

HOW TO BE A PATIENT

The Essential Guide
to Navigating the
World of Modern
Medicine

Sana Goldberg, RN

This book contains advice and information relating to healthcare. It should be used to supplement rather than replace the advice of your doctor or another trained health professional. If you know or suspect you have a health problem, it is recommended that you seek your physician's advice before embarking on any medical program or treatment. All efforts have been made to assure the accuracy of the information contained in this book as of the date of publication. This publisher and the author disclaim liability for any medical outcomes that may occur as a result of applying the methods suggested in this book.

Poetry on page 384 from Donald Hall's poem "Summer Kitchen."

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Primary Care Models: The World Is Your Oyster

The diversity of primary care settings and setups leaves you with a few more things to factor into your decision before you choose a practitioner. Do you want more one-on-one time with your PCP? Unfettered access to them? Do you want a multidisciplinary team, or one that specializes in blending Eastern and Western medicine? Do you prefer to see a provider rooted in your local community, or one with a small practice who sees fewer patients and does almost everything themselves? Or do you move around so much that you'd like to streamline care with a national corporation with multiple sites?

Below are the three main types of primary care models, with their pros and cons elaborated on, followed by a list of settings and styles in which primary care is delivered today.

Traditional practice (“fee-for-service”)

How it works: This is the model most of us are familiar with. A patient chooses a PCP in their insurance network. The PCP bills the insurance company for services rendered, and the patient is responsible for paying the deductible and co-pays.

Pros: If you have a comprehensive insurance plan that provides free physicals and specific screenings, and covers or subsidizes medications, this model generally has the fewest out-of-pocket expenses.

Cons: In this model, providers at large clinics and hospitals (as opposed to private practice) may see upward of two thousand patients, meaning their time and attention are limited.

Approximate cost: Cost is highly dependent on insurance plan, but typical co-pays are \$0 to \$25 for well visits (physicals).

Direct primary care

How it works: This is a broad array of practice models that follow a retainer-based framework. The middle man is removed. No insurance party is involved, meaning patients pay providers directly. These practices offer routine care, preventive care, and care coordination, and some offer various types of specialty care (such as pediatrics or obstetrics), so they have less need to refer patients to specialists. They also often offer a discounted rate for services like imaging and lab tests.

Pros: These practices are small, capping out at five hundred to one thousand patients, and without the constraints of the traditional model providers have substantial time to dedicate to each case. This choice can be especially worthwhile for individuals with chronic pain, health anxiety, or long-term illness.

Cons: It's expensive, and still requires the patient to have a "wraparound" insurance plan to cover hospital stays, emergency care, and, ideally, some specialty care.

Approximate cost: The average cost to the patient begins at about \$93 per month, before supplemental insurance.⁸

Concierge or membership-based model

How it works: This is akin to joining a club. On top of any insurance plan, patients in these practices pay a membership fee to get direct access to a provider and additional “uncovered” services. For instance, the doctor might give out their cell number and text with patients.

Pros: This model offers unobstructed access to the provider and considerably more one-on-one attention, with added benefits like same-day appointments and house calls.

Cons: The cost is prohibitive for the majority of folks, as it means paying fees (usually more expensive than direct primary care) on top of insurance premiums. And because there’s a wide spectrum in cost and caliber, it takes a bit of research to find the best fit.

Approximate cost: The cost varies depending on practice. Boutique practices in New York can cost a family of four \$80,000 per year, while other providers charge a flat fee of \$1,500 to \$2,000 annually, which the patient pays on top of insurance co-pays, deductibles, and any other fees.

Settings

Private practice: These clinics are typically out in the community and run by a single provider or a group of providers who work for themselves.

Community Health Center: These clinics provide care to medically underserved communities, and many take patients regardless of their ability to pay.

Hospital system: Large hospital consortiums such as Kaiser Permanente or the Mayo Clinic Health System house primary care divisions.

Teaching hospital: Teaching hospitals on the same campus as medical or nursing schools may house primary care offices or have affiliated primary care clinics offsite in neighboring communities. Massachusetts General Hospital and UCLA Medical Center are examples.

Styles

Traditional Western medicine: This is the prevalent care model in America. Healthcare professionals treat symptoms and diseases using drugs, lifestyle interventions, therapeutic interventions (for example, radiation), or surgery. You may also hear this style called allopathic medicine, conventional medicine, mainstream medicine, biomedicine, or orthodox medicine.

