

LIVING IN THE HEART ZONE



This Book Belongs To

 **Pinehurst Medical Clinic**
PINEHURSTMEDICAL.COM

senior health
connect

PRESENTED BY PINEHURST MEDICAL CLINIC WELLNESS TEAM

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EMERGENCY

HEART FAILURE ZONE TOOL

Every Day...

- ✓ Weigh every morning, after urinating, before dressing, eating, or drinking
- ✓ Eat low-sodium (salt) or No Salt added foods
- ✓ Take your medicine
- ✓ Avoid salt substitutes and seasonings with salt
- ✓ Balance activity and rest periods



ALL CLEAR ZONE

- 👍 No shortness of breath
- 👍 Weight change of only 1 or 2 pounds in 1 day
- 👍 No swelling in your feet, ankles, legs, or stomach
- 👍 No chest pain

WARNING ZONE.....

In Moore County, call your healthcare provider at 910-255-4400. If after hours, call 910-715-1000 and ask for PMC Primary Care doctor on call. In Lee County, call 919-774-6518, during or after hours. PMC Walk In Clinic is available in either county.

- 👎 Weight gain of 2 to 3 pounds in 1 day OR weight gain of 5 pounds or more over 3 days
- 👎 More swelling in your feet, ankles, legs or stomach
- 👎 Difficulty breathing when lying down or feeling the need to sleep in a chair
- 👎 Feeling uneasy; you know something is not right
- 👎 No energy or feeling more tired

MEDICAL ALERT ZONE.....

Call 911 for ANY DISTRESS including:

- ! Unrelieved shortness of breath while sitting still
- ! Chest discomfort, pain, or tightness
- ! Confusion or can't think clearly

IN CASE OF EMERGENCY

In Case of Emergency: Dial 911
 For non-emergencies, visit one of PMC's Walk-In Clinics

<p>Southern Pines 200 Pavilion Way, Southern Pines Mon-Fri 9:00 a.m. - 5:00 p.m. Sat & Sun 8:00 a.m. - 11:30 a.m.</p>	<p>Sanford 555 Carthage St, Sanford Mon-Fri 8:00 a.m. - 5:00 p.m. Sat 8:00 a.m. - 11:30a.m. (Sunday closed)</p>
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Name: _____ **DOB:** ___/___/___ **M or F** _____
Address: _____ **State** _____ **Zip** _____
My Doctor: _____ **Phone:** _____ **Hospital:** _____

Medical Condition	Allergies
(Attach additional sheet if needed)	(Attach additional sheet if needed)

Please circle if you have any of the following:

- *MOST Medical Order for Scope of Treatment *Health Care P O A *Living Will
 * DNR (*Do Not Resuscitate*) *Where are documents located? _____

Medication	Dosage / Frequency
(Attach additional sheet if needed)	(Attach additional sheet if needed)

Emergency Contacts (*indicate Health Care Power of Attorney on Relationship line*)

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Best Phone _____	Best Phone _____

Medical Insurance: Primary _____ Policy # _____
 Secondary _____ Policy # _____

walk-ins

PINEHURST MEDICAL CLINIC

**For Same Day Appointments, call
(910) 255-4400**

Walk-In Clinic Hours:

Located at 200 Pavilion Way, Southern Pines, NC

Monday - Friday: 9 a.m. - 5 p.m.

Saturday & Sunday: 8 a.m. - 11:30 a.m.

To reach the Doctor on call after hours for urgent matters, call (910) 715-1000. Press option "0" and ask for the PMC Doctor on call.

Appointments may also be scheduled via your patient portal account.

walk-ins

SANFORD MEDICAL GROUP

Walk-In Clinic Hours:

Located at 555 Carthage Street, Sanford

Monday - Friday: 8 a.m. - 5 p.m.

Saturday: 8 a.m. - 11:30 a.m.

To reach the Doctor on call after hours for urgent matters,
call (919) 774-6518.

Appointments may also be scheduled via your patient portal account.



MEDICAL

CHF AGREEMENT CHECKLIST

I WILL...

