



Feeling Any Stress In Your Life?

by: Sandra Couch, RN, NHA

Stress Symptoms, Signs, and Causes: Modern life is full of hassles, deadlines, frustrations, and demands. For many people, stress is so commonplace that it has become a way of life. Stress isn't always bad. In small doses, it can help you perform under pressure and motivate you to do your best. But when you're constantly running in emergency mode, your mind and body pay the price. You can protect yourself by recognizing the signs and symptoms of stress and taking steps to reduce its harmful effects.

What is stress? Stress is a normal physical response to events that make you feel threatened or upset your balance in some way. When you sense danger—whether it's real or imagined—the body's defenses kick into high gear in a rapid, automatic process known as the “fight-or-flight or freeze” reaction, or the stress response.

The stress response is the body's way of protecting you. When working properly, it helps you stay focused, energetic, and alert. In emergency situations, stress can save your life—giving you extra strength to defend yourself, for example, or spurring you to slam on the brakes to avoid an accident.

The stress response also helps you rise to meet challenges. Stress is what keeps you on your toes during a presentation at work, sharpens your concentration when you're attempting the game-winning free throw, or drives you to study for an exam when you'd rather be watching TV.

But beyond a certain point, stress stops being helpful and starts causing major damage to your health, your mood, your productivity, your relationships, and your quality of life.

Stress Warning Signs and Symptoms:

- Memory problems
- Inability to concentrate
- Poor judgment
- Seeing only the negative
- Anxious or racing thoughts
- Constant worrying
- Moodiness
- Irritability or short temper
- Agitation, inability to relax

- Feeling overwhelmed
- Sense of loneliness and isolation
- Depression or general unhappiness

Physical Symptoms:

- Aches and pains
- Diarrhea or constipation
- Nausea, dizziness
- Chest pain, rapid heartbeat
- Loss of sex drive
- Frequent colds

Behavioral Symptoms:

- Eating more or less
- Sleeping too much or too little
- Isolating yourself from others
- Procrastinating or neglecting responsibilities
- Using alcohol, cigarettes, or drugs to relax
- Nervous habits



Things that influence your stress tolerance level

Your support network- A strong network of supportive friends and family members can be an enormous buffer against life's stressors. On the flip side, the more lonely and isolated you are, the greater your vulnerability to stress.

Your sense of control- It may be easier to take stress in your stride if you have confidence in yourself and your ability to influence events and persevere through

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challenges. If you feel like things are out of your control, you're likely to have less tolerance for stress.

Your attitude and outlook- Optimistic people are often more stress-hardy. They tend to embrace challenges, have a strong sense of humor, and accept that change is a part of life.

Your ability to deal with your emotions- You're extremely vulnerable to stress if you don't know how to calm and soothe yourself when you're feeling sad, angry, or overwhelmed by a situation. The ability to bring your emotions into balance helps you bounce back from adversity and is a skill that can be learned at any age.

Your knowledge and preparation -The more you know about a stressful situation, including how long it will last and what to expect, the easier it is to cope. For example, if you go into surgery with realistic picture of what to expect post-op, a painful recovery will be less traumatic than if you were expecting to bounce back immediately.

How Stressed Are You?

TAKE THIS QUIZ TO FIND OUT

Rate these from 0-4
Never = 0; Almost = 1; Sometimes = 2; Fairly Often = 3; Very Often = 4

In the last month, how often have you:

- 1) Been upset because of something that happened unexpectedly?
 Never Almost Sometimes Fairly Often Very Often
- 2) Felt that you were unable to control the important things in your life?
 Never Almost Sometimes Fairly Often Very Often
- 3) Felt nervous and stressed?
 Never Almost Sometimes Fairly Often Very Often
- 4) Felt unsure about your ability to handle your personal problems?
 Never Almost Sometimes Fairly Often Very Often
- 5) Found that you could not cope with all the things that you had to do?
 Never Almost Sometimes Fairly Often Very Often
- 6) Been unable to control irritations in your life?
 Never Almost Sometimes Fairly Often Very Often
- 7) Felt that things were not going your way?
 Never Almost Sometimes Fairly Often Very Often
- 8) Felt that you were not on top of things?
 Never Almost Sometimes Fairly Often Very Often
- 9) Been angered because of things that were outside of your control?
 Never Almost Sometimes Fairly Often Very Often
- 10) Felt difficulties were piling up so high that you could not overcome them?
 Never Almost Sometimes Fairly Often Very Often

Score
0-10 Below average; 11-14 Average; 15-18 Medium-high; 19 High

EMPLOYEE SPOTLIGHT



Congratulations, **Alisha Hay** for being selected Employee of the Quarter Fall 2014!

