# **Pathway Pearls**



# Patient Education Resources Heart Failure & COPD

Who, What, When, Where, Why, How?



## Learning Objectives



- Recognize priority patient learnings
- Identify available HF/COPD pt education resources
- Discuss logistics of education resources availability
- Share site experiences
- Identify 2 Pathway Pearls to assist implementation

## **Outline**



- Best Practice Recommendations
- COPD Patient Education (Donna Nelson RRT II)
- Heart Failure Patient Education (Jennifer Penner RN, BScN, CCRN)
- Group Discussion:

Who: Orders the resource?

What: COPD / HF patient education resources should be used?

When: Should they be provided/reviewed with the patient?

Where: Should they be stored?

Why: Start education while in hospital?

How: Do you record when patient education is completed?

Wrap Up

### Recommendations



**COPD:** Controversy- is there a benefit to COPD pt education?

- Rehab works, education alone show little benefit
- Education + case manager + action plan works
- feffect if includes motivational interview-based health coaching
   GOLD 2017 Report; CTS 2017 Recommendations

Heart Failure: weak recommendations / low-quality evidence

- Restrict dietary salt intake
- Daily weight monitoring

Restrict daily fluid intake ......

CCS 2017 HF Guidelines

#### Presentation

Edmonton

COPD Patient Education:

 Donna Nelson RRT II
 Clinical Lead for ER/Medicine/Surgery
 Grey Nuns Community Hospital

HF Patient Education:
 Jennifer Penner RN, BScN, CCRN
 Instructor, Heart Function Clinic
 Lethbridge

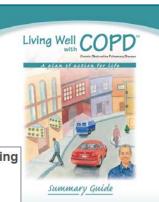
## Sample Resources

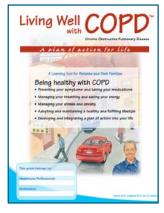












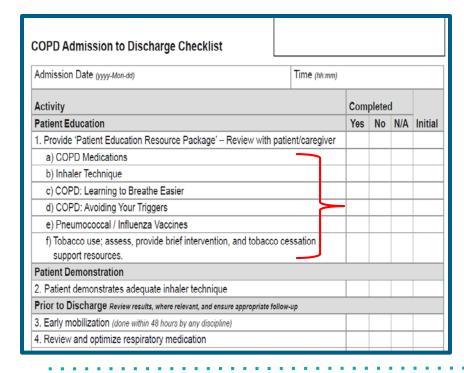


Calgary COPO & Asthma Program			COPD	Medications	Alberta Health Services		
Reliever m needed	Airomir <sup>a</sup> Bricanyl <sup>a</sup> Selbutamol Ventolin <sup>a</sup>	My Dose	what it bees  • Relayes muscles in the airvays • Works within minutes when needed • Used before activity to prevent attacks	Side Effects*  - tremor(hands shake) - fact heart rate - nervousness - headsche - weatens/dizziness - sweating	Keep with you at all times for use  During lung attacks/flare-ups  Episodes of shortness of breath  Episodes of difficulty breathing  Use space with all MOIs*		
later	Tudorza <sup>a</sup> Seebri <sup>a</sup> Spiriva <sup>a</sup> Incruse <sup>a</sup>		Relaises muscles in the ainways	dry mouth/threat     constigation     trouble urinating     headache	Avoid getting the powder in your eyes     Avoid getting Respirat mist in your eyes     If trouble urinating, stop medication and see your Doctor		
Broached 9	Serevent <sup>®</sup> Onbrez <sup>®</sup> Oxece <sup>®</sup> Striverd <sup>®</sup>		Relaxes muscles in the airways	headache     tremor(hands shake)     foot heart rate     muscle cramps	Varied orset		
Long activi	Anoro* Duálir* Inspiolo* Ulbbro*		Relaves muscles in the airways	dry mouth/throat     trouble urinating     headsche     tremor (hands shake)     fast heart rate     muscle cramps	2 medications in one device     Once daily usage     Avoid getting the powder/Mat in your eyes		