- Weigh every morning, after urinating, before dressing, eating, or drinking and write it in my workbook.
- Check my blood pressure, pulse, oxygen saturation, and blood sugar as ordered by my doctor or health care provider.
- Take my medicine as prescribed.
- Keep a list of my medicine, emergency contacts, and list of doctors or health care providers at home and with me.
- Bring all of my medication to my doctor or health care provider visits.
- Write down on my calendar when I need to refill my medicine, and request refills at least 1 or 2 weeks before I run out.
- If I don't feel well after taking a medicine, I will call my doctor or health care provider.
- Keep a running list of questions I have for my doctor or health care provider and bring to my appointment(s).
- Keep my appointments with my doctor or health care provider.
- Call my doctor or health care provider at 910-255-4400, or come to PMC Walk-In Clinic (call 910-715-1000 and ask for the PMC doctor on call if after hours) if I...
 - Have a weight gain of 2-3 pounds in 1 day OR weight gain of 5 pounds or more over 3 days
 - Have more swelling in my feet, ankles, legs or stomach
 - Have problems breathing when lying down or feel the need to sleep in a chair
 - Feel uneasy or know something is not right
 - Have little energy or feel more tired
 - Have more shortness of breath
 - Have a new or frequent cough
- I will call 911 if I have ANY DISTRESS** including:
 - Unrelieved shortness of breath while sitting still
 - Chest discomfort, pain, or tightness
 - Confusion or can't think clearly

NAME _____ DATE _____

MEDICATION LIST

Prescription Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions
Over-the-Counter Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions

Health Problems _____
Primary Doctor _____ **Doctor's Phone** _____
Local Pharmacy _____ **Pharmacy Phone** _____
Drug Allergies _____ **Your Phone** _____
Your Name _____ **Date** _____

Adapted by the American Society of Consultant Pharmacists (ASCP) Foundation for the Center for Medicines & Healthy Aging

MEDICATION LIST

Prescription Medications	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions
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Your Name _____ **Date** _____

Adapted by the American Society of Consultant Pharmacists (ASCP) Foundation for the Center for Medicines & Healthy Aging

CHF SIGNS AND SYMPTOMS



Signs and Symptoms of Heart Failure

- Fatigue, weakness, or feeling lightheaded
- Shortness of Breath with activity
- Unable to lay flat
- Persistent Cough or Wheezing with white or pink blood tinged mucus
- Build of Fluid (Edema) in legs, ankles and feet
- Stomach bloating (abdomen)
- Lack of Appetite or Nausea
- Impaired thinking, confusion, or difficulty concentrating
- Irregular or rapid Heart Rate
- Reduction in exercise
- Rapid weight gain from fluid
- Chest pain

DAILY WEIGHT LOGS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Symptoms							
Actions							
Appointments							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Symptoms							
Actions							
Appointments							
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Actions							
Appointments							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Symptoms							
Actions							
Appointments							

Symptom Codes:

- 1 = Short of breath, more frequent coughing
- 2 = Need more pillows or recliner to sleep
- 3 = Waking up feeling breathless or anxious
- 4 = Fast or heavy heart beat
- 5 = Swelling of ankles, arms, or belly
- 6 = Sick stomach or loss of appetite
- 7 = Very tired and weak
- 8 = Feel very sad or depressed

Action Codes:

- A = Took extra diuretic (water pill)
- B = Cut down on salt and fluid
- C = Called nurse or doctor
- D = Rested
- E = Other: _____

DAILY WEIGHT LOGS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Symptoms							
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Symptom Codes:

- | | | |
|---|--|--------------------------------|
| 1 = Short of breath, more frequent coughing | 4 = Fast or heavy heart beat | 7 = Very tired and weak |
| 2 = Need more pillows or recliner to sleep | 5 = Swelling of ankles, arms, or belly | 8 = Feel very sad or depressed |
| 3 = Waking up feeling breathless or anxious | 6 = Sick stomach or loss of appetite | |

Action Codes:

