



Kings Mountain Hospital
Cleveland Regional Medical Center

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CLEVELAND REGIONAL
MEDICAL CENTER
201 E. Grover St.
Shelby, NC 28150

HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE • WINTER 2007

HEALTH (LINK)

LET'S MOVE! In a survey of about 500,000 Americans, fewer than half met the exercise recommendation of at least 30 minutes of moderate activity on all or most days of the week.

—U.S. Centers for Disease Control and Prevention



CAT ALLERGENS LINGER. Cat dander can trouble people with asthma even after the animal has left the room. In one study, researchers found that cat allergens can affect people with asthma for up to 22 hours after exposure.

—University of California, Los Angeles



SLIPPERY SITUATION. Ankle injuries are more common during icy winter months. To help prevent slips, wear shoes or boots with a traction sole and keep areas outside doorways well lit so that icy patches are visible.

—American College of Foot and Ankle Surgeons



SEASONAL AFFECTIVE DISORDER

BEATING THE WINTER BLUES

FOR MANY AMERICANS, THE WINTER MONTHS BRING MORE THAN COOLER TEMPERATURES AND A RUSH OF HOLIDAYS. They also bring a serious case of the winter blahs.

These people experience a particular type of depression called seasonal affective disorder, or SAD. Symptoms can range from mild to severe. Fortunately, help for this depression may be just a lightbulb away.

FEELING SAD For some people, less exposure to sunlight during the winter months can produce a chemical imbalance in the brain, which brings on the symptoms of SAD.

Up to 20 percent of Americans may experience at least mild symptoms of SAD, says the American Psychiatric Association. Those at increased risk include women of all ages and men in their 20s and 30s.

The disorder appears to be more common the farther a person lives from the equator. Symptoms tend to go away in the spring and summer months, though people who work in offices with few windows may experience SAD symptoms year-round.

SAD is also on the rise among children, says Anie Kalayjian, Ed.D., D.Sc., professor of psychology at Fordham University and an expert on SAD.

The increased popularity of activities such as using the computer, playing video games or watching TV means that many kids today spend more time indoors and less time outside in the sun.

- Symptoms of SAD may include:
- Sleeping a lot, having trouble staying awake, overeating and gaining weight during the fall and winter months.
 - Feeling very fatigued and unable to carry on with your usual daily schedule.
 - Having symptoms of depression, such as sadness and apathy, along with irritability.
 - Losing interest in social interaction and in activities you once enjoyed.

Kids with SAD may have trouble waking in the morning and may be late to school. They may also have trouble with their morning classes—they may not participate in class or absorb the material well, notes Dr. Kalayjian.

LET IT SHINE For most people with SAD, including kids, finding ways to get more light exposure is crucial.

This could be as simple as keeping curtains and shades open during daylight, getting outdoors for walks and other activities, and being near windows during the day.

Therapy with artificial light can help as well. Treatment involves exposure to special fluorescent lights for 30 to 90 minutes per day throughout the winter months.

Counseling is also an important part of SAD treatment, especially if symptoms are interfering with daily functioning, says Dr. Kalayjian. A therapist can suggest strategies for coping with SAD, such as keeping a journal, exercising regularly and taking vacations in the winter months.

Some people with SAD may also benefit from antidepressant medication.

Helping others is a great way to beat the winter blues. To volunteer at Cleveland Regional, call 704-487-3889.

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Calendar OF EVENTS

CLEVELAND REGIONAL MEDICAL CENTER

PREPARING FOR CHILDBIRTH

Boot Camp for Dads

Jan. 16, 6:30 to 9:30 p.m.

Women's Life Center
Conference Room

\$10

Dad-led training for expectant fathers. To register, please call **704-487-3983**.

Breastfeeding Support Group

Jan. 3, Feb. 7

10 a.m. to noon

Women's Life Center
Conference Room

Open to all breastfeeding mothers (nursing babies welcome too) and expectant moms who are interested in breastfeeding. To learn more, call **704-487-3887**. To register, call **704-487-3983**.

Early Bird Pregnancy Class

Feb. 12, 7 to 9 p.m.

Women's Life Center
Conference Room

\$10 per couple

For couples who are planning or are in the early stages of pregnancy (from eight to 20 weeks). Registration required. Call **704-487-3983**.

Expectant Grandparents Class

Jan. 8, 6 to 8 p.m.

Women's Life Center
Conference Room

Discuss the changes that have occurred since your own kids were small. Call **704-487-3983**.

