Health & Fitness

Sawmill Lookout, standing vigilant

VOLUME 2, ISSUE 5 JULY 2012

Upcoming events within the area

- Summer Sizzle 5K & 10K
  Aug 11, Bidwell Park
- Butte County Fair, Gridley Fairgrounds
  Aug 23—Aug 26
- Moonlight Madness 2 Mile Night Run
  Aug 25, Shasta Dam Visitor Center
- Ignite the Fight 5k run
  Oct 6, Bidwell Park

INSIDE THIS ISSUE:

Learn the 7 *D's* of Mosquito Protection

A handy reminder of how to keep your family safe:

Butte County Mosquito & Vector Control District

• Drain any standing water that may produce mosquitoes—today's puddle is tomorrow's mosquito nursery.

• Dawn and Dusk are when mosquitoes are most active, making them good times to stay inside. remember: when the sun goes up or down, mosquitoes are flying around.

• Dress appropriately—wear long sleeves and pants when outdoors. in butte County heat it can be hard to imagine extra layers, but they could protect you from bites and disease.

• Defend yourself by using an effective insect repellant like deet, Picardin or oil of lemon eucalyptus. Make sure to follow all label instructions.

• Door and window screens should be in good working condition. Keep doors closed and inspect your screens for holes—this will prevent mosquitoes from entering your home and biting you in your sleep.

• District personnel are avail-

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The Strange Reason Diet Soda Makes You Fat

by Jessica Levine June 21, 2012

Want one reason for your beer belly? How about 100 quintillion? That's about how many bacteria live in your gut. And scientists now believe these bacteria can have a significant impact on your weight. Consuming high amounts of fructose (a type of sugar), artificial sweeteners, and sugar alcohols (another type of low-calorie sweetener) cause your gut bacteria to adapt in a way that interferes with your satiety signals and metabolism, according to a new paper in *Obesity Reviews*. (If you've noticed you've been feeling tired all the time and gaining weight, your metabolism may be slowing.

"An evolution of the gut flora to this new sweetener-rich environment has a potential to negatively impact our health," says Amanda Payne, Ph.D., lead author of the review. How does that happen? As bacteria in the gut process food, they give off byproducts called short-chain fatty acids. These can be beneficial and serve as energy in the body. But as the sweetener-adapted bacteria thrive and become more efficient at processing large amounts of high-fructose corn syrup, artificial sweeteners, and sugar alcohols, they also produce more and more short-chain fatty acids. (Not to imply that sugar is any better than artificial sweeteners.

In those high amounts, Payne says, short-chain fatty acids decrease satiety signals. "This signaling may cause disruptions in our feeling full and hence prevent us from stopping to eat when we should,"

Continued on Page 2

Artichoke-Scrambled Eggs Benedict

Roasted artichoke bottoms stand in for English muffins in this quick yet elegant supper. Substitute roasted mushrooms for the pancetta for a vegetarian option. Serve with roasted new potatoes or a tossed salad.

4 servings

Active Time: 30 minutes

Total Time: 30 minutes

Ingredients:

8 canned artichoke bottoms, (1 1/2 cans), rinsed (see Shopping Tip)
4 teaspoons extra-virgin olive oil, divided
3 teaspoons chopped fresh oregano, divided, plus 4 sprigs for garnish
1/3 cup chopped pancetta
2 tablespoons reduced-fat mayonnaise
2 tablespoons nonfat plain yogurt
2 teaspoons lemon juice
1 teaspoon water
6 large eggs
4 large egg whites
2 tablespoons reduced-fat cream cheese, (Neufchâtel)
1/4 teaspoon salt

Preparation

1. Preheat oven to 425°F.
2. Toss artichoke bottoms with 2 teaspoons oil and 2 teaspoons oregano. Place them top-side down on half of a large baking sheet. Spread pancetta in an even layer on the other half. Roast until the artichokes are just beginning to brown and the pancetta is crispy, 12 to 14 minutes.
3. Meanwhile, whisk mayonnaise, yogurt, lemon juice and water in a small bowl until smooth. Beat eggs and egg whites in a large bowl.
4. Heat the remaining 2 teaspoons oil in a large nonstick skillet over medium-high heat. Add the eggs and cook, folding and stirring frequently with a heatproof rubber spatula until almost set, about 2 minutes. Remove from the heat and fold in cream cheese, the remaining 1 teaspoon oregano and salt.
5. To serve, divide the artichoke bottoms among 4 plates. Top each artichoke with equal portions scrambled egg, crispy pancetta and creamy lemon sauce. Garnish with oregano sprigs, if desired.

