

life's point

Focus on Health Care

Colorado Plains Medical Center

Camaraderie is expressed by CPMC obstetric nurses Monica Lopez, Loretta Klinger, Marie Turner, Jamie Freauff, and Lisa Hammond at a recent hospital function.

—Photo by Sandy Schneider-Engle



The Right Heart Care,

Right When You Need It

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Dear Friends,



Life's Point

Part of what makes Colorado Plains Medical Center a comforting place to heal compared to other hospitals is our team members' compassion and dedication to patient wellness. It is evident at every level, from our physicians and nurses, to the welcoming people who greet visitors and the housekeeping staff who keep our environment clean.

In this issue, we highlight some of the selfless work of our team members and how they help others heal outside of CPMC's walls. Several of our team members and physicians

traveled to Haiti soon after the devastating earthquake to help in medical relief efforts. Another instance of this caring can be found through Becky Schutter's story. This mother watched her fellow CPMC co-worker struggle with her daughter's need for a kidney transplant, leading Schutter to donate one of her own kidneys. These powerful stories can be found on page 3.

As your community hospital, we strive to remain on the leading edge of care. This dedication allows us to provide invaluable services that help

our neighbors heal. Our feature story on pages 4 and 5 highlights one of our newest advancements—a new protocol for helping victims of cardiac arrest. As the county's only Level III Trauma Center, we consistently seek lifesaving measures and advancements for those needing emergency care.

Our goal is to provide you with the best care possible. Throughout the pages of *Life's Point*, you'll find health and wellness information designed to help you and your loved ones remain as healthy as possible. As always, CPMC is here for your health.

Tell Stress to Take a Time Out

Are you constantly feeling frustrated at work, finding yourself agitated at home, or fighting with your loved ones? You could be experiencing too much stress.

Some stress is a normal component in every person's life. However, if your mood or physical health is affected on a daily basis, it's time to take charge of your life again.

"When stress begins to have a negative impact on the sleeping and eating habits of a person, it can greatly affect his or her overall well-being if left untreated,"

says Robert Wolfsohn, PsyD, licensed clinical psychologist at Colorado Plains Medical Center. "The greatest sources of stress include finances, personal health, and relationships."



Robert Wolfsohn, PsyD

Symptoms of stress include:

- changes in appetite
- depression
- increased anxiety
- irritability
- lack of energy
- reduced concentration and attention span
- substance abuse

DE-STRESS NOW FOR BETTER HEALTH

If you are currently feeling the effects of stress, take a moment to evaluate your life. Make a list of things that are bothering you and look for solutions.

"Recognizing stressors is the first step. A person must be willing to spend time figuring out what is causing him or her to experience more stress," says Dr. Wolfsohn. "From that point, people can make changes in their lives to reduce stress."



Once you've gotten stress under control, remember to take time for yourself to do a relaxing activity you enjoy, such as writing, gardening, or playing with your pets.

Turn to page 6 to learn about hypertension, which can be exacerbated by stress.

A Lifesaving Gift

Many individuals would go to the ends of the earth for a child, sibling, or spouse. However, how many would be willing to undergo a life-saving organ transplant for a co-worker or, even more amazing, a co-worker's child?



Becky Schutter and Rita Gonzalez

Becky Schutter would. The mother of three and resident of Weldona is the Director of Housekeeping Services at Colorado Plains Medical Center. For the past couple of years, she has observed the ups and downs experienced by fellow housekeeping team member Yolanda Flores and Flores' 28-year-old daughter, Rita Gonzalez, who depended upon kidney dialysis treatment three days a week.

"One day I took a long, hard look at the situation and asked myself what I could do to help and why I couldn't give one of my kidneys," notes Schutter.

Schutter inquired about what it might take for her to become a donor for Gonzalez, as others had tried to help but were unsuitable donors. While Schutter was quietly checking on donor eligibility, Gonzalez maintained her dialysis routine.

HAVING HOPE

"I was hospitalized, under a lot of stress, and just wanted to give up," says Gonzalez. "But my friends and family, including my children, pulled me through. I just kept clinging to hope."

On January 6, the women underwent their procedures. So far, they seem to have been a success.

"It really gave me a perspective on how Rita must have felt. The day after surgery, she remarked how good she felt and that she could already tell the difference, whereas I felt drained," notes Schutter. "If asked, I would do it again. There's no greater gift than the gift of life."