- A = Took extra diuretic (water pill)
- B = Cut down on salt and fluid
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- D = Rested
- E = Other: _____

NUTRITION



NUTRITION GOALS CHECKLIST

Check off the things you will do:

- Use seasonings with no salt or sodium in the ingredient list.
- Try making your own spice blends and salad dressings.
- Use fresh, frozen, or “no salt added” canned vegetables and beans.
- Limit smoked or cured meats like all bacon, sausage, ham, and hotdogs.
- Use low sodium or very thin sliced cheese.
- Use unsalted, hint of salt, or lightly salted chips, crackers, nuts, or pretzels.
- Limit fast food, restaurant food, and frozen dinners.
- Choose frozen meals with 600 mg sodium or less.
- Order dressings, gravies, and sauces on the side.
- Make sandwiches and salads with no cheese, bacon, pickles, or olives.
- Avoid sports or electrolyte drinks and regular vegetable juice.
- Measure and count liquids if a fluid limit is recommended for me.
- Keep beverages cold in the refrigerator and do not add ice.

CHOOSE FOODS LOW IN SODIUM

Choosing and preparing foods low in salt and sodium may help prevent fluid build-up and CHF.

Choose More Often	Choose Less Often
Fresh meat, poultry, or seafood Low sodium canned fish	Sausage, bacon, hot dogs, bologna, ham, fatback, corned beef and liver pudding
Low sodium or very thin sliced cheese	Most cheeses
Fresh, frozen, or "no salt added" canned vegetables and beans	Canned vegetables and beans
Plain pasta or pasta	Boxed pasta or rice dishes
Fresh vegetables like cucumbers, tomatoes, onion and peppers	Pickles, olives, relish, pickled beets and sauerkraut
Homemade or low sodium soups and broths	Canned or boxed soups and broths Bouillon cubes
Any beverage without added salt	Sports drinks and vegetable juices
Unsalted chips, crackers, nuts and pretzels	Chips, crackers, nuts and pretzels
Fresh foods prepared at home	Fast food, restaurant food, frozen dinners
Garlic powder, onion powder, pepper, parsley, vinegar and lemon juice	All types of salt or spice blends with salt, bottled sauces, dressings and marinades

Important Reminders for Low Sodium Seasonings:

- Avoid salt substitutes like NuSalt, No-Salt, and Lite Salt.
- Use seasonings with no salt or sodium in the ingredient list.

INGREDIENTS: GARLIC, ONION, SALT, PEPPERS AND HERBS (INCLUDING BLACK PEPPER, PARSLEY, RED PEPPER, PAPRIKA), ORANGE PEEL, AND GREEN BELL PEPPER.

<p>Savory Blend</p> <p>1 Tbsp. Onion Powder 1 tsp Garlic Powder 1 Tbsp. Paprika 1 Tbsp. Parsley 1 tsp Basil</p>	<p>Herb Blend</p> <p>1 tsp Black Pepper 2 tsp Rosemary 2 tsp Marjoram 1 tsp Thyme 2 tsp Sage</p>	<p>Taco Seasoning</p> <p>1 Tbsp. Garlic Powder 1 Tbsp. Onion Powder 2 Tbsp. Chili Powder 1 tsp Black Pepper 2 Tbsp. Paprika</p>
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LOW SODIUM: THE FOOD LABEL

The Nutrition Facts Label can help you to choose foods that are lower in sodium.

- Pick foods that are Low Sodium: 140 mg or 5%DV.
- Avoid meals with more than 600 mg sodium.
- These tips can help you keep under the recommended daily limit of 2300 mg sodium.