Tips & Notes

Shopping tip: Artichoke bottoms can be purchased in 14-ounce cans—found near other canned vegetables. If unavailable, substitute two 14-ounce cans rinsed and halved artichoke hearts.

Nutrition

Per serving: 282 calories; 19 g fat (6 g sat , 7 g mono); 333 mg cholesterol; 9 g carbohydrates; 17 g protein; 3 g fiber; 737 mg sodium; 171 mg potassium.

Nutrition Bonus: Selenium (44% daily value).

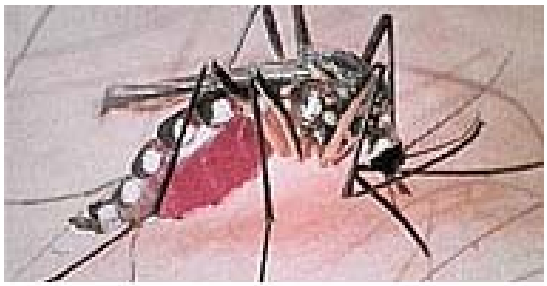
Recipe courtesy of: EatingWell.com WHERE GOOD TASTE MEETS GOOD HEALTH

Diet Soda (cont. from Pg 1)

Payne says.
As if overeating isn't enough, the short-chain fatty acids also promote inflammation in the lining of the gut. Just how? Scientists aren't yet sure. But they do know that inflammation damages gut tissue and results in leaky gut syndrome. Pleasant as it sounds, it means bacteria leak through that damaged gut tissue into the blood stream and cause further inflammation there. That's a serious problem that can lead to insulin resistance and an increased risk for coronary artery disease, stroke, and type 2 diabetes. This could partly explain the link researchers have found between drinking diet soda and being overweight. In one study, people who drank two or more diet sodas a day had five times the increase in waist circumference over a 10-year period compared to people who didn't drink any diet soda. There are a few explanations for the findings.
Maybe people drink more diet soda because they're trying to lose weight. Calorie-free sweetness may also confuse the brain into craving more sugar.
As for your gut, at this point it's not clear if one diet soda a day is less damaging to the gut flora than ten. "I will say from a personal perspective that I don't drink sodas—diet or regular—and I rarely eat processed foods, especially if they have high-fructose corn syrup listed on their label," Payne says. Your best bet is to consume products containing these sweeteners in moderation, and drink mostly water. For gut flora to thrive, eat a wide variety of fruits, vegetables, and whole grains.

Mosquito's (cont. from Pg 1)

able to address any problems with mosquitoes you are experiencing. Call (530) 533-6038 or visit www.bCMvCd.com for more information.



Mosquito attractants

Fragrances:
Skin Temperature & Perspiration:
Lactic acid:
Floral & Fragrances:

Ever wonder why mosquitoes might be singling you out?

The following list will give you an idea. Mosquitoes are attracted to:

Dark clothing: some mosquitoes can see their victims from a distance.
dark clothing is an initial attractant.
Carbon Dioxide: We produce more carbon dioxide when we're hot or have been exercising. Fires or lit candles are also attractants.
lactic acid: We release more lactic acid during and after exercise, or after eating foods high in sodium and potassium.
Floral & Fruity Fragrances: Perfumes, hair products, scented sunscreens, lotions, fabric softeners and dryer sheets.
Skin temperature & perspiration: When working out or just basking in the sun, skin temperature and humidity around the body increase, luring mosquitoes attracted to even small amounts of water.

