	
What is the chance of infection and/or rejection of an implant device? Are there any other risks or side effects to consider?	
How many operations will I need? How long is each operation? How long is the hospital stay for each? How much time is needed for recovery after each? Are there any medications to avoid before surgery?	

DIAGNOSIS/ FIRST STEPS -BEFORE BREAST SURGERY

QUESTION:	ANSWER:
Is there much pain after surgery? What body changes, such as swelling, will I have after surgery, and for how long?	
How can I expect the reconstructed breast to look and feel? How will it compare with my other breast? Will anything need to be done to the other breast?	
May I see pictures of reconstructive surgeries that you have done? Are you a board- certified plastic surgeon?	
Will I be able to detect a possible recurrence after reconstructive surgery? Will I still need mammograms? Will reconstructive breast surgery change my normal breast health routine in any way?	
If I do not choose reconstruction, what prostheses, or breast forms, are available and where do I buy them? Will insurance cover the costs?	

SURGERY – ABOUT LYMPHEDEMA

The removal and/or radiation treatment of axillary lymph nodes as part of treatment for breast cancer can lead to lymphedema. Lymphedema can cause painful swelling of the arm or hand on the side of surgery. Lymphedema can develop weeks, months or even years after treatment and can vary in its severity. To reduce your chances of developing lymphedema, precautions can be taken, such as avoiding an infection or injury to the affected arm.

QUESTION:	ANSWER:	
What are my chances of getting lymphedema?		
What signs or symptoms of lymphedema should I watch for and tell you about?		

These questions will help you prepare for follow-up visits to the doctor.

QUESTION:	ANSWER:	
If I get a shot or get my blood pressure taken from the affected arm, will I get lymphedema?		
What exercises should I do (or avoid) to prevent lymphedema? What else can I do?		

SURGERY -ABOUT LYMPHEDEMA

QUESTION:	ANSWER:
What else can I do to avoid lymphedema (i.e., use sunscreen, insect repellent and garden gloves)?	
If I get a cut, burn or insect bite on the affected arm, what can I do to protect myself?	
If I do get lymphedema at some time, is permanent?	
What is the first step in treating lymphedema?	
Should I wear a compression sleeve? Do I have to wear it at all times, even at night? What about on an airplane?	



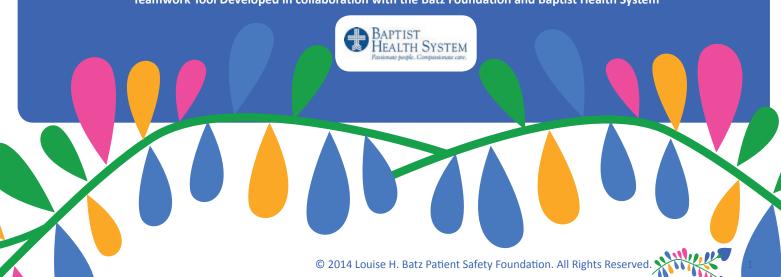


It takes a **TEAM** to manage a patient's care safely. Many people will interact with a patient before their healthcare journey is complete. Using The Batz Guide can help patients and healthcare providers feel that they are an important part of the **TEAM**.

- AKE a copy of The Batz Guide and tell your healthcare **TEAM** and family about it. Use The Batz Guide all along the course of your illness or procedure to write down important questions or medical information. Examples: Physician's Office, Pre-Op, Hospital Stay, Discharge, Home care and Follow-Up visits.
- NGAGE in conversation about The Batz Guide with your community healthcare TEAM, at any time during your healthcare journey. Encourage those who haven't used The Batz Guide to get a copy from their healthcare TEAM, for themselves or other family members.
- **SK** your healthcare TEAM for a copy of The Batz Guide. After reviewing it, ask your healthcare TEAM any questions you may have about your care and treatments.
- **ENTION** The Batz Guide often and ask your healthcare **TEAM** to help you complete and fax a survey for continued improvement, before being discharged or at any other time you are using The Batz Guide during your healthcare journey.

AS A TEAM, WE CAN SAVE LIVES!

Teamwork Tool Developed in collaboration with the Batz Foundation and Baptist Health System







INTRODUCTION

This book is a tool to organize your healthcare information, and can be further utilized to make the procedures or hospital stays as safe as possible. See Table of Contents for more details.



"My nurses asked me why are patients and family members writing so much down in that book! I reinforced that patients and their family are part of our team and it is good for them to be involved to keep them safe. It also protects our nurses by adding an awareness of safety for everyone."

-Amy Lyons- Baptist Clinical Director



DISCLAIMER: This guide was written to educate and inform readers about the specific information and skills they need to be active participants in their medical care. It is intended to be a catalyst for patients and their advocates to cultivate mutually respectful relationships with healthcare providers, to learn to ask the right questions, and to communicate effectively about treatment options. It is informational in nature and is not intended as a substitute for the professional advice of a physician, attorney or other advisor.



Look for the purple flower for helpful tips, facts, recommendations and resources.

Follow these tabs in order as you progress through your loved one's hospitalization.

USING THE BATZ GUIDE

Organize your questions and concerns as soon as you learn about an upcoming procedure. This packet will be useful during preprocedure appointments, during your time in the hospital, at home post-procedure or hospital stay. A procedure can be any surgical procedure, diagnostic intervention or treatment. We encourage you to include personal questions based on feelings or concerns and utilize the questions provided in the Batz Guide.

We recommend you keep all of these documents together in a binder and bring it with you to your appointments. Include important phone numbers, information about medications, and test results. If you do not understand an answer you receive, ask that the answer be given in a different, more understandable way.

Be confident about asking questions and taking notes. Ask your healthcare team to slow down if the appointment is moving too quickly. Be sure you understand and agree with the treatment plan. Feel free to ask for more time to consider different options and a second or even third opinion, as long as it will not compromise treatment.

If you have questions or want to download more useful tools, visit us at www.louisebatz.org











WHY THE FLOWER?

Our Logo

My mom and her family have called San Antonio, Texas home since the late 1800's. San Antonio has a rich culture of Mexican traditions and influence. My mom adored wearing traditional Oaxacan Mexican dresses which are filled with colorful embroidered flowers. The purple flower and colorful vines used for the Funds' logo came off of one of my mom's dresses. The flower serves as a symbol of love, happiness and joy, everything that my mom was and will be.

	TABLE OF CONTENTS	
	CONTRIBUTORS & SPONSORS	
	TEAM TOOL	
	THE LOUISE H. BATZ STORY	
	ABOUT THE FOUNDATION	
	HOW TO USE THIS GUIDE	4-5
/ "/	BEFORE YOUR STAY	Markey Sal
1	ABOUT ME (PERSONAL PROFILE)	10-11
	MEDICATION LOG	
	MEDICAL TEAM	
	PROCEDURE SUMMARY	21-23
	PRE-PROCEDURE QUESTIONS TO ASK	
	PERSONALMATTERS	25
	PATIENT ADVOCACY	
	POSSIBLE RISKS & SIDE EFFECTS / STAFFING	
	STAFFING / BEFORE GOING HOME / PAIN MANAGEMENT / ANESTHESIA	
	INFECTION	
	LAB RESULTS	34-35
	DURING YOUR STAY	
	BARBARA'S TEN COMMANDMENTS	36
	POST-PROCEDURE QUESTIONS	
	THE BREATHE TOOL	
	WHAT TO WATCH OUT FOR!	
	BREATHING / RESPONSIVENESS / RISK OF FALLING / INFECTION	
	INFECTION / BLOOD CLOTS / BED SORES	
	MEDICATION SAFETY / SPIRITUAL CONCERNS	49
	MEDICATION LOG - IN THE HOSPITAL	50-55
	VITAL SIGNS	
	IN-ROOM ACTIVITY JOURNAL	
	MEDICAL TEAM	
	MEDICAL TEAM (DOCTORS)	· ·
	MEDICAL TEAM HIERARCHY.	
	WHO'S WHO IN THE HOSPITAL	
	MEDICAL TEAM (NURSES)	· ·
	CARE TEAM	
	LAB RESULTS	
1		
	GOING HOME	At the Marie I
	WEEK AT A GLANCE	•
	MONTH AT A GLANCE	
	IMPORTANT QUESTIONS MEDICATIONS / PHYSICIAN FOLLOW-UP	
	ACTIVITY AND DIET	
	HOME MEDICATION LOG	
	ACTIVITYJOURNAL	
	LABRESULTS	
	FOLLOW-UPNOTES	
	FOUNDATION INFORMATION	A Line March
	LOUISE'S STORY	
	SPECIAL THANKS / MEDICAL ADVISORY BOARD / FOUNDATION INFORMATION	96-97



"Reach for it. Push yourseld as far as you can"

- Christa McAuliffe





ABOUT ME

PERSONAL PROFILE

1. NAME:			
2. AGE:	3. GENDER:	4. HEIGHT:	5. WEIGHT:
6. BLOOD TYPE:		7. ETHNICITY:	
8. ALLERGIES TO ME	DICATIONS:		
			vitamins):
10. CURRENT BREAT	THING PROBLEMS		
	/sema OPneumonia C	Lung Disease Sleep Apnea	OOTHER
lf	you have any of these you w	vill need increased monitoring w	while in the hospital.
11. SERIOUS HEALTH	l PROBLEMS:		
O _{Cancer} O _{He}	art Disease ODiabetes	OOTHER	
12. How many times	have you been in the hospi	tal this year?	
-		, HER	
13. Could you have sl Sleep Apnea requires		ng and commonly goes undiagn	osed. See next page.
14. Pastoral/Spiritual My current faith is:	I Care Contacts		
I want them to be cor	ntacted		
O _{YES} Conta	act Information:		

ABOUT ME

PERSONAL PROFILE

STOP-BANG:	A Screening Tool for Obstructive Sleep Apnea (OSA) by Frances-Chung	YES	NO		
1. SNORING Do you snore le	oudly (louder than talking or loud enough to be heard through closed doors)?				
2. TIRED: Do	you often feel tired, fatigued, or sleepy during daytime?				
3. OBSERVED:	3. OBSERVED: Has anyone observed you stop breathing during your sleep?				
4. BLOOD PRE	ESSURE: Do you have or are you being treated for high blood pressure?				
	nore than 35 kg/m2? lex (BMI) serves as an indicator of obesity, which is a risk factor for Sleep Apnea				
6. AGE: Age over 50 yrs old?					
7. NECK CIRCUMFRENCE: Greater than 40 cm? #inches?					
8. GENDER: №	Tale?				
	Total <i>Yes</i> Answers				
	HIGH RISK OF OSA: If you answered yes to three (3) or more questions, you will need to ask for closer more checking vitals more often and wearing an oxygen monitor. LOW RISK OF OSA: Answering yes to less than three (3) items does not indicate a high chance of OSA.	nitoring l	including		
	IARK VITAL LEVELS ont's normal benchmark vital signs. Post-procedure, see page 57 to record and cor	mpare.			
PATIENT N	PATIENT NAME:				
NORMAL	OXYGEN LEVELS:)		
NORMAL	TEMPERATURE:				
NORMAL	NORMAL HEART RATE:				
NORMAL RESPIRATORY RATE:					

BLOOD TYPE: ____

MEDICATION LOG

AT HOME

Name and birth date: _		
Allergies:		

MEDICATION vitamin or herbal supplement	DOSE	DATE started/ stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S) OF DAY medication is normally taken	SPECIAL instructions	REASON for medication
Example: Centrium	1 pill	2010	mouth	1	1		health

BEFORE YOUR STAY

MEDICATION LOG

AT HOME

Name and birth date:	
Allergies:	

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/ stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S) OF DAY medication is normally taken	SPECIAL instructions	REASON for medication



DEFINITIONS:

Allergy: Drug allergies are a group of symptoms caused by an allergic reaction to a drug (medication).