Functional medicine: If the body were a garden bed and its diseases weeds taking root and sprouting up, traditional medicine might look to specialists to eradicate the weeds and keep the vegetables growing. Functional medicine is more interested in the soil. Providers specializing in functional medicine employ a systems approach, meaning that rather than diagnosing and treating, they focus on identi-

fying the root cause of diseases by closely examining patients' health history and environment.

Integrated/holistic medicine: Practices rooted in this type of care are where you'll find an emphasis on lifestyle, and an incorporation of Eastern practices such as acupuncture, herbalism, chiropractic care, and massage.

Osteopathic medicine: Have you ever seen a doctor with DO after their name instead of MD? This stands for "doctor of osteopathic medicine." Osteopathic medicine focuses on holistic, patient-centered care with a strong foundation in primary care. These providers have additional training in hands-on, manipulative medicine to alleviate pain and restore function to bodily systems.

Below is an excellent list of questions for people advocating for patients at medical appointments. (The AARP made it for people advocating for their parents, but you can adapt the questions for a patient of any age.) You can give them to your advocate to mull over before the appointment or reference during it.

Diagnoses

What illness or condition do/could they have?
How is the condition or illness diagnosed?
What are the treatment options?
What is the most effective treatment?
What are the causes of this condition or illness?
What is likely to happen with and without treatment?
Are there common complications associated with this illness or condition?

Medications

What is the name of the medicine you are prescribing?
What is its benefit?
Is a generic drug available?
What are the risks and side effects?
How often should they take the drug?
How long should they take the drug?
What foods, other medicines, or activities should they avoid while taking this drug?
Could this medicine interact with any medications they are currently taking?

Tests

- Are tests necessary?
- What will they show?
- What preparation is needed?
- When will we get the results?
- What do the test results mean?

Surgeries

- Why does my loved one need surgery?
- How is the surgery performed?
- Where will the surgery be performed?
- Are there alternatives to surgery?
- What risks are associated with this operation?
- What kind of anesthesia will be used?
- What is the average recovery time?
- How much experience do you have performing this type of surgery?

Costs

- What costs can we expect?
- Will insurance cover this test or treatment?
- What can we do to reduce costs?

Written instructions

- Do you have any written information that we can take home?

Follow-up care

Is a follow-up visit necessary? If so, when should we follow up?
If we think of questions later, how can we contact you?

——Have a Headache?——

Ibuprofen, Motrin, Tylenol, Advil. We keep them stocked in our medicine cabinets and store bottles in our handbags. (One time I even woke up next to someone who kept them in a glass jar, like M&M's, on their nightstand for hangovers.) These anti-inflammatory drugs are the workhorse in our modern apothecary, but like any medication, they can have severe side effects. Here are seemingly random but important things to remember when taking these over-the-counter drugs.

Aspirin (acetylsalicylic acid) is its own animal, since its chemical makeup is distinct from those of other painkillers we take regularly. It's an acid and a blood thinner, so many people take a "baby dose" daily when they have a high risk for heart disease.

- When aspirin travels through the stomach, it thins the special layer of mucus that protects the stomach from acid, increasing the risk for bleeding.
- Aspirin can also be toxic to the ears, causing tinnitus, or ringing—a sign that you have taken too much.
- It is contraindicated (should never be used) for a child or adolescent with a respiratory illness (cold or flu) or chicken pox, as it can cause a dangerous condition called Reye's syndrome.

- Because aspirin is a blood thinner, mixing it with alcohol or anticoagulants (such as Plavix or warfarin) will increase the risk of bleeding.
- If an aspirin bottle smells like yeast or vinegar, it has lost its potency. Throw it out!

Nonselective NSAIDS (e.g., ibuprofen/Advil and Motrin, naproxen/Aleve) are anti-inflammatory, pain relieving, and fever reducing. (NSAID stands for “nonsteroidal anti-inflammatory drug.”)

- They take one to two hours to relieve pain and two to four hours to bring down a fever. Keep this timeline in mind so you don’t take another dose while waiting for the first to peak. If you use them to bring down inflammation from a chronic disease like arthritis, it will take one to two weeks for results to manifest.
- This particular group of drugs is not ideal for older adults, as they pose a risk of fatal ulcers in this population. They are also not a good option for people struggling with diabetes, heart failure, cirrhosis, hemophilia, or ulcers, or who are taking lithium.
- When these NSAIDS are used in excess over the course of a life, they increase the risk of hypertension, heart attack, and stroke, so don’t pop them with abandon!

