



Dear SafeMed Program  
901-516-2474

, 2014

Dear Dr. MD,

Your patient, , has been enrolled in the SafeMed Program during his/her hospitalization stay at Methodist that began on .

SafeMed is a free program provided by Methodist Healthcare to help patients transition from hospital to home and get the care they need the most. The SafeMed team is comprised of pharmacists, a nurse practitioner, a social worker, licensed practical nurses, and pharmacy technicians.

The SafeMed pharmacist, social worker, and nurse practitioner have met with your patient to assess their needs and help them get the care and medications they need the most after discharge. The pharmacist has performed a comprehensive medication review. The social worker has completed a psychosocial assessment. The nurse practitioner has educated the patient with a disease specific toolkit that focuses on self-care, and tracking and subsequent reporting of symptoms.

has been educated on the toolkit. I have included below self-care goals and zones below. Please help us reinforce these self-care goals and zones at follow-up visits with you.

### Asthma

#### *Self-care goals:*

1. Follow-up with PCP within 1 week of discharge. Maintain regular follow-up, at least 2 times/year.
2. Take all medicines as ordered by my PCP.
3. Quit smoking. Stay away from second hand smoke. Avoid triggers.
4. Stay active. Exercise at least 30 minutes/day.
5. Check peak flow daily and record. Use oxygen, nebulizer, and/or inhalers as ordered.
6. Vaccinate for flu and pneumonia.

#### *Zones:*

##### **RED ZONE: MEDICAL ALERT**

Symptoms: Breathing is hard; breathing is noisy; cannot talk or walk; rescue medicine is not helping. Peak flow readings are less than 50% of personal best.  
Plan: Call 911 right away.

##### **YELLOW ZONE: CAUTION**

Symptoms: Breathing is getting hard; breathing is getting noisy; cough; not sleeping well; peak flow readings are 50-79% of personal best.

Plan: Call your doctor to talk about how you are feeling. Your doctor may need to see you or to change your medicine. Talk to a person and do not leave a message. If you must leave a message, call again in 2 hours if you have not been called back.

**GREEN ZONE: ALL CLEAR**

Symptoms: Breathing is easy; breathing is quiet; no cough; sleeping well; peak flow readings are 80-100% of personal best.

Plan: Continue with self-care goals.

**CAD**

*Self-care goals:*

1. Follow-up with PCP within 1 week of discharge. Maintain regular follow-up, at least 2 times/year.
2. Take all medicines as ordered by my PCP.
3. Adhere to a low-salt, low-fat, high fiber diet. Avoid excessive caffeine intake.
4. Monitor blood pressure at least once daily.
5. Quit smoking.
6. Limit alcohol to no more than two drinks per day if a man or no more than one drink per day. If a woman. One drink equals: 1 ½ ounces of liquor, or 6 ounces of wine, or 12 ounces of beer.
7. **Stay active. Exercise at least three times a week for 30 minutes, or as recommended by my PCP or therapist. Go to a cardiac rehab program if recommended by my PCP.**

*Zones:*

**RED ZONE: MEDICAL ALERT**

Symptoms: Short of breath at rest or have shortness of breath that does not stop; very bad chest pain; chest pain that does not go away with rest or medicine; chest pain in your chest, jaw, back, arms, stomach, or neck that does stop with res; lightheaded or dizzy at rest, or faint; confused.

Plan: Call 911 right away.

**YELLOW ZONE: CAUTION**

Symptoms: Less energy or moving around gets harder; more short of breath when moving around; lightheaded or dizzy with movement; heart beat is very fast or very slow, or feels like it is skipping beats; nausea and vomiting that does not go away; more anxious, worried, or sad.

Plan: Call your doctor to talk about how you are feeling. Your doctor may need to see you or to change your medicine. Talk to a person and do not leave a message. If you must leave a message, call again in 2 hours if you have not been called back.

**GREEN ZONE: ALL CLEAR**

Symptoms: No shortness of breath; no chest pain; no changes in your activity level no changes in pulse.

Plan: Continue with self-care goals.