<u>Vitamin:</u> Any of a group of organic compounds that are essential for normal growth and nutrition and are required in small quantities in the diet because they cannot be synthesized by the body.

Vitamins are substances that your body needs to grow and develop normally. There are 13 vitamins your body needs. They are

- · Vitamin A
- · B vitamins (thiamine, riboflavin, niacin, pantothenic acid, biotin, vitamin B-6, vitamin B-12 and folate)
- · Vitamin C
- · Vitamin D
- · Vitamin E
- · Vitamin K

You can usually get all your vitamins from the foods you eat. Your body can also make vitamins D and K. People who eat avegetarian diet may need to take a vitamin B12 supplement.

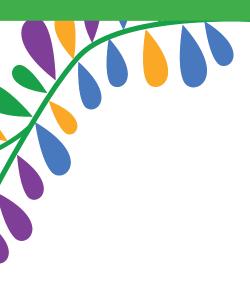
<u>Herbal Supplement:</u> Herbal supplements are non-pharmaceutical, non-food substances marketed to improve health.

<u>Dose:</u> A quantity of a medicine or drug taken or recommended to be taken at a particular time.

Medication: A substance used for medical treatment, esp. a medicine or drug.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store







BEFORE YOUR STAY

MEDICATION LOG

AT HOME

Name and birth date:	
Allergies:	

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/ stopped	HOW is it given?	NUMBER of dosages per day?	TIME(S)OF DAY medication is normally taken	SPECIAL instructions	REASON for medication



DEFINITIONS:

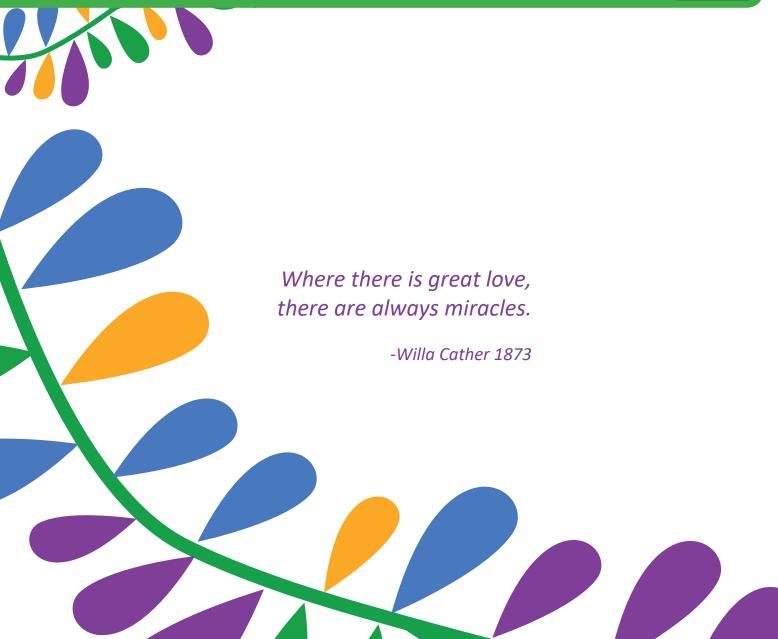
Procedure: A procedure can be any surgical procedure, diagnostic intervention or treatment.

<u>In Patient Procedure:</u> Any procedure where the patient needs to remain overnight or longer after the procedure is completed, for care or observation.

Out Patient Procedure: Any procedure where the patient does not need a hospital stay.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store





MEDICAL TEAM

DOCTORS

VISIT date & time	MY DOCTOR & contact information	EVALUATION of condition; what did the doctor say?

NOTES



"Most of us have far more courage than we ever dreamed we possessed."



MEDICAL TEAM

DOCTORS

VISIT date & time	MY DOCTOR & contact information	EVALUATION of condition; what did the doctor say?



Great works are performed not by strength, but by perseverance.

-Samuel Johnson 1709

BEFORE YOUR STAY

PROCEDURE SUMMARY

Date of the procedure:	
Гуре of procedure:	
Name and address of procedure location	n:
elephone number of the procedure loca	ation:
pecial instructions before the procedur	e:
any major complications:	
Make doctors aware of any major com	plications such as:
OBLOOD CLOTS OANESTHETIC COM	PLICATIONS OMAJOR INFECTIONS OTHER



If you have more than one procedure, print out previous page again and have your doctor or nurse fill in a separate page for each.



"The journey of a thousand miles begins with one step."

- Lao Tzu

PROCEDURE SUMMARY

YOU HAVE A LEGAL RIGHT TO ACCESS ALL YOUR RECORDS.

It is important to keep copies of your medical records for future reference.

HERE ARE RECORDS WE SUGGEST YOU KEEP IN YOUR BINDER:

- Copy of medication records (prescriptions and non-prescriptions) MUST be in your hands at all times!
- Copy of discharge summary after the procedure; These papers explain what to do when you are sent home.
- Copies of all pathology reports
- Copies of any second opinions
- Copies of all imaging (MRI, CT) reports from before and after the procedure
- Copies of <u>pertinent</u> films (x-rays, MRI, CT)
- Legal documents including, but not limited to: Power of Attorney, Do Not Resuscitate Orders, Living Will, etc.



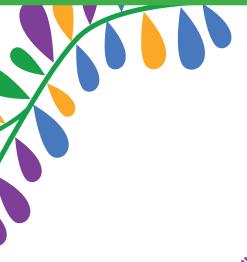
DEFINITIONS:

<u>DNR</u>: A DNR order allows you to choose before an emergency occurs whether you want CPR. It is a decision only about CPR. It does not affect other treatments, such as pain medicine, medicines, or nutrition.

Speak with your spiritual caregiver or medical staff about what a DNR means.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store







"If a patient has sleep apnea they need to bring their CPAP machines to the hospital. The nurses may need to put it on the patient in the recovery room immediately after the procedure. They will also need to use it in the hospital when they sleep. This is especially important if they are receiving pain medication. My Dad had sleep apnea and unfortunately he did not have his CPAP. I wonder all the time if he would have had it on would things have been different."

Malinda Loflin RN, BSN Oklahoma City, Olkahoma 19 years as a nurse and patient safety advocate after the loss of her father Robert Goode due to a preventable medical error.

ASK BEFORE YOUR PROCEDURE

AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED before the procedure?	COMPLETED upon arrival?
personal matters		Put a check if you are ha	ppy with your answer.
Do you have a friend or family member who can make medical decisions for you?			
Have you signed a DNR?			
Have you told your medical wishes to friends and family? Are you getting any help from family, friends or your community while you are in the hospital? (child care, food, house cleaning, prayer, etc)			
Rest and recuperation are an important part of recovery. Have you created a visitation schedule?			
Do you have any questions or concerns about your hospital stay or procedure? Do you have any questions about the "meaning" of your suffering or pain? Do you have someone feel comfortable talking to or asking questions to?			
possible risks & side effects			
What will be done to reduce the risk of infection, blood clots and falls in the hospital?			

 $\{NOTES\}$



If you have more than one procedure, print out this page again and have your doctor or nurse fill in a separate page for each.

These questions should be completed once prior to the procedure and again right before the procedure is initiated.



DEFINITIONS:

Intensive Care: Special medical treatment of a dangerously ill patient, with constant monitoring.

Intermediate Care: A level of medical care in a hospital that is intermediate between intensive and basic care.

<u>Monitored</u>: Monitored anesthesia care (MAC) refers to the anesthesia personnel present during a procedure and does not implicitly indicate the level of anesthesia needed.

<u>Telemetry:</u> Telemetry monitoring is when caregivers monitor the electrical activity of your heart for an extended time. Electrical signals control your heartbeat. The recordings taken during telemetry monitoring show caregivers if there are problems with how your heart beats.

<u>Infection Rate:</u> The percentage of contacts with a similar amount of exposure who have a newly identified infection.

<u>Anesthesia:</u> Insensitivity to pain, esp. as artificially induced by the administration of gases or the injection of drugs before surgical intervention.

<u>Vital Levels:</u> Your heart beat, breathing rate, temperature, and blood pressure. Your health care provider may watch, measure, or monitor your vital signs to check your level of physical functioning.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store





BEFORE YOUR STAY

ASK BEFORE YOUR PROCEDURE

AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED before the procedure?	COMPLETED upon arrival?
patient advocacy		Put a check if you are ha	ppy with your answer.
DOCTOR/NURSE(S): What level of care do you think I need following the procedure?	O Intensive Care (ICU) O Intermediate Care (Monitored or Telemetry- IMCU) O General Care Floor O OTHER		As your care progresses, you may be placed on another unit where you will require less monitoring and high-tech machines. Speak up, especially after transfer, with any concerns or needs. This will be helpful to the staff as they get to know your family member.
NURSE(S): How do you decide what level of care I will need after the procedure?			
ADMISSION CLERK: Does the hospital give pastoral/spiritual care? Will my spiritual support be contacted and allowed to visit me?	O Yes O No		
procedure			
Exactly what is being done and how long will it take?	O 1 hour O 1-3 hours O 3-6 hours O 6+ hours O OTHER		
What part of my body is involved in or affected by the procedure?			
How will you mark the parts of my body that are involved in or affected by the procedure?	O Tape O Marking Pen O OTHER		
What is the hospital or medical center's infection rate?			
What type of anesthesia will be used for my procedure?			



DEFINITIONS:

<u>Pulse Oximetry:</u> A non-invasive method for monitoring a patient's O2 saturation. In its most common (transmissive) application mode, a sensor is placed on a thin part of the patient's body, usually a fingertip or earlobe, or in the case of an infant, across a foot.



<u>Cardio Respiratory Monitor:</u> A machine used to check a person's breathing and heart rate. It may also be called a CR monitor, an apnea monitor or an apnea/bradycardia monitor. Its purpose is to detect and inform caregivers of potential life threatening events.



<u>Sleep Apnea:</u> A potentially serious sleep disorder in which breathing repeatedly stops and starts. You may have sleep apnea if you snore loudly and you feel tired even after a full night's sleep.



<u>Narcolepsy:</u> A condition characterized by an extreme tendency to fall asleep whenever in relaxing surroundings.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



"Challenges are what make life interesting and overcoming them is what makes life meaningful."

- Joshua J. Marine



EFORE YOUR STAY

ASK BEFORE YOUR PROCEDURE

AND CONFIRM UPON ARRIVAL, CONT'D.