CHOOSE FRESH OR LOW SODIUM FOODS

FRESH TOMATOES	NO SALT ADDED CANNED TOMATOES	CANNED TOMATOES
		
6 mg (whole)	20 mg (per ½ cup)	220 mg (per ½ cup)

Let's Practice with the Nutrition Facts Label

High Sodium Soup

Regular chicken with noodles soup

Nutrition Facts	
1 serving per container	
Serving size	8 oz
Amount per serving	
Calories	60
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 0.5g	3%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 890mg	37%
Total Carbohydrate 8g	3%
Dietary Fiber 1g	4%
Total Sugars 1g	
Protein 3g	

Low Sodium Soup

Low-sodium chicken with noodles soup

Nutrition Facts	
1 serving per container	
Serving size	10.75 oz
Amount per serving	
Calories	160
% Daily Value*	
Total Fat 4.5g	7%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 30mg	10%
Sodium 140mg	6%
Total Carbohydrate 17g	6%
Dietary Fiber 2g	8%
Total Sugars 4g	
Protein 12g	

FACTS ABOUT FLUID

Too much fluid in your body can make it harder for your heart to pump blood and can lead to swelling and shortness of breath. Sometimes decreasing sodium intake is enough to help, but many people also need to limit the fluids they eat and drink.

AS OF _____ YOUR DOCTOR HAS RECOMMENDED _____ FLUID LIMIT

WHAT COUNTS AS FLUID?

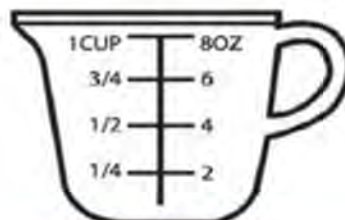
Although most foods contain some water, you only need to count fluid from liquids and any food that turns to liquid at room temperature.

To keep track of your fluids count water, ice, coffee, tea, milk, juice, soda, alcohol, beer, wine, lemonade, ice cream, gelatin, popsicles, soup, and nutrition drinks like Ensure or Boost.

HOW TO MEASURE YOUR FLUIDS

- You may be familiar with fluids as ounces or cups and can use these measurements.
- If you usually pour liquid into your own glasses or bottles, it can be easier to count cups. It is important to know how much fluid your regular glasses hold. Try filling a glass with water and then pouring it into a liquid measuring cup to find out.
- If you drink most of your liquids from bottles or cans, you may prefer to count ounces. Either way, to help learn both cups and ounces refer to the chart on the next page.

1/2 CUP = ___ OZ



MANAGING FLUIDS AND THIRST

COMMON FLUID MEASUREMENTS		
This amount of fluid:	Examples	is the same as:
2 tablespoons	1 ice cube	1 ounce
¼ cup	1 popsicle	2 ounces
½ cup	1 cup ice chips ½ cup ice cream ½ cup jello	4 ounces
1 cup	1 cup coffee	8 ounces
1 ½ cups	1 can soda	12 ounces
2 cups	1 bottle water	16 ounces

TIPS FOR MANAGING THIRST

- Drink cold liquids instead of warm liquids.
- Keep beverages in the refrigerator so you do not need to add ice.
- Try sucking on ice when your mouth is dry. You can set aside 1 cup of ice to use throughout the day. Remember to count this as 1/2 cup of liquid.
- Moist fruits, such as citrus or watermelon are a great snack to quench thirst.
- Add a few drops of lemon to your beverage or ice cube tray.
- Use sour hard candy or chewing gum to save liquids until mealtime.
- Brush your teeth and rinse your mouth out with cold water.
- Splash cold water on your face and body when you need to cool-off.
- Avoid added salt and high sodium foods that can make you thirsty and hold onto fluid.

EMOTIONAL HEALTH



EMOTIONS AND CHF

Having a diagnosis of congestive heart failure can cause feelings of fear, depression, anxiety, nervousness, etc. for you and your family.

Feeling different emotions is a normal human process. When diagnosed with CHF, it is especially important to understand and pay attention to your emotions.

Stress and anxiety can cause the heart to work harder. When you feel nervous or anxious, your heart beats faster and breathing becomes more rapid.

Leaning on your support system, talking about your feelings with friends, family or a counselor and practicing stress-reducing activities can help you manage your emotions.

