



Clinical Teach-Back Cards

TMF[®]

Health Quality Institute

*The Medicare Quality Improvement
Organization for Texas*

TMF Health Quality Institute focuses on improving lives by improving the quality of health care through contracts with federal, state and local governments, as well as private organizations. For nearly 40 years, TMF has helped health care providers and practitioners in a variety of settings improve care for their patients.

**Content subject to change*

Clinical Teach-Back Cards

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TEACH-BACK

"I want to make sure I explained this clearly.

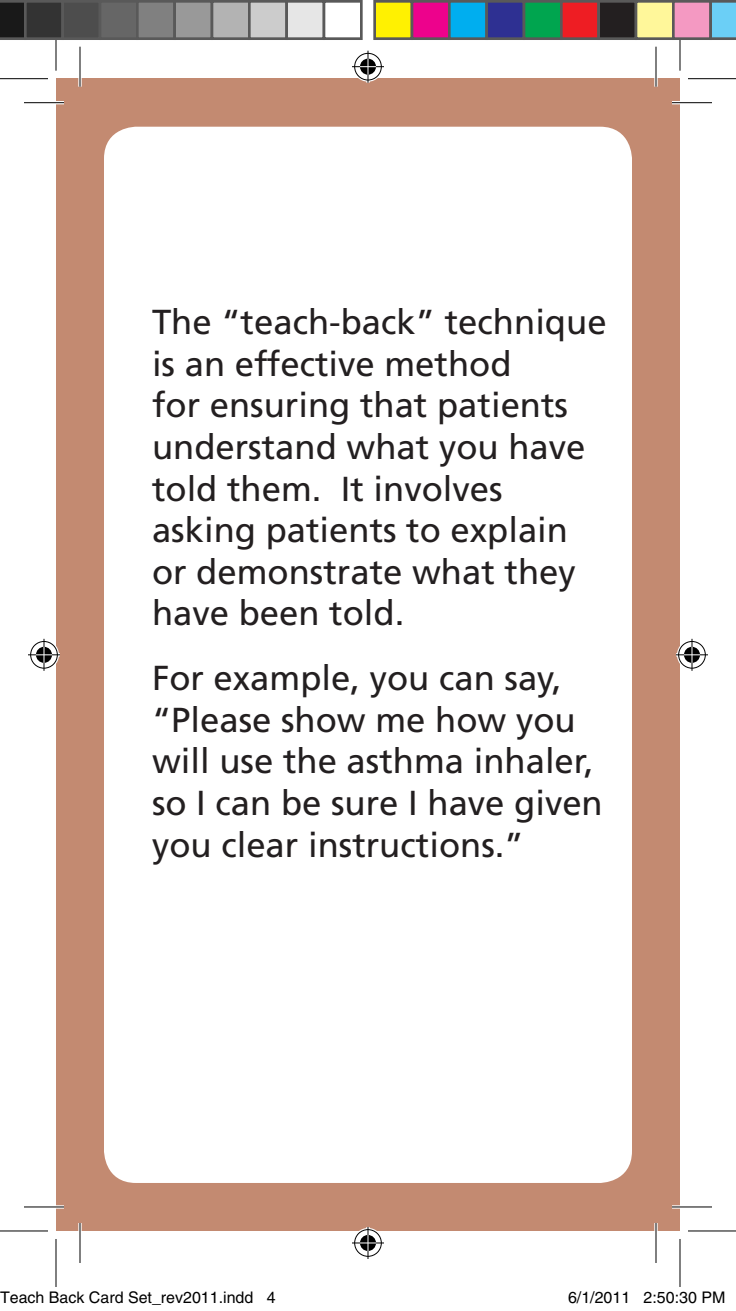

When you get back home in a few days, what will you tell your

[friend or family member]

about

[key point just discussed]?"

Do not ask the patient, "Do you understand?"



The “teach-back” technique is an effective method for ensuring that patients understand what you have told them. It involves asking patients to explain or demonstrate what they have been told.

