

CENTRAL PA HEALTH CARE QUALITY UNIT NEWSLETTER FOR HEALTHY OUTCOMES

May 2010 - Volume 10, Issue 5

a monthly newsletter provided by the Central PA Health Care Quality Unit

M.C. 24-12,100 North Academy Avenue, Danville, Pa. 17822 Phone: (570) 271-7240 Fax: (570) 271-7241

Website: <http://www.geisinger.org/bcqu>

CAFFEINE

People have enjoyed caffeinated beverages since ancient times. As long ago as 2,700 B.C. the Chinese Emperor Shen Nung sipped hot brewed tea. Coffee's origins date back to 575 A.D. when in Africa beans were used as money and consumed as food.

Caffeine is naturally occurring in the leaves, seeds or fruits of more than 63 plant species worldwide. The most commonly known sources of caffeine are coffee and cocoa beans, cola nuts and tea leaves. The amount of caffeine in food products varies depending on the serving size, the type of product and preparation method. With teas and coffees, the plant variety also affects caffeine content. The reason caffeine is added to some soft drinks is for its flavor characteristics. The level of caffeine is regulated and its presence clearly labeled when added.

Depending on the amount consumed, caffeine can be a mild central nervous and cardiovascular system stimulant. Caffeine does not accumulate in the body over the course of time since it is usually and normally metabolized and eliminated within several hours of consumption. Thus, the pharmacological effects of caffeine are usually brief, passing within hours.

People differ greatly in their sensitivity to caffeine and this may change with advancing age. Some people may experience feelings of nervousness if they consume more caffeine than they are accustomed to. When regular caffeine consumption is abruptly stopped, some people experience symptoms, such as headaches, fatigue or drowsiness. These effects are typically temporary, lasting for a few days, and may be avoided if caffeine cessation is gradual. Those who feel unwanted effects, such as insomnia and jitteriness, tend to ease off their caffeine consumption. If the effects remain, a healthcare provider may be consulted.

As long as there are questions regarding the safety of food and food ingredients, researchers will continue to look for answers and, indeed, there are many studies in progress. Yet there is no shortage of research on the health effects of caffeine. The overwhelming scientific evidence on this ingredient shows that moderate caffeine consumption (around 300 mg) is considered safe, although it is recommended that pregnant women limit their consumption of a caffeine equivalent to 1 to 2 cups coffee.

WHAT PRODUCTS CONTAIN CAFFEINE AND HOW MUCH?

ITEM	MILLIGRAMS OF CAFFEINE	
	TYPICAL	RANGE*
Coffee (8 fl. oz. Cup)		
Brewed, drip method	85	65 - 120
Brewed, percolator	75	60 - 85
Decaffeinated, brewed	3	2 - 4
Espresso (1 fl. oz. serving)	40	30 - 50
Teas (8 fl. oz. cup)		
Brewed	40	20 - 90
Instant	28	24 - 31
Iced (8 fl. oz. glass)	25	9 - 50
Some soft drinks (8 fl. oz.)	24	20 - 40
"Energy drinks"	80	0 - 80
Cocoa beverage (8 fl. oz.)	6	3 - 32
Chocolate milk beverage (8 oz.)	5	2 - 7
Milk chocolate (1 oz.)	6	1 - 15
Dark chocolate, semi-sweet 1oz	20	5 - 35
Chocolate-flavored syrup (1 oz)	4	4
*For the coffee and tea products, the range varies due to brewing method, plant variety, brand of product, etc.		
Source: U.S. Food and Drug Administration and National Soft Drink Association		

INSIDE THIS ISSUE

1	Caffeine
2	A Primer on Cholesterol
3	GERD
4	Documentation Do's and Don'ts

The information offered in this newsletter is to increase your awareness of health related conditions and situations and not intended to be a substitute for professional medical advice. If you believe you or someone you support has a condition, please seek the advice of a physician

A Primer on Cholesterol

From Health Ink & Vitality Communications

Cholesterol. You've heard about it for years, but what is it and what does it do? It is a soft, waxy substance found in all of your body's cells and in the blood. It is used by your body to make many hormones, vitamin D and bile acids, which help digest fat. Your body needs only a small amount of cholesterol to accomplish these tasks. Any excess cholesterol is deposited in the arteries.