Recently, the *Fort Morgan Times* selected Schutter as one of the community's "Angels Among Us" award recipients for her act of kindness.

Bringing Hope to Tragedy

On January 12, people learned of the devastation in Haiti caused by an earthquake. Soon after, several Colorado Plains Medical Center caregivers participated in frontline relief efforts.

According to Rob Ferguson, Emergency Department nurse and mission team participant, he has always wanted to be a part of a disaster response team.

"Being able to alleviate pain is what nursing is about," says Ferguson. "The Haiti experience gave me the opportunity to help people who needed it the most."

On January 31, Ferguson, Scott Reyez, Jeff Cook, MD, and Elias Hernandez, MD, headed to Haiti for a medical mission

arranged through Adventist Medical Evangelism Network (AMEN) in Texas.

SATISFYING DAYS

The team began the monumental task of caring for the people of Haiti. Approximately 400 to 500 people were triaged in an outpatient clinic. In addition to those directly injured from the earthquake, many lined up to receive badly needed preventive care or to have medical personnel render aid for injuries and illnesses not related to the disaster. Dr. Hernandez even performed a delivery while on the mission.

The work was overwhelming and often the medical team would work until 8 p.m. For this reason, many of the response teams and organizations would send replacement teams every week.

"We struggle with the notion of whether our short time in Haiti was effective," Reyez adds. "However, we have come to the



Scott Reyez, RN, and Rob Ferguson, RN



Elias Hernandez, MD

realization that even if our impact is small, it meant that several people's lives were potentially saved or improved. That makes a huge difference."



Jeff Cook, MD, with his sister, Laura Cook, NP



By the Numbers

Roughly 300,000 people die from sudden cardiac arrest in the United States annually. Of the patients who are resuscitated, only 5 percent survive through hospital discharge and recovery. Of those cardiac arrest patients who survive to the hospital but do not discharge:

- 10 percent die from current dysrhythmias—a heart beating too fast, too slow, or irregularly
- 30 percent die from cardiovascular collapse
- 40 percent die from neurological impairment
- 20 percent die from other causes

The statistics may seem grim, but there is hope for the 40 percent with a new protocol in place at Colorado Plains Medical Center. Therapeutic hypothermia targets the patients with neurological impairment and strives to reduce long-term damage and save their lives.

On the Same Page

The medical team at Colorado Plains Medical Center works closely with Morgan County Ambulance Service to identify patients in need of specific stroke or cardiac care when seconds count. From the outset, Emergency Medical Services (EMS) personnel were included in the education and participation of the new therapeutic hypothermia protocol for patients with cardiac arrest who meet specific criteria.

When EMS personnel reach a patient who has suffered cardiac arrest, they can alert the Emergency Department (ED) staff that a potential candidate for therapeutic hypothermia is on the way. Once the notification is received, ED staff can prepare to receive and stabilize the patient and schedule critical care transportation via helicopter for further treatment at another facility.

During cardiac arrest, the heart stops beating effectively, depriving the brain of vital blood and oxygen. Treatment at Colorado Plains Medical Center is designed to save brain tissue. Adopting a new protocol for therapeutic hypothermia that minimizes brain damage for cardiac arrest patients, CPMC surgeons can reduce damage to the brain and improve a patient's outlook for recovery.

When cardiac arrest occurs, the heart stops circulating blood through the body. When the human brain is deprived of oxygen for more than five minutes, it will experience inflammation and the attack of free radicals when blood flow is restored.

Controlled hypothermia cools the body to slow metabolic processes and protect the brain from damage. Neurological damage after cardiac arrest can vary, and it may result in diminished cognitive or physical ability, such as losing 20 IQ points or the coordination to run.



Bentley Tate, MD

“People with good to excellent health who experience cardiac arrest might receive a good prognosis from the cardiologist, ‘your heart came through this just fine,’ yet sustain permanent brain damage,” says Bentley Tate, MD, emergency physician and Emergency Department Medical Director at CPMC. “Cooling these patients starting with a near-freezing intravenous saline solution and ice packs for 24 hours allows the body to recover while limiting additional damage to the brain.”