For example, you can say, “Please show me how you will use the asthma inhaler, so I can be sure I have given you clear instructions.”



ANGIOTENSIN- CONVERTING ENZYME (ACE) INHIBITORS

These drugs improve symptoms and prevent symptoms from worsening by relaxing blood vessels, controlling fluid and slowing the progression of heart failure. You may receive one of these drugs in a combination tablet with other drugs.

Your doctor may slowly increase the dose over time to a level that is just right for you. Your doctor may also perform blood tests to make sure the drug is working properly for you.

Seek medical attention if you experience:

- Lightheadedness, dizziness, falls
- Swelling of the lips, throat, or eyes
- Skin rash
- New or persistent cough

ANGIOTENSIN- CONVERTING ENZYME (ACE) INHIBITORS

Angiotensin-converting enzyme (ACE) drugs:

- Accupril (Quinapril)
- Zestril, Prinivil (Lisinopril)
- Altace (Ramipril)
- Lotensin (Benazepril)
- Capoten (Captopril)
- Mavik (Trandolapril)
- Vasotec (Enalapril)
- Univas (Moexipril)
- Fosinopril (Monopril)
- Perindopril (Aceon)

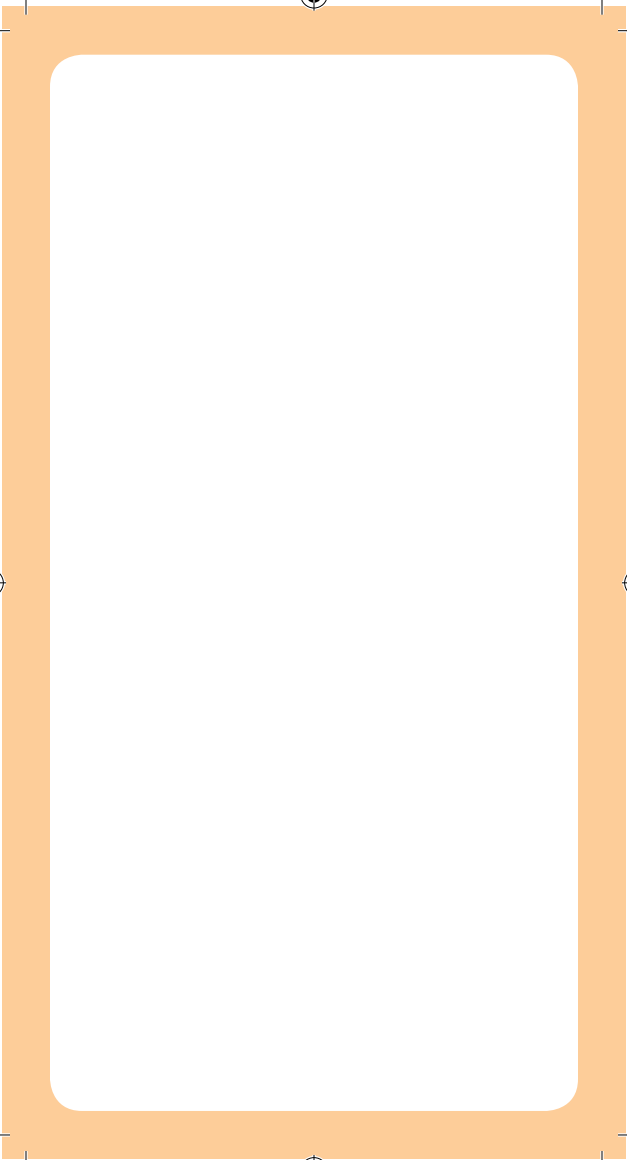


ACE-INHIBITORS

<i>GENERIC</i>	<i>BRAND NAME</i>
Benazepril	Lotensin
Captopril	Capoten
Enalapril	Vasotec
Fosinopril	Monopril
Lisinopril	Prinivil, Zestril
Moexipril	Univasc
Perindopril	Aceon
Quinapril	Accupril
Ramipril	Altace
Trandolapril	Mavik

