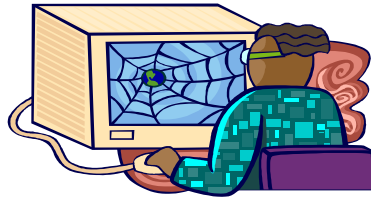




## Thoughts to Ponder . . .

- \* How can I earn CE credits on-line at Chartwell?
- \* What are the new recommendations for the influenza vaccination?
- \* What are some key factors in teaching the older client at home?
- \* Who are candidates for intravenous Boniva?
- \* **Earn CE credits** by reading this newsletter—complete attached forms (participant data form, post test and evaluation and e-mail to khammond@chartwell.dsi.com

## Continuing Education (CE) Highlights



WE are excited to announce that a selection of our self-study programs have made their way over to the Chartwell website at <http://www.chartwelldsi.com>. Go to [Continuing Education](#) and click!!! You will then be able to view the current programs by clicking on [View Online Self Study Activity Offerings](#).

The following programs are currently available :

- Cultural Awareness for Clinicians
- Nutrition Screening & Assessment
- Parenteral Nutrition
- Enteral Nutrition

These programs have been approved for continuing education credit for nurses and case managers. In addition, Cultural Awareness without CE credits is available on a power point presentation to meet the needs for ACHC.

Other programs are being loaded as we write this article. We would like to thank **Pat Egan** for all of his

expertise and support in this transition process!

How does it all work?

You can go to the website and complete a Course Request Form which will be sent to Kathy Hammond. Once the request is received, you will receive a password to access the self-study learning activity. Once the program is completed, you will e-mail the participant data form, pre and post test, and evaluation back to (or you can still mail it to her) and a certificate will be sent to you.

If you have any questions, please let Kathy know.

## Seasonal Influenza

In the United States (U.S.), epidemics of influenza normally are seen during the winter months of the year. Approximately 36,000 people die each year from influenza. Infection rates are the highest among children. On the other hand, people aged 65 years or older, those less than 2 years of age and those who have medical conditions have higher rates of serious illness and death due to complications from the flu.

Influenza A and B strains are the two viruses that commonly occur in the U. S. population. The first infections usually occur in mid-October and can still be isolated through the following May. Different strains of each are noted during a particular year. New vaccines are manufactured each year since Influenza A and B undergo continuous antigenic changes. The type of strains that are most likely to circulate and what vaccine may best provide a protective immunity are

determined by serotyping influenza strains collected around the world along with laboratory tests of cross-neutralization with sera from infected ferrets and humans. From this process, three strains are recommended for use in a vaccine: an influenza A/H1N1 strain, an influenza A/H3N2 and an influenza B strain.

Annual influenza vaccination is recommended for the following persons:

- ◆ Children aged 6-59 months;
- ◆ Women who will be pregnant during the influenza season;
- ◆ Those 50 years of age or older;
- ◆ Children and adolescents (6 months—18 years of

age) who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza infections

- ◆ Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma (hypertension is not considered a high-risk condition);



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## Seasonal Influenza (cont.)

- ◆ Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic disease (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunodeficiency (including immunodeficiency caused by medications or by human immunodeficiency virus);
- ◆ Adults and children who have any condition (e.g. cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders), that can compromise respiratory function or the handling of respiratory secretions, or that can increase the risk for aspiration;
- ◆ Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions;
- ◆ Persons who live with or care for persons at high risk for influenza-related complications, including healthy household contacts and caregivers of children aged 0-59 months; and
- ◆ Health-care workers. (Centers for Disease Control, (CDC) 2006).

The 2006 recommendations include the following updates: Recommending influenza vaccination of children aged 24-59 months and household contacts and out-of-home caregivers, the importance of administering two doses of influenza vaccine for children age 6 months to less than 9 years of age who were previously vaccinated, expanding the vaccine campaign, developing contingency plans if the supply is delayed or reduced, reminder to offer the influenza vaccine to patients throughout the flu season, recommending that neither amantadine nor rimantadine be used for the treatment or prevention of influenza A in the U.S. until evidence of susceptibility to these antiviral medications is re-established, and using the 2006—07 trivalent influenza vaccine virus strains.

The influenza vaccine is available in two forms: inactivated influenza viral vaccine (TIV) and live attenuated vaccine (LAIV). The inactivated influenza vaccine is administered intramuscularly and contains killed viruses and does not produce any signs or symptoms of influenza virus infection. On the other hand, LAIV, administered intranasally by sprayer, contains live, attenuated viruses which can produce mild signs or symptoms related to the influenza virus infection. LAIV is more expensive compared to TIV but will decrease in cost for this season as compared to last season. Usually the LAIV is approved for use among healthy persons aged 5-49 years. There are specific recommendations for who should receive what type of vaccination (see Inactivated Influenza Vaccine Recommendations; and Live, Attenuated Influenza Vaccine Recommendations by the CDC at <http://www.cdc.gov>)

Antivirals can be effective in the prevention and treatment of seasonal influenza. There are four influenza antiviral agents available in the U.S.: amantadine, rimantadine, zanamivir, and oseltamivir. Influenza A virus resistance to amantadine and rimantadine can occur rapidly during the treatment and the Advisory Committee on Immunization Practices (ACIP) recommends that neither drug be used for the prevention or treatment of influenza A in the U.S. until susceptibility to these antiviral medications has been re-established among circulating influenza A viruses.