What you can do: use repellant & repellant safety tips

Always follow label instructions when using repellant.
Apply repellants only to exposed skin or clothing.
Do not apply repellant over cuts, wounds or irritated skin.
Do not spray repellant directly in your face—spray on your hands and then apply to the face. Use repellant sparingly around eyes, mouth and ears.
Do not let children handle repellant—adults should apply repellant to children using the hands. Do not apply repellants containing Deet to children younger than two months old.
consult a physician before using products containing Deet in concentrations greater than 30 percent.
Use separate sunscreen and repellant products because they need to be reapplied at different times.
Do not spray aerosolized repellant in enclosed areas—wait until you are outside.
if you or a member of your family suffers an adverse reaction to repellant, discontinue use, wash affected areas and consult a physician or poison control center.

For those who prefer natural alternatives to repellants containing deet, try using the following plants oils:

- Citronella
- lemon eucalyptus
- Cinnamon
- Castor
- rosemary
- lemongrass
- Cedar
- peppermint
- Clove
- geranium

**** Keep in mind, "natural" doesn't necessarily mean "safe." Many people are sensitive to plant oils—be sure to read all instructions and warnings before applying a plant oil-based repellant.***

Butte County Mosquito & Vector Control District
5117 Larkin Rd, Oroville | (530) 533-6038

IAPS Data from June 2012

Reportable Injuries:	2
Record Only Injuries:	4
Injury by Activity:	
PT	2
Incident:	2
Training:	0
Station Duties:	2
Injury by Body Part:	
Head:	1
Torso/Back:	1
Extremities:	3
Heat Illness:	0
Exposure:	1

"SAFETY CORNER"

- June 28, Safety notice for spiked devices on levees, CalTrans
- June 19, Green Sheet, LAC Incident # 127257, Rattlesnake Bite
- June 17, Hydration PowerPoint review, Courtesy of NEU Training
- June 17, TGST, Heat Illness Prevention Plan
- June 14, Green Sheet, CAMEU003941, Private Bulldozer Rollover
- June 9, TGST, Urea solutions in diesel trucks, Courtesy of MEU
- June 4, Revised Safety Alert for CWFCG Air to Ground Frequency changes

Understanding The SAMPLE History

By Steve Whitehead

The SAMPLE history usually comes up in the first few weeks of EMT class. It's such a widely accepted standard that it appears in the National Registry medical and trauma skills station as well as the EMT National Standard Curriculum. As far as subjective patient history's go…SAMPLE is the gold standard.

Like anything else in medicine, widespread utilization also comes with widespread misunderstanding. The SAMPLE history is an educational gold standard for a reason. It's a very effective tool for remembering the major components of a medical history. It's also often misused and highly inadequate when taught and utilized at face value.

Let's review the SAMPLE history and talk a bit about how to use it correctly to get all the juicy bits of medical history that you need when treating our patient.

First, to make sure we're all on the same page, let's review the SAMPLE acronym. SAMPLE is a six part subjective assessment that covers a good deal of critical information that is typically gathered in a basic subjective patient assessment. To review the difference between subjective and objective assessments, check out the SOAP reporting format. SAMPLE stands for:

S – Symptoms (Signs are important but they are objective.)

A – Allergies

M – Medications

P – Past Medical History

L – Last Oral Intake (Sometimes also Last Menstrual Cycle.)

E – Events Leading Up To Present Illness / Injury

That's pretty straight forward. But let's dive a little deeper. The first thing I'd like to emphasize before we jump into the questions in a little more detail is this – a SAMPLE history is not over in six questions. They are never complete in six questions.

I emphasize this because that isn't the way we typically teach it in EMT class. You run your scenario and you say to your skills instructor, "I'd like to know about her signs and symptoms, allergies, medications, history, oral intake and prior events. And then the instructor dutifully rattles off a list of information. Do this over and over again and you may get the idea that your SAMPLE history will be six questions long and take approximately 2 minutes to complete.

In truth, the SAMPLE history, when done correctly, is a time consuming and detailed interview that may begin in the first few moments of patient care and continue until your walking through the doors at the emergency room. Good SAMPLE histories can be disorderly and divergent. They go off on tangents. They explore deeper than the basic questions. They encourage the patient to talk and elaborate (when the patient is able).

If you remember only one thing about this post when you show up to work tomorrow, remember this, a good SAMPLE history will take more than six questions to finish. If you accept the first detail that your patient volunteer and then move on to the next subject, you're going to miss a bunch of stuff.