Kangaroo Kapers

Dec. 18, Jan. 15, Feb. 19

6 to 7 p.m.

Women's Life Center
Conference Room

Helps brothers- or sisters-to-be gain a positive outlook on the changes that come with welcoming a new sibling. Registration required. Call **704-487-3983**.

Special Delivery OB Tour

Dec. 17, Jan. 14, Feb. 11

2 to 4 p.m.

Women's Life Center
Conference Room

Take a tour of the OB department, and learn more about pregnancy. Registration required. Call **704-487-3983**.

SAFETY

Car Seat Safety Class

Jan. 4, 5:15 to 6:30 p.m.

Women's Life Center
Conference Room

Receive helpful instructions about securing your baby's car seat in your vehicle. To register, call **704-487-3983**.

Infant and Child CPR Class

Feb. 5, 6 to 8 p.m.

Women's Life Center
Conference Room

\$10 per person or \$15 per couple

For parents and other infant/child caregivers. Registration required. Call **704-487-3983**.

SUPPORT GROUPS

Bridges

Sessions offered Jan. 8 or 22,

Feb. 12 or 26

2 to 3 p.m.

CRMC Cancer Center

An educational program for recovery during the postoperative period of a mastectomy or lumpectomy. One session. We recommend registering two weeks after a mastectomy or lumpectomy. Call **704-487-3757**.

Diabetes Support Group

■ Jan. 9: Tobacco and Smoking—
Help from the professionals!

■ Feb. 13: Organic Foods—
What do I need to know?

5:30 p.m.

CRMC Auditorium

Grover Building

For more information, call Anne Wray at **704-487-3642**.

Healthy Hearts Support Group

Jan. 8, 6 to 7 p.m.

YMCA Boardroom

For more information, call Johnny Stamey at **704-487-3697**.

Parkinson's Support Group

Feb. 27, 6:30 p.m.

Life Enrichment Center

For more information or to register, call Judy Hawkins at **704-487-3182**.



Prostate Cancer Survivor Support Group

Jan. 2, Feb. 6

7 p.m.

CRMC Educational Resources
Grover Building

For more information, call **704-487-3182**.

WINGS Cancer Support Group

Jan. 8, Feb. 5

6 p.m.

CRMC Cancer Center

For more information, call **704-487-3025**.

WELLNESS

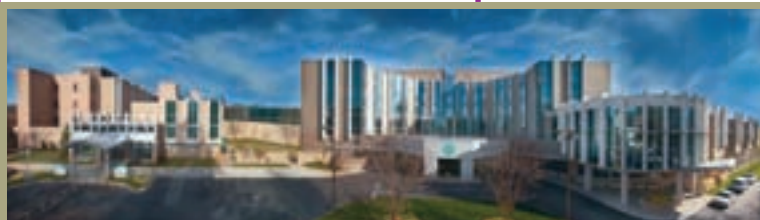
Blood Pressure Screening

Dec. 19, Jan. 23, Feb. 27

11:30 a.m. to 2 p.m.

CRMC Main Lobby

Check your blood pressure. For more information, call Judy Hawkins at **704-487-3182**.



Our focus at Cleveland Regional Medical Center is your family's health. Check out the many opportunities you have to improve and preserve your health and the health of those you love.

VISIT US ONLINE AT www.clevelandregional.org.



The Tobacco-Free Journey Takes Determination...

In order to provide a healthy environment for our patients, families and staff, Cleveland County HealthCare System campuses are tobacco-free effective January 1, 2007. This applies to everyone including: employees, volunteers, physicians, patients and visitors. Therefore, we respectfully request that you refrain from using tobacco products while on campus/property.

We know that this transition to a tobacco-free organization will be more difficult for some than others. If becoming tobacco-free for life is something you are interested in learning more about, please call the National Network of Tobacco Cessation Quitlines at 1-800-QUIT-NOW.

THROUGH

Tips for Quitting

- Make use of all professional resources available to you.
- List the reasons you want to quit.
- Set a Quit Date.
- Think about activities you can do with your hands and mouth instead of using tobacco products.
- Find ways to change your daily habits.
- Remember withdrawal symptoms are normal and typically last for only a few weeks.
- Prepare yourself to handle situations where others are using tobacco.
- Rally a support-team.
- Reward yourself.
- You are your own strongest supporter.



TOBACCO-FREE
Caring for Health
Caring for You



Kings Mountain Hospital
 Carolinas HealthCare System



Cleveland Regional Medical Center
 Carolinas HealthCare System

GET THROUGH THE DAY



“ After smoking for more than 20 years, I quit in May. For me, the hardest part was not having anything to do with my hands. I find myself fiddling with my ink pen a lot, and I pray a lot. That is what has worked for me.”