STRESS MANAGEMENT TIPS

- Understand the cause of your stress
- Practice deep breathing
 - Inhale while slowly counting to 3, exhale slowly counting to 3
- Exercise daily - Walk, swim, join a class, chair exercises
- Healthy eating - limit sugary and fatty foods/drinks
- Practice good sleeping habits
 - Establish a consistent bedtime, dim lights, eliminate loud noises, turn off the TV
- Take a mental break: music, reading, enjoyable hobby
- Lean on your support network of family or friends
- Control perspective: think "Can I really control this situation?"
- Talk to a professional
- Smile and Laugh
 - Watch comedies, tell jokes with your friends, smile at those passing by



HEALTH EDUCATION

HEALTH EDUCATION CHECKLIST

- I will follow my nutrition goals and continue meeting with dietitian.
- I will create an exercise regimen so I can be successful with 3 days of cardio and 2 days strength training.
- I will use the exercise log to hold myself accountable for daily exercise.
- I will weigh daily and use log.
- I reviewed and understand the signs and symptoms of peripheral edema.
- I understand how to manage peripheral edema.
- I reviewed and understand the signs and symptoms of pulmonary edema.
- I understand the importance of using CPAP/BiPAP therapy nightly.
- I will start practicing pursed lip breathing exercises as demonstrated.
- I will follow up with pulmonologist as scheduled.
- I give consent for further evaluation for obstructive sleep apnea.
- I will follow the commandments for sleep hygiene.

PERIPHERAL EDEMA SIGNS AND SYMPTOMS



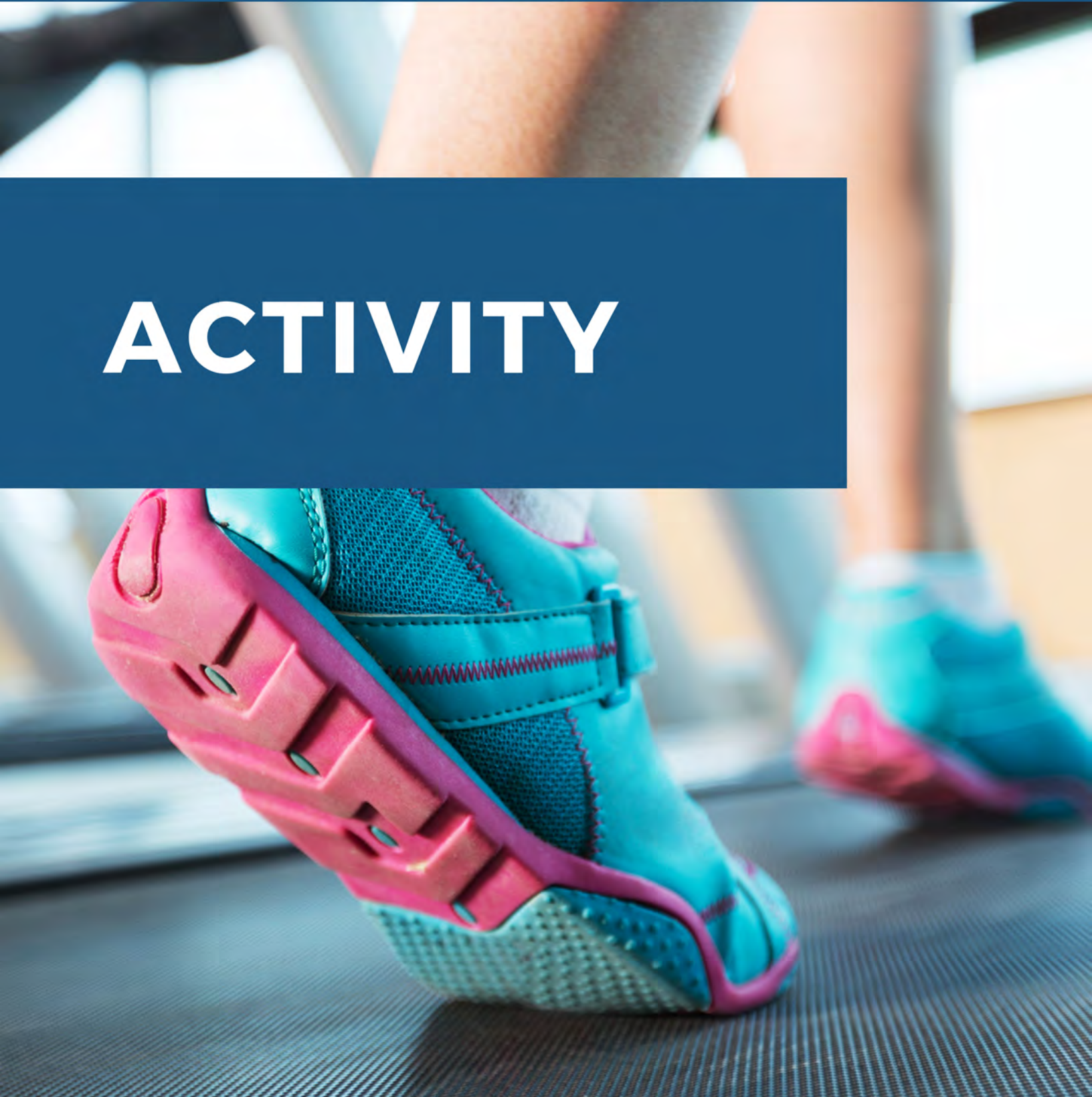
What Is Peripheral Edema?