Acetaminophen (Tylenol) does not have an anti-inflammatory effect because it works on the central nervous system rather than the peripheral nervous system.

- Because it works centrally, Tylenol is a good alternative for elderly or pregnant patients. It's also a good option if you're prone to ulcers.
- At high doses it can be damaging to the liver, which is why a Tylenol overdose can be fatal or necessitate a liver transplant if it's not reversed with an antidote within eight hours.

Antibiotics

Below are some common types and examples of antibiotics, with instructions for their use. (Antibiotics of the same overall type can be recognized by the fact that they share a prefix or suffix.)

“Cef”: cefdinir, cefixime

Never take these with alcohol (even just one drink), or you will experience an onset of flushing, sweating, heart pounding, and vomiting that will scare you off antibiotics for good. Don’t worry, the pharmacist will remind you about this one.

“Cillin”: amoxicillin, ampicillin, penicillin

Do not take these with food, as it decreases absorption of medication.

“Cycline”: doxycycline, tetracycline

Do not take these with antacids or aspirin, or if you’re pregnant. Cover up from the sun while you’re taking these and for five days following the last dose, as these antibiotics will cause you to burn more easily.

“Mycin”: clindamycin, vancomycin

Can cause ringing in and damage to ears; alert your provider at any sign of this.

“Oxacin” or “floxacin”: moxifloxacin, ofloxacin

Drink lots of water to avoid kidney stones. Cover up from the sun while you’re taking these and for five days following the last dose, as these antibiotics will cause you to burn more easily. These antibiotics can also cause tendonitis—especially in older adults and people taking corticosteroids—so if you experience tendon pain, see your provider! In rare cases, these antibiotics can cause peripheral neuropathy (tingling, numbness, and burning

in upper and lower extremities). If this happens, notify your provider.

“Sulf”: sulfamethoxazole-trimethoprim, sulfasalazine

Drink lots of water to avoid kidney stones. Cover up from the sun while you’re taking these and for five days following the last dose, as these antibiotics will cause you to burn more easily.

DESCRIBE THE LOGISTICS OF THE PAIN

When did the pain begin?

What is the pain's duration?

What relieves the pain?

What aggravates it?

WORDS TO DESCRIBE PAIN

Sharp

Shooting

Tender

Burning

Aching

Stabbing

Dull

Throbbing

Intense

Intermittent

Unrelenting

EFFECTS OF PAIN

Does the pain cause changes in:

Respiration?

Heart rate?

Does the pain cause you to:

Blush?

Have a sudden muscular contraction?

Perspire?

Clench your teeth?

IMPACT ON YOUR LIFE

Does the pain cause you to:

Withdraw from others?

Avoid activities?

Let go of personal hygiene?

Lose sleep?

Specific Situations

The following situations should send you to the emergency room immediately or to call 911:

- Breathing that is compromised or difficult
- Chest pain that is severe, radiating, of sudden onset, or accompanied by perspiration, shortness of breath, or nausea
- Severe abdominal pain (of a nature markedly different from cramps or the average stomachache)
- Severe pain in the lower back that intensifies with moderate finger pressure at the very bottom of the back
- Sudden changes in mental status, balance, speech, or perception of language
- Sudden paralysis, numbness, or weakness of a substantial portion of the body
- An alteration in mental status that indicates the patient is at risk for harming themselves or others
- Severe heart palpitations
- Rapid swelling of any body part
- Falls (in frail and/or elderly patients, especially if they take blood-thinning medications)
- Sudden change in vision or loss of vision
- Broken bone
- Dislocated joint
- Laceration that does not stop bleeding after five to ten minutes while putting pressure on it
- Head or eye injury
- Severe burns
- Seizure (when the patient does not have a history of seizures)
- Severe flu with dehydration (see page 204)

Fever that climbs above 103° (for adults), lasts for more than two days with minimal response to OTC medications, or is accompanied by a rash

Fever of 100° or higher for a newborn baby

Vaginal bleeding during or after pregnancy

Unrelenting vomiting and diarrhea

——Keep an Eye on Vitals——

Nurses and physicians record vital signs and observe trends and changes to make sure things stay within defined limits. Outside of those limits, certain vital-sign ranges forewarn of a problem and are categorized via a Modified Early Warning Score, or MEWS, table.