QUESTIONS TO ASK	ANSWER	COMPLETED before the procedure?	COMPLETED upon arrival?
What side effects, risks, and complications should I (and my loved ones) know about and watch for?			
What should we do if there are questions about my pain levels or pain medication side effects?			
staffing			
Who does the healthcare team check with to be sure I am doing well after the procedure?	O Doctor O Nurse O Therapist O OTHER		
How will my breathing be checked after the procedure? (Can this be done continuously while I am asleep?)	O Pulse oximetry (oxygen level) O Cardio-respiratory monitor (CO ₂) O Scheduled checks by nursing staff O OTHER		
Have you examined and/or tested for any breathing problems I might have because of my weight, size of my neck, history of snoring, sleep apnea or narcolepsy? *Did you complete testing on page 11?	O YES (if yes, what are you doing to prevent these problems and monitor them? O NO		
How will my heart function and blood pressure be checked after the procedure?	 Continually: with an electronic monitoring system Intermittently: with an electronic monitoring system Intermittently: by a nurse 		
Do I need to be monitored for sleep apnea or narcolepsy?	O YES (if yes, what are you doing to prevent these problems and monitor them?		
	o NO		





*When looking at your hospital or healthcare environment it is important to ask questions that will help protect you from acquiring an infection you didn't come into the hospital with. Hospitals call these HAIs which stands for Healthcare Associated Infections. Talk with your doctor about facility's infection rates so that you have good understanding of what your facility is doing to promote hospital safety.

*Figure out what the surgical site infection rates are at the Hospital you are going to and how they compare to the national average.

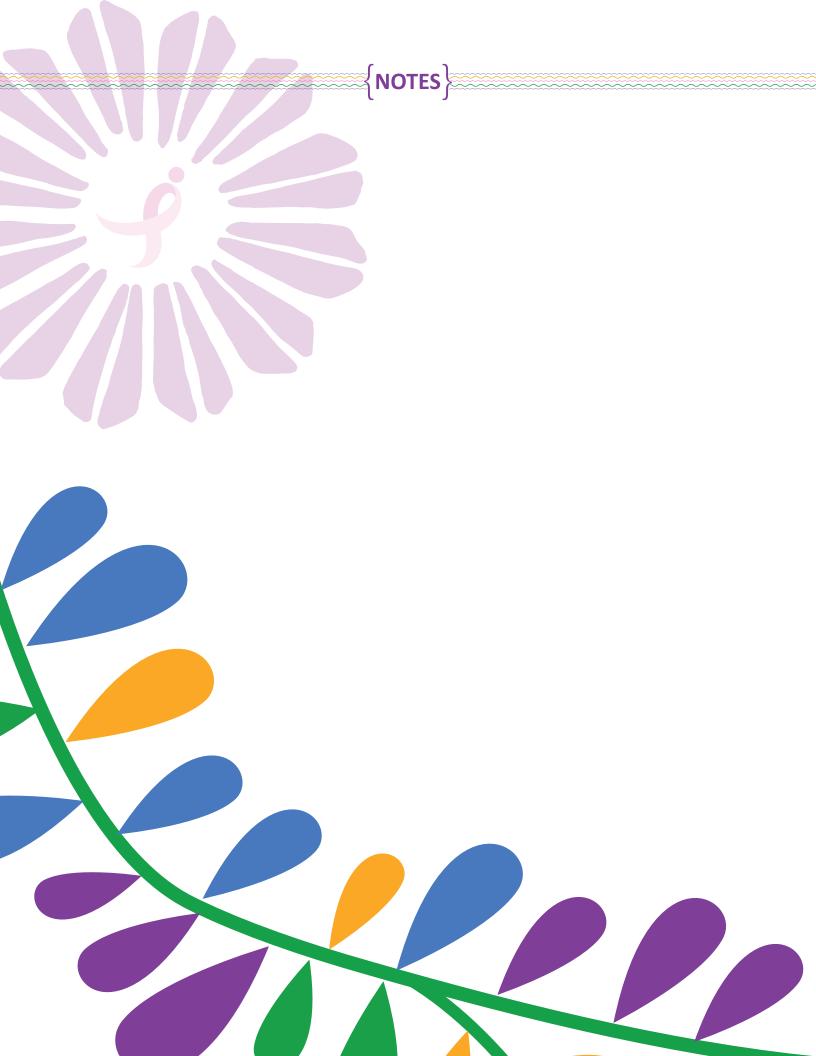
-Dr. Mark Stibich CSO, Xenex Disinfection Services

SEFORE YOUR STAY

ASK BEFORE YOUR PROCEDURE

AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED before the procedure?	COMPLETED upon arrival?
staffing	Put a check if you are happy with your answer.		
DOCTOR: What level of care do you think I need?			
DOCTOR: How often do you make rounds on your patients?	O 1-2 times/day O 3-4 times/day O 5+ times/day O OTHER		
DOCTOR: What time of day do you usually make rounds?	O 6a.m. to 9 a.m. O 9 a.m. to noon O Noon to 3 p.m. O 3 p.m. to 6 p.m. O 6 p.m. to 9 p.m. O 9 p.m. to midnight O Midnight to 6 a.m.		
DOCTOR/NURSE(S): How often will my vital signs be checked by a registered nurse in my room for the first 2 days after my procedure?	O Every 15 minutes O Every 30 minutes O Every 90 minutes O OTHER		
after my procedure, before going home			
Will I be going home with drainage tubes?	O yes O No		
Will I need to arrange for oxygen when I go home?	O Yes O No		
pain management			
What are my options for receiving pain medication after the procedure to relieve my pain?	1. PCA (Patient controlled anesthesia) 2. Oral (by mouth) 3. IV 4. OTHER		
If I or my loved ones have concerns about my pain levels, what should we do?	1. 2. 3.		
anesthesia			
What kind of anesthesia will be used?			



ASK BEFORE YOUR PROCEDURE

AND CONFIRM UPON ARRIVAL

QUESTIONS TO ASK	ANSWER	COMPLETED before the procedure?	COMPLETED upon arrival?
infection			
How was my operating room disinfected?			
When was the OR last disinfected? Is it disinfected between every surgery, or just at the end of the day?			
Does this facility profile patients for their risk of infection?			
What steps are taken after surgery to identify and prevent infections as early as possible?			

LAB RESULTS

TEST	DATE	RESULTS	EVALUATION What does that mean?	FOLLOW-UP

BEFORE YOUR STAY

LAB RESULTS

TEST	DATE	RESULTS	EVALUATION What does that mean?	FOLLOW-UP

BARBARA'S TEN COMMANDMENTS!

Barbara and Loyd Wainscott provide words of wisdom from many years battling a brave fight with Cancer and Stroke.

1. Ask for EVERYONE'S business card, and keep them in one of those plastic business card sheets in the notebook.

Not having a notebook, I folded mine and kept it in my purse because half the time we would think of questions on the way home from the clinic and if we called back immediately we could usually get an answer. Get the doctor's card, the nurse's, the physician's assistant's, anyone's and everyone's; because if you keep getting a "this voicemail box is full" message you can keep calling people till you track down who you need. Also, it will give you all the info you need to fill in the notebook later if necessary.

2. Take the notebook with you to the doctor's office; or if you fill it in later, take a small notebook with you and take notes.

You really won't remember anything later and it's amazing how much more accurate the medical team is when they see you taking notes.

3. SAVE THE SHEETS THE CLINICS GIVE YOU ON PROCEDURES, AFTER THE PROCEDURE CARE AND DRUGS.

Years later doctors will ask what chemo drugs, etc. you were given.

4. Learn the ins and outs of the clinics and labs.

At one hospital they would schedule three appointments spread out all day starting at 6:30 in the morning. We didn't find out for months that we didn't have to stick to some of the exact appointment times and you could go to the lab anytime on the day you were scheduled.

5. ASK QUESTIONS! ASK QUESTIONS! ASK QUESTIONS!

Ask what they're doing and why and why it's not the same thing they did before and who ordered it. Know what all the numbers on the monitors mean and what are the parameters of what's too high and what's too low. And if they're not right, go get somebody! Watch the catheter bag because sometimes nobody else is. Ask if it looks too full, too empty, too dark, cloudy or anything that doesn't look right. The same is true for output once you get home. The most critical times we've had with Loyd were when he had bladder infections. He got a bladder infection that caused blood poisoning that caused dehydration that caused low blood pressure which caused us to have to call 911 with no pulse. It's all about keeping everything in balance; and, unfortunately, you are the only one watching the balance.

6. Try to remain with the patient whenever possible.

First of all, they are usually drugged and don't know what's going on. You've got to keep up with what drugs they are getting, how much and when (including the IV fluids). I can't tell you the times they doubled up, didn't give and gave the wrong thing to Loyd during his hospital stays. And sometimes they're just not monitoring them. The nurses have many priorities, including new patients and emergencies. I don't care what they say their schedule is, they are hardly ever on schedule.

7. MONITOR THE COMPRESSION BOOTS!

For some reason that seemed to be one of the things the aides and nurses forgot to hook back up on a regular basis. They were turned off and unstrapped quite often for various things and they almost never remembered to hook them back up. This happened every time Loyd was in the hospital. When I would ask about it they would say, "Oh yeah. He'll get a blood clot if he doesn't wear those." It sounded important. But the reality is they were left unhooked for hours at a time, until I would re-adjust the covers and find they weren't hooked up anymore. It became one of my constant "nags". Equally as important is to make sure the nurses re-position the patient in the bed every couple of hours to relieve pressure points and prevent bed sores. That's something the nurses really don't keep up with unless you call them to the room or catch them while they are in for something else.

8. Don't think you're patient is safe just because they don't have a procedure; the same things apply if they are checked into the hospital for tests or anything else.

9. Don't be afraid to limit visitors.

People just want to show they care and to help, but sometimes all together it's just too much. The nurses will usually be glad to take the heat and print up a sign for the door saying "No Visitors". All you have to say is "They're limiting visitors".

10. Last, but not least, if your patient is seriously or chronically ill, set up a page on one of the websites for seriously ill patients, like CaringBridge.org.

It's a Godsend. It slashes your phone calls by about 80% giving you time to watch over your patient. It also gives you a vehicle to give everyone an update all at once, make requests (as in "No visitors yet, please.") and pass on any other need you may have. It also gives everyone else a way to support you and your patient. Which brings me to one of the most important points of all: if you have a need, ask for help and don't hesitate to graciously accept the help that is offered. Your friends and family really do want to help and they try hard to come up with creative ways to show how much they care for you. Don't belittle their offers by not accepting their help. Before you know it you will be amazed at how many prayers they will answer and how really helpful they are.

DURING YOUR STAY

The remarkable thing is we have a choice everyday regarding the attitude we will embrace for that day. We cannot change our past...we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude...I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you. We are in charge of our attitudes.

-Charles Swindoll





DEFINITIONS:

<u>Advocate:</u> Advocacy is an integral part of nursing. However, there is a scarcity of empirical evidence on nursing advocacy process and most of that evidence concerns nurses' views on the care of certain vulnerable patient groups in acute care settings. Before nursing practice can truly adopt advocacy as an inherent and natural part of nursing, a clearer understanding is needed of how it is defined and what activities are needed to accomplish advocacy.

RN: A registered nurse (RN) is a nurse who has graduated from a nursing program at a college or university and has passed a national licensing exam to obtain a nursing license.

<u>LVN:</u> The performance under the supervision of a registered nurse of those services required in observing and caring for the ill, injured, or infirm, in promoting preventive measures in community health, in acting to safeguard life and health, in administering treatment and medication prescribed by a physician or dentist or in performing other acts not requiring the skill, judgment, and knowledge of a registered nurse.