On the other hand, oseltamivir and zanamivir can be given if antiviral prevention or treatment for influenza is required. Oseltamivir is approved for the prevention and treatment for those one year of age or older while zanamivir is approved for preventions in those 5 years of age or older and treatment for those 7 years of age or older.

As far as the Avian Influenza, pathological strains (H5N1, H7N2, H9N2, H7N3, H7N7) there is no commercial influenza vaccine available at the present time. There is however, an investigational H5N1 vaccine that has been reported to be safe.

Influenza vaccination has been a great asset in fighting and alleviating possible severe complications associated with the flu. Research is still needed however, to develop a more immunogenic influenza vaccine for the elderly. Additional studies are needed to study the relative cost-effectiveness and cost utility of influenza vaccination among children and adults, especially those less than age 65.

### References:

Centers for Disease Control: <http://www.cdc.gov>

Seasonal Influenza: Prevention with Influenza Vaccines. Targonski PV and Poland GA. Medscape, 9-29-06.

Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR, 55, 2006.

Influenza Vaccination Update. American Journal of Nursing 106 (10), 30-31, October, 2006.

Medical Letter, October 9, 2006, Volume 48 (1245).

## Patient Education: Teaching the Older Adult at Home

From Polzien G. *The ABCs of Teaching Older Adults: Implications for Home Care and Hospice*. *Home Healthcare Nurse* 24(8), p.487-489, 2006.



It is estimated that by the year 2030 more than 70 million people will be over the age of 65 and most will be over the age of 85.

Many elderly patients are electing to stay at home to receive their health care needs rather than going to nursing homes or other long-term living facilities. At home, spouses are taking care of each other. Take for example Mr. Smith, a 76-year old who is a retired electrical/construction worker. Mr. Smith is the primary caregiver for his wife of more than 50 years. Mrs. Smith is status post gastrostomy tube placement for which she will receive a continuous tube feeding via pump. She recently completed surgery, chemotherapy and radiation treatment for head and neck cancer.

Once the Smiths are at home, Mr. Smith feels overwhelmed at first, knowing that he will be responsible for his wife's care.

Of course, how Mr. Smith is feeling is normal. It is a new experience and it is very different from what he is used to. In educating older adults, it is important to remember that they can be affected by alterations in physical, cognitive and psychological functions.

When teaching an older client, helpful strategies include the following:

Assessing relationships between the caretakers and patient to determine success of the therapy at home as well as who to include in the teaching sessions. The potential learners should have the ability to follow and carry out recommendations for daily care. Participation and feedback from the learner or learners is important to sense accomplishment and stimulate further learning. An assessment of coping mechanisms is necessary in order to address alternative mechanisms, if necessary.

Teaching sessions should be planned when the learner is rested and relaxed. The physical area for teaching should be well lighted area. Visual aids should be printed in a fairly large print (size 14-16 font size) and not all typed in capital letters.

Try to use a standard font style such as Arial, New Century Schoolbook, or Bookman for easy reading. Be sure to use adequate spacing as well between words and lines. If a person wears glasses or contacts, make sure they have them on during the teaching session. The teaching environment should be free of noise, especially background noises, if the learner has a hearing deficit.

Educational tools can and should be used when possible. A video demonstration is useful as well as any booklets or diagrams. In this case, Mr. Smith makes a flow diagram demonstrating the feeding regimen.

During the session, speak slowly and face the learner. Occasionally, ask questions and have the learner repeat what you have just taught them to assess their level of comprehension. Teaching sessions are more successful if kept short and time is allowed for breaks. As we age, more time is required to process information. At the end of each teaching session, summarize the material taught with a summary sheet. Allow time for questions. In most cases, if a skill is being taught such as in this case, a feeding tube and pump, make sure there is a demonstration and return demonstration for all components. Extra time will be needed to learn the pump. Also give trouble shooting scenarios as well, so the learner feels comfortable in case an alarm goes off when the nurse is not there.

Of course teaching and learning are evaluated. Outcomes must be met in order to be successful. Outcomes to assess may include caregiver satisfaction with care, the use of educational tools incorporated into care, compliance with prescribed care, adequate assessment parameters, and effectiveness in care management and trouble-shooting. In the Smiths' case, Mr. Smith was satisfied with the care he was giving. He was able to use tools such as a flow chart he developed with the nurse and video. Compliance was reflected by adhering to the feeding schedule. Mrs. Smith was adequately hydrated and nourished as evidenced by weights and lab work, and her feeding tube site was without any redness, infection or other complications. Psychologically, both Mr. and Mrs. Smith felt good about the care and were able to live in their own home with familiar surroundings and friends.