Peripheral edema means swelling in your arms and legs. This happens when fluid gathers in your tissues.

SIGNS & SYMPTOMS:

- Heavy feeling in your arm or leg.
- Swelling and puffiness, leaving a dent with your finger when you press on the area (pitting).
- Skin that feels tight and warm.
- Difficulty moving joints around the affected area.
- Pain and tension around the affected area.
- Feeling of pressure in the swollen area, which can be related to pressure on the veins in your legs.
- When shoes, clothing, or jewelry become tight around the swollen area.

ACTIVITY



PERIPHERAL EDEMA PREVENTION & EXERCISE



- Leg, ankle and foot edema can be improved by elevating the legs above heart level for 30 minutes three or four times per day.



- Make a schedule of time spent sitting in chair vs lying down with legs elevated above heart level. DO NOT sit nor stand for long periods of time.



- Develop a walking or an exercise schedule to increase circulation and fluid movement. Try cycling, swimming, rowing or water aerobics. Work up to 30-45 minutes daily.



- Plan to exercise 1-2 hours after a light meal. Try not to exercise straight after a large meal, or when you haven't eaten for a long time.



- Remember some shortness of breath or a faster heart rate is expected when you exercise. If you have excessive shortness of breath, a rapid heart rate that does not resolve after 15 minutes of rest, dizziness, chest discomfort, or weakness, stop your exercise, rest, and notify your doctor.



- Listen to the signals your body sends you. Activities that require holding your breath, bearing down or sudden bursts of energy are best avoided.



- Compression stockings to compress the edema and stimulate circulation.

<https://my.clevelandclinic.org/departments/heart/patient-education/recovery-care/heart-failure/exercise-activity>

<https://www.heartfailurematters.org/what-you-can-do/activity-and-exercise/>

CHAIR EXERCISES



←-----• OVERHEAD PRESS

Use: no weight, light dumbbells, resistance bands, filled water bottles, or canned food
Do: sets of 10

SIDE TWIST ----->

Use: no weight, medicine ball, or single dumbbell
Do: sets of 10



←-----• LEG RAISES

Use: no weight, ankle weights, or resistance bands
Do: sets of 10 (each leg)

SIT-TO-STAND ----->

Use: no weight or hold light dumbbell or medicine ball
Do: sets of 10



PHYSICAL ACTIVITY TRACKER

Week Number _____

Date	*Type	**Intensity	***Time	****Reflection

Total Number of Minutes _____

*Type - walking, jogging, lifting weights, climbing stairs, lunges, squats, push-ups, sit-ups, pull-ups, swimming

**Intensity - light, moderate, heavy

***Time - amount of time in minutes spent performing physical activity

****Reflection - how you felt after exercise like: energized, satisfied, tired, sore, etc.

10 WAYS TO PREVENT FALLS



- **Talk to Your Healthcare Provider**

- Know the side effects of your medication and let your provider know about any falls.