LPN: A graduate of a school of practical nursing whose qualifications have been examined by a state board of nursing and who has been legally authorized to practice as a licensed practical.

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



"Good teams become great ones when the members trust each other enough to surrender the 'me' for the 'we.'"

-Phil Jackson

DURING YOUR STAY

QUESTIONS

TO ASK RIGHT AFTER YOUR PROCEDURE

QUESTIONS with comments	ANSWER	COMPLETED
patient advocacy		
Am I alone? Where can I find a patient advocate? Can you direct me and my loved ones to resources that will help us find a patient advocate, for times a loved one cannot be with me? If they don't know please go to our website at www.louisebatz.org for assistance. We recommend having a loved one or advocate with you at ALL times.		
Can I make arrangements for someone to stay with me	o _{YES}	
at all times?	O NO- If no, why?	
If I have a problem or concern that is not being addressed, or cannot be resolved with nurse on duty, who should I contact to resolve the issue?		
staffing questions		
	O Every 15 minutes	
How often is the nurse able to check on me after the procedure?	O Every 30 minutes	
	O Every hour	
	O LVN/LPN	
Who else is on the team that will take care of me besides my RN?	O Nursing assistant	
	O Respiratory therapist	
	O OTHER	
Besides me, how many patients will my RN be responsible for? This is very important for you to know. Research shows that the higher the number of patients RNs have to take care of, the more likely a mistake could happen.	O 1 O 2 O 3 O 4 O 5 O 6 O OTHER	
When and how often do nurses change shifts? Usually, there will be a one to two hour overlap. Ask your loved one or patient advocate to stay present.	a.m. p.m. a.m. p.m.	

THE BREATHE TOOL

BE AWARE

Ask questions about your medications and treatments.

REACH OUT

Ask family/visitors to contact the nurse fast if they see you:

- Cannot wake up
- Are too drowsy or sleepy
- Fall asleep while talking
- Are breathing slowly
- Have new snoring
- Are confused
- Display changes that worry you.

EDUCATE YOUR HEALTHCARE PROVIDER

Make sure your provider knows your illnesses, allergies and all medications.

ASK QUESTIONS

If you do not understand.

TAKE NOTES

In a tablet or journal of any concerns, questions, and answers that arise.

HOME MEDICATIONS

Do not bring medications from home without your Doctor's approval.

ENGAGE IN YOUR CARE

You are part of the team! Ask these questions at each health care encounter:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?
- *Reference: National Patient Safety Foundation: Ask Me 3™

The BREATHE TOOL was developed by:

BAYLOR

University Medical Center at Dallas



THE BREATHE TOOL, CONT'D

FAMILY / VISITORS

If on a pain pump DO NOT push the pain pump button or give the patient any medications from home- it may cause breathing problems. A change in your loved one's behavior may be an early sign indicating over-sedation, and is often missed because we think they are comfortably asleep.

TO KEEP YOU SAFE,

the nurse may have to wake you up in order to:

- EVALUATE level of pain, alertness, vital signs, and/or check the rate and quality of respirations every 2-4 hours. More frequent assessments may be necessary (even at night) if you have one or more of these risk factors:
 - obesity
 - sleep apnea
 - chronic lung disease
 - use of a BiPAP/CPAP machine
 - are over the age of 60 years
- MONITOR you more frequently during the first 24 hours of pain pump use, <u>even at night</u>. This might include monitoring with a pulse oximeter machine.
- OBTAIN an accurate assessment of your level of sedation, even at night.





NOTES



DEFINITIONS:

<u>Heart Monitor</u>: A piece of electronic equipment for continual observation of the function of the heart

<u>Oxygen Monitor</u>: A photoelectric device that measures oxygen saturation of the blood by recording the amount of light transmitted or reflected by deoxygenated versus oxygenated hemoglobin.

<u>Compression Devices:</u> Intermittent pneumatic compression is a therapeutic technique used in medical devices that include an air pump and inflatable auxiliary sleeves, gloves or boots in a system designed to improve venous circulation in the limbs of patients who suffer edema or the risk of deep vein thrombosis or pulmonary embolism.





You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store





Know who the supervising charge nurse is and how to contact them. If you can't find your nurse and have concerns, utilize the in-room phone to contact your floor's operator.

-Debra Simmons, RN, MJN, CCRN, CCNS, Executive Operations Director, National Center for Cognitive Informatics and Decision Making In Healthcare School of Biomedical Informatics, University of Texas Health Science Center at Houston



QUESTIONS

TO ASK RIGHT AFTER YOUR PROCEDURE

QUESTIONS with comments	ANSWER	RECOMMENDATIONS completed?
staffing questions, cont'd.		
Can my caregiver stay in the room during shift change? Loved ones should enter all vitals and medications (dosage and time) during each shift into the Medication Log.	O YES O NO	If not, request a report prior to shift change to confirm information being communicated is correct and then discuss it with incoming nurse.
Can my caregiver hear or read the nurse's report	O YES	
during shift change?	O NO- If no, why?	
monitoring		
What machines are monitoring my condition right now, and what are they for?	 Heart monitor Oxygen monitor Compression devices OTHER 	
If you don't have a heart monitor or oxygen monitor on me, how often do you come by to check my vitals? After anaesthesia, patient's vital signs should be checked every 15 minutes until they are awake. If they are not stable, (i.e. blood pressure is low) they need to be checked more often than that.	O Every 15 minutes O Every 30 minutes O Every 60 minutes O Every 90 minutes	
Did I have any problems during or inmediately after the procedure that would suggest a need to watch me closer? What precautions are you taking? What do you normally do in this situation?	O YES: if yes, describe the problems.	
Is there something that I should help with or watch for?		
Are all the machines that I will be hooked up to plugged in? **Machines to watch are the compression devices for your legs that help prevent blood clots.	O YES: if yes, describe the problems. O NO If not, call the nurse and have them plugged in.	
Watch IV bags; are they clamped? Is the liquid flowing? Is there no kink in the line?	O YES: if yes, describe the problems. O NO If not, call the nurse	



This is the time to really be an advocate for your loved one. No one knows your loved one better than you, and you will be the best person to identify concerns that should be addressed by the medical team.

Never be afraid to ask a question.



Ensure your providers are using a fresh pair of gloves every time they interact with you or your equipment. For example, they should change gloves right before inserting an IV so that they aren't carrying any pathogens over from another patient or an unclean surface.

DURING YOUR STAY

WHAT TO WATCH OUT FOR!

IN CARING FOR YOUR LOVED ONE

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
breathing			
Watch how your loved one breathes. Are his/her breaths regular and at least 10 per minute?	O YES (normal) O NO (not normal)	If not, get the nurse (not the nurse assistant) to check the patient's status	DATE
responsiveness			
When I talk to my loved one, does he/she respond normally or is he/she too sleepy to answer?	o _{YES}	If sleepy, get the nurse immediately	
Does my loved one go to sleep midsentence?	O YES O NO	If yes, you may need to discourage more pain medication. Have the dosage of pain medication checked and ask what is being given in combination with other medications.	
risk of falling			
Is it safe for the patient to get out of bed alone?	o _{YES}	474	
If the patient is at risk of falling and are there obstacles in the room that increase the risk of falling?	O YES	If so, make sure the floor is clear of electrical cords, long IV tubing, extra furniture, water, paper or any other item that could cause a fall.	WARNING: Falls tend to happen when the patient is getting up to go to the bathroom.
infection			
Have you washed your hands? Are you watching to make sure the medical staff is washing their hands?	O YES O NO KEEP ASKING THIS QUESTION!!!	Make sure you or a loved one reminds the medical staff to wash their hands before they come to evaluate you. Don't be afraid to ask this question.	Don't be afraid to stop them if you don't see this — it's your/your loved one's best chance to avoid infection. 90% of all infections come from medical staff not washing their hands.
What do I do after the procedure if I think my wound is infected?			



∮NOTES



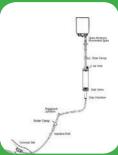
DEFINITIONS:

Incision: A surgical cut made in skin or flesh.

<u>Urinary Catheter:</u> A tube placed in the body to drain and collect urine from the bladder.



<u>Blood Clots:</u> A blood clot is a thickened mass in the blood formed by tiny substances called platelets. Clots form to stop bleeding, such as at the site of cut.



<u>Bed Sores:</u> A pressure sore is a lesion that develops on the skin and underlying tissues due to unrelieved pressure. The skin and tissues need enough blood supply for oxygen and nutrients.



You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store



"An obstacle is often a stepping stone."

- Prescott



DURING YOUR STAY

WHAT TO WATCH OUT FOR!

IN CARING FOR YOUR LOVED ONE

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
infection			
Does the skin around the IV sites or incision look red or puffy and swollen?	O YES	If yes, call the nurse.	
Will the patient have a urinary catheter?	o _{YES}	If yes, ask when it will come out. Make sure to ask about catheter care to help prevent infection.	Try to only have it in for 24 hours to reduce the risk of infection.
Does the nurse clean the tubing connector (hub) on the IV before inserting a syringe/new line/medication tubing?	o _{YES}	He/she should clean it with antiseptic for at least 15 seconds EACH time it is checked (Sing Happy Birthday twice to estimate time).	
blood & blood clots			
Is the patient at risk of blood clots?	o _{YES}	Getting out of bed as soon as possible will help.	
Does my loved one need any medication or devices to reduce the risk of blood clots?	o _{YES}	If yes, it will be necessary to take a blood thinner or wear compression devices for your legs.	
What's your blood type? Make sure you know this, and who has the same in case needed!	A+- B+- AB+- O+-		
bed sores			
Is the patient at risk of bedsores?	o _{YES} o _{NO}	 1.Ensure the patient is not spending too much time in the same position. 2. Make sure extra care is taken with the skin, keeping it dry and perhaps using moisture barrier cream. 	
Are there signs of bed sores? First sign is redness.	o _{YES}		
Can I help the nurses/doctors to help prevent bedsores?	o _{YES} o _{NO}	Encourage the patient to welcome repositioning. Sustained pressure on some areas of skin is what reduces circulation and causes bedsores.	Andre of T

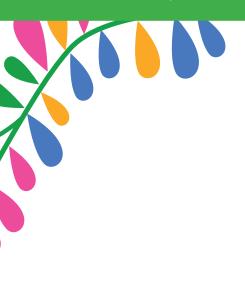


DEFINITIONS:

<u>Armband:</u> A durable plasticised identification band placed around a patient's wrist at the time of admission to a hospital, which contains basic information about the patient (name, hospital identification number, room number, caring physician, etc.)

You can learn more by downloading the Batz Patient Guide App on your iPad at the Apple iTunes Store





Always double check and write down all medications the patient is receiving. This could be the <u>most</u> important thing you can do to keep your loved one safe. Never be afraid to ask the nurse and doctor each time the medication is being given. It helps them, too!

"If the patient has a new or increased shortness of breath, demand that the Attending Doctor be notified. Do not be reassured by normal monitor readings at that point."

-Dr. Lawrence Lynn



WHAT TO WATCH OUT FOR!