COMBINATIONS

Accuretic	Quinapril / HCTZ
Captozide	Captopril / HCTZ
Lotrel	Benazepril / amlodipine
Prinizide, Zestoretic	Lisinopril / HCTZ
Tarka	Trandolapril / verapamil
Uniretic	Moexipril / HCTZ
Lotensin HCT	Benazepril + HCTZ
Vaseretic	Enalapril + HCTZ
Monopril HCT	Fosinopril + HCTZ
Lexxel	Enalapril + felodipine





ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)

These drugs are similar to angiotensin-converting enzyme (ACE) inhibitors, but are less likely to cause a bothersome cough. You may receive one in a combination tablet with other drugs. Your doctor may perform blood tests to make sure the drug is working properly for you.

Seek medical attention if you experience:

- Lightheadedness, dizziness, falls
- Swelling of the lips, throat or eyes
- Skin rash
- New or persistent cough

Angiotensin II receptor blockers (ARBs) drugs:

- Atacand (Candesartan)
- Diovan (Valsartan)
- Avapro (Irbesartan)
- Benicar (Olmesartan)
- Cozaar (Losartan)
- Micardis (Telmisartan)

ARB

<i>GENERIC</i>	<i>BRAND NAME</i>
Candesartan	Atacand
Eprosartan	Teveten
Irbesartan	Avapro
Losartan	Cozaar
Valsartan	Diovan
Olmesartan	Benicar
Telmisartan	Micardis

COMBINATIONS

Candesartan + HCTZ	Atacand HCT
Eprosartan + HCTZ	Teveten HCT
Irbesartan + HCTZ	Avalide
Losartan + HCTZ	Hyzaar
Olmesartan + amlodipine	Azor
Olmesartan medoxomil + HCTZ	Benicar HCT
Olmesartan medoxomil + amlodipine + HCTZ	Tribenzor
Telmisartan + amlodipine	Twynsta
Telmisartan + HCTZ	Micardis HCT
Valsartan + HCTZ	Diovan HCT
Valsartan + aliskiren	Valturna
Valsartan + amlodipine	Exforge
Valsartan + amlodipine + HCTZ	Exforge HCT



BETA BLOCKERS

These drugs control heart rhythm, relax the heart and slow the progression of heart failure. Do not crush or chew tablets unless directed to do so by your doctor. Do not stop taking the drug without medical supervision, because stopping too quickly can cause problems. If you have diabetes, be sure to closely monitor your blood sugar while taking beta blockers.

Seek medical attention if you experience:

- Trouble breathing
- Leg pain
- Chest pain
- Lightheadedness, dizziness or falls
- Worsening heart failure symptoms

Beta blocker drugs:

- Coreg (Carvedilol)
- Tenormin (Atenolol)
- Inderal (Propranolol)
- Zebeta (Bisoprolol fumarate)
- Metoprolol (Toprol XL, Lopressor)



BETA BLOCKERS

<i>GENERIC</i>	<i>BRAND NAME</i>
Atenolol	Tenormin
Bisoprolol fumarate	Zebeta
Carvedilol	Coreg
Labetalol	Normodyne, Trandate
Metoprolol	Lopressor, Toprol XL
Nadolol	Corgard
Pindolol	Visken
Propranolol	Inderal, Innopran XL
Sotalol	Betapace

COMBINATIONS

Inderide	Propranolol / HCTZ
Tenoretic	Atenolol / chlorthalidone
Ziac	Bisoprolol/HCTZ



DIGOXIN (LANOXIN)

This drug is used to help control heart rhythm and to make the heart beat stronger. Remember to take it exactly as prescribed by your doctor.