- Sandra Crego
 Substance Abuse Counselor
 Kings Mountain Hospital



“ I quit cold turkey 15 weeks ago and not a day goes by that I don't want a cigarette. I try to keep myself occupied. After I eat in the evenings, I search the Internet to stay busy. I also drink a lot of water which seems to help.”

- Barbara Reichert, RN
 Kings Mountain Hospital



“ I'm trying to quit after smoking for about 25 years. I've tried the patch, the gum, and trying to focus on anything that will occupy my hands and serve as a distraction. If you know you're going to be in a smoke-free environment, my advice is to prepare yourself for it. Make sure you have peppermint candy and gum. Quitting is hard, but it can be done. You have to set your mind to it and focus on the goal, not the difficulties.”

- Mike Phifer
 Intel System Engineer
 Cleveland Regional Medical Center



“ I quit smoking eight years ago with the help of my family and my personal faith. I tried to stay busy and I kept those little peppermint candies with me all the time. My advice is to have a plan and to enlist the support of your friends and family.”

- Sharon Dills, RN
 Cleveland Regional Medical Center



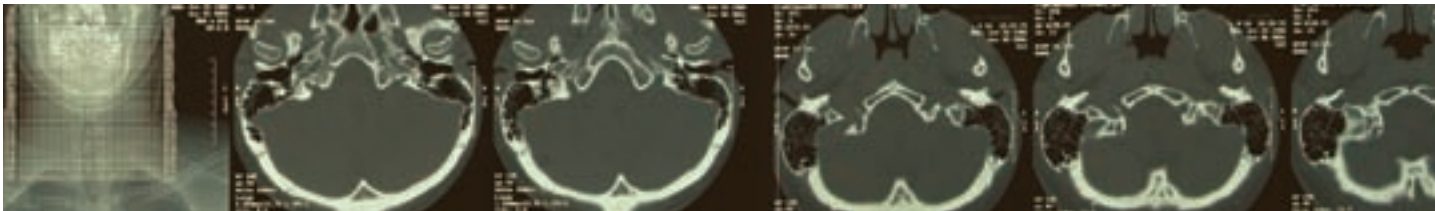
“ I have smoked for 15 years and I am trying to quit now. Prayer and chewing gum are the two things that have worked for me. I just try to stay really busy.”

- Jennifer Hodge, RN
 Cleveland Regional Medical Center

...and that's how I get through the day without tobacco.



STROKE
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WHEN MOST PEOPLE THINK ABOUT STROKE, IT PROBABLY GOES SOMETHING LIKE THIS: I HOPE I DON'T EVER HAVE ONE. ♦ THAT'S

likely the end of their musing. Although strokes are very common events—one occurs roughly every 45 seconds in the United States—they aren't a pleasant topic on which to dwell.

After all, strokes can kill. More than a fourth of all strokes are fatal, according to the American Society of Neuroradiology. And as many as 30 percent of those who survive a stroke will be seriously disabled.

But there are more constructive ways to think about stroke that can prove very beneficial to you and your loved ones.

"Most people do not know the warning signs of stroke and rarely think about the many ways they can prevent a stroke," says Ralph L. Sacco, M.S., M.D., a neurologist and spokesman for the American Stroke Association (ASA).

For example, many people believe stroke

TIA Small stroke may signal big trouble

Transient ischemic attack, or TIA, is a stroke in miniature.

It has the same symptoms as a stroke. The symptoms come on suddenly too, as they do with stroke. And the same thing causes them: Both stroke and TIA are a result of an abrupt interruption in the supply of blood to the brain.

But unlike a stroke, a TIA is a brief event. As its name suggests, the interruption in blood supply is transient. Most symptoms disappear within a few minutes, although some might last as long as 24 hours.

That might lead you to dismiss a TIA's symptoms as harmless, a vague "spell" that doesn't even warrant a call to the doctor, not to mention a trip to the emergency room.

That would be a mistake on both counts. Only a medical evaluation can tell whether you're experiencing a stroke or a TIA.

If it's the former, you need prompt treatment to halt the stroke in progress. If it's the latter, you'll need treatment to prevent the stroke that may be on its way.

DANGER AHEAD

TIAs are ministrokes of major importance.

The American Stroke Association calls them "strong predictors" of stroke. Nearly one of three people who have a TIA will have a full-fledged stroke—possibly within just a few days.