Let's look at each question with a bit more detail. I'd like to identify many of the common ways that we can diverge from the basic question to get a better picture of our patient's predicament.

Symptoms (And occasionally signs)

While the patient may report physical signs as their subjective complaints (i.e. My fingernails turned blue. I can't move my legs.) for the most part, reported complaints are subjective in nature. I like to start my SAMPLE with a broad and open ended question like, "So what's going on today?" or "Can you tell me what's been bothering you today?"

For our injury patients, questions like, "What happened?" or the slightly less broad but time saving, "What exactly happened to you?" might be good starting points. Be ready to ask follow up and exploratory questions like, "What else happened?" or "What did you feel then?"

The good opening symptom question will encourage the patient to tell us, in their own words, what they are feeling and what physically happened to them. We may need to keep the patient from veering off to far into the events leading up to the illness or injury. If you feel like you have a handle on their specific complaints, let them diverge. You can always come back. But don't be afraid to pull them back on topic until you have a good understanding of what they are experiencing right now.

Try to avoid long lists of closed ended questions like, "Do you feel chest pain?", "Do you feel shortness of breath?", "Do you feel dizzy?" You can spend a long time working through symptom checklists and never come anywhere near the true patient complaint. An earnest, "Tell me what you are feeling?" can get you to the point so much faster than a long list of closed ended questions.

Continued on Page 5

SAMPLE (cont. from Pg 4)

Also know that you will frequently end up diverging into your full QPQRST before you move off of the "S" in SAMPLE. That's OK. Go where you need to go. Another hint on OPQRST…it isn't six questions either.

Allergies

"Have you ever had an allergic reaction?" is a good place to start with the allergies portion of your SAMPLE. This will often prompt the patient to begin by telling you about their most significant allergic episode. This may be medical or environmental. We often start with a medications specific question. I don't think this is the best way to go. I'd prefer to start with the most significant allergy.

This also avoids glossing over significant allergies to bites, stings, latex, food or other, non-medication related stimuli. I also follow up with, "What other things have you been allergic too?" Keep going until the patient runs out of answers.

Medications

I know there are some providers who will probably disagree with me on this point but, for our patients with extensive medication lists, I don't spend a bunch of time trying to get them to name all of their medications. If they can rattle off the list, I'll certainly write it down, but few people who take more than three medications can list them off.

This is especially true for our patients who have their medications nearby. If we've found a big pile of medications, I'll probably ask something like, "Are these all of your medications?" or "Where else do you keep your medications?" and then be done with it. I'd rather read the medication list and jump right into medical history instead.

There are a few more vital questions to ask before you move off of the medication list. One is, "Are you taking all of your medications?" I'll usually follow this up with a few questions about how often the patient takes a prescription medication. "Mrs. Goldberg, how often are you supposed to take your Lisinopril?" The goal is to get an idea of how well versed the patient is in their medication dosing and frequency. If the patient struggles with the follow up questions, we need to consider that non-compliance (not taking prescribed meds as prescribed) may be an issue.

Another way to root out possible medication non-compliance is to ask, "Have you stopped taking any of your medications? You will often find that, due to unwanted side effects, many patients simply quit taking medicine that they have been prescribed. Not the medicines that have been discontinued and explore why the patient quit taking the medicine.

It's also worthwhile to ask if there are any non-prescription medications that the patient takes. This includes over the counter medications, herbal medicines and alternative medications. You also want to ask about drugs and alcohol consumption. This is a good place to include that question.

Past Medical History

Once you have a good idea what medicines, the next are to move into is an exploration of why those medications are consumed. If I already have a makeshift list of medical ailments I may start by reviewing what I already know about the patient's medical history. "So, Mr. Jones, it sounds to me like you have high blood pressure, high cholesterol and gout. Is that correct? What other medical conditions do you have?"

Be prepared for your initial assessment to be incorrect. Medications are often prescribed for multiple reasons. If the patient reports, "I don't have gout." follow up with a question about the medication that lead you to that assumption. "Why do you take Uloric?" The patient may only know that they take it for painful, swollen joints. Or you may learn about a new use for the medication in question.

After the patient is done with their full medical history, I often throw out one last question that can uncover hidden medical conditions. "Are there any other medical conditions that your doctor is concerned about?" Physicians will coach their patients about medical conditions that they are at risk for long before they make an official diagnosis. This question can give you great insight onto where the patient's medical history is headed.