Over time, this buildup causes "hardening of the arteries," so that the arteries become narrowed and blood flow to heart, brain, and other organs is slowed down or blocked. The blood carries oxygen to these organs. If enough blood and oxygen cannot reach your heart, you may suffer chest pain. If the blood supply to a portion of the heart or brain is completely cut off by a blockage, the result is a heart attack or a stroke.

Cholesterol has to be carried to and from cells in the body by substances in the blood called lipoproteins. Lipoproteins come in several types. Important ones are low-density lipoprotein (LDL), high-density lipoprotein (HDL), and triglycerides. LDL is often thought of as "bad cholesterol." It carries most of the cholesterol, as well as triglycerides and other fat molecules, in the blood. If too much LDL cholesterol circulates in the blood, it can slowly build up in the walls of the arteries leading to the heart and brain. There, it can form plaque, a thick deposit that can clog the arteries. Higher levels of LDL cholesterol put a person at higher risk for heart disease. LDL levels above 160 mg/dL are considered high, according to the American Heart Association (AHA), although levels below 100 mg/dL are considered optimal.

HDL is often called "good" cholesterol." It carries cholesterol from cells to the liver. The liver then eliminates this cholesterol from the body. HDL also may pull cholesterol from plaques that have built up in the arteries. Normal HDL levels are 40 to 50 mg/dL in men and 50 to 60 mg/dL in women, according to the AHA. Higher HDL levels appear to reduce the risk of heart attack and stroke.

Triglycerides are a form of fat in the body. Most of these are stored in fat tissue, with only a small amount circulating in the blood. A high triglycerides level may put you at risk for developing heart disease. A normal triglyceride level is less than 150 mg/dL.

Like high blood pressure, high cholesterol levels do not cause symptoms. That's why it's important to find out what your cholesterol levels are. If you have high cholesterol and triglyceride levels, you can take steps to lower them and reduce your risk of developing heart disease. If you already have heart disease, you can reduce your risk of dying of heart disease by lowering your cholesterol levels.

The AHA recommends that everyone 20 and older have his or her cholesterol checked at least once every five years. It's best to have a blood test called a lipoprotein profile or lipid profile to find out your levels. This blood test is done after you have fasted for nine to 12 hours. The test will determine your total cholesterol; your LDL cholesterol; your HDL cholesterol; and your triglycerides. The best total cholesterol level is under 200 mg/dL. Borderline high levels are 200 to 239 mg/dL. High is considered 240 mg/dL and higher.

The main goal of cholesterol-lowering treatment is to lower your LDL level enough to reduce your risk of developing heart disease or having a heart attack. The higher your risk, the lower your LDL goal will be. There are several methods used to reduce high cholesterol levels, including following a healthy diet, getting plenty of exercise, and achieving a healthy weight. Drug therapy is also available. Talk to your doctor to see if such therapy might be appropriate for you.

The American Heart Association recommends choosing lean meats and poultry without skin and preparing them without added saturated and trans fat, and using low-fat, 1 percent fat, and fat-free dairy products. Protein from animal products can be partially replaced by protein from vegetables, such as beans.

Dropping extra pounds if you're overweight can help lower your LDL level, the National Heart Lung and Blood Institute (NHLBI) says. This is especially important if you have a high triglyceride level or low HDL level and your waist measurement is more than 40 inches for men or more than 35 inches for women.

Physical activity is another important component in lowering cholesterol, according to the NHLBI. It can boost HDL cholesterol levels and reduce the risk for heart disease. Exercise also often helps control weight, diabetes, and high blood pressure. These factors can also contribute to heart disease. Exercise is especially important if you have a high triglycerides level or low HDL level and a large waist measurement. You should try for 30 minutes of exercise on most, if not all, days.

GERD: The link between sleep and heartburn

From Health Ink & Vitality Communications

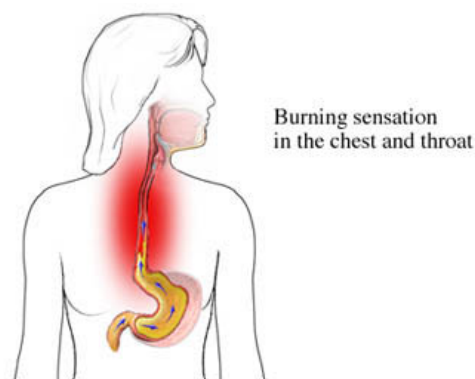
Nearly 80 percent of heartburn sufferers say they have heartburn during the night.