## CHF

### *Self-care goals:*

1. Follow-up with PCP within 1 week of discharge. Maintain regular follow-up, at least 3 times/year.
2. Take all medicines as ordered by my PCP.
3. Weigh daily and record.
4. Adhere to a low-salt diet.
5. Limit alcohol to no more than two drinks per day if a man or no more than one drink per day. If a woman. One drink equals: 1 ½ ounces of liquor, or 6 ounces of wine, or 12 ounces of beer.
6. Fluid restriction of 1-2 liters/day unless directed otherwise.
7. Quit smoking.
8. Stay active. Exercise at least three times a week for 30 minutes, or as recommended by my PCP or therapist. Go to a cardiac rehab program if recommended by my PCP.

### *Zones:*

#### **RED ZONE: MEDICAL ALERT**

Symptoms: Can't catch your breath even at rest; short of breath and it does not stop; chest pain that does not stop; wheezing or feel chest tightness when you are resting; confusion.

Plan: Call 911 right away.

#### **YELLOW ZONE: CAUTION**

Symptoms: Coughing more when you lie down or when you move around; have less energy or moving around becomes harder; short of breath when moving around; use more pillows at night to be able to sleep; need to sit in a chair to sleep; gain more than two pounds in two days, or five pounds in seven days; more swelling in your feet, ankles, legs or stomach.

Plan: Call your doctor to talk about how you are feeling. Your doctor may need to see you or to change your medicine. Talk to a person and do not leave a message. If you must leave a message, call again in 2 hours if you have not been called back.

#### **GREEN ZONE: ALL CLEAR**

Symptoms: Breathing is the same or better; no chest pain; can move around as well or better than before; not swelling more than usual; no weight gain more than two pounds in two days or five pounds in a week.

Plan: Continue with self-care goals.

## COPD

### *Self-care goals:*

1. Follow-up with PCP within 1 week of discharge. Maintain regular follow-up, at least 2 times/year.
2. Take all medicines as ordered by my PCP.
3. Adhere to a low-salt diet.
4. Drink plenty of fluid.

5. Quit smoking. Stay away from second hand smoke. Avoid triggers.
6. Stay active. Exercise at least 30 minutes/day.
7. Check peak flow daily and record. Use oxygen, nebulizer, and/or inhalers as ordered.
8. Vaccinate for flu and pneumonia.

*Zones:*

**RED ZONE: MEDICAL ALERT**

Symptoms: Can't catch your breath, even at rest; too short of breath to eat, drink, or sleep; chest tightness, pain or pressure that does not stop with meds or rest; lightheaded or dizzy at rest, or you faint; very anxious, scared, or can't sit still; confused or your body is having spasms.

Plan: Call 911 right away.

**YELLOW ZONE: CAUTION**

Symptoms: Moving around gets harder, breathing is worse; more cough; more wheezing; more tired or weak; heart is racing; cannot eat or drink well; lose or gain weight (more than 5 lbs.) without trying; fever or chills; anxiety or worry; trouble sitting still; more sad, angry, or upset; muscles jerk, shake, or twitch; use your breathing meds more, or they are not helping; skin color is pale, spotty, or blue peak flow number is going down.

Plan: Call your doctor to talk about how you are feeling. Your doctor may need to see you or to change your medication. Talk to a person and do not leave a message. If you must leave a message, call again in 2 hours if you have not been called back.

**GREEN ZONE: ALL CLEAR**

Symptoms: Breathing is the same or better; moving around as good or better than before; can eat and drink well; do not have any of the signs in the yellow or red zones.

Plan: Continue with self-care goals.

## Diabetes

*Self-care:*

1. Follow-up with PCP within 1 week of discharge. Maintain regular follow-up, at least 3 times/year.
2. Take all medicines as ordered by my PCP.
3. Eat 3 meals/day. Eat 4 servings of carbohydrates at every meal. Eat a protein at every meal. Eat foods that are boiled, baked, broiled, roasted, grilled, or steamed (not fried). Have sugar-free drinks and no-sugar-added foods.
4. Monitor blood sugars daily and record.
5. Eye appointment yearly.
6. Check skin and feet daily for sores or blisters.
7. Check cholesterol yearly.
8. Limit alcohol to no more than two drinks per day if a man or no more than one drink per day. If a woman. One drink equals: 1 ½ ounces of liquor, or



6 ounces of wine, or 12 ounces of beer. If on insulin, I will drink alcohol with food only.