	3	2	1	0	1	2	3
Respirations per minute		Less than 8		9–14	15–20	21–29	More than 30
Heart rate per minute		Less than 40	45–50	51–100	101–110	111–129	More than 129
Systolic blood pressure (the top #)	Less than 70	71–80	81–100	101–199		More than 200	
Level of consciousness	Unresponsive	Responds to pain	Responds to voice	Alert	New agitation or confusion		
Temperature		Less than 35° C	35.1–36° C	36.1–38° C	38.1–38.5° C	More than 38.6° C	
Hourly urine output	Less than 10 mLs/hr	Less than 30 mLs/hr	Less than 45 mLs/hr				

- * With a score of 5–6 someone on the care team should be monitoring the patient and assessing vitals every four hours.
- * With a score of 7 or more, the providing care team should be called to come assess, or rapid response should be called.

—Resources for Caregivers—

AARP (<http://www.aarp.org/caregiving>): The organization has done a massive overhaul of its caregiving portal in recent years, and it is the most robust, helpful constellation of resources out there. It covers everything from local resources for respite care and support groups, to caregiving forums, to health recommendations specifically for caregivers.

Therapy: Just like there are therapists who specialize in chronic pain or relationships, there are therapists who are trained to work with caregivers. A questionnaire called the Modified Caregiver Strain Index, found at the National Center on Caregiving site (<http://www.caregiver.org/depression-and-caregiving>), can help you determine if you're approaching or at a point where therapy can help. After completing it, you can search for specialized clinicians.

——Recommended Reading——

The following are a few award-winning books recommended by pediatricians for young children heading to the doctor or on the precipice of surgery or hospitalization. They address complicated topics and can empower young readers with knowledge and a sense of confidence when it comes to being a patient.

Shine-A-Light: The Human Body, by Carron Brown and Rachael Saunders

Kids can use a flashlight to illuminate the book's drawings and reveal a baby in utero, muscles flexing, and bones. It's a fun way to get kids interested in exploring the mysteries under their skin and asking questions about them. It can be a good starting point to learning about a body part or condition prior to a procedure.

The Surgery Book: For Kids, by Shivani Bhatia

Written by an anesthesiologist, this book is told from the perspective of a little boy named Iggy as he gets his tonsils taken out. It's a great intro to hospital culture and a starting point for discussing different kinds of surgeries and allaying common childhood fears.

Clifford Visits the Hospital, by Norman Bridwell

I might be biased because I have a big red dog, but this classic really covers all the bases, and kids love it. It's an

excellent tool to prepare kids for longer hospital stays, or to help siblings and friends understand what's going on when their peer is in the hospital.

Beers Criteria

The Beers Criteria is a list of medications that should be used cautiously or avoided completely with older adult patients (those sixty-five or older). It is an essential resource for health practitioners—and it can be for you as well. Created in 1991, it's reviewed by the American Geriatrics Society and updated consistently every few years as new information comes out. You can access it at <http://www.geriatricscareonline.org>, but for quick reference, the top medications and classes on the list are:

NSAIDs (nonsteroidal anti-inflammatory drugs)—used to treat pain

Example: ibuprofen

Digoxin (Lanoxin)—used to treat irregular heartbeats and/or heart failure

Select diabetes medications

Examples: glyburide (DiaBeta, Micronase), chlorpropamide (Diabinese)

Benzodiazepines

Examples: diazepam (Valium), alprazolam (Xanax), chlorthalidone (Hydromin)

Sleeping pills

Examples: zaleplon (Sonata), zolpidem (Ambien), eszopiclone (Lunesta)

Muscle relaxants

Examples: cyclobenzaprine (Flexeril), methocarbamol (Robaxin), carisoprodol (Soma)

Select anticholinergics

Select antidepressants

Examples: amitriptyline (Elavil), imipramine (Tofranil)

Trihexyphenidyl (Artane)—used to treat Parkinson's disease

Dicyclomine (Bentyl)—used to treat irritable bowel syndrome

Meperidine (Demerol)—used to treat pain

Products that contain the antihistamines diphenhydramine

(Benadryl, Tylenol PM) and chlorpheniramine (Aller-Chlor, Chlor-Trimeton)—often found in OTC remedies for coughs, colds, and allergies

Haloperidol (Haldol), risperidone (Risperdal), quetiapine

(Seroquel), unless the patient is being treated for psychosis—used to treat behavioral problems in older adults with dementia

Estrogen pills and patches—used to treat hot flashes and other menopausal symptoms

——**Seek Legal Representation**——

Law Help (<https://www.lawhelp.org/resource/legal-aid-and-other-low-cost-legal-help>) can help patients search for free legal aid programs by state and territory.