There is growing evidence that nighttime heartburn disrupts sleep. Many sufferers complain that they feel tired even after a full night's sleep, because they are unaware of their brief awakenings.

Although many people have occasional heartburn, sometimes heartburn can be persistent and frequent (occurring at least two times a week). In these cases, it is called gastroesophageal reflux disease (GERD). "Reflux" means to "flow back," and refers to the stomach acids that flow back into the esophagus in this disease. GERD that occurs at night is called nocturnal GERD.

A person with GERD feels a burning in the center of the chest (heartburn), but also may have belching, bloating, coughing, regurgitation, a bitter taste in the mouth and throat, and early feelings of fullness during meals.

GERD often occurs in people with the sleep disorder obstructive sleep apnea, and when it does, GERD can be severe. A person who has sleep apnea temporarily stops breathing many times during the night. Researchers don't know if GERD causes sleep apnea, if sleep apnea causes GERD, or if there are other reasons two conditions might occur in the same person.



If it persists, nocturnal GERD can damage the delicate lining of the esophagus. Although reflux episodes occur less frequently at night than during the day, the esophagus lining is exposed to the stomach's corrosive contents much longer at night. Reasons for this prolonged exposure include reduced production of saliva during sleep, less frequent swallowing and the lack of help from gravity in keeping stomach contents. Because of this, nocturnal GERD may be more damaging to the esophagus than daytime GERD.

Complications of nocturnal GERD include erosive esophagitis and the precancerous condition Barrett's esophagus, as well as esophageal cancer. All of these are more common in people who have nocturnal GERD.

If you have nocturnal GERD, you can take steps that may help ease the symptoms:

- *Eat meals at least two to three hours before lying down
- *Raise the head of your bed by six to eight inches
- *Avoid foods and beverages that give you problems (alcohol, carbonated drinks, etc.)
- *Lose weight if you are overweight

If lifestyle changes don't ease your nocturnal GERD, talk to your doctor. Drug therapy is available. Your doctor will be able to tell you if drug therapy is appropriate for you.



Please check out our **WEB BASED COURSES** at www.geisinger.org/hcqu If you have any questions, suggestions or problems, you can call Kristy Campbell at (570) 214-4753 or e-mail her at kacampbell@geisinger.edu.

DOCUMENTATION DO'S AND DON'TS

There are many advantages to having documentation. The important advantage is the benefit it offers the individual when it comes to continuity of care. A second, and also very important advantage is, the legal protection it can provide. It is very important to make sure your documentation is complete, correct, and timely.

Following are some **do's** and **don'ts** to keep in mind when you are documenting.

Do's

- Check that you have the correct record by verifying person's name, before you begin writing
- Write legibly
- Correct mistakes promptly and properly
- Check that the date and times you record are correct
- Record events promptly and accurately
- Use direct quotes
- Sign your name and title accurately

Don'ts

- ❖ Don't alter a person's record
- ❖ Don't use shorthand or unknown abbreviations
- ❖ Don't chart care or observations ahead of time
- ❖ Don't use labels to describe behavior, i.e. combative, non-compliant
- ❖ Don't criticize others or "air your dirty laundry" in the record
- ❖ Don't document names of other individuals in the record

If you must recopy an unreadable page, do the following:

- at the top of the page, identify that the notes were copied from an original and include the date of the original.
- retain the original page, never destroy it, and place it in the chart with the copied page.

Correcting a Mistaken Entry

Occasionally you make honest mistakes in a person's record. **To correct a simple error, draw a single line through the mistaken entry, write "mistaken entry" (do not write "error") above or next to it, specify the reason for the alteration, record the date and time and then initial the correction.** This shows that you have taken accountability for the mistake and are not hiding anything. **Don't try to squeeze corrected information around the original entry, and for goodness sake, don't ever use correction fluid.**

Documenting Late Entries

A late entry is better than not documenting care at all. Recording all the necessary patient information is more important than leaving the patient record incomplete. It is preferable to not leave long intervals between the chronological order of entries. It should be made within the time period permitted by the agency. Some pointers:

- Start your entry with the date and time you are writing it.**
- Label your entry "Late entry".**
- Do not try to insert the late entry at the top of an existing note.**
- Continue or start your late entry on the next available line.**
- Note the date and time you should have written the entry, and include your signature.**

Remember, that failure to comply with record-keeping requirements can result in liability-based negligence. Patient protection and doing no harm are the main priorities of all health care providers and institutions.