Just as flashing lights and lowered gates signal an oncoming train, a TIA should be considered a warning for stroke. It's telling you that something is wrong, and it may be the same "something"—such as narrowing in the arteries—that will lead to heart attack or stroke.

Symptoms of a TIA can vary greatly, but may include such things as: ♦ Numbness or weakness in the face, arm or leg, often on one side. ♦ Confusion. ♦ Difficulty talking or understanding what is being said to you. ♦ Vision problems in one or both eyes. ♦ Problems walking, or loss of balance and coordination. ♦ Dizziness.

WHAT CAN BE DONE?

The first step to treating a TIA is to assume that it is a stroke and get help immediately—preferably within an hour after symptoms appear.

Call your doctor or go to a hospital for a thorough evaluation. You might undergo tests such as CT or MRI scans of your head and neck to look for blocked blood vessels, or an electrocardiogram to check your heart. You might also be given aspirin or other anti-clotting medication.

Once the diagnosis of TIA is made, the goal of treatment will be to prevent a second TIA or a full-blown stroke.

Your doctor might prescribe medications to prevent blood clots and lower blood pressure and cholesterol. He or she will discuss lifestyle changes that will reduce your risk for heart disease and stroke, such as quitting smoking, changing your diet or losing weight.

If tests show blockage of specific arteries to the brain, you might need surgery to open them.

GET READY, GET SET, TAKE ACTION!

isn't treatable, that there's very little that can be done once a stroke has started. In fact, quite a lot can be done not only to stop a stroke in progress but also to minimize its damage.

A stroke is also much less of an inevitable event than many people think. Strokes are very preventable, especially if you and your doctor draw up a protective plan of action.

WHAT IS STROKE? A stroke is similar to a heart attack, except the events take place in your brain. It's even sometimes called a brain attack.

There are two major types of stroke: ischemic and hemorrhagic.

Ischemic stroke. The vast majority—nearly 80 percent—of strokes are ischemic, caused by a blockage in the flow of blood to the brain. The blockage is usually the result of one of two things:

- A blood clot obstructing a major blood vessel to the brain, such as one of the carotid arteries that travel up each side of your neck.
- A buildup of fatty plaque—a process called atherosclerosis—within one of those blood vessels, causing it to narrow and limit the flow of blood.

Blood carries oxygen and nutrients to the brain. When the supply of blood is cut off, brain cells begin dying.

Hemorrhagic stroke. This less common type of stroke occurs when blood seeps into or around the brain. Causes of hemorrhagic stroke can include:

- A weakened area of an artery that balloons out and then bursts, called a bleeding aneurysm.
- An artery that breaks open after years of

damage, often from high blood pressure.

During a hemorrhagic stroke, direct contact with blood damages neurons in the brain, according to the National Institute of Neurological Disorders and Stroke (NINDS). The delicate chemical balance in the brain is then upset and brain cells begin dying.

WHY STROKE IS DANGEROUS

When brain cells die, they're lost forever. And whatever part of the body they controlled is affected too.

For example, the left hemisphere of your brain is responsible for such things as speech and understanding, notes NINDS. If you lose brain cells in that area, you might have problems talking, reading or writing.

How much damage a stroke causes can be directly related to how many brain cells it kills. And that depends on how much time passes between the first appearance of

symptoms and medical treatment.

One study in the medical journal *Stroke* quantifies brain damage during an ischemic stroke in plain terms:

- Approximately 2 million brain cells die in the first minute.
- A pea-sized area of the brain dies for every 12 minutes without treatment.

"That's why we are using the slogan *Time lost is brain lost*," says Dr. Sacco.

GET HELP FAST Symptoms of a stroke come on suddenly and most often include one or more of the following:

- Numbness or weakness of the face, arm or leg, especially on one side of the body.
 - Confusion, or trouble speaking or understanding what is being said.
 - Trouble seeing in one or both eyes.
 - Trouble walking, or loss of balance or coordination.
 - Severe headache with no known cause.
- Any of these signs warrants a call to 911, even if the symptoms disappear after a few minutes.

QUICK TREATMENT CAN HELP

Treatment depends on the type of stroke involved:

- Ischemic stroke. An intravenous medication called tissue plasminogen activator (TPA) can halt the stroke in progress by dissolving the clot that caused it.

But TPA needs to be given within three hours of the onset of stroke symptoms, says

times slow bleeding into the brain from an artery weakened by high blood pressure.