- **Eye Exam**

- Routine eye exams will diagnose any vision problems or need to update an eyeglass prescription.



- **Footwear**

- Make sure shoes have non-skid or textured soles. Avoid slippers, flip flops, opened-toe or open-heeled shoes. Also, ask your provider to examine your feet if you have concerns.



- **Assistive Devices**

- If you're holding onto furniture or walls when you walk, you probably need a cane, walker, or other assistive device. Be sure to discuss your balance concerns with your family and healthcare provider.



- **Stay Alert**

- Stay away from wet surfaces and don't stand on chairs to reach things in high places.



- **Environment**

- Make sure all pathways, doorways, sidewalks, and any areas where you walk are clear and free of clutter.
- All wires and cords should be out of pathways.
- Avoid keeping your environment too hot or too cold as this could make you dizzy.

10 WAYS TO PREVENT FALLS

- **Environment**

- Grab bars in the tub/shower and a textured surface or mat will help prevent an accidental fall.
- Remove any throw rugs or scatter rugs that are not secure.
- Use night lights to help navigate those nightly trips to the restroom.
- Have adequate lighting.
- Install railings on all steps or stairways inside and out.
- Know where your pets are to avoid tripping or falling.



- **Slow Down**

- Sit on the side of the bed when you wake up in the morning before standing. This will help prevent dizziness.



- **Balance Exercises**

- Tai-Chi, Yoga, Chair Yoga



- **Arm Swing**

- Swinging your arms when you walk is a natural part of walking and helps counter-balance your hips and torso to prevent falls.



- **Clothing**

- Avoid baggy clothing, or clothing that touches the ground.





BREATHING

PULMONARY EDEMA SIGNS AND SYMPTOMS

- Trouble breathing or a feeling of suffocating or drowning when lying down
- Coughing with blood tinged or pink frothy mucus
- Anxiety, restlessness
- Excessive sweating
- Cold, clammy pale skin
- Wheezing
- Palpitations- irregular heart beat
- Chest pain
- Bluish Lips
- DO NOT leave acute signs and symptoms untreated. These can turn into an emergency very quickly. It's best to see your doctor or call 911 if symptoms worsen.

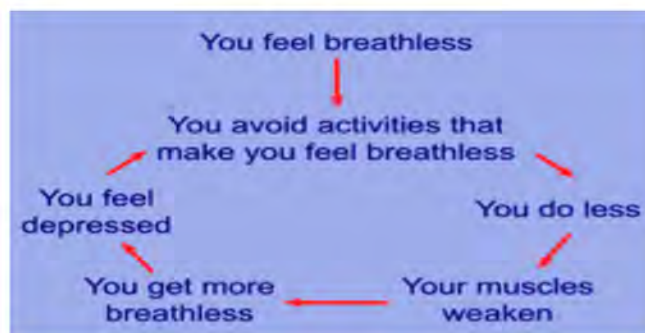


PURSED LIP BREATHING



To do pursed-lips breathing:

1. Breathe in through your nose (as if you are smelling something) for about 2 seconds.
2. Pucker your lips like you're getting ready to blow out candles on a birthday cake.
3. Breathe out very slowly through pursed-lips, two to three times longer than you breathed in.
4. Repeat.

