

Courtyard Cafe celebrates Chinese New Year!



Anne Mark welcomes everyone to the Courtyard Cafe to help celebrate 2012, the Year of the Dragon!



17 Wing Brings Cheer!



Members of 17 Wing continued their tradition of giving Christmas gifts for veteran residents of Deer Lodge Centre this year.

14 years ago, Squadron 402 member George Stetina knew that there were many veteran residents living at Deer Lodge Centre without family and may not receive a gift at Christmas. George coordinated some fundraising activities on the base and used the money to purchase gifts for fourteen veterans that first year. The gifts were personalized items the veterans needed or wanted. George received such outstanding support from his Squadron in the first few years that he was also able to make a monetary donation to local charities as well. Because of this generous support the project has grown