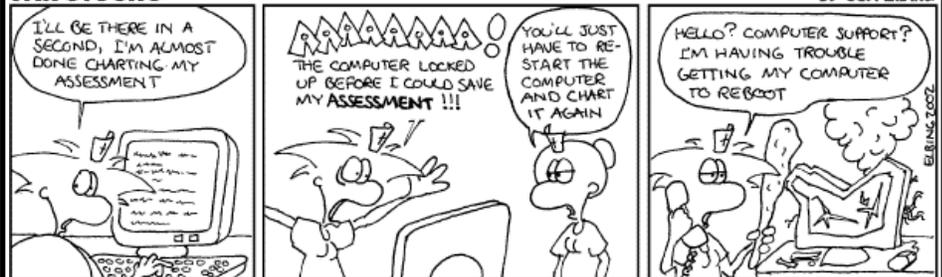
Congratulations, **Soni Holt** for being named Employee of the Year 2014!

Gayco welcomes new pharmacy techs, **Zach Dykes, Tabby Oliver, and Holly Thompson.**

AS NEEDED FOR LAUGHTER

Nurstoons

by Carl Elbing



www.nurtoon.com

Courtesy of www.nurtoon.com



10 Relaxation Techniques that Zap Stress Fast

MEDITATE. A few minutes of practice per day can help ease anxiety. The process can be simple. Sit up straight with both feet on the floor. Close your eyes.

Focus your attention on reciting out loud or silently a positive mantra such as “I feel at peace”. Place one hand on your belly to sync the mantra with your breaths. Let any distracting thoughts float by like clouds.



BREATHE DEEPLY. Give yourself a 5 minute break from whatever is bothering you and focus on your breathing. Deep breathing counters the effects of stress by slowing the heart rate and lowering the blood pressure.

BE PRESENT. Take 5 minutes and focus on only one behavior with awareness. When you spend time in the moment and focus on your senses, you should feel the tension leave your body.

REACH OUT. A good social support system is one of the most important resources for dealing with stress. Talk with others it is great way to manage whatever is stressing you out.

TUNE IN TO YOUR BODY. Mentally scan your body to get a sense of how stress affects it each day. Lie on your back, or sit with your feet on the floor. Start at your toes and work your way up to your scalp, noticing how your body feels.

DECOMPRESS. Place a warm heat wrap around your neck and shoulders for 10 minutes. Close your eyes and relax your face, neck, upper chest, and back muscles. Remove the wrap, and use a tennis ball or foam roller to massage away tension.

LAUGH OUT LOUD. A good belly laugh doesn’t just lighten the load mentally. It lowers cortisol, your body’s stress hormone, while increasing brain chemicals called endorphins, which boost your mood. Lighten up by tuning in to your favorite sitcom or video, reading the comics, or chatting with someone who makes you smile.

CRANK UP THE TUNES. Research shows that listening to soothing music can lower blood pressure, heart rate, and anxiety.

GET MOVING. You don’t have to run in order to get a runner’s high. All forms of exercise, including yoga and walking, can ease depression and anxiety by helping the brain release feel-good chemicals and by giving your body a chance to practice dealing with stress.

BE GRATEFUL. Keep a gratitude journal to help you remember all the things that are good in your life.

You may find many other helpful hints on reducing stress on the web. This material came from WEB MD and Helpguide.org.

Protect Yourself from the Flu

by: Luwana Walton, RN

With the flu all around us what can we do to protect ourselves from getting the flu?

- Get vaccinated.
- Wash your hands often with soap and water or alcohol-based hand rub using the proper techniques.
- Avoid touching your eyes, nose or mouth.
- Try to avoid close contact with persons with the flu.
- Practice good health habits. Get plenty of sleep and exercise, manage your stress, drink plenty of fluids and eat a healthy diet.
- Cover your nose and mouth with a tissue when you cough or sneeze, throwing the tissue in the trash after use.
- If you are sick with flu-like illness, stay home for at least 24 hours after your fever is gone without the use of fever-reducing medications.
- If you are exposed to or caring for someone with the flu, talk to your doctor about preventive antiviral medications.