Such new treatment options have made hemorrhagic stroke a less dire diagnosis than it once was, says Dr. Sacco.

But, again, he notes, time is of the essence. None of these treatments can begin until stroke has been diagnosed at a hospital. That likely means after:

- An initial evaluation of symptoms and history.
- A neurological exam.
- Blood tests.
- CT or MRI scans of the head and neck, which will show whether the stroke is due to a clot or bleeding in the brain.

DEVELOP A PLAN When you think about stroke, think prevention and preparation.

BLOOD PRESSURE SCREENINGS CAN HELP LOWER YOUR RISK FOR STROKE. SEE "WELLNESS" ON PAGE 2.

Dr. Sacco. That means you need to call for emergency help and get to a hospital at the first sign of a stroke.

"Primary stroke center hospitals have a target to start TPA within an hour of arrival at the hospital for ischemic stroke patients," Dr. Sacco says.

- Hemorrhagic stroke. A bleeding aneurysm can often be repaired if the person gets to the hospital quickly enough, Dr. Sacco says. The bleeding can be stopped and the blood washed out of the brain area.

Giving a clotting protein used to treat the blood disorder hemophilia can some-

You and your doctor can develop a prevention plan by reducing your risk factors for stroke. Not all risk factors are under your control, but many—such as diet, smoking, blood pressure and cholesterol levels—are.

You can prepare to survive a stroke by reviewing the symptoms with your family, co-workers and friends. Be sure everyone knows to call 911 immediately at the first sign of a stroke.

"Everyone needs to know the facts about stroke, not only for their own health but to help friends and family," says Dr. Sacco.

STAY SAFE

IN A WINTER WONDERLAND

COOLER TEMPERATURES, GLISTENING SNOW AND CRACKLING FIRES ARE ELEMENTS OF WINTER AT ITS BEST. BUT LURKING IN MANY of these enjoyable aspects of the season are dangers that are easy to overlook.

Fortunately, you can avoid or do something about many of these wintertime hazards.

HYPOTHERMIA Hypothermia is a condition in which your body temperature becomes abnormally low. It can affect your brain, making it hard to move well and think clearly.

Hypothermia can occur in very cold weather or when wind chill levels are dangerously low—which can happen even when the outdoor temperature isn't that cold. You can also experience hypothermia if you become too cold indoors. To stay warm:

- Dress for the weather. According to the National Disaster Education Coalition, several layers of thin clothing are warmer than one layer of thick clothing. Dressing in layers can also help you adjust to conditions and avoid overheating. Since most body heat is lost through your head, wear a hat when outdoors. And don warm boots and mittens too.
- Go inside often to warm yourself.
- Have a plan for staying warm in case the power in your home goes out. Blankets, a space heater or wood for your fireplace are options. If you're concerned about paying your power bill, talk to your power company about assistance programs that might be available.

FROSTBITE Frostbite occurs when skin freezes. Parts of your body most likely to be affected, according to the American College of Emergency Physicians, are fingers, toes, earlobes, cheeks and your nose.

To help prevent frostbite, limit your exposure to cold, especially when temperatures are extreme. If you must go outdoors, dress in warm clothing and cover your skin.

HOUSE FIRES Use of alternate heat sources is a leading cause of winter house fires.

To lower your risk, follow all instructions that come with space heaters, keep flammable items at least three

feet from heating sources, and don't leave fires or space heaters unattended.

Because green wood may accelerate the buildup of creosote in your chimney and lead to a chimney fire, try to burn only seasoned wood in fireplaces and wood stoves. Also, be sure your chimney is inspected and cleaned on a regular basis. And let ashes cool completely before removing them.

ICE AND SNOW Falls on snow and ice cause many injuries. But the right footwear may help keep you standing.

Consider purchasing insulated boots with good rubber treads. On slick surfaces take short, slow steps, and keep an eye on surrounding traffic. Keep in mind that vehicles that have lost traction may slide toward you and be unable to stop.

Also, be aware that ice on lakes, streams and ponds may not be frozen enough to support your weight. So don't go sledding on or near these areas. Ice skate only where you know for sure that it's safe to do so.

ROAD HAZARDS Winter weather can be hard on your car too. Make sure your vehicle gets a tuneup and inspection and is properly winterized. That means doing things like checking the antifreeze and replacing standard windshield wiper fluid with a wintertime mixture.

To be prepared for an emergency on the road, try to travel with: a charged cell phone; blankets or sleeping bags; a snowbrush and window scraper; food and water; matches; traction aids, such as sand or cat litter; a flashlight with extra batteries; a shovel; and jumper cables.