THERAPEUTIC HYPOTHERMIA PROTOCOL

CPMC instituted a new therapeutic hypothermia protocol in January for patients who arrive unconscious after cardiac arrest. Candidates for the procedure are assessed within five minutes of arrival in the ED.

Patients who are conscious, visibly pregnant, younger than 18 years old, or required more than one hour of cardiopulmonary resuscitation would not be good candidates for controlled hypothermia. The protocol must be administered within six hours of the return of blood flow, although the sooner hypothermia is initiated, the better the results.

First, candidates for therapeutic hypothermia receive breathing assistance if they did not receive it in the field. A baseline electrocardiogram is performed. Patients are sedated so they will not feel the cold before an intravenous saline solution is administered and ice packs are applied.

Patients' core temperatures are constantly monitored

through a catheter or esophageal probe to keep them between 89.6 and 93.2 degrees Fahrenheit. Once cooled, patients can be airlifted to another facility to receive appropriate cardiac care. After 24 hours of monitoring in an intensive care unit, the cooled patient is allowed to return to normal body temperature.

LINK TO YOUR HEART

Dr. Tate estimates the new hypothermia protocol for patients with cardiac arrest will apply to three to five patients annually at CPMC. In addition, CPMC performs a number of procedures to stabilize patients who require emergency or scheduled cardiac care.

Patients may receive thrombolytics—blood-thinning drugs—in the ED before critical care transport via helicopter or ambulance to another facility. Cardiologists visit CPMC three days each week, forging strong bonds with their patients in the community.

“Therapeutic hypothermia for cardiac arrest patients is an exciting intervention that has been recommended by the American Heart Association for several years, but programs around the country are just now establishing protocols to treat patients using this technique,” says Sue Glazier, RN, certified emergency nurse and Critical Care Coordinator at CPMC. “CPMC is on the forefront of rural hospital care by offering this wonderful protocol to our patients who live farther away from other cardiac centers that might offer it.”



Sue Glazier, RN

For more information about Emergency Department services at CPMC, visit www.ColoradoPlainsMedicalCenter.com.

Heart to Heart

Colorado Plains Medical Center's close relationship with the Heart Center of the Rockies provides patients access to 18 cardiologists and two cardiovascular surgeons. This link to 30 years of quality cardiovascular services builds on CPMC's advanced diagnostic cardiac services.

Limiting the need for Northeastern Colorado residents to travel far for cardiac testing and evaluation, CPMC features the following services:

- cardioversions
- echocardiograms
- therapeutic infusions



Too Much Pressure?

Approximately one-third of people who have hypertension don't even know it. Could you be one of them?

Blood pressure is the measurement of blood produced from the heart and forced against the artery walls. When that pressure becomes too high, it is referred to as hypertension, or high blood pressure.

The heart of a person with high blood pressure is forced to pump harder, which puts unnecessary strain on the heart and arteries. This overexertion by the heart causes the artery walls to thicken and stiffen, which can lead to the narrowing of the artery and an increased risk of blockages.

“Untreated hypertension can have a variety of long-term effects, including stroke, heart attack, heart failure, and kidney disease,” says Anil Shrestha, MD, board-certified internist on staff at Colorado Plains Medical Center. “Hypertension may not always exhibit symptoms, which is why monitoring blood pressure on a regular basis is so important.”



Anil Shrestha, MD

Typically, only severe cases of extremely high blood pressure will cause symptoms. Signs that should cause concern include:

- chest pain
- dizziness
- headaches
- pounding sensation in the chest, neck, or ears
- vision problems

AM I AT RISK?

Hypertension can affect a multitude of people and often no cause can be identified.

“Patients can sometimes have what is known as secondary hypertension,” says Dr. Shrestha. “Secondary hypertension refers to cases which result from a specific condition, medication, or habit.”

Underlying causes of secondary hypertension may include:

- alcohol abuse
- anxiety
- certain medications
- inactivity
- obesity or being overweight
- renal artery stenosis
- smoking
- stress

People with diabetes or a family history of high blood pressure are also at greater risk.

CAN I REDUCE MY BLOOD PRESSURE?

You can help lower your blood pressure with lifestyle changes that include cutting back on salt consumption, increasing physical activity, incorporating more fruits and vegetables into your diet, limiting alcohol intake, and maintaining a healthy weight.