9. Stay active. Exercise at least 30 minutes/day.

Zones:

**RED ZONE: MEDICAL ALERT**

Symptoms: Pass out or are confused; so tired and sleepy you can't get up; breath smells fruity; can't get enough to drink; eyesight gets bad very quickly; urinate a lot and have to go to the bathroom every hour; bad stomach pain, and can't keep down medicine or liquids; blood sugar is more than 250 for 2-3 days; very fast breathing or heart beat; skin is dry, red, or hot.

Plan: Call 911 right away.

**YELLOW ZONE: CAUTION**

Symptoms: Fever or chills, or feel sick; extra hungry or thirsty; have less or more urine out than normal; eyesight becomes blurry; bad headache or get dizzy; sick to your stomach or vomit; diarrhea, stomach pain, or cramps; weak or more tired than usual; skin is cold or clammy; heart is beating faster than usual; breathing faster than normal; more worried or stressed; blood sugar is less than 70 and stays there; blood sugar is more than 150 and stays there.

Plan: Call your doctor to talk about how you are feeling. Your doctor may need to see you or to change your medicine. Talk to a person and do not leave a message. If you must leave a message, call again in 2 hours if you have not been called back.

**GREEN ZONE: ALL CLEAR**

Symptoms: Your blood sugar is under control. Normal blood sugar is between 70 - 150 at most times.

Plan: Continue with self-care goals.

## Hypertension

Self-care:

1. Follow-up with PCP within 1 week of discharge. Maintain regular follow-up, at least 2 times/year.
2. Take all medicines as ordered by my PCP.
3. Adhere to a low-salt, low-fat, high fiber diet.
4. Monitor blood pressure at least once daily.
5. Quit smoking.
6. Limit alcohol to no more than two drinks per day if a man or no more than one drink per day. If a woman. One drink equals: 1 ½ ounces of liquor, or 6 ounces of wine, or 12 ounces of beer.
7. Stay active. Exercise at least 30 minutes/day.

Zones:

**RED ZONE: MEDICAL ALERT**



Symptoms: Blood pressure is very high (more than 180/110); sudden numbness or weakness in face, arm or leg; confused, are unable to talk or understand well; sudden trouble seeing in one or both eyes; sudden trouble walking, are dizzy, or lose balance; sudden bad headache with no known cause; cannot catch your breath, even at rest; very bad chest pain; chest pain or pressure that does not stop with medication or rest; pain in jaw, back, arms, stomach, or neck that does not stop with rest; lightheaded or dizzy at rest, or you faint.

Plan: Call 911 right away.

**YELLOW ZONE: CAUTION**

Symptoms: Blood pressure is lower or higher than the goal range; more tired or moving around is harder; less alert or extra sleepy; headache that won't go away; nausea or vomiting; nosebleed; less urine out than normal; more short of breath when moving around; swelling; anxious, worried, or depressed.

Plan: Call your doctor to talk about how you are feeling. Your doctor may need to see you or to change your medicine. Talk to a person and do not leave a message. If you must leave a message, call again in 2 hours if you have not been called back.

**GREEN ZONE: ALL CLEAR**

Symptoms: Blood pressure is in the goal range; no signs in the yellow or red zones.

Plan: Continue with self-care goals.

Once your patient is discharged from the hospital, the nurse practitioner will fax a discharge summary to you. The SafeMed licensed practical nurses and pharmacy technicians will conduct a home visit within 48-72 hours after discharge to follow-up on discharge instructions, prevent disease exacerbations, and support medication adherence. Another comprehensive medication review will be offered to the patient five weeks post-discharge. The patient will also be invited to attend monthly support sessions. Further individualized interventions may include the nurse practitioner attending outpatient follow-up visits and/or social work home visits and/or et cetera as needs are identified.

It is our goal to coordinate care with you. If you have any questions, please feel free to contact us at 901.516.5800. We look forward to working with you.

Thank you,

The SafeMed Team