Keep your gas tank nearly full, and check weather and road reports before setting out. If conditions are potentially hazardous, consider delaying your trip. Then, when you do travel, let someone know your route and expected arrival time. Don't rush.

If you become stranded, stay with your car. Raise the hood to signal your need for help, and try not to run the car's engine and heater more than 10 minutes each hour. Keep a window slightly open, and make sure snow is not blocking your exhaust pipe.

No fooling: YOU NEED SUNSCREEN in winter

It might sound like a snow job, but it's not: Wearing sunscreen in winter may be just as important as it is in summer—and in some cases, perhaps even more so.

It's easy to think that wintertime sun is less dangerous than sunshine encountered in warmer weather. But skin damage from the sun can happen any time of the year.

Skiers, in particular, face the risk of sunburn during the winter because snow reflects the sun's damaging

rays even on cloudy days. Plus, radiation exposure increases at high elevations.

The American Academy of Dermatology offers these year-round sun safety tips:

- Use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 whenever you'll be in the sun for more than 20 minutes.
- Apply sunscreen to dry skin 15 to 30 minutes before going outside. Reapply it every two hours or after

strenuous activity. Be sure to use sunscreen on your face, ears, hands, arms and any other skin that won't be covered by clothing.

- Seek shade when possible, especially between 10 a.m. and 4 p.m., when the sun's rays are strongest.
- Shield your skin with protective clothing. And don't forget to wear sunglasses.

Remember, a sunburn harms your skin no matter what the outdoor temperature. So try to avoid it.



TO HELP PREVENT FROSTBITE, LIMIT YOUR EXPOSURE TO COLD, ESPECIALLY WHEN TEMPERATURES ARE EXTREME.

'Tis the season to say no to weight gain and yes to weight maintenance

POUNDS THAT PERSIST—THESE AREN'T WHAT YOU WANT FOR HOLIDAY MEMORIES. ♦ STILL,

a lot of us do wind up weighing more in January than we did in November, the likely result of too many cups of eggnog or return trips to buffet tables.

But—and there's good news coming—most of us don't do as much damage as was once thought.

"The best data now indicate that the typical American adult gains only about a pound during the winter holidays," reports Dawn Jackson Blatner, R.D., speaking for the American Dietetic Association.

However, there's a downside to even this slight weight gain: It has staying power.

"One pound may seem trivial, but the average person never loses it," Blatner cautions.

So do the math. Holiday overeating is likely to leave most people 10 pounds heavier in 10 years—a trend that may help explain that creeping obesity that plagues so many Americans, says Blatner.

HOLDING STEADY While this annual weight gain seems to be a holiday tradition, you can avoid it. "You really can maintain your weight," insists Blatner.

Pay attention to her word choice; she's advocating weight maintenance, not weight loss. Given all the emphasis on food during the holidays, "trying to take off pounds is setting yourself up for failure," Blatner says.

Besides, the new year is approaching; that's your opportunity to commit to a serious weight-loss program, if necessary.

In the meantime, these strategies from Blatner will help keep the scale from inching upward while still allowing you to enjoy your favorite foods:



Holiday EATING

- Be choosy. Limit high-calorie splurges to foods that you typically don't eat—for example, the pecan pie your mother makes only for Thanksgiving. (But ask for a modest slice of that pie; portion control is another way to avoid weight gain.) Think moderation during the holidays—not deprivation.

- Don't skip meals. Yes, your intentions are good; you want to eat less earlier in the day so that you can eat more later at a

party. But invariably, this strategy backfires. The reason: "Hungry people make very bad decisions about food," says Blatner.

In fact, because hunger often triggers overeating, it's best to eat a low-calorie snack before any event that centers around food. By taking the edge off your hunger, you're less likely to overindulge.

- Position yourself. "If you park yourself next to the candy dish, you're going to eat more candy," says Blatner. So put some distance

between yourself and sources of temptation, such as candy bowls and buffet tables.

- Don't make exercise an all-or-nothing proposition. Even the most hectic holiday schedule is no excuse for abandoning exercise. Try to work out shortly after you wake up, before other demands sidetrack you. And if you can't spare the time for your full routine, exercise for a shorter amount of time. Some exercise is always better than none.

- Drink smart. Ask for sparkling water and a lime twist rather than alcohol at your next holiday party. Unlike alcohol, sparkling water has no calories. Plus, alcohol can stimulate your appetite, which is exactly what you don't want to happen.