Seek medical attention if you experience:

- Nausea, vomiting
- Chest pain, palpitations or abnormal heart rhythm
- Changes in vision (see yellow or blue "halo" around objects)



ALDOSTERONE BLOCKERS

These medications are a special type of diuretic (water pill) that has been shown to improve the health of people with heart failure. Aldosterone is a hormone in the body that causes salt and fluid build-up. Aldosterone inhibitors block this hormone. While this type of medication may cause some increase in urination, its main action is to prevent fluid from building up.

Seek medical attention if you experience:

- Lightheadedness, dizziness or falls
- Breast enlargement (in men)

Aldosterone blocker drugs:

- Aldactone (Spironolactone)
- Inspra (Eplerenone)



DIURETICS

These medications help your body remove extra fluid by causing you to urinate more. Remember to stay close to a bathroom for approximately one hour after you take your medication, in case you should have to urinate.

Your doctor may have you take a diuretic every day, or may instruct you to take it more or less often. Make a point of talking to your doctor about how often you take your diuretics and how well they are working.

Seek medical attention if you experience that:

- You are not urinating as much as usual
- Your heart failure symptoms are getting worse
- Your weight has gone up more than two pounds in a day, or more than four pounds in a week
- Swelling has gotten worse
- You are dizzy, confused or fall
- You are experiencing palpitations, or skipped heart beats
- You have leg cramps, rash or change in hearing

DIURETICS

Caution: Taking extra diuretics without approval of your doctor or nurse can be harmful to your kidneys, especially to someone with diabetes.

If you have nausea/vomiting, diarrhea, or are unable to eat or drink, notify your health care provider. Your diuretic prescription may need to be adjusted before you become too dry (dehydrated).

Diuretic drugs:

- Bumex (Bumetanide)
- Zaroxolyn (Metolazone)
- Demadex (Torsemide)
- Lasix (Furosemide)
- Hydrochlorothiazide or HCTZ (Microzide, Esidrix)



VASODILATORS OR NITRATES

These drugs relax blood vessels and improve health in patients with heart failure. They are typically used in people who cannot take angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs), or in people who need additional medications to control blood pressure or chest pain.

Nitroglycerine and other nitrates are vasodilators and come in a variety of forms, including tablets, capsules and skin patches. Your doctor may also prescribe nitroglycerine used under the tongue for chest pain.

Nitrates may need special storage. Be sure to speak to your doctor or pharmacist about the proper way to use the nitrate product prescribed for you.

Seek medical attention if you experience:

- Lightheadedness, dizziness or falls
- Skin rash
- Severe headaches
- Infections
- Numbness or tingling
- Joint pain or swelling

VASODILATORS OR NITRATES

Vasodilators or nitrates:

- Hydralazine (Apresoline)
- Imdur (Isosorbide mononitrate)
- Isosorbide dinitrate (Isordil, Iso-Bid)
- Nitroglycerin



POTASSIUM

Potassium is a mineral that your heart needs to function properly. Because some water pills cause you to lose potassium in your urine, your doctor may prescribe potassium supplements.

Potassium can irritate your throat and stomach, so be sure to take with plenty of water and with food, and to remain upright for a period of time after swallowing. Do not crush or cut potassium capsules or tablets. Liquids are available if you have difficulty swallowing—ask your doctor.

Blood tests should be performed to check your potassium levels. Some foods and salt substitutes are high in potassium, such as bananas, dried apricots, oranges and salt substitutes. Discuss your potassium levels with your doctor frequently.

Seek medical attention if you experience:

- Uneven heartbeat
- Muscle weakness or limp feeling
- Severe stomach pain
- Numbness or tingling in your hands, feet or mouth
- Confusion or feeling like you might pass out

POTASSIUM

Potassium supplements:

- Potassium Chloride
(Cena K, Effer-K, Glu-K, K+Care ET, K-Dur, K-Lor, K-Lyte, K-Lyte Cl, K-Tab, Kaon-CL, Kay Ciel, Klor-Con, Micro-K, Potassimin, Rum-K, Tri-K, Urocit-K 10)



BLOOD THINNERS

Heart failure sometimes increases your risk for developing blood clots, so your doctor may prescribe one or more “blood thinners.” These are drugs that slow down clotting or keep certain blood cells (platelets) from clumping. Be sure to take them exactly as directed. Report any bleeding to your doctor right away.