American Bar Association: Medical-Legal Partnerships Pro Bono Project, Washington, DC, Office
1050 Connecticut Ave. NW, Suite 400, Washington, DC 20036, 202-662-1000.

Disability Rights Legal Center (<http://drlcenter.org/>) is a nonprofit, public interest advocacy organization that champions the civil rights of people with disabilities as well as those affected by cancer and other serious illness. It includes the Cancer Legal Resource Center (<http://cancerlegalresources.org/>).

——**Mobilize Your Community**——

Community Catalyst (<https://www.communitycatalyst.org>) is a place to start. Its mission is to organize and sustain a powerful consumer voice to ensure that all individuals and communities can influence the local, state, and national decisions that affect their health.

Black Women's Health Imperative (<https://www.bwhi.org/>) is a national organization dedicated solely to improving the health and wellness of the nation's twenty-one million

black women and girls. It contains a number of resources on women's health.

The U.S. Department of Health and Human Services Office of Minority Health (<https://minorityhealth.hhs.gov/omh/content.aspx?ID=147&lvl=1&lvlID=3>) provides information with a primary focus on communities of color within the United States and its territories.

Main Types of Insurance Plans

HMO: HEALTH MAINTENANCE ORGANIZATION

Pros: Generally lowest costs and lowest premiums

Cons: Limited to in-network providers; need a referral to see a specialist

This plan is a good option for you if you are young and generally healthy, have a PCP in the plan's network, and need an economical plan.

PPO: PREFERRED PROVIDER ORGANIZATION

Pros: Large range of providers to choose from, and you can go out of network; do not need a referral to see a specialist

Cons: Generally higher costs

This plan is a good option for you if you need access to specialists, including if you have a chronic illness and want to be able to see specialists without a referral.

HDHP: HIGH-DEDUCTIBLE HEALTH PLAN

Pros: Low premiums; plans typically arranged with employers; can deduct healthcare spending from taxes using a Health Savings Account.

Cons: Highest deductibles (at or above \$3,000)

This plan is a good option for you if your employer offers it and you're in good health.

APPENDICES

Pediatric Vaccination Schedule

VACCINATION SCHEDULE (CDC)	
Birth	Newborn blood screen Hepatitis B (Hep B)
3–5 days	Well-child visit
7–14 days	Well-child visit
2 months	Well-child visit DTaP (diphtheria, tetanus, acellular pertussis) Hep B Hib (Haemophilus influenzae type B) IPV (polio) PCV (pneumococcal vaccine) Rotavirus (given by mouth)
4 months	Well-child visit DTaP Hib IPV PCV Rotavirus (given by mouth)

VACCINATION SCHEDULE (CDC)	
6 months	Well-child visit DTaP Hep B Hib (if needed) IPV PCV Rotavirus (given by mouth)
9 months	Well-child visit
12 months	Well-child visit Hepatitis A (hep A)—not before first birthday Hib MMR (measles, mumps, rubella)—not before first birthday PCV Varicella (chicken pox)—not before first birthday
15–18 months	Well-child visit DTaP Hep A Any twelve-month immunizations not already given
2 years	Well-child visit
3 years	Well-child visit
4 years	Well-child visit DTaP IPV MMR Varicella

VACCINATION SCHEDULE (CDC)	
5 years	Well-child visit
6, 8, and 10 years	Well-child visit
11 years	Well-child visit HPV (human papillomavirus)—two doses, with six months between first and second dose MCV (meningococcal vaccine) Tdap booster (tetanus, diphtheria, acellular pertussis)
12 years	Well-child visit
13 years	Well-child visit Varicella blood test, if vaccine not given and no history of chicken pox
14 and 15 years	Well-child visit
16 years	Well-child visit MCV booster
17 years	Well-child visit

——Routine Exam Schedule——

You should get routine preventive care exams at the following times:

ROUTINE EXAM SCHEDULE	
Birth	
1 week	Well-child Exams
2 weeks	Well-child Exams
1 month	Well-child Exams
2 months	Well-child Exams
4 months	Well-child Exams
6 months	Well-child Exams
9 months	Well-child Exams
12 months	Well-child Exams
15 months	Well-child Exams
18 months	Well-child Exams
2 years	Well-child Exams
2.5 years	Well-child Exams
3 years	Well-child Exams
Age 5–18	Annually
Age 18–21	Annually
Age 21–49	Every 1–3 years depending on need/risk factors (talk with your PCP to determine how often you should plan them)
Age 50+	Annually