- Start a diary—a food diary. Overeating

On a restricted diet for the first time this year?

Get cooking tips and make friends at the diabetes and heart support groups. See page 2.

is a holiday hazard and not only because food is suddenly so plentiful. The extra demands of the holidays may leave you feeling stressed and emotionally vulnerable, causing you to turn to food for comfort, even when you're not hungry.

One solution is to faithfully write down every bit of food you consume, including the handful of chips you mindlessly grabbed five minutes ago. Becoming fully aware of when, what and how much you eat can help you cut back.

- If you're bringing a dish to a party, make it a low-calorie treat. You'll be assured of something to munch on that won't sabotage your weight-maintenance goal. Consider a fresh fruit platter with low-fat vanilla yogurt for dipping.

- Finally, don't be a stranger to your scale. Indeed, if Blatner had her druthers, you'd weigh yourself daily. Even though your weight may fluctuate because you're retaining or losing fluids, you'll be able to spot a trend in the wrong direction—and therefore self-correct.

How to PREVENT A FOODBORNE ILLNESS this holiday season

You don't want uninvited guests showing up at holiday meals—especially when the party crashers are disease-causing bacteria.

Yet it's all too easy for holiday food to become contaminated with bacteria that can cause fevers, stomach upsets and worse, warns Dawn Jackson Blatner, R.D., speaking for the American Dietetic Association (ADA).

That's unless you follow these tips from the ADA:

- Obey the two-hour rule. Don't let perishable party foods (such as deli meats, cheeses, salads and dips)

sit out at room temperature for more than two hours.

- Keep hot foods hot and cold foods cold. Use heated servers, such as chafing dishes, for hot buffet foods. Nest cold dishes in bowls of ice. After two hours, even these foods should be discarded.

- Plate it safe. Replace empty serving platters rather than adding food to a dish that already had food on it.

- Wash up. Always wash your hands before and after handling food. Use warm, soapy water and scrub for at least 20 seconds.

- Don't cross-contaminate, or allow bacteria from one food to spread to another. Use a separate cutting board for preparing raw meat, including poultry.

- Take care with turkey. That means allowing enough thawing time if your turkey is frozen. As a general rule,

allow 24 hours of thawing time per 5 pounds of turkey.

Thaw the turkey in a refrigerator set at 40 degrees or lower.

Without this precaution, the outside of the turkey will be done before the inside is cooked, and the inside won't be hot enough to destroy bacteria.

Cook the turkey until a food thermometer placed in the inner thigh reaches 180 degrees. Any stuffing inside the turkey should reach 165 degrees.

- Be cautious with eggs. Uncooked and lightly cooked eggs (even grade A ones with clean, uncracked shells) can contain dangerous Salmonella bacteria. So resist the urge to sample holiday cookie dough or cake batter. And use a recipe that calls for cooked eggs when preparing eggnog.

CRAWLEY MEMORIAL HOSPITAL

HELPING VENTILATOR PATIENTS REGAIN THEIR INDEPENDENCE

Crawley Memorial Hospital in Boiling Springs recently announced the addition of a new unit that provides long-term services to ventilator-dependent patients. The unit can currently serve four patients and will grow to a maximum of twelve patients. Until now, the closest facilities offering complete, long-term, ventilator-dependent care were located in Greensboro, N.C.; Taylorsville, N.C.; and Augusta, Ga.

Angela Orsky, R.N., M.S.N., L.N.H.A., vice-president of Cleveland County HealthCare System, says she is excited that Crawley is able to offer this type of high-quality, specialized care to Cleveland County and the surrounding area.

“We were looking for a niche; we wanted to add a quality service in Cleveland County that wasn’t already here,” Orsky says. “Being built as a hospital, we already had

“Our goal, as both an acute care and long-term care facility, is to give these folks quality of life.”

—ANGELA ORSKY, R.N., M.S.N., L.N.H.A.,
VICE-PRESIDENT OF CLEVELAND COUNTY HEALTHCARE SYSTEM



the infrastructure in place and we had the nursing mix on site that could provide care 24 hours a day.”