If you are taking a blood thinner, you may need to have your blood tested regularly.

Seek medical attention if you experience:

- Bleeding from gums, nose, rectum or vagina
- Blood in urine or stool
- Red, dark brown or black bowel movements
- Bruising or soreness
- Severe or persistent headaches
- Abdominal pain

BLOOD THINNERS:

Blood thinners:

- Coumadin, Jantoven (Warfarin)
- Lovenox
- Heparin



*Nurse Quick Reference for
National Quality Indicators*

HEART FAILURE

- Documentation of LV function (EF)
- ACE inhibitor/ARB if EF < 40% / or
contraindication documented
- Documentation of smoking cessation
counseling
- Discharge instructions specific to HF

CORE CARD

HEART FAILURE

- LVF assessment (document if prior, during stay or if planned after discharge)
- ACEI/ARB for LVSD: EF < 40%, mod-severe LVSD (if not, document reason)
- Smoking cessation advice / counseling
- Discharge instructions to address:
 - Activity
 - Diet
 - Follow-up
 - Medications (list ALL names)
 - What to do when symptoms worsen
 - Weight monitoring



*Nurse Quick Reference for
National Quality Indicators*

ACUTE MYOCARDIAL INFARCTION

- ASA on arrival within 24 hours before or after hospital arrival and discharge / or contraindication documented
- Beta blocker on discharge / or contraindication documented
- Documentation of LV function (EF)
- ACE inhibitor / ARB for EF < 40% / or contraindication documented
- Thrombolytics within 30 minutes of arrival if appropriate
- Percutaneous coronary intervention (PCI) within 90 minutes of arrival (example: angioplasty)
- Documentation of smoking cessation counseling

CORE CARD

ACUTE MYOCARDIAL INFARCTION

- ASA within 24 hours of arrival (if not, document reason)
- Fibrinolytics within 30 minutes of arrival (if not, document reason for delay)
- PCI within 90 minutes of arrival (if not, document reason for delay)
- LVF assessment (document if prior, during stay or if planned after discharge)
- ASA Rx at discharge (if not, document reason)
- Beta-blocker at discharge (if not, document reason)
- ACEI / ARB Rx for LVSD: EF < 40%, mod-severe LVSF (if not, document reason)
- Smoking cessation advice / counseling
- Statin prescribed at discharge for patients with an LDL over 100



*Nurse Quick Reference for
National Quality Indicators*

PNEUMONIA

- Blood cultures before 1st antibiotic given
- Initial antibiotics given within 6 hours of arrival
- Appropriate antibiotics given
- Influenza/pneumococcal vaccination given or documented
- Documentation of smoking cessation counseling

The pneumonia vaccine immunizes against *Streptococcus pneumoniae*, a serious upper respiratory infection causing death in many older and chronically ill patients.

CORE CARD

PNEUMONIA

- Pneumonia pathways in chart
- Blood cultures on transfer to ICU for pneumonia
- Blood cultures drawn prior to 1st antibiotic
- Initial antibiotic administered within 6 hours of arrival
- Influenza vaccination during specified times (if not, document reason)
- Pneumococcal vaccination (if not, documents reason)
- Smoking cessation advice / counseling
- Blood culture performed within 24 hours prior to or 24 hours after hospital arrival for patients who were transferred or admitted to the ICU within 24 hours of hospital arrival



INFLUENZA

Key Facts

The single best way to protect against the flu is to get vaccinated every year.

You cannot get the flu from the flu shot because the viruses in the flu shot are killed (inactivated). These are some minor side effects that could occur:

- Soreness, redness or swelling where the shot is given
- Fever (low grade)
- Aches



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