Last Oral Intake

I'll admit it. For the first half of my medical career I almost completely ignored the patients last oral intake. With the exception of diabetics, I just didn't see how the question could be useful to me. I was wrong.

I figured out that I was wrong when I finally started asking the question. Suddenly, I found a wealth of information about the patient's appetite, social and daily activity, life stressors, questionable food intake and changes in diet regimen. The patient's ability to eat, desire to eat and volume of food intake can give you great insight into what their life has been like in the 24 hours prior to the 911 call.

I also like to know what it was that the patient last ate and, if you can find a diplomatic way to ask, how much. When the patient tells me what they ate, I can often get a feel for how much they ate by asking, "Was it good?" What I really want to know is, how has their appetite been? I'd also like to know if they are newly dieting. I probe this by asking if they've had any recent changes in their dietary patterns.

If the patient's symptoms are GI related I may tangent off into the quality of the food. Was any of their food intake in the last 24 hours sketchy? Was it prepared outside of the home? Did anyone else eat the same thing and, if so, are any of them feeling sick?

Events Leading Up To Present Illness or Injury

You may find that you end up covering some of the events leading up to patients 911 call when you ask about the patients symptoms. What the patient has been feeling tends to get twisted up with what the patient has been

Continued on Page 6

SAMPLE (cont. from Pg 5)

doing. If you diverge into OPQRST you will inevitably run up against the patients activities prior to their symptoms when you ask about provoking factors and symptom onset.

This is your opportunity to probe the patient's recent activities a little further. Have they been active of static? Was there an emotional component to what was happening in the patients life at the time the symptoms began? Many of our patients' are more prone to recognize symptoms when they are already upset about something else and some of our patient's complaints can have a specific emotional component to them.

With trauma, we can get caught up in the details of the event itself and leave out one crucial detail, was there a medical symptom prior to the accident? When the patient describes a traumatic event, don't forget to ask, "What made you (insert event here)." "Mr. Jones, What made you drive off the road?", "Mrs. Sims, what made you fall down?". When discussing the event, always consider a medical precipitating factor and adjust your questions accordingly.

When you're versed in the different variations of the SAMPLE history and you stay focused on the global meaning behind the questions, you can feel free to let the questioning drift off on tangents. Take the questions to where they lead you. Return your patient back to the path when you've found all you can or strayed too far off topic. The SAMPLE technique is a well-worn trail, but it has lots side paths. Good subjective history takers are masters at exploring the side paths and always finding their way back to the main trail.

CE Answer Sheet: SAMPLE

Complete this answer sheet from the previous CE article and forward it to the Training Office for grading and credit. (1 CE hour Credit for successful completion)

1. SAMPLE is an objective (versus subjective) assessment .
   - ☐ True
   - ☐ False

2. Signs and Symptoms are really the same thing.
   - ☐ True
   - ☐ False

3. It is okay to redirect the patient when their answers start "wandering".
   - ☐ True
   - ☐ False

4. Should OTC medications be included in your medication documentation?
   - ☐ Yes
   - ☐ No
   - ☐ What does OTC mean?

5. Medication compliance is an important thing to identify with all patients.
   - ☐ True
   - ☐ False

6. The economy can have an affect on people taking their medications.
   - ☐ True
   - ☐ False

7. Medications can usually point you in the right direction for pre-existing medical conditions.
   - ☐ True
   - ☐ False

8. Oral intake is only important during the hot summer months.
   - ☐ True
   - ☐ False

9. Traumatic calls rarely involve underlying medical issues.
   - ☐ True
   - ☐ False

10. Can you complete a thorough SAMPLE assessment in 6 questions?
    - ☐ Yes
    - ☐ No

Name:

Station:

Comments:

HFEO Hurley, in Dozer 2344, on the Windy Fire

For Suggestions or Comments:

CAL FIRE / Butte County FD

176 Nelson Ave

Phone: 530-966-8682

Fax: 530-879-3433

E-mail: Mike.Waters@Fire.Ca.Gov

"Let No Man's Ghost Say His Training Let Him Down!" -Unknown Author