



## Protect Yourself this Flu Season

It's that time of year again.....

to pull out consent forms for residents to be vaccinated against influenza...but what about yourself? Don't forget to vaccinate yourself because as healthcare workers you are the backbone of our facilities and resident centered care begins with you!

### Enterovirus D68

You may have heard about this virus in the news recently, so we would like to provide you with a brief summary on the topic. Enterovirus D68 (EV-D68) is a specific enterovirus that causes respiratory illness. Symptoms range from a mild cold-like illness with coughing and wheezing to severe infections that require hospitalization. Past outbreaks of EV-D68 have occurred mainly in the fall and the virus can spread from an infected person when they cough or sneeze. Touching surfaces or objects contaminated with these secretions may also result in infection if the virus then gets into the body by touching the mouth, nose or eyes. In mid-August 2014, the US Centers for Disease Control and Prevention (CDC) began investigating clusters of children with severe respiratory illness in Missouri and Illinois caused by EV-D68 and has since reported an increasing number of laboratory-confirmed cases of EV-D68 from an increasing number of states. As of September 15, 2014, laboratory-confirmed cases have been reported in Canada and Public Health Ontario has been working with the Ontario Ministry of Health and Long-Term Care, the Public Health Agency of Canada and other partners to monitor for and provide timely guidance.

As with many viral infections, simple precautions can reduce the chances of getting EV-D68:

- Clean your hands frequently with soap and water or an alcohol- based hand rub, including after touching commonly touched objects and surfaces, before touching your face, before preparing food and before eating;
- Avoid touching your face as much as possible;
- Stay at least two metres (six feet) away from people who are ill;
- Frequently clean surfaces and objects that are commonly touched.

For more information, please refer to the Public Health Ontario website.



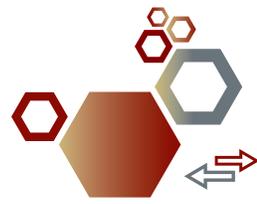
### ISMP Study on Medication Errors in Home Care

ISMP has released a bulletin on their recent study focusing on medication errors in home care. It was found over two-thirds of incidents occurred during the transition from hospital to home. Although ISMP looked specifically at home care for the purposes of this study, the findings still highlight the importance of medication reconciliation at all points of transition for our residents to ensure orders are current and accurate. To help you with this process, the pharmacy provides tools and resources for the purposes of medication reconciliation both for new admissions and for return from hospital orders. If you have any questions or concerns about the medication reconciliation process, please speak with your consultant pharmacist.



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# Nine Ways to Get Someone to Eat



A common nutritional problem that can affect care recipients in poor health is cachexia-anorexia and it especially involves those in advanced stages of Alzheimer's, Cancer and AIDS. Cachexia-anorexia is a syndrome in which progressive and involuntary weight loss occurs. The people with this disorder are "wasting-away" from the lack of vitamins and nutrients and as a caregiver; this can be a difficult and frustrating event to witness.

The syndrome can be attributed to cancer treatments, medications, physiological problems like an obstructing tumor in the gastrointestinal track or psychological problems like depression. It is also possible the person you are caring for has a loss of appetite simply from not feeling well. Below is a list of ways to help your care recipient eat. This list doesn't necessarily reflect the needs of care recipients on special needs diets such as diabetes or restricted salt intake diets. Remember to consult your physician about the specific dietary needs of your loved one.



## 1. Water, Water, Water.

*Make sure the person you are caring for has plenty of water to avoid dehydration, which can lead to appetite suppression.*

2. *Keep it small. Instead of three large meals a day, which can look overwhelming to someone in poor health, serve six small meals a day.*

3. *Bulk up on the amount of calories per meal. For instance, you can add protein powder mix to shakes or drinks to increase calories.*

4. *Soft is better. Serve soft foods such as pudding, ice cream or fruit smoothies because they can be tasty and easy to digest.*

5. *Make it tasty. Don't serve bland or sour tasting foods.*

6. *Put the power in their hands. When possible, give the person you are caring for the decision-making power to decide what they would like to eat; it helps them to feel in control.*

7. *Make it pretty. Present appetizing looking meals by accenting the plate with a garnish (i.e. strawberry or melon). Also, make the dining experience pleasant for the person you are caring*

*for by playing soft music or talking to them about the day's events while they are eating to take their minds off not feeling well.*

8. *Write it down. Keep a food diary about the person you are caring for and include: what food they have problems or complications digesting and their daily food menus, and review it with their doctor or dietician for feedback. They may be experiencing digestive problems or irritable bowel syndrome due to their menu.*

9. *Work it out. Try and get them moving to work up an appetite. If overall exercise such as walking isn't possible, have them fold the laundry or peel vegetables*

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