“Although prevention through a healthy lifestyle is best for avoiding hypertension, prescription medications are available to help control your blood pressure,” says Benedict Favoritade, MD, board-certified internist on staff at CPMC. “Complications of hypertension are very serious. If diagnosed and treated early, you can greatly reduce your risks.”



Benedict Favoritade, MD

Find a physician who can screen you for hypertension by calling (970) 867-3391.

How Do I Read My Blood Pressure?

When reading your blood pressure score, two numbers will appear.

- The top number measures your systolic pressure, or the pressure produced when the heart beats.
- The bottom number measures your diastolic pressure, or the pressure inside blood vessels when the heart is at rest.

Your blood pressure is considered normal if it is less than 120/80 mmHg. If the top number is consistently over 140, it is considered high. Similarly, if the bottom number is constantly more than 90, it is considered high.

Food and Fluids During Labor

A recently published review of existing studies on women eating or drinking fluids during labor shows previous restrictions haven't had much benefit for healthy women and their babies.

Traditionally, women have been forbidden to eat or drink during labor. Because of the risk of complications when a woman may require general anesthesia for a Cesarean section, gynecologists had recommended women consume only ice chips during labor.

"Eating a snack during labor can increase the risk of aspiration during general anesthesia," says Lois Elliott, MD, OB/GYN on staff at Colorado Plains Medical Center. "Women should try to stick with ice chips and occasional hard candy or gum during active labor."



Lois Elliott, MD

MORE THAN WATER

The American College of Obstetricians and Gynecologists recently relaxed its restrictions, allowing women with normal labor and delivery processes to consume other clear beverages without solid particles, such as clear tea, black coffee, and sports drinks.

"Often, women experience nausea at the end of the first stage of labor, up to complete dilation, or during the second stage, which is the pushing and actual delivery of the baby," says Michelle Soriano, MD, OB/GYN on staff at CPMC. "It's very important to avoid acidic drinks, such as most juices, and any heavy foods or snacks."



Michelle Soriano, MD

A wide variety of topics concerning childbirth is covered during specialized childbirth and breastfeeding classes offered through CPMC. For more information about the Birthing Unit or birthing classes at CPMC or to schedule a tour, call (970) 542-3333.



Shining Light on a Mysterious Syndrome

Guillain-Barré syndrome, a rare disorder in which the body's immune system attacks a portion of the peripheral nervous system, has no known cause or cure. However, most people who develop the disorder recover.

Guillain-Barré syndrome can affect people of all ages and is not hereditary. The disorder generally occurs following symptoms of a respiratory or gastrointestinal infection, but what triggers it is unclear.

"Most patients complain of tingling and weakness in the legs, which may spread upward into the thighs, trunk, and hands and lead to paralysis in some cases," says Kehinde Obeto, MD, FAAP, pediatrician on staff at Colorado Plains Medical Center. "Some patients may require emergency medical attention if they experience difficulty breathing or swallowing. If a child experiences



Kehinde Obeto, MD

Guillain-Barré symptoms, parents should seek medical attention if the child refuses to walk."

DIAGNOSIS AND TREATMENT

To diagnose Guillain-Barré syndrome, a physician may conduct a spinal tap to check cerebrospinal fluid for elevated protein, an indicator of the disorder. The syndrome typically abates on its own, but a Guillain-Barré patient may be admitted to the hospital for three to five days to receive intravenous immunoglobulin therapy and respiratory support, if necessary.

"Recovery may take a few weeks or a few years, with some patients experiencing lingering muscle weakness," Dr. Obeto says. "The prognosis, however, is generally good, with most patients experiencing a complete recovery."



This publication in no way seeks to serve as a substitute for professional medical care. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines. If you have any comments or questions regarding this publication, please contact the Colorado Plains Medical Center Marketing Director at (970) 542-3346.

When you're here, you're with family.



If you're currently without a primary care provider, **you're missing a big piece of your healthcare puzzle.**

When selecting a primary care provider at Colorado Plains Medical Center, you're choosing more than a healthcare professional—you're picking your partner in health. CPMC's primary care providers work with each of their patients to facilitate and guide care in such a way that brings newfound comfort, stability, safety, and trust to the medical setting.

Take a moment to meet our team of primary care providers who will work to coordinate the care you need when you need it—and remember: When you're here, you're with family.



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