

Terrace Park News

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NOTES FROM MANAGER



December 25, 2017

From our family to yours, we wish everyone a MERRY CHRISTMAS and HAPPY NEW YEAR!!

We still have a couple openings so please spread the word. With the temps dropping, these openings won't last long.

Christmas is one of my favorite times of the year. As the song says, "the most wonderful day of the year!" It is a time to enjoy

your family and the time you have together. Make wonderful memories that you will have for years to come!

This will be a busy month and it will go flying by. We usually have lots of carolers to enjoy, food and cheer!

Until next time,
Jonda

"Life is more fun if you play games." Roald Dahl



Birthstone: Turquoise
Flower: Narcissus
Color: Indigo and Green

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Jonda's Recipe Corner



MINTY MARSHMALLOWS

10 oz. bag of jumbo marshmallows
½ cup chocolate chips, melted
½ cup peppermint candies, crushed

Dip one end of each marshmallow in the chocolate. Press in peppermint candies. Place them on a wax paper lined cookie sheet and chill until firm. Add to cups of hot cocoa.

Yield: 35 marshmallows

CINNAMON MARSHMALLOWS

4 tsp cinnamon
¼ cup sugar
¼ cup chocolate chips, melted
10 oz. bag jumbo marshmallows

Mix the cinnamon and sugar in a bowl. Drizzle the chocolate over each marshmallow then sprinkle with cinnamon sugar. Place them on wax paper lined pan. Chill until firm. Add to cups of hot cocoa. Yield 35 marshmallows.



You can find us at:

terracepark.leoncarecenters.com

MEDICAL NOTES

CLOSTRIDIUM DIFFICILE INFECTION

Clostridium difficile infection (C-Diff or CDI) is a symptomatic infection caused by the bacteria clostridium difficile. It is the cause of approximately 25% of all cases of antibiotic-associated diarrhea. It occurs in all areas of the world and mainly in hospitals and long-term care facilities and affects more women. Rates of the disease globally have increased between 2001 and 2016. C-Diff diarrhea is estimated to occur in eight out of 100,000 people each year. In 2011, it was responsible for 29,000 deaths in the U.S. It was initially discovered in 1935 by Dr. Ivan Hall and Elizabeth O'Toole and called bacillus difficilis because it was resistant to early attempts at isolation and grew very slowly in culture. It was renamed in 1970.

C-Diff bacteria are found throughout the environment in the soil, air, water, human and animal feces, and food products such as processed meats. A small number of healthy people naturally carry the bacteria in their large intestines and don't have ill effects from the infection.

Spores from C-Diff bacteria are passed in feces and spread to food, surfaces, and objects when people who are infected do not wash their hands frequently. These spores can persist in a room for weeks or months. If you touch a surface contaminated with these spores, you may then unknowingly ingest the bacteria.

Our intestines contain about 100 trillion bacterial cells and up to 2,000 different kinds of bacteria, many of which protect our bodies from infection. When we take an antibiotic to treat an infection, these drugs tend to destroy some of the normal, helpful bacteria in addition to the bacteria causing the infection. Without enough healthy bacteria to keep it in check, C-Diff can quickly grow rampant. The antibiotics that most often lead to it include fluoroquinolones, cephalosporins, penicillin, and clindamycin.

C-Diff is most commonly associated with health care and recent antibiotic use occurring in hospitals and other health care facilities. Studies now show, however, increasing rates of community-associated C-Diff which can occur in populations traditionally not at high risk such as children and people without a history of antibiotic use or recent hospitalization.

RISK FACTORS

Some of the most common risk factors that are associated with an increased chance of developing C-Diff include the following: antibiotic use, hospitalization or other health care setting, use of gastric acid suppression

medications known as proton pump inhibitors, health care problems, having previous C-Diff infections, and older age.

SYMPTOMS

Symptoms of C-Diff may vary according to the severity of the infection. Individuals with mild to moderate cases may experience the following symptoms:

› Watery diarrhea three or more times a day for two or more days

› Mild abdominal tenderness and cramping

Individuals with severe cases may become dehydrated and require hospitalization. The bacteria may cause the colon to become inflamed (colitis), and there may be blood or pus in stools. Symptoms of more severe infection include:

› Watery diarrhea 10 to 15 times a day

› Abdominal cramping and pain which may be severe

› Rapid heart rate

➤ **Fever**

➤ Nausea

➤ Dehydration

➤ Loss of appetite

➤ Weight loss

➤ Swollen abdomen

➤ Kidney failure

➤ Increased white blood cell count

COMPLICATIONS

In severe cases of C-Diff, complications can occur especially if treatment is delayed. These may include:

› Dehydration. Severe diarrhea can lead to significant loss of fluids and electrolytes. Blood pressure can also drop to significantly low levels.

› Kidney failure. In some cases, dehydration can occur so quickly that kidney function deteriorates rapidly.