Common Hospital Staff

NURSING

- Chief nursing officer (CNO)
- Director of nursing services
- House supervisor
- Nurse manager
- Charge nurse
- Staff nurse
- Certified nursing assistant (CNA)

MEDICINE

- Medical director
- Head of department
- Attending physician or hospitalist
- Fellow
- Chief resident
- Senior (usually third-year) resident
- Junior (second-year) resident
- Intern (first-year resident)
- Medical student

OTHER PROFESSIONALS

Pharmacist

Registered dietician

Respiratory therapist

Speech therapists

Occupational therapists

Physical therapists

Child life specialist

Social workers

Case managers

Chaplains

Whenever somebody walks into your hospital room, ask them to identify themselves.

Medical Jargon¹

a.c.: Before meals (when to take a medication)
ACL: Anterior cruciate ligament of the knee
Ad lib: At liberty; at the patient's leisure
ADH: Antidiuretic hormone
ADHD: Attention deficit hyperactivity disorder
ADR: Adverse drug reaction
AFR: Acute renal failure
ANED: Alive, no evidence of disease
Anuric: Not producing urine
ARDS: Acute respiratory distress syndrome
ARF: Acute renal (kidney) failure
ASCVD: Atherosclerotic cardiovascular disease
b.i.d.: twice daily (how often to take a medication)
BMP: Basic metabolic panel
BP: Blood pressure
BPD: Borderline personality disorder
Cα: Cancer; carcinoma
CABG: Coronary artery bypass graft
C&S: Culture and sensitivity (to detect infection in a wound or the throat)
cap: Capsule

CBC: Complete blood count
CC: Chief complaint
cc: Cubic centimeters
Chem panel: Chemistry panel indicating the status of the kidneys, liver, and electrolytes
C/O: Complaint of (the patient)
COPD: Chronic obstructive pulmonary disease
CPAP: Continuous positive airway pressure (a machine)
CT: Chemotherapy
CVA: Cerebrovascular accident (stroke)
D/C or DC: Discontinue or discharge
DCIS: Ductal carcinoma in situ (a type of breast cancer)
DDX: Differential diagnosis (indicates that several diagnostic possibilities are actively being considered)
DJD: Degenerative joint disease (another term for osteoarthritis)
DM: Diabetes mellitus
DNR: Do not resuscitate
DOE: Dyspnea on exertion (shortness of breath while active)
DTR: Deep tendon reflexes (when tested with a rubber hammer)
DVT: Deep venous thrombosis (blood clot in large vein)
ETOH: Alcohol (in history or intake)
FX: Fracture
g: Gram
gtt: Drops (eye, ear, etc.)
HA: Headache
H&H: Hemoglobin and hematocrit (used to assess anemia)
H&P: History and physical examination
H/O or h/o: History of
HRT: Hormone replacement, or hormone replacement therapy
h.s.: at bedtime (when to take a medication)
HTN: Hypertension

I&D: Incision and drainage
IBD: Inflammatory bowel disease
ICU: Intensive care unit
IMP: Impression (of the provider or therapist)
in vitro: In the laboratory
in vivo: In the body
JT: Joint
K: Potassium
KCl: Potassium chloride
LBP: Lower back pain
LCIS: Lobular carcinoma in situ (a type of breast cancer)
LLQ: Left lower quadrant of the abdomen
LUQ: Left upper quadrant of the abdomen
Lytes: Electrolytes (potassium, sodium, carbon dioxide, and chloride)
mg: Milligrams
M/H: Medical history
ml: Milliliters
NPO: Nothing by mouth (fasting before surgery or while recovering)
NSR: Normal sinus rhythm (of the heart)
N/V: Nausea or vomiting
O&P: Ova and parasites (stool O&P is tested in cases of chronic diarrhea)
O.D.: Right eye
O.S.: Left eye
O.U.: Both eyes
p: After meals (when to take a medication)
PERRLA: Pupils equal, round, and reactive to light and accommodation (a term used during routine exams)
PFT: Pulmonary function test
p.o.: By mouth (how to take a medication)

PRN: As needed (a medication or intervention)