Know the signs and symptoms of the flu:

- A 100 degrees F or higher fever or feeling feverish (not everyone with the flu has a fever)
- A cough and/or sore throat
- A runny or stuffy nose
- Headaches and/or body aches
- Chills
- Fatigue
- Nausea, vomiting and/or diarrhea (most common in children)

Your health care provider can give you a test to determine whether or not you have the flu. He can order you antiviral medications that will assist you in your recovery from the flu.

FACILITY SPOTLIGHT



Congratulations, **The Oaks** on being deficiency free!

Gayco welcomes **Brightmoor Healthcare, Brightmoor Assisted Living and Brightmoor Hospice** in Griffin; **Westbury Medical Care Home** in Griffin; **Westbury Health and Rehab Center** in Conyers; **Westbury Healthcare and Rehab Center** in McDonough; and **Still Waters Professional Counseling Services** in Augusta.



Summary of CDC Guidance for Influenza Outbreak Management in Long-Term Care Facilities

by Tom Jeter, BS Pharm., R.Ph.

Introduction

There is a high risk this year because of the lower effectiveness of the Influenza vaccine that an outbreak could occur. Knowledge of how to manage an influenza outbreak may have a significant impact on your facility. Influenza can be introduced into a long-term care facility by newly admitted residents, health care workers and by visitors. Spread of influenza can occur between and among residents, health care providers, and visitors. Residents of long-term care facilities can experience severe and fatal illness during influenza outbreaks. For that reason I felt it important to review the guidelines that are found on the CDC website for long term care facilities.

<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

Surveillance

When there active influenza noted in your community, active daily surveillance (defined below) should occur for influenza illness among all new and current residents, staff and visitors of long-term care facilities, and continued until the end of influenza season. Conduct daily active surveillance until at least 1 week after the last confirmed influenza case occurred.

Testing

Influenza testing should occur when any resident has signs and symptoms of influenza-like illness. Influenza outbreak is suspected with 2 or more residents develop respiratory illness within 72 hours of each other. Test for influenza in the following:

- Ill persons who are in the affected unit as well as previously unaffected units in the facility
- Persons who develop acute respiratory illness symptoms more than 72 hours after beginning antiviral chemoprophylaxis
- Note that elderly persons and other long-term care residents, including those who are medically fragile and those with neurological or neurocognitive conditions, may manifest atypical signs and symptoms with influenza virus infection, and may not have fever.

The local health and state health departments should be notified of every suspected or confirmed influenza outbreak in a long-term care facility, especially if a resident develops influenza while on or after receiving antiviral chemoprophylaxis. Once an outbreak has been identified, outbreak prevention and control measures should be implemented immediately.

Implement Standard and Droplet Precautions

All residents with suspected or confirmed influenza should be under Standard and Droplet Precautions.

Standard Precautions are intended to be applied to the care of all patients in all health care settings, regardless of the suspected or confirmed presence of an infectious agent. Implementation of Standard Precautions constitutes the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and health care personnel.

Examples of standard precautions include:

- Wearing gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
- Wearing a gown if soiling of clothes with a resident's respiratory secretions is anticipated.
- Changing gloves and gowns after each resident encounter and performing hand hygiene
- Perform hand hygiene before and after touching the resident, after touching the resident's environment, or after touching the resident's respiratory secretions, whether or not gloves are worn. Gloves do not replace the need for performing hand hygiene.

Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Droplet Precautions should be implemented for residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a resident is in a health care facility.

Examples of Droplet Precautions include:

- Placing ill residents in a private room. If a private room is not available, place (cohort) residents suspected of having influenza residents with one another;
- Wear a facemask (e.g., surgical or procedure mask) upon entering the resident's room. Remove the facemask when leaving the resident's room and dispose of the facemask in a waste container.
- If resident movement or transport is necessary, have the resident wear a facemask (e.g., surgical or procedure mask), if possible.

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Summary

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- Communicate information about patients with suspected, probable, or confirmed influenza to appropriate personnel before transferring them to other departments.

These Precautions are part of the overall infection control strategy to protect against influenza in health care settings and should be used along with other infection control measures, such as isolation or cohorting of ill residents, screening employees and visitors for illness, furloughing ill health care personnel, and discouraging ill visitors from entering the facility.