## Drug Update-Boniva

Ibandronate (Boniva) (Roche) is the first intravenous (IV) biphosphonate approved by the FDA for treatment of osteoporosis in postmenopausal women.

Other oral biphosphonates approved for the prevention and treatment of osteoporosis include Fosamex and Actonel which are taken weekly or daily. These drugs must be taken with 8 ounces of plain water after an overnight fast and remain NPO (except for water) for 30-60 minutes sitting upright.

Zoledronic acid (Zometa) and pamidronae (Aredia) are parenteral biphosphonates used to treat hypercalcemia of malignancy and multiple myeloma. Zometa and Aredia have been used off-label to treat postmenopausal osteoporosis.

Newly approved Boniva works by inhibiting osteoclast activity and reducing bone resorption and turnover. As a result, bone mass increases.

Boniva is administered by a bolus injection once every 3 months. It is also available in oral form to be given as a once-a-month 150-mg tablet or as a 2.5-mg tablet daily.

IV Boniva may be useful for those women with esophageal abnormalities and for those who find it a challenge to remain upright 30-60 minutes after oral administration.

Adverse effects of IV Boniva include acute reactions including fever, joint pain and/or myalgia which are most frequently associated with the first dose. Dyspepsia and abdominal pain have been reported as well. Other reactions reported with other biphosphonates include jaw osteonecrosis (especially with high doses of IV form in patients with bone cancer), severe musculoskeletal pain and ocular inflammation.

Boniva is available in a 3 mg/3mL, single-use, prefilled syringe. Patients treated with biphosphonates for osteoporosis are recommended to take a calcium and vitamin D supplement. This drug is not recommended for those with severe renal impairment. Proper assessment of creatinine is necessary before each dose.

Sources: The Medical Letter. Volume 48 (1241/1242), August, 2006, p. 68-69.

Woo SB, et al. Systematic Review: Bisphosphonates and Osteonecrosis of the jaws. *Ann Intern Med* 2006;144:753.

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*Information contained in this newsletter is meant to serve as an educational tool. As always, clinical judgment should be exercised in determining the appropriate therapy for specific cases.*



### Upcoming Meetings:

<b>November 17</b>	<b>Autoimmune Diseases of Connective Tissue Washington DC</b>
<b>November 18 –19</b>	<b>Fall National Academy of Infusion Nursing Washington DC</b>
<b>December 3-7</b>	<b>41st Annual Midyear Meeting of the American Society of Health System Pharmacists Anaheim, CA</b>
<b>January 28-31, 2007</b>	<b>Nutrition Week American Society for Parenteral and Enteral Nutrition Phoenix, AZ</b>

### A Nutrition Note



Did you know that 100 calories a day can make a difference in maintaining a healthy weight versus gaining weight? According to the University of California Wellness Letter, the average American gains two pounds a year. It takes 3,500 calories to equal one pound so a two pound gain per year means that the average American is eating a mere 19 calories per day extra. But when you look at the incidence of excess weight in the U.S., it is easier to think in terms of 100 extra calories per day. How can you avoid falling into to this trap? A few simple changes can help make a difference: substituting tuna packed in water for tuna packed in oil, eating one cup of whole grain cereal instead of two, replacing whole milk with skim milk or even 1% milk, flavoring cold refreshing water with a lemon or lime instead of reaching for the sugar soda, and replacing your sugary high carbohydrate mid-afternoon snack with a low-fat, sugar free or low sugar yogurt which provides protein to get you through the afternoon to dinner. Or, maybe just eat half of a favorite snack so you can still enjoy your treat without all of the extra calories and fat.

Another important part of your day is to fit in some type of exercise. It does not have to be formal by any means. Walk up a flight of stairs during your break, take a walk out in the fresh autumn air, stretch for 3 minutes at your desk, do leg lifts while sitting—JUST MOVE!! Five minutes of exercise is better than none. Five minutes three to four times a day makes a world of difference, both mentally and physically. Be sure to check with your medical professional before starting any exercise program.

Remember a few bites here and a few bites there without any exercise allows a weight gain of about 10 pounds in 5 years!!

Reference: The American Dietetic Association Tips of the Day. A Simple 100 Calories a Day can be the difference in Weight Management versus Weight Gain. <http://www.eatright.org>

### Quick Fix Country Soup

- 1 pound ground turkey meat browned and drained
- 32-64 ounces low sodium vegetable juice (depending on desired consistency)
- 14 ounces low sodium beef broth
- 1 (14.5 ounces) can sliced potatoes with liquid
- 2 cups frozen mixed vegetables of choice
- 1 can (14.5 ounces) diced tomatoes (no added salt) with liquid



#### Directions:

1. In a large pot, combine all ingredients. Bring to a boil. Let simmer.
2. Serve with a low-fat whole grain piece of bread or toast.

Makes approximately 10 –1 1/2 cup servings (if using 32 ounces vegetable juice). Freeze the extra in airtight freezer container.