PT: Physical therapy

PTH: Parathyroid hormone

PTSD: Post-traumatic stress disorder

PUD: Peptic ulcer disease

“Q”: (From the Latin *quaque*) indicates how often to take a medication

q2h: Every two hours

q3h: Every three hours

qAM: Each morning

q.d.: Each day

qhs: At bedtime

q.i.d.: Four times daily

qod: Every other day

qPM: Each evening

RA: Rheumatoid arthritis (joint disease)

RLQ: Right lower quadrant of the abdomen

R/O: Rule out (diagnosis)

ROS: Review of systems (indicates the provider has reviewed all organ systems, from skin to neurological function to liver)

RUQ: Right upper quadrant of the abdomen

SOB: shortness of breath

SQ: Subcutaneous (an injection that goes just under the fat layer of the skin)

T: Temperature (recorded as part of the physical examination—it is one of the “vital signs”)

TAH: Total abdominal hysterectomy (surgery to remove a woman’s reproductive organs)

THR: Total hip replacement

t.i.d.: Taken three times daily (a medication)

TKR: Total knee replacement

TMJ: Temporomandibular joint and associated issues

UA or U/C: Urinalysis (common upon admission to hospital)

ULN: Upper limits of normal

URI: Upper respiratory infection (cold or sinusitis)

UTI: Urinary tract infection

VS: Vital signs (temperature, blood pressure, and pulse)

Wt: Weight (body weight, usually recorded in kilograms)

XRT: Radiation therapy

Free Screenings and Services*

SERVICES FOR ALL ADULTS

Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked

Alcohol misuse screening and counseling

Blood pressure screening

Cholesterol screening

Colorectal cancer screening for adults over 50

Depression screening

Diabetes (type 2) screening

Diet counseling

Hepatitis B screening for people at high risk

Hepatitis C screening for adults at increased risk, and once for everyone born between 1945 and 1965

HIV screening for everyone ages 15 to 65, and people of other ages at increased risk

Immunization vaccines (see page 388)

Lung cancer screening for adults ages 55 to 80 who have smoked

Obesity screening and counseling

* Covered by all Marketplace insurance plans and most other major insurance plans.

Sexually transmitted infection (STI) prevention counseling
Syphilis screening
Tobacco use screening for all adults, and cessation interventions
for tobacco users

OTHER COVERED PREVENTIVE SERVICES FOR WOMEN

Breast cancer chemoprevention counseling for women at higher
risk
Breast cancer genetic test counseling (BRCA) for women at
higher risk
Breast cancer mammography screenings every one to two years
for women over 40
Cervical cancer screening for sexually active women
Chlamydia infection screening for younger women and other
women at higher risk
Domestic and interpersonal violence screening and counseling
for all women
Gonorrhea screening for all women at higher risk
HIV screening and counseling for sexually active women
Human papillomavirus (HPV) DNA test every three years for
women with normal cytology results who are 30 or older
Osteoporosis screening for women over age 60, depending on
risk factors
Rh incompatibility screening follow-up testing for women at
higher risk
Sexually transmitted infections counseling for sexually active
women
Syphilis screening for women at increased risk
Tobacco use screening and interventions
Well-woman visits to get recommended services for women
under 65

SERVICES FOR PREGNANT WOMEN OR WOMEN WHO MAY BECOME PREGNANT

Anemia screening on a routine basis

Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women

Contraception: Food and Drug Administration–approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a healthcare provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.”

Folic acid supplements for women who may become pregnant

Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes

Gonorrhea screening for all women at higher risk

Hepatitis B screening for pregnant women at their first prenatal visit

Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk

Syphilis screening

Tobacco intervention and counseling for pregnant tobacco users

Urinary tract or other infection screening

SERVICES FOR CHILDREN

Alcohol and drug use assessments for adolescents

Autism screening for children at 18 and 24 months

Behavioral assessments for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years

Blood pressure screening for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years

Cervical dysplasia screening for sexually active females

Depression screening for adolescents

Developmental screening for children under age 3

Dyslipidemia screening for children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years

Fluoride chemoprevention supplements for children without fluoride in their water source

Gonorrhea preventive medication for the eyes of all newborns

Hearing screening for all newborns

Height, weight, and body mass index (BMI) measurements for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years

Hematocrit or hemoglobin screening for all children

Hemoglobinopathies or sickle cell screening for newborns

Hepatitis B screening for adolescents at high risk

HIV screening for adolescents at higher risk

Hypothyroidism screening for newborns

Immunization vaccines for children from birth to age 18 (see page 385)

Iron supplements for children ages 6 to 12 months at risk for anemia

Lead screening for children at risk of exposure

Medical history for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years

Obesity screening and counseling

Oral health risk assessment for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years