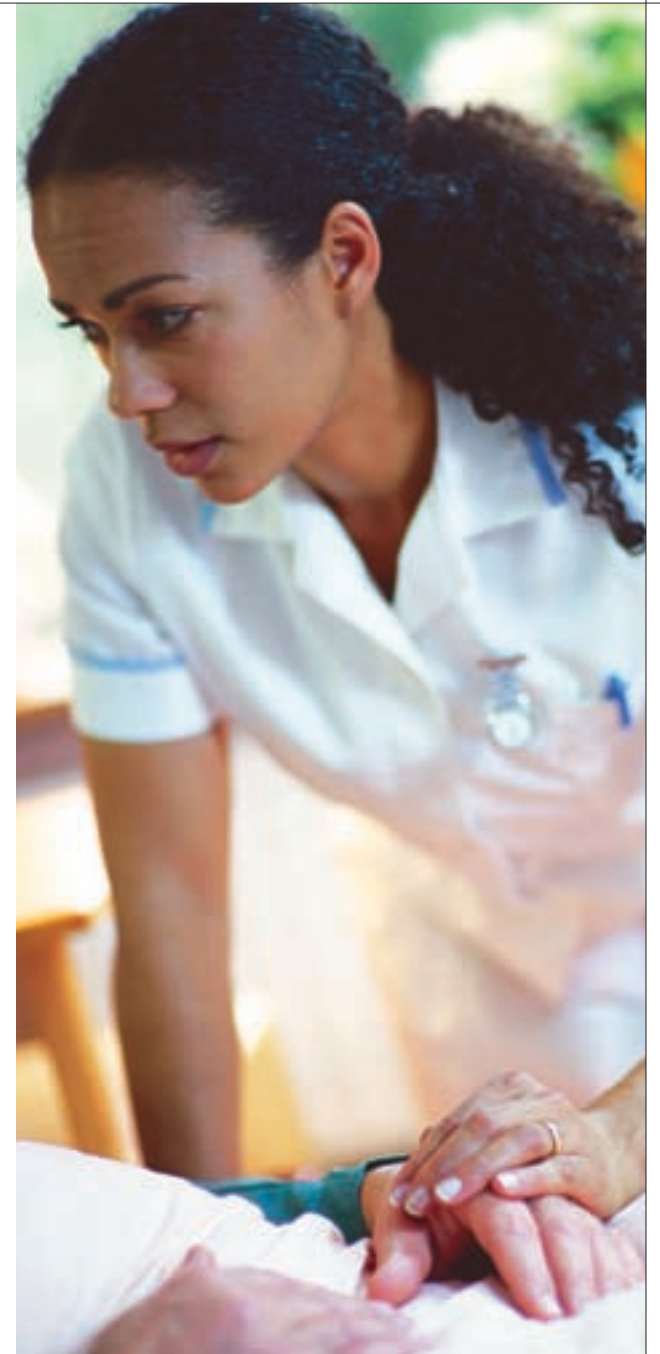
QUALITY OF LIFE Patients may require long-term ventilator care due to an injury, chronic disease, or other respiratory and neurological problems. “Our goal, as both an acute care and long-term care facility, is to give these folks quality of life,” Orsky says. “We help the patient to live as independently as possible. Some may even eventually be weaned off the ventilator and be discharged home.”

The specialized patient care team for the new unit includes Rachel Wood, R.N., ventilator nurse manager; Kim Hefner, full-time respiratory therapist; medical director Barry Coalson, M.D., pulmonologist; Julia Roos, hospital chief of staff; and attending physician Kelli Mayfield, M.D. In addition, there is a respiratory therapist on call 24 hours a day. Patients can also receive physical, occupational and speech therapy as needed.

By providing specialized nursing and medical intervention, the staff is able to assist patients in reaching their highest level of independent function. The approach to treatment is personalized and goal-oriented. Upon the patient’s admission, members of the care team evaluate the patient’s potential to be weaned from the ventilator. The treatment team then develops a structured plan to help the patient work towards this goal.

FREEDOM AND CONVENIENCE According to Orsky, the first patient admitted to the new unit came from South Carolina. Originally, her family assumed she would be placed in a facility in Georgia. However, they were pleased to be able to move her to Crawley, where she would be closer to home. She has already been outdoors enjoying the courtyard. This same person had previously not been outside since December 2005.

Managed by Cleveland Regional Medical Center, Crawley Memorial Hospital has 60 beds with acute care, skilled



nursing and rehabilitation services. They provide: ♦ 24-hour registered nurse supervision and physician coverage. ♦ Certified nursing assistants. ♦ Dental care. ♦ On-site optometry and podiatry services. ♦ Psychiatric and pharmacy services. ♦ Speech language pathology. ♦ Physical therapy. ♦ Occupational therapy. ♦ Nutritional support. ♦ A wide variety of life enhancement activities. ♦ A resident council.

How to REACH US

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