## **Documentation - COPD**



# Admission to Discharge Checklist



COPD Discharge Management Plan					
COLD Discharge management Flan					
COPD Education Resource Package (Include all handouts identified)					
COFD Education Nesource Fackage (include all nandouls identified)					
Bring this Management Plan with you to your next visit	Handout				
Nutrition Dietitian referral □ No □ Yes ▶ Phone					
Activity		D: Learninզ			
☐ Practice breathing and coughing techniques to help when you feel short of breath	to Br	eathe Easi	er		
☐ Use body positions and energy conserving methods to help prevent feeling short of breath		☐ COPD: Avoiding Your Triggers			
Medication Prescription □ No □ Yes	□ COPD				
Discharge medication list faxed to community pharmacy   No Yes (Talk to your doctor or pharmacist before taking any non-prescription or herbal medicines)	Medi	cations			
Treatments	☐ Inhal	☐ Inhaler technique:			
☐ Be sure to use your inhaler properly.	Devid	ces			
Personal Assessment Checklist - Patient to complete					
Please review the statements below and check the appropriate box beside	☐ Albe	rtaQuits			
each item. Please ask staff for help if you answered NO to any item	☐ Flip	Into Action			
		Yes	No		
1. A staff member watched me use my inhalers and spacers to see if I was doi	ng it correct	У			
2. I feel confident using my inhalers					
3. My respiratory medicines were explained to me					

Discharge Management Plan

### **Documentation - HF**



# Admission to Discharge Checklist

Heart Failure Admission to Discharge Checklist						
Please complete the following activities related to Heart Fallure (Hi column as each item is addressed for the patient and/or caregive incomplete and when necessary.						
Admission Date (yyyy-Mon-dd)		Time (hhmm)				
Activity				Completed		Initial
Patient Education			Yes	No	N/A	IIIIuai
Provide 'Patient Education Resource Package' – Review with patient/caregiver						
a) Heart Fallure Management Guide						
b) Nutrition and Lifestyle Choices to Manage HF						
c) Daily Weight Monitoring						
d) Weight Chart						
e) Signs and Symptoms		7				
f) Benefits of Low Salt (Sodium) Diet						
g) Tobacco use; assess and provide tobacco cessation suppo	ort res	ources.				
h) Heart Fallure Medicines						

Heart Failure Discharge Management Plan	
Heart Failure Education Resource Package (all handouts identified)	
Heart Failure Education Class (if available)	
Bring this Management Plan with you to your next visit	Handout
Nutrition A salt restricted diet of 2000 mg daily is strongly encouraged (1 tsp = 2300 mg or 2.3 g)	☐ Benefits of Low Salt Diet
Dietitian referral ☐ No ☐ Yes ▶ Phone	
Activity Regular physical activity is part of the recommended treatment for Heart Failure (HF)	☐ HF Management Guide
Medications         Prescription         □ No         □ Yes           Discharge medication list faxed to community pharmacy         □ No         □ Yes	☐ HF Medicines
Treatments  □ Daily Weight  - Empty bladder, wear same amount of clothing, weigh before breakfast, record your weight  - Recognize the signs of fluid buildup: Gaining 2 lbs (1 kg) in 2 days or 5 lbs (3 kg) in one week; Swelling in your feet and legs; Bloating of your belly; Increased shortness of breath  □ Monitor for signs and symptoms of heart failure  Weight gain, swelling, shortness of breath, fatigue/confusion, persistent coughing or wheezing, heart palpitations, chest pain (anaina)	□ Daily Weight Monitoring □ Weight Chart □ Signs and Symptoms □ Chronic HF Action Plan (green/yellow/red) □ Nutrition and Lifestyle Choices to Manage HF

## Discharge Management Plan



Participants are encouraged to participate in session talks.

If you would like us to ask your question, please email during session to:

hfpathway@ahs.ca