Phenylketonuria (PKU) screening for newborns

Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk

Tuberculin testing for children at higher risk of tuberculosis
ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14
years, 15 to 17 years

Vision screening for all children

Useless Tests

Scientific and professional organizations have determined the following tests to have no benefit or to be outright harmful.^{1, 2}

CANCER SCREENINGS

- Cancer screening for patients with chronic kidney disease (CKD) receiving dialysis

- Cervical cancer screening for women over age 65

- Colorectal cancer screening for adults over age 85

- Prostate-specific antigen (PSA) testing for men over age 75

DIAGNOSTIC AND PREVENTIVE TESTING

- Bone mineral density testing at frequent intervals for patients with osteoporosis

- Homocysteine testing for cardiovascular disease

- Hypercoagulability testing for patients with deep vein thrombosis

- Parathyroid hormone (PTH) measurement for patients with stage 1–3 CKD

PREOPERATIVE TESTING

- Preoperative chest radiography

- Preoperative echocardiography

Preoperative pulmonary function testing (PFT)

Preoperative stress testing

IMAGING

Computed tomography (CT) of the sinuses for uncomplicated acute rhinosinusitis for patients with sinusitis diagnosis

Head imaging in the evaluation of syncope

Head imaging for uncomplicated headache

Electroencephalogram (EEG) for headaches

Back imaging for patients with nonspecific low back pain

Screening for carotid artery disease in asymptomatic adults

Screening for carotid artery disease for syncope

CARDIOVASCULAR TESTING AND PROCEDURES

Carotid endarterectomy in asymptomatic patients

Inferior vena cava filters for the prevention of pulmonary embolism

Percutaneous coronary intervention with balloon angioplasty or stent placement for stable coronary disease for patients with ischemic heart disease (IHD)

Renal artery angioplasty or stenting for patients with hypertension

Stress testing for stable coronary disease for patients with IHD

OTHER SURGERY

Vertebroplasty or kyphoplasty for osteoporotic vertebral fractures in patients with osteoporosis

Arthroscopic surgery for knee osteoarthritis for patients with arthritis

Medications Given Before, During, and After Procedures

BEFORE PROCEDURES

Large-spectrum antibiotic—for example, Ancef or cefazolin

DURING PROCEDURES

Barbiturates and/or benzodiazepines: Medication used to relax a patient just prior to surgery commencing—for example, Valium or Versed

Local anesthesia: Medication injected into the skin to numb or block pain in a specific site

Regional anesthesia: Medication injected into a cluster of nerves to numb the part of the body that is undergoing the procedure—for example, an epidural during labor and delivery

General anesthesia: Medication given via IV to put the patient to sleep and suppress pain throughout the entire body—for example, Propofol; sometimes a temporary paralytic, such as Succinylcholine

AFTER PROCEDURES

Pain management:

Opioids: Examples: Duramorph (morphine), Dilaudid (hydromorphone)—typically given in tab form as Lorotab or Percocet upon discharge to manage pain (see page 169 for a discussion of opioids)

Analgesic pain management: Examples: Tylenol (acetaminophen), ibuprofen

Anticoagulants: Used to prevent clotting, a major risk of surgery as the body responds to injury by making platelets to reduce bleeding—for example, Coumadin (warfarin), Heparin, Lovenox (enoxaparin)

ADDITIONAL

Stool softener: To counteract opioid-induced constipation and sluggish GI system after surgery—for example, Colace (docusate sodium) or Senokot

Acid reducer: Famotidine

Anti-nausea medications: Zofran, Phenergan

Opioid Types and Side Effects

TYPES OF OPIOIDS

Codeine (only available in generic form)
Fentanyl (Abstral, Actiq, Duragesic, Fentora, Onsolis)
Hydrocodone (Hysingla ER, Zohydro ER)
Hydrocodone and acetaminophen (Lorcet, Lortab, Norco, Vicodin)
Hydromorphone (Dilaudid, Exalgo)
Meperidine (Demerol)
Methadone (Dolophine, Methadose)
Morphine (Kadian, MS Contin, MorphaBond ER)
Oxycodone (Oxaydo, OxyContin)
Oxycodone and acetaminophen (Percocet, Roxicet)
Oxycodone and naloxone

SIDE EFFECTS

Constipation (most common)
Dizziness
Nausea (highly common)
Sedation
Respiratory depression (most dangerous)