Administer influenza antiviral treatment and chemoprophylaxis

All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately. Treatment should not wait for laboratory confirmation of influenza. Antiviral treatment works best when started within the first 2 days of symptoms. However, these medications can still help when given after 48 hours to those that are very sick, such as those who are hospitalized, or those who have progressive illness. Two influenza antiviral drugs are currently recommended for use against circulating influenza viruses. These are oseltamivir, available as a pill or suspension, and zanamivir, available as an inhaled powder using a disk inhaler device. It should be noted that some long-term care residents may have difficulty using the inhaled device. The recommended dosing and duration of antiviral treatment is twice daily for 5 days. Longer treatment courses for patients who remain severely ill after 5 days of treatment can be considered. Having preapproved orders from physicians or plans to obtain orders for antiviral medications on short notice can substantially expedite administration of antiviral medications.

All eligible residents in the entire long-term care facility (not just currently impacted wards) should receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined. When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis to all non-ill residents, regardless of whether they received influenza vaccination during the previous fall. Priority should be given to residents living in the same unit or floor as an ill resident. However, since staff and residents may spread influenza to residents on other units, floors, or buildings of the same facility, all non-ill residents are recommended to receive antiviral chemoprophylaxis to control influenza outbreaks. Antiviral chemoprophylaxis is meant for patients and residents who are not exhibiting influenza-like illness but who may be exposed or who may have been exposed to an ill person with influenza, to prevent transmission. Use of antiviral drugs for chemoprophylaxis of influenza is a key component of influen-

za outbreak control in institutions that house residents at higher risk of influenza complications. While highly effective, antiviral chemoprophylaxis is not 100% effective in preventing influenza illness. CDC recommends antiviral chemoprophylaxis for a minimum of 2 weeks, and continuing for at least 7 days after the last known case was identified. While CDC recommends judicious use of antiviral medications for chemoprophylaxis to reduce the possibility of development and spread of antiviral resistant influenza viruses, chemoprophylaxis may be considered for all employees, regardless of their influenza vaccination status, if the outbreak is caused by a strain of influenza virus that is not well matched by the vaccine. Antiviral chemoprophylaxis should also be considered in personnel for whom influenza vaccine is contraindicated.

Consider the following additional measures to reduce transmission among residents and health care personnel:

- Have symptomatic residents stay in their own rooms as much as possible, including restricting them from common activities, and have their meals served in their rooms when possible.
- Limit the number of large group activities in the facility and consider serving all meals in resident rooms if possible when the outbreak is widespread (involving multiple units of the facility).
- Avoid new admissions or transfers to wards with symptomatic residents.
- Limit visitation and exclude ill persons from visiting the facility via posted notices. Consider restricting visitation by children during community outbreaks of influenza.
- Monitor personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from work until at least 24 hours after they no longer have a fever.
- Restrict personnel movement from areas of the facility having illness to areas not affected by the outbreak.
- Administer the current season's influenza vaccine to unvaccinated residents and health care personnel as per current vaccination recommendations.

For a complete reference to the above CDC resource information refer to the below link:

<http://www.cdc.gov/flu/professionals/infectioncontrol/lc-facility-guidance.htm>

Governor Nathan Deal and Representative Matt Hatchett Visit Gayco



On October 21, 2014 Governor Nathan Deal and Representative Matt Hatchett toured Gayco. CEO/President Bent Gay explains Gayco's automation system to them.

PLEASE NOTE

Doctor or nurse agent of doctor must write LTCF on any C-II prescription before it is faxed to Gayco Healthcare.

Per a recent communication with the Georgia Drugs and Narcotics Agency practitioners prescribing C-IIs must write LTCF on the prescription.

Email sent (1/15/2015):

Mr. Allen, Georgia Board of Pharmacy rule 480-22-.04 requires that the practitioner, or practitioners agent, writes LTCF on the face of a C-II prescription that is faxed so that fax can act as an original prescription and we can dispense without the original but DEA 21 CFR Sec 1306.11 (f) does not require the practitioner or practitioner agent to write LTCF on the prescription. It only requires that it be for a long term care resident. We are a long term care pharmacy, and it is hard to get the practitioner to include all of the elements. If we receive a CII prescription that is for a resident in one of our long term care facilities, can the pharmacist write LTCF on the prescription, if it is not included by the practitioner or practitioner's agent? Thank you, Bent

Reply email (1/16/2015):

Mr. Gay: Our rule stands alone b/c we have had multiple pharmacist abuse the privileges given by DEA in regards to LTCF prescriptions. GDNA cannot grant an exemption to that rule. You need to either apply for a rule waiver to the board of pharmacy, or petition the board to amend the rule to specifically allow pharmacists to write LTCF on Rx's instead of the practitioner as now required by the rule.

C. Richard (Rick) Allen, R.Ph.
GDNA



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