IN CARING FOR YOUR LOVED ONE

OBSERVATIONS	YES/NO	WHAT DO YOU DO?	COMMENTS
medication safety			
Did the nurse check the patient's armband before giving medication, drawing blood, or sending the patient for a test or an examination?	O YES	Make sure, each time medication is given, that the nurse checks the armband and doesn't just ask for the patient's name. Many nurses decide "I know this person; I don't need to check the armband again". This is where many accidents happen.	
Is the patient getting the right medication?	o _{YES} o _{NO}	Refuse medication and speak with nurse or doctor.	
Does the medication offered by the nurse look like what the patient has been taking? Is it about the same general time that the patient has been taking it? (Medication errors can be prevented by the patient or loved ones simply asking "What is that? That doesn't look like anything I've/he's/she's taken before. Or, "I/he/she just had that an hour ago – did the doctor order it again?")	O YES	If not, don't be afraid to question it. Also, don't be afraid to question any "new" medication or one given more than the usual number of times.	
spiritual concerns			
Does the patient have emotional mood swings?	o _{YES} o _{NO}	Identify their emotions	
Does the patient have a pre-occupation with death/dying?	o _{YES} o _{NO}	Contact your medical/ spiritual provider	

"Some medications are given on a scheduled regular basis, such as blood pressure, diabetes, and cholesterol medications. Others are given on a 'prn' or 'as needed' basis such as medications for pain, anxiety, and sleeping. This latter group is especially important to track after any type of procedure as these may cause dangerous levels of sedation and decreases in oxygen levels. If you are concerned about your loved one's level of consciousness or notice abnormal behavior, check the trends and changes in dosages of these first, after raising the issue with caretakers."

Dr. Ginger Isom Batz, Dallas Center for Pelvic Medicine, Presbyterian Hospital, Dallas, Texas



IN THE HOSPITAL

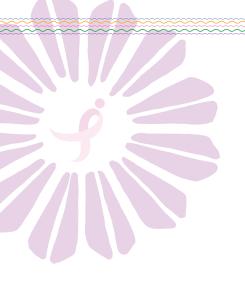


Ask the pharmacy how these medicine combinations react with each other and double check to make sure they are safe for the patient.

HOSPITAL PHARMACY: _	
PHONE NUMBER:	
Allergies:	

BRAND name AND generic name of medication	REASON for medication	DATE started/ stopped	DOSE	NUMBER of dosages per day?	SIDE EFFECTS you are concerned about	SPECIAL instructions





"We insist that every friend or loved one be closely monitored while receiving IV pain medicine after surgery. This should be a standard of care nationwide."

-Laura Batz Townsend Co-Founder of the Louise H. Batz Patient Safety Foundation

The doctors and nurses will work together to control your pain. Your pain will be less, but you may not be completely pain-free. Speak up if your pain is not getting better so your doctor can evaluate and change your medicine if needed.

MEDICATION LOG

OFFICIAL name AND generic name of medication	REASON for medication	DATE started/ stopped	DOSE	NUMBER of dosages per day?	SIDE EFFECTS you are concerned about	SPECIAL instructions

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/stopped	HOW is it given?

MEDICATION LOG

NUMBER of dosages per day?	TIME(S)OF DAY medication is normally taken	SPECIAL instructions	REASON for medication





VITAL SIGNS

VITAL SIGNS

IN THE HOSPITAL

DATE	TIME	BLOOD PRESSURE	OXYGEN	TEMPERATURE	HEART RATE

WHAT TO EXPECT See Before Your Stay section for patient's normal vital signs. pg. 26

PATIENT NAME:	
NORMAL OXYGEN LEVELS:	
NORMAL TEMPERATURE:	
NORMAL HEART RATE:	
NORMAL RESPIRATORY RATE:	

VITAL SIGNS

DATE	TIME	BLOOD PRESSURE	OXYGEN	TEMPERATURE	HEART RATE

VITAL SIGNS

VITAL SIGNS

DATE	TIME	BLOOD PRESSURE	OXYGEN	TEMPERATURE	HEART RATE

ACTIVITY JOURNAL

TRACKING IN-HOSPITAL ACTIVITY

These pages provide extra space to help you track the progress of your loved one's in-hospital stay. Keep notes each time a doctor, nurse, therapist or any member of the hospital staff visits the room

VISIT time & date	NAME, TITLE & contact info	NOTES: Reason for visit, evaluation of condition

ACTIVITY JOURNAL

TRACKING IN-HOSPITAL ACTIVITY

These pages provide extra space to help you track the progress of your loved one's in-hospital stay.

VISIT time & date	NAME, TITLE & contact info	NOTES: Reason for visit, evaluation of condition

ACTIVITY JOURNAL

TRACKING IN-HOSPITAL ACTIVITY

These pages provide extra space to help you track the progress of your loved one's in-hospital stay.

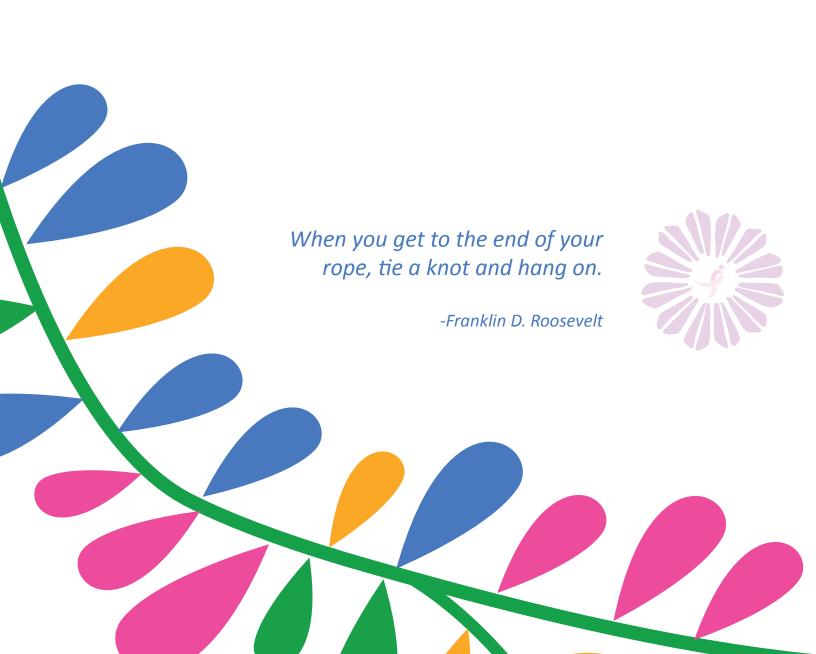
VISIT time & date	NAME, TITLE & contact info	NOTES: Reason for visit, evaluation of condition

ACTIVITY JOURNAL

TRACKING IN-HOSPITAL ACTIVITY

These pages provide extra space to help you track the progress of your loved one's in-hospital stay.

VISIT time & date	NAME, TITLE & contact info	NOTES: Reason for visit, evaluation of condition



MEDICAL TEAM

DOCTORS

MY DOCTOR & contact info	EVALUATION of condition
	MY DOCTOR & contact info

"When my daughter was hospitalized for cancer treatments, I quickly realized that I needed an understanding of the hospital hierarchy in order to facilitate communication with the appropriate team members."



-Julia A. Hallisy, D.D.S., San Francisco, CA. President, The Empowered Patient Coalition



DOCTORS

THE MEDICAL HIERARCHY

MEDICAL DIRECTOR

HEAD OF DEPARTMENT

ATTENDING PHYSICIAN

FELLOW

CHIEF RESIDENT

(usually third year resident)

JUNIOR RESIDENT

(usually second year resident)

INTERN

(first year resident)

MEDICAL STUDENT

(color worn)

(color worn)

NURSES

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
THE MEDICAL HIERARCHY	(color worn)
CHIEF NURSING EXECUTIVE ~~~~~	
DIRECTOR OF NURSING ~~~~~	
NURSE MANAGER or NURSE SUPERVISOR ~~~	
CHARGE NURSE ~~~~~	
STAFF or BEDSIDE NURSE (RN)	
LICENSED VOCATIONAL NURSE (LVN)	
UNLICENSED ASSISTIVE PERSONNEL ~~~	

All information on this page ©2010 The Empowered Patient Coalition. For more information and for additional forms please visit <a href="https://www.EmpoweredPatientCoalition.org">www.EmpoweredPatientCoalition.org</a>

# **MEDICAL TEAM**

DOCTORS

VISIT time & date	MY DOCTOR & contact info	EVALUATION of condition

#### WHO'S WHO

#### IN THE HOSPITAL



A hospital executive who responds to emergencies after hours.

#### **ATTENDING PHYSICIAN**

The most senior doctor directly responsible for patient care.

#### **FELLOW**

A physician who has completed a residency and is training in a specialized field.

#### **CHIEF RESIDENT**

The most senior resident (physician in training) who directs the activities of the other residents.

#### THIRD YEAR RESIDENT

(PGY 3 or Senior Resident) Physician trainee who helps coordinate care of multiple patients and supervises less experienced residents.

#### **SECOND YEAR RESIDENT**

(PGY 2 or Junior Resident): Physician trainee who helps manage patients and supervises/teaches first-year residents and medical students.

#### **FIRST YEAR RESIDENT**

(PGY 1 or Intern) A physician trainee who has finished medical school and is beginning patient care duties.

#### **NURSING SUPERVISOR**

The most senior nursing administrator available after hours

#### **NURSE MANAGER**

The most senior nursing staff member for a particular hospital unit.

#### **CHARGE NURSE**

The direct supervisor of the nurses on one shift in a ward or unit.

#### **STAFF NURSE OR BEDSIDE NURSE**

A registered nurse (RN) who is responsible for direct patient care.

#### **UNLICENSED ASSISTIVE PERSONNEL**

Nursing assistants who may be called nurses' aides, patient care assistants or technicians.

#### **HOSPITALIST**

A doctor employed by a hospital to take care of patients in the hospital.

#### **RAPID RESPONSE TEAM**

A team of critical care specialists who can be called to assess a patient in an emergency. In some hospitals, patients and families can call the rapid response team.

#### **CHAPLAIN**

The individual who has been ordained/endorsed by a religious body and recognized by the hospital to render pastoral/spiritual care.

All information on this page ©2010 The Empowered Patient Coalition. For more information and for additional forms please visit www.EmpoweredPatientCoalition.org





"If we had known ten years ago whom to call if you have an emergency in the hospital, my son Lewis would be alive today. I cannot stress too emphatically the importance of knowing the identity and role of everyone involved in your healthcare, and who their supervisors are. -Helen Haskell, Columbia, South Carolina. The Empowered Patient Coalition

# MEDICAL TEAM

### NURSES

NURSE'S NAME	DATE shift time	TITLE experience level	CONTACT phone number	EVALUATION of condition
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		

# WHO DO YOU CALL?

#### GETTING HELP IN THE HOSPITAL

#### **BEDSIDE NURSE**

for most concerns

#### **CHARGE NURSE**

if the bedside nurse does not respond appropriately

#### **PATIENT RELATIONS DEPARTMENT**

for help with hospital rules and policies

#### **SOCIAL SERVICES DEPARTMENT**

for assistance in communicating with staff and scheduling family meetings

#### **RAPID RESPONSE TEAM**

if you have a medical emergency

#### **NURSE MANAGER OR NURSE SUPERVISOR**

if the hospital does not have a rapid response team. Ask them to call a physician to assess the patient.

