



THE CAROLINA PULSE

June 2008 Volume V, Issue III

THE HEAT IS ON YOUR BLOOD PRESSURE

From 1979 to 2002, excessive heat exposure caused more deaths than floods, hurricanes, lightning, tornados, and earthquakes combined. Our patients over the age of 65 and children are the most vulnerable. However, middle-aged people engaging in strenuous outdoor activity still have some risk.

The hot summer nights that make it difficult to sleep may also be hard on our patients' hearts, according to new research recently published in the journal of *Hypertension*. Patients over age 65 who were being treated with blood pressure medication had higher blood pressure on nights when the weather was hot. This serves as a reminder to diligently take blood pressures as needed and as per the plan of care - especially when the heat is on. Understanding how to protect the human body from excessive heat will help us take better care of our patients, ourselves, and our families. Prevention is the best defense



against heat exhaustion and heat stroke. Wear lightweight, light colored clothing. Houses without air-conditioning should make good use of fans. Increase fluid intake (preferably water or a sports drink). Avoid alcohol and caffeine. These drugs can interfere with the body's ability to manage heat. Avoid sunburns. Sunburns can significantly reduce the skin's ability to shed excess heat. If working or exercising outdoors, schedule the activities for the coolest parts of the day.

Humans reduce excess body heat through blood circulation, sweating, and (as a last resort) panting. When the body is trying to lose heat, it will direct blood into capillaries closer to the skin. This is why hot people often appear more red-skinned. When sweat evaporates off the skin, it causes a cooling effect. However, higher humidity, such as that experienced in North Carolina

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CSHC MILESTONES

Carolina Select Home Care would like to thank and congratulate everyone reaching the anniversary date of their hire. Your dedication is noted and appreciated.

March/April

Linda Hadley 1 year
(We missed Linda's recognition in the last newsletter. Sorry.)

May

Linda Anderson 5 years
Corina Beck 2 years
Michelle McCullough 2 years
Jeanette Moxley 4 years
Lori Oliver 4 years
Shirley Shore 2 years
Justine Stokes 2 years
Laura Tilley 4 years

June

Randy Anderson 7 years
Peggy Blackburn 5 years
Renee Bumgarner 5 years
Vivian Cain 6 years
Lisa Edwards 1 year
Tammy Royal 6 years



DEHYDRATED PATIENTS MAY NOT BE THIRSTY

Most of us are aware that older adults do not (or will not) drink enough water. Yet, what we do not realize is that the elderly lack the strong thirst signal that can ultimately result in dehydration. A newly released Australian study suggests that older adults become dehydrated during heat waves because their brain waves and bodies do not coordinate sensory signals about their

thirst. Thus, they consume less water. A well known fact is that people 65 years of age and older often have a decreased ability to respond to external temperature changes...and do something about it.

Whatever the root cause, it is more important that you are aware of the warning signs and symptoms of dehydration. The



BIRTHDAYS!

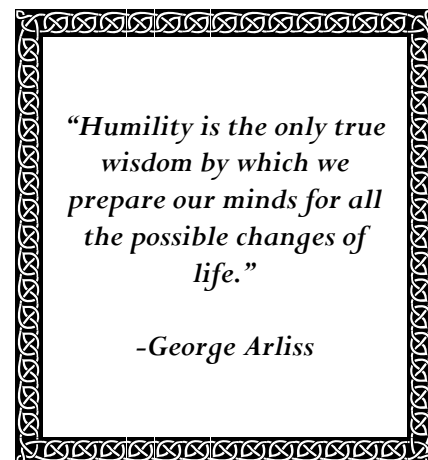


May

Linda Anderson
Brenda Butcher
Betty Hemric
Doris Johnson
Dianna Kennedy
Frances Nelson
Rita Richardson
Vickie Settle

June

Susan Barker
Tammy Caudle
Lisa Edwards
Melissa Flanagan
Mattie Lane
Donna Matthews
Pamela Norman
Shirley Shore
Phyllis Spicer
Ruby Wiles



DEHYDRATED PATIENTS MAY NOT BE THIRSTY

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physiological signs include:

- Recent weight loss
- Dry eyes and/or mouth
- Change in mental status
- Sunken eyes or cracked lips
- Vomiting or diarrhea
- Postural hypotension
- Small amount of concentrated urine, which may be dark yellow in color
- Urinary tract infections
- Pulse greater than 100 beats/minute and/or systolic blood pressure less than 100 mmHg.
- Dizziness

The functional signs and symptoms of

dehydration in a patient to be on the look out for are:

- Lethargy and weakness
- Change in mental state
- Falling
- Change in ability to carry out normal, daily activities
- Increased combativeness and confusion

As for rehydrating the body, not only should you encourage your elderly patients to drink more water (8-10 glasses per day is preferable); but, you should also advise them that consuming fresh fruits (like watermelon) and vegetables will be just as beneficial. However, please stress that an extremely cold beverage should be avoided

because it may cause stomach cramps. Naturally, alcoholic and caffeinated drinks are also to be avoided. And, while their mind and body might be craving a soft drink loaded with sugar, it isn't necessarily the best thing for senior citizens nor will it replace the benefits of pure water.

Use your professional knowledge of dehydration to help our patients make better food and drink choices this summer. Your knowledge can help our patients avoid mild and severe dehydration. Remember that severe dehydration can be life threatening and should be handled as an emergency.



THE HEAT IS ON

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summers, makes evaporation less likely and can reduce the efficiency of sweating. When heat gain exceeds the body's cooling abilities, the body temperature rises above 98.6, and heat-related illness may result.

Guidelines for Heat-Related Illness:

Heat Cramps

Symptoms: Painful spasms with heavy sweating. Usually in legs. Possibly in abdomen.

Response: Gently massage cramping

muscle. Give sips of water. If nausea occurs, discontinue water.

Heat Exhaustion

Symptoms: Heavy sweating, weakness, skin is cold, pale, and clammy. Pulse thready. Normal temperature possible. Fainting and vomiting.

Response: Get patient out of sun. Lay down and loosen clothing. Apply cool wet cloths. Fan or move patient to air conditioned room. Call supervisor. Sips of water. If nausea occurs, discontinue water. If vomiting continues, call 911.

Heat Stroke

Symptoms: High body temperature (106°F or higher). Hot dry skin. Rapid and strong pulse. Possible unconsciousness.

Response: Call 911 and request an ambulance immediately. Delay can be fatal. Move the patient to the coolest environment available. Reduce body temperature with cold bath or sponging. Remove clothing. Use fans and air conditioners. If temperature rises again, repeat. Do not give fluids