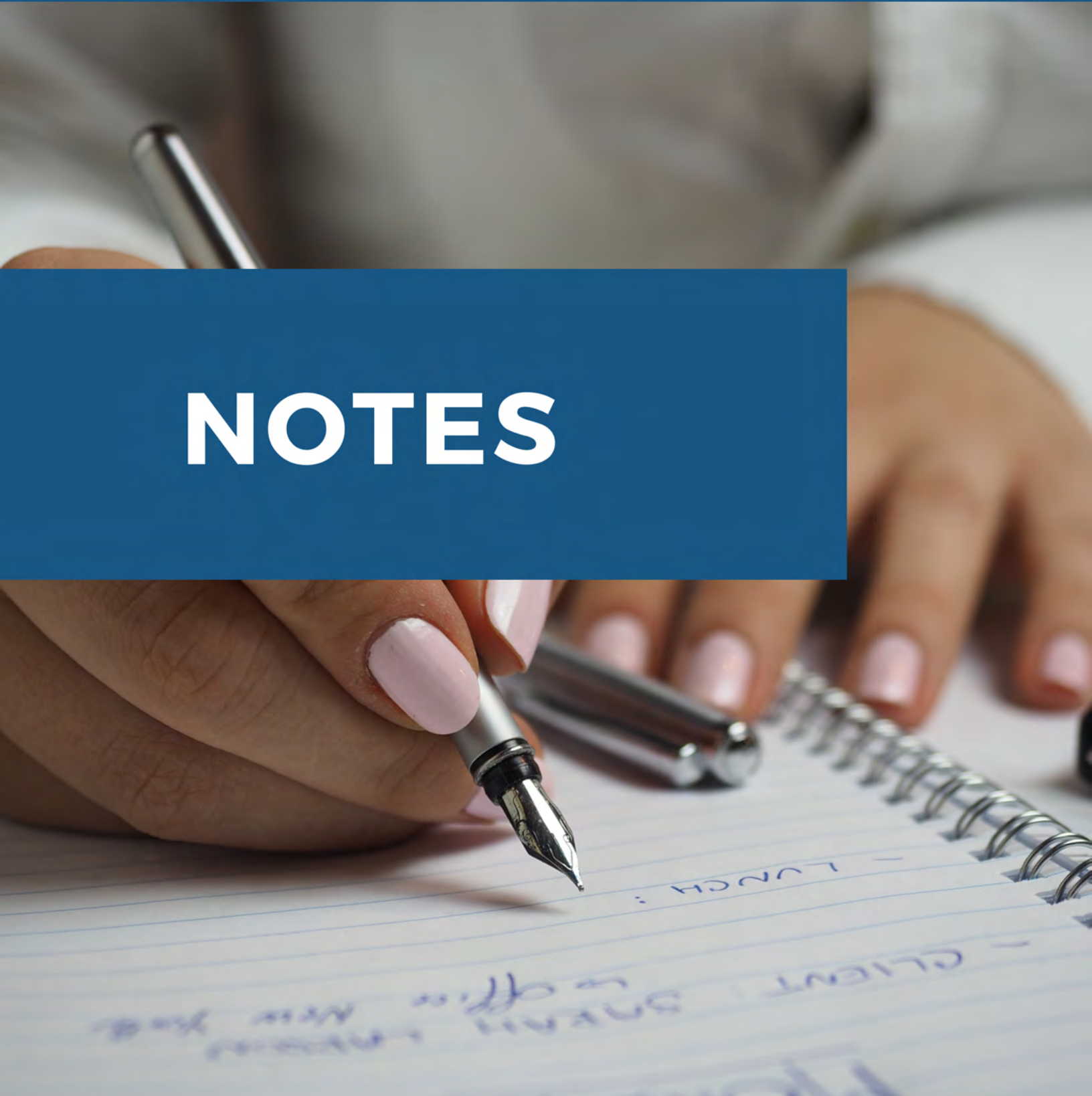


SLEEP HYGIENE

10 Sleep Hygiene Commandments

- Set a regular bed time and an awakening time.
- If you take a nap, try not to exceed 45 minutes of daytime sleep.
- Avoid alcohol ingestion four hours before bedtime and do not smoke.
- Avoid caffeine six hours before bedtime. This includes coffee, soda, tea and as well as chocolate.
- Avoid heavy, spicy or sugary foods four hours before bedtime. Having a light snack before bed is acceptable.
- Exercise regularly, but not right before bed.
- Use comfortable bedding.
- Find a comfortable temperature setting for sleeping and keep the room well ventilated.
- Block out all distracting noise and eliminate as much light as possible.
- Reserve the bed for sleep. Don't use the bedroom as an office, workroom or recreation room.

NOTES



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