› Toxic mega colon. In this rare complication, the colon is unable to expel gas and stool, causing it to become greatly distended (mega colon). Left untreated, the colon may rupture, causing bacteria from the colon to C-Diff is a serious and sometimes fatal infection. Rigorous infection control measures are needed to minimize the risk of transmission. Good hand washing with soap and water versus alcohol-based gels is essential to eliminate the transmission of spores. The use of bleach wipes has been shown to kill spores and prevent transmission. Individuals with C-Diff should either be in rooms by themselves or with people with this infection. Toilet lids should be closed prior to flushing of toilets belonging to these individuals. Hydrogen peroxide vapor systems used to sterilize rooms after discharge has been shown to reduce infection rates to subsequent people by as much as 50%.

enter the abdominal cavity. This requires emergency surgery and may be fatal.

› Bowel perforation (hole in the large intestine). This is also rare and results from extensive damage to the lining of the large intestine. A perforated bowel can spill bacteria from the intestine into the abdominal cavity, leading to a life-threatening infection known as peritonitis.

› Death. Even mild to moderate C-Diff can progress quickly to a fatal disease, if not treated promptly.

TREATMENT

Some individuals with C-Diff have no symptoms. In mild cases, treatment may not be indicated except for oral rehydration related to diarrhea.

Usually the first step in treatment of C-Diff is to discontinue the antibiotic which caused the infection, if possible.

Ironically, the first line of treatment used for CDI is an antibiotic. These medications include:

› Flagyl® or metronidazole is usually the initial drug of choice due to its lower cost. It is usually taken three times a day for 10 days and used for mild or moderate cases of infection. Side effects include nausea and bitter taste in the mouth.

› Vancomycin is given for moderate to severe symptoms. It is taken by mouth four times a day for 10 days. Side effects include nausea and abdominal pain.

› Fidaxomicin (Dificid®) has also been used to treat mild to moderate and severe symptoms. Individuals who take it may have a lower risk of recurrent infections; however, it is more expensive than Flagyl® or vancomycin.

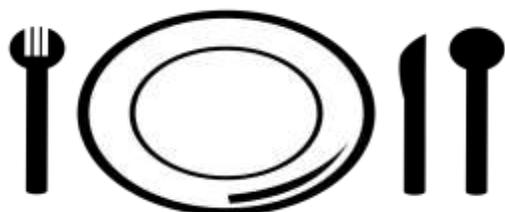
Stool transplant or fecal bacteriotherapy is approximately 85% to 90% effective in those individuals that antibiotics have not worked. Currently, this treatment involves an infusion but research is promising for further development of fecal transplant in the form of a pill. In individuals with severe C-Diff, surgery may be necessary. This involves removing a portion of the colon.

Despite treatment, approximately 20% of individuals with C-Diff will develop a recurrence. This rate increases to 40% to 60% with subsequent recurrences. The use of probiotics in the treatment is controversial. There is some evidence, however, yeast known as *saccharomyces boulardii* when used with antibiotics has been shown to prevent recurrences.

PREVENTION

C-Diff is a serious and sometimes fatal infection. Rigorous infection control measures are needed to minimize the risk of transmission. Good hand washing with soap and water versus alcohol based gels is essential to eliminate the transmission of spores. Bleach wipes are very effective as well.

My father had this during his long hospital stay during his illness and death and it was horrible for him and family that came to visit. We took every precaution and thankfully no one got it from him.



GUEST MEALS ARE \$5.00

****Please remember to let staff know if you plan on eating with your loved one at least 3 hours prior to mealtime.**



Mary Ann Leeper—December 3rd—87 years young

Margaret Lubberts—December 12th- 80 years young



IMPORTANT DATES TO REMEMBER:

Resident Catered Meal December 21st for Lunch

Resident Christmas Party, Friday December 22nd at 12:30pm



KELLY COZAD IS HERE ON THURSDAYS. LET JONDA KNOW IF YOU WANT AN APPOINTMENT.

Cut and Set \$26.00

Cut \$15.00

Shampoo Set \$15.00

Perm \$45.00



SMSnShayari.com

Welcome to our home to Margaret Lubberts and Mark Saxton. We are glad you joined our Terrace Park family!!! 😊



WE ARE READY FOR A HEALTHY, AND GREAT 2018!!



D e cember is the last month of the year
E veryone spread some holiday cheer
C all up you friends and have them come
E veryone we'd like to welcome
M ake a pie or some treats
B ecause we all like to eat
E veryone here welcomes you
R emember ice cream would be nice too.

By Mary Ann Leeper

NEED IDEAS FOR YOUR LOVED ONE FOR CHRISTMAS:

- Front opening shirts
- New pajamas
- Gift certificate to Hy-vee or Dollar General
- Suncatcher
- Warm socks
- Slippers with non-skid soles
- Stock them up on body wash, shampoo, lotion
- Gift certificate to get their hair done. (I have gift certificates for Kelly in my office, so let me know if you need one)
- Lap quilt