#### **ATTENDING PHYSICIAN OR HOSPITALIST**

if you need immediate medical advice but the situation is not life-threatening

#### **ADMINISTRATOR ON CALL**

if you have an emergency but have not been able to get help through the usual channels. (The administrator on call can be reached through the hospital operator).

#### **BIOETHICS REVIEW TEAM**

For consultation to explore options and clarify ethical issues related t o patient care.

©2010 The Empowered Patient Coalition. For more information and for additional forms please visit <a href="https://www.EmpoweredPatientCoalition.org">www.EmpoweredPatientCoalition.org</a>

OTHER EMERGENCY NUMBERS	



# MEDICAL TEAM

### NURSES

NURSE'S NAME	DATE shift time	TITLE experience level	CONTACT phone number	EVALUATION of condition
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		
		O RN O LVN O Nurse Assistant O Charge Nurse		

### **CARE TEAM**

#### OTHER MEDICAL PROFESSIONALS

Care Team includes Physical Therapists, Respiratory Specialists, Occupational Therapists, Speech Pathologists, and Dieticians and Chaplains.

VISIT time & date	NAME, TITLE & contact info	REASON for visit	EVALUATION of condition

# **CARE TEAM**

#### OTHER MEDICAL PROFESSIONALS

Care Team includes Physical Therapists, Respiratory Specialists, Occupational Therapists, Speech Pathologists, and Dieticians and Chaplains.

VISIT time & date	NAME, TITLE & contact info	REASON for visit	EVALUATION of condition

# LAB RESULTS

TEST	DATE	RESULTS	EVALUATION What does that mean?	FOLLOW-UP

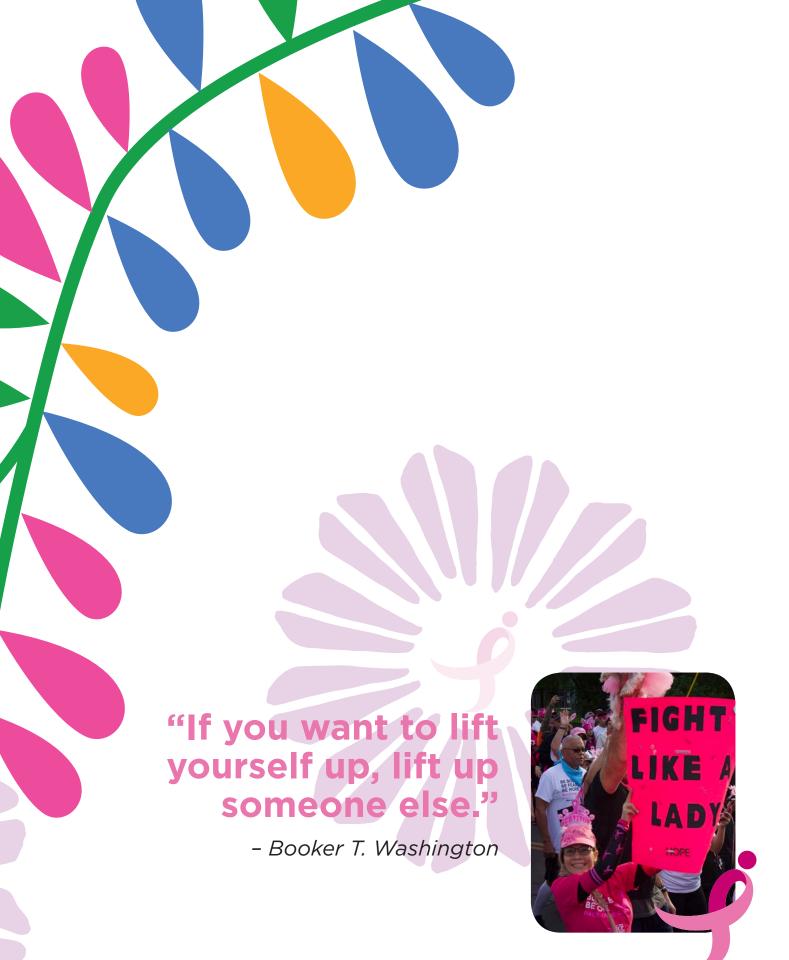
# LAB RESULTS

TEST	DATE	RESULTS	EVALUATION What does that mean?	FOLLOW-UP









# Rosies

# Art and Coloring Pages

On January 16, 2017, our dear friend Rosalyn "Rosie" Dugger Bowers passed away due to a preventable medical error while recovering from heart surgery.

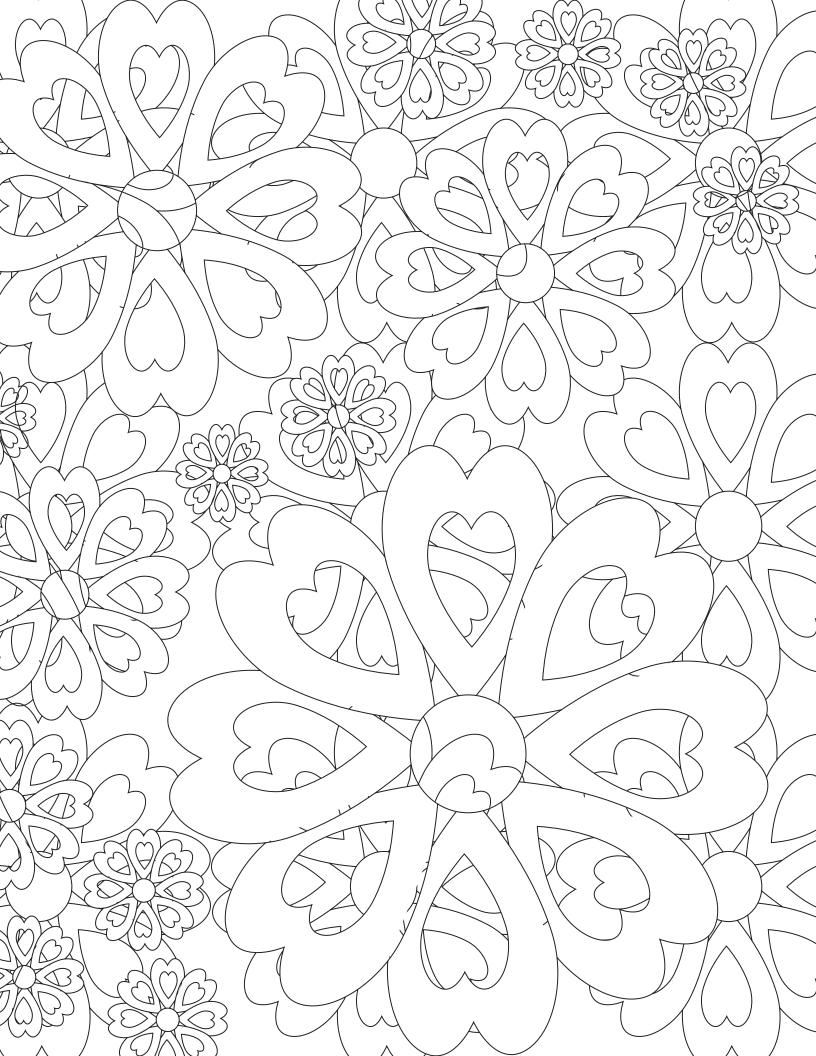
Rosalyn was only 42 years old. She was an amazing friend, sister, aunt, daughter, and wife. She had the biggest heart and a love for life that knew no bounds. When Laura founded the Louise H. Batz Patient Safety Foundation after her mom, Louise Batz, who also died from a preventable medical error, Rosie was one of her biggest champions and advocates. We will never be able to repay the kindness, compassion,



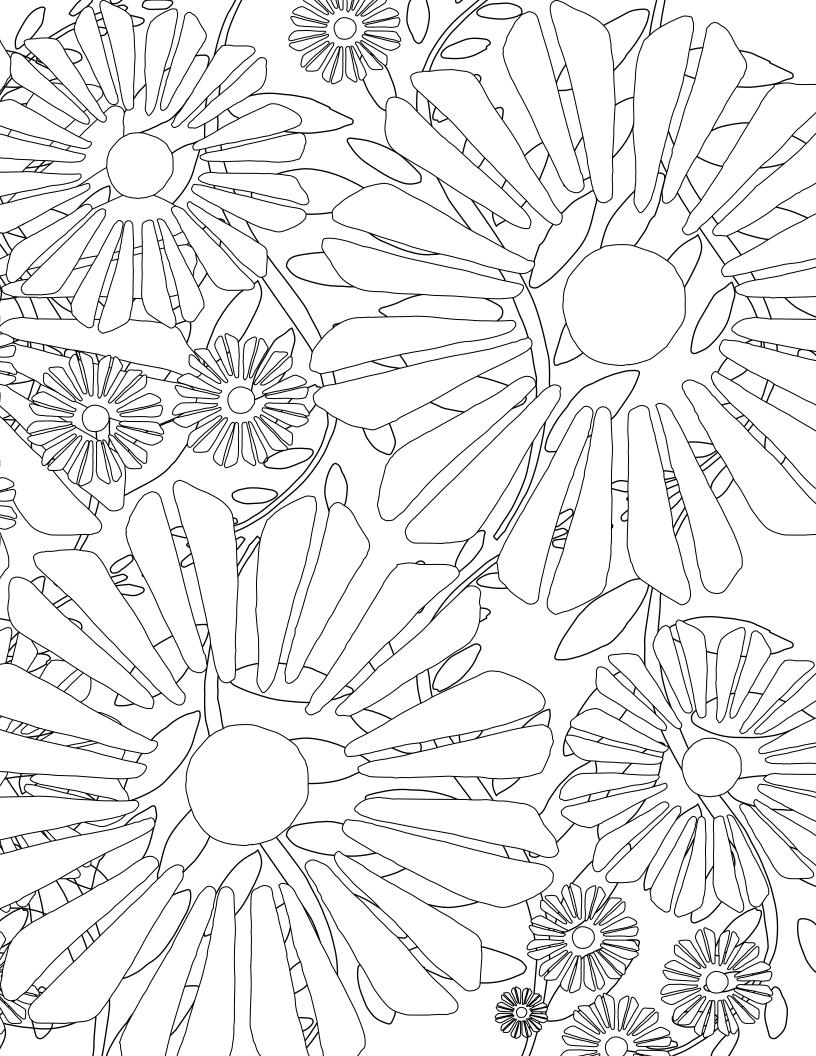
and support that Rosalyn gave to all of us and her community over these past eight years. We will miss her so very much. We know that she and Mrs. Batz will be warriors for patient safety in Heaven and their legacies will live on.

"The practice of art on a daily basis is the key to healing our hearts and minds." - Kim Blair





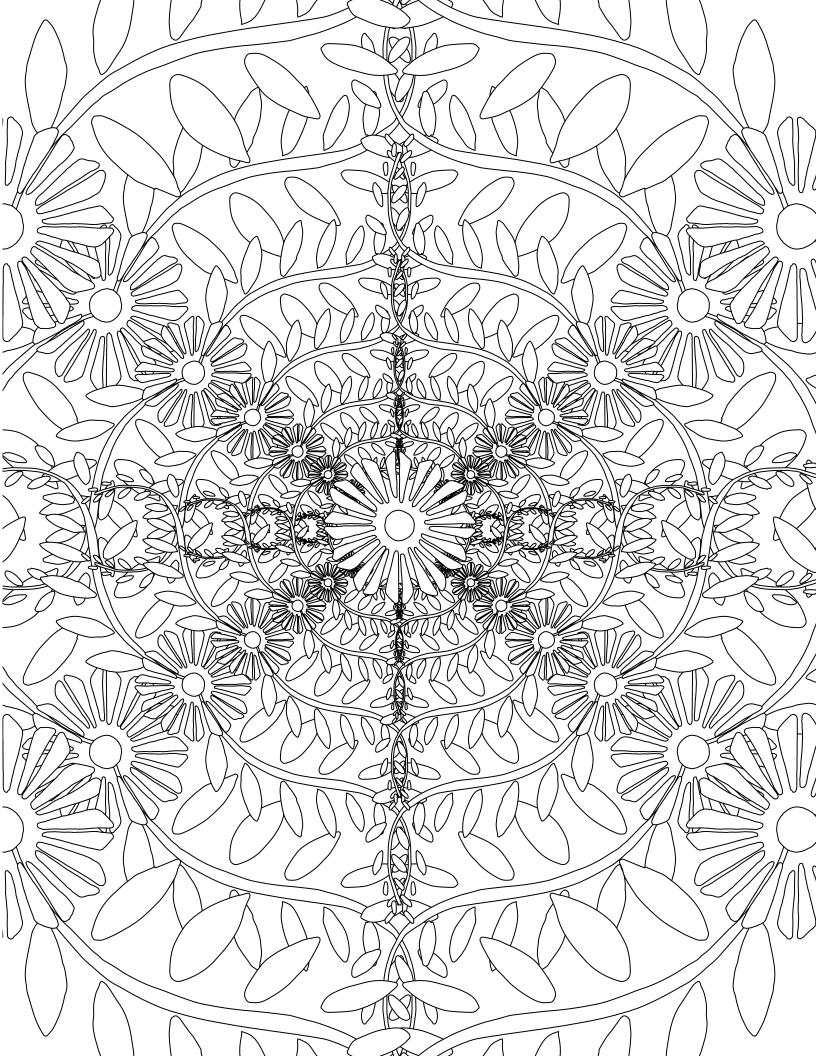




# Inspiration Page

"Art must be an expression of love or it is nothing." - Marc Chagall

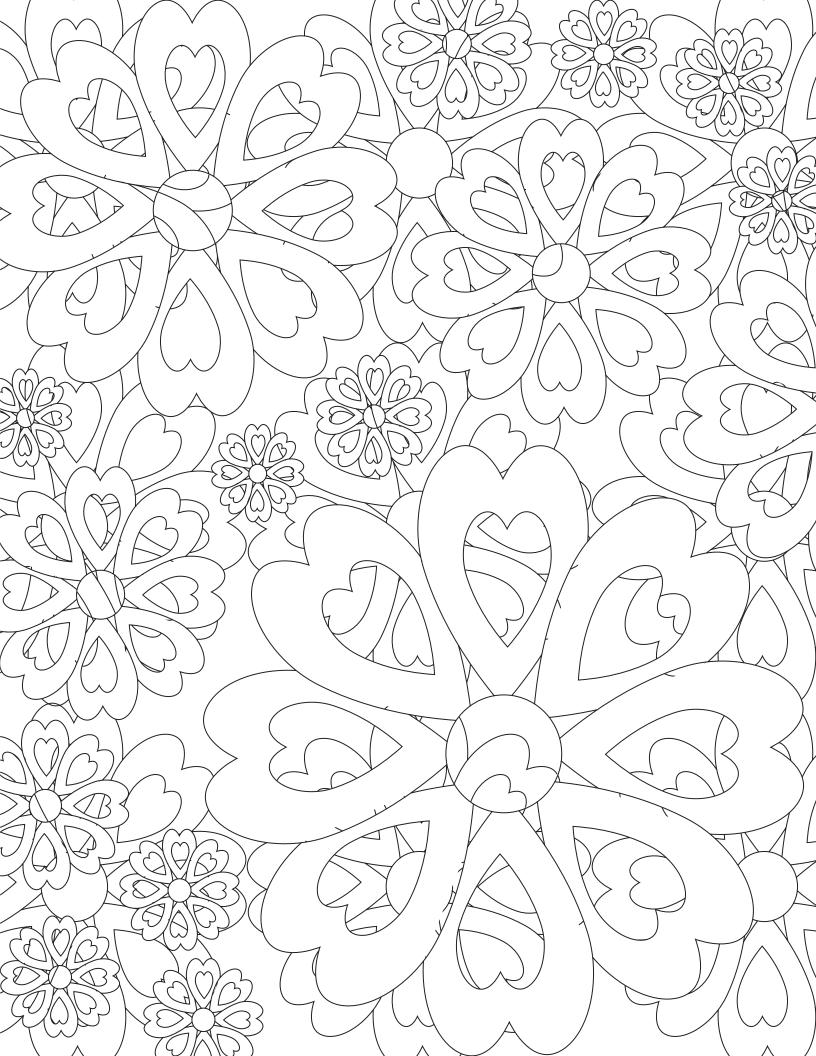




# Inspiration Page

"I found I could say things with color and shapes that I couldn't say any other way-things I had no words for." - Georgia O'Keeffe







"Where there is great love, there are always miracles."

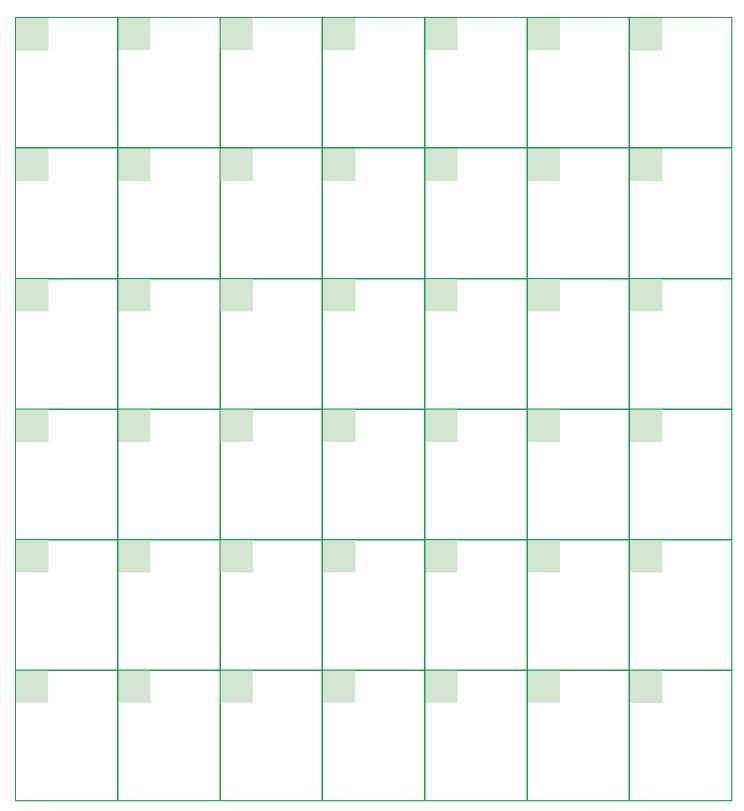
-Willa Cather 1873



## WEEK AT A GLANCE

DAY	APPOINTMENTS	INSTRUCTIONS & NOTES

## MONTH AT A GLANCE



"Every day may not be good but there is something good in every day."



# OING HOME

## GOING HOME

### IMPORTANT QUESTIONS

QUESTIONS TO ASK	ANSWER	completed?
medications		
Am I sure I know what to do with all the medications I was taking before I	YES	
came into the hospital?	NO	
Are there any changes to the medications after I have been in the	YES	
hospital?	NO	
	YES	
Are there new medications I need to take and do I know the dosage?	NO	
May I please have a printout of the medications I am supposed to take when I go home?  *Patient is entitled to copies of all medications during hospital stay.  Have the nurse help you fill in your medication log on the following pages to make sure you understand how to take them.		DO NOT LEAVE WITHOUT THIS! GO OVER THE PRINTOUT WITH YOUR DOCTOR AND FILL IT IN ON THE MEDICATION LOG INCLUDED IN THE PACKET.
physician follow-up		
When am I supposed to see the doctor again?	DATE/TIME	
What symptoms should make me call the doctors immediately?	1. 2. 3.	
What symptoms would make me need to come back to the hospital?	1. 2. 3.	



## NOTES



"The greater your storm the brighter your rainbow."

# **GOING HOME**

## GOING HOME

### IMPORTANT QUESTIONS

QUESTIONS TO ASK	ANSWER
activity and diet	
When can I drive?	DATE
When can I work?	DATE
What kind of activities can I perform?	
When can I exercise and are there things I should not do?	
What can I eat or drink?	
What can't I eat or drink?	
Do I need drainage tubes?	
Will I need oxygen tanks?	

## MEDICATION LOG

#### AT HOME

MEDICATION & vitamin or herbal supplement	DOSE	DATE started/stopped	HOW is it given?

## MEDICATION LOG

### AT HOME

NUMBER of dosages per day?	TIME(S)OF DAY medication is normally taken	SPECIAL instructions	REASON for medication

## ACTIVITY JOURNAL

TRACKING AT-HOME ACTIVITY

These pages provide extra space to help you track the progress of your loved one during at-home time.

TIME & DATE	NOTES  How am I feeling? Am I reaching my goals? Do I have any concerns?

# TIVITY IOURNAL

## **ACTIVITY JOURNAL**

### TRACKING AT-HOME ACTIVITY

These pages provide extra space to help you track the progress of your loved one during at-home time.

TIME & DATE	NOTES  How am I feeling? Am I reaching my goals? Do I have any concerns?		

## LAB RESULTS

TEST	DATE	RESULTS	EVALUATION What does that mean?	FOLLOW-UP

# LAB RESULTS

## LAB RESULTS

TEST	DATE	RESULTS	EVALUATION What does that mean?	FOLLOW-UP

## OTHER FOLLOW-UP

NOTES

"If you stumble, make it part of the dance"

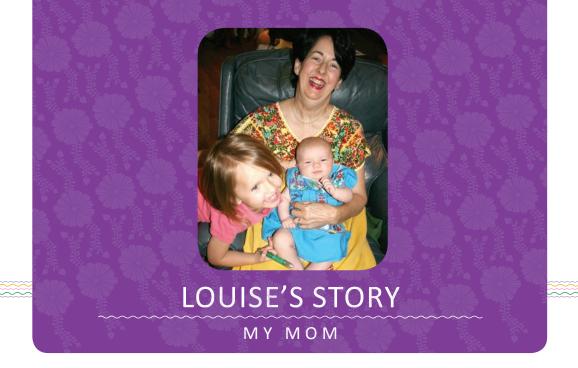






"Let all that you do be done in love."

If outpatient blood tests, physical therapy, other therapy, home health supplies or anything else is needed, the patient and family need to write this down and understand it thoroughly.



I am Richard, Louise's son. For many in the audience, it will be a surprise I can actually string more than one or two sentences together at a time. I apologize at the outset for my lack of eloquence. I wanted to stand in front of you and just let you know how much my family and I truly loved and still love my mom.

I look around the congregation and see the faces of many terrific mothers, but I could not have asked for a more wonderful mother for me and my sister, or a more wonderful wife for my dad. She was also an incredible grandmother to Ella, Sawyer, Mary Louise, and our little boy coming this June. We were blessed to have her for so long, but without a doubt I would be remiss to say I did not want many more years. My mom devoted her life to my dad, my sister, and I. Mom and Dad paved the way for all my successes. I take full responsibility for my failures, but my mom and dad gave me strength and courage to handle those as well.

#### I WOULD LIKE TO SHARE A FEW QUICK ANECDOTES.

Perhaps a few in the audience will remember the movie Wedding Crashers where Will Ferrell plays a somewhat loserish thirtysomething. In one scene, he sits on his couch in his underwear and shouts at the top of his lungs for his momma to bring him some lasagna. Somewhat sheepishly, I must admit I was like that character growing up, with my innumerable requests for a PB+J while I sat lounging in the family room. However, at least I would say please. But no matter what, Mom would always bring it to me with a great smile on her face, and I now realize it was out of her unconditional love for me.

Another special moment I shared with my mother was when I had traveled to Niagara Falls. At the base of the Falls, I called my mom in San Antonio and held up the cell phone so she could hear the roar of the falls next to me. I could tell at that moment she was so excited and happy. But as time has passed, I realize it was not so much the garbled noise of the falls which made her so happy, but the fact her son was so excited and happy to be there.

Nor will I forget the phone call she made to me while I lived in Lake Tahoe. She told me I better get my rear on that plane to go to my last medical school interview. That interview was in Lubbock. If she had not been so persistent, I would have never met my wonderful wife and her amazing family.

Mom truly loved all my friends, knowing how much they mean to me. And for my friends who grew up with me in San Antonio, I certainly consider her at least co-den mother of "the Hui" (what we called each other).





Her love and devotion did not stop with Dad, Laura, and me but also encompassed her two brothers, Charlie and Johnny, her sister Joanne, and their respective families. She was quite the maestro at keeping our family so close over the years, with the holiday celebrations, family trips to the coast, and endless birthday parties. And to my family, we owe it to my mom and Lala (her mother) to keep those traditions strong, and I know we will.

Mom was also devoted to her friends and would do anything within her power to help them. She would quickly offer her opinion even if it wasn't exactly what you wanted to hear. I honestly feel my Mom was a human version of Facebook. She knew so many people and I could keep in touch with everyone through her. I had many conversations with her in attempts to find a cure/treatment for her friends' illnesses. She didn't quite realize that I am just a "Picture Doctor" (radiologist) - but that did not deter her.

Recently, a friend emailed me and told me during a particularly trying time, my mom, who had been through a somewhat similar incident, had written a beautiful letter about hope that my friend still remembers to this day. That was my mom.

Mom may no longer be physically with us, but her spirit courses through her children, grandchildren, and all those she touched with her kindness. I see my Mom in my sister and the way she loves her children and takes care of them – although she's not as strict!

And lastly to my Dad, who has been a true hero, and a pillar of strength through this ordeal. Mommy is so proud of you. We want you to know how many people love you from your many friends to your family - including Charlie, Johnny, Joanne, and Sudie, who many a moon ago stopped being in-laws and became true brothers and sisters — and your adoring grandchildren and, of course, Ginger, Michael, Laura, and I!

Mom, I want to say one more time, "I Love You!"

-Lovingly spoken by Dr. Richard Charles Batz, Jr. at the memorial service of Louise H. Batz on April 30, 2009



Protecting the Patient First

To learn more about the Louise H. Batz Patient Safety Foundation, or to order more booklets, please contact Laura Townsend, President and Co-Founder, at laurabtownsend@gmail.com.

The Louise Batz story has been made available on DVD due to a generous donation from the Baylor Foundation. To request a copy, please contact Laura Townsend, President and Co-Founder, at laurabtownsend@gmail.com.

The Foundation is happy to provide resources, helpful links, and an online community where you can share your story and learn from other's experiences.

- **Share** your story on our website to help us raise awareness of patient safety and preventable medical errors.
- **Use** the Batz Guide to be an effective advocate for loved ones receiving medical treatment.
- **Provide** feedback on the Batz Guide so that we can make it as helpful as possible.
- **Tell** your friends and family about our website (**www.louisebatz.org**).
- **Help** distribute Patient Care Packets and Foundation materials in your community.
- Make a tax deductible donation at www.louisebatz.org.

In partnernship with Ringful Health we have developed the Batz Patient Guide App which you can download on your iPad at the Apple iTunes Store.



## **MEDICAL ADVISORY BOARD**

Dr. Charles A. Holshouser, Jr. M.D., OBGYN,

Methodist Healthcare System; San Antonio, Texas

Dr. Jane Appleby, MD, FACP; Chief Quality Officer MHS Methodist Healthcare System; San Antonio, Texas

Tommye Austin, PhD, MBA, RN, Nurse Executive, Advanced-Board Certified (NEA-BC), Chief Nursing **Executive-Baptist** Health System; San Antonio, Texas

Dr. Paul Curry, Chief of Staff, Hoag Memorial Hospital Presbyterian, Newport Beach, California

Brenda Jackson, PhD., RN, Associate Professor, Dept. of Acute Nursing Care, School of Nursing, UTHSCSA; San Antonio, Texas

Dr. Larry Lynn, CEO of Lyntek Medical Technologies; Columbus, Ohio

**Dr. Mark Montoney, CMO of** Tenet Health Systems; Dallas, Texas

Dr. Frank Overdyk, MSEE, MD, Chief Medical Officer, Ultrasound, Executive Medical Director. **GE** Healthcare

Dr. Michael Shabot, CMO Memorial Hermann; Houston, Texas

**Dr. Dean Sittig, PhD, University** of Texas School of Health Information Science; Houston, Texas

Dr. Vimla L Patel, PhD, DSc, FRSC, Professor, Biomedical Informatics School of Health Information Sciences; Co- Director, Center for Cognitive Informatics and Decision Making; The University of Texas Health Science Center in Houston, Texas

Dr. Carol Wratten, MD, FACOG, Chief Quality Officer - Seton Healthcare Family, Austin, Texas

Veronica Young, PharmD, MPH Clinical Associate Professor College of Pharmacy The University of Texas at Austin **Director of Interprofessional Practice** Pharmacotherapy Office of Evidence-Based and Interprofessional Practice School of Medicine University of Texas Health Science Center at San Antonio

Debora Simmons, RN, MJN, CCRN, CCNS, Executive Operations Director, National Center for Cognitive Informatics and Decision Making In Healthcare School of Biomedical Informatics, University of Texas Health Science Center at Houston

Julia A. Hallisy, D.D.S., Inc. President The Empowered Patient Coalition, San Francisco, California Kathleen R. Stevens, RN, EdD, ANEF, FAAN, Professor and Director, Academic Center for Evidence-Based Practice; University of Texas Health Science Center at San Antonio

Patty Toney, MSN, RN, VP/CNE at CHRISTUS Santa Rosa Health System; San Antonio, Texas

Cindy Cassity, BSN RN Patient Safety Manager, Baylor University Medical Center; Dallas, Texas

Dr. William L. Sutker, MD Patient Safety Officer. Baylor University Medical Center; Dallas, Texas

Dr. Jiajie Zhang, PhD, Dr. Doris L. Ross Professor; Associate Dean for Research; Co-Director, Center for **Cognitive Informatics and Decision** Making; Acting Director, Center for **Translational Neuroinformatics School** of Health Information Sciences: University of Texas Health Science Center at Houston

Patricia Ann Clarke, RN, MSN, CPNP- Instructor/Clinical; UTHSCSA School of Nursing; Dept. of Family **Nursing Care** 

**Brik Stratton,** MS, PT, Stratton Rehabilitation Clinic; San Antonio, Texas





## FOUNDATION ADVISORY BOARD

**Melinda Hill Perrin,** Former Chairman of the Board of Memorial Hermann Hospital System in *Houston, Texas* 

#### Kathryn Johnson,

Mays Family Foundation; San Antonio, Texas

**Dr. Kenneth Davis,** CMO of Methodist Healthcare System; *San Antonio, Texas* 

**Kathy Rogers,** MSN, MBA, RN, CPHQ, VP, Physician Performance Improvement; Methodist Healthcare System **Rachel Armbruster,** President, Armbruster Consulting *Austin, Texas* 

**Sudie Holshouser,** Early Childhood Education and Community Leader, *San Antonio, Texas* 

**Nancy Maebius, PhD, RN,** Education Consultant, and faculty member at Galen

**Brad Gray,** GrayWeb Technology and Design *San Antonio, Texas* 

**Sarah Blackburn,** Almanza, Blackburn & Dickie, LLP *Austin, Texas* 

**Patsy Varvel,** RN, MS, Nurse Manager St Lukes Episcopal Hospital-Retired *Houston, Texas* 

**Erika Holland,** Executive Director, American Heart Association *Austin, Texas* 

## **BOARD OF DIRECTORS**

**George Scott Ames** 

Peter Bartlett

Richard Batz

Bo Blackburn

**Betsy Baker** 

Ann Beuhler

Meredith Campbell

Jonathan Calvert

Ben Davis

Carolyn French

Karen Brockwell

Mark Graban

**Brad Gray** 

Margaret Gunn

Robyn Hargrove

Ben Hart

Carl Holshouser

Joanne Holshouser

John Holshouser

Will Holshouser

Clayton Isom

Clayton Ison

Isaac Isom

Jan Isom

Megan Murphy Laibovitz

Susan Light Lawhon

**Emily Negley Martin** 

Daniel R. Nelson

Tricia O'Connell

**Daniel Peavy** 

Shannon Watson Peifer

Lisa Morehouse Ray

Vivia V. Robertson

Rene Schmidt

Michael Townsend

Zelime Amen Ward

Mertie Wood

Staci Almager

Mark Graban

Karen Bryant





# LOUISE H. BATZ

PATIENT SAFETY FOUNDATION

#### Protecting the Patient First

Learn more about the foundation at www.louisebatz.org

#### **ABOUT THE FOUNDATION**

#### THE MISSION

The mission of the Louise H. Batz Patient Safety Foundation is to help prevent medical errors by ensuring that patients and families have the KNOWLEDGE they need to promote a safe hospital experience for their loved ones and to support innovative advancements in patient safety. Our greatest hope is that families, patients, and caregivers will work together as a TEAM to improve safety in our hospitals.

#### **OUR PURPOSE**

The goal of the Louise H. Batz Patient Safety Foundation is to open the pathways of communication among patients, doctors, nurses, and hospitals in an effort to enhance hospital safety and to prevent adverse events.

It is important to empower the patient - and his or her family - with knowledge about what type of care will be given. Only then can they make informed decisions. We believe:

- 1. A hospital stay can be a frightening experience, and it is easy to become overwhelmed by everything that is happening.
- 2. Patients and families trust that the hospitals, nurses, doctors, and administrators are properly prepared to deal with all situations. Unfortunately, this is not always the case.
- 3. It is vital to deepen patient awareness and to provide literature that is easy for the patient and loved ones to understand.
- 4. It requires everyone working together as a TEAM to ensure that patients, families, doctors, nurses, and hospitals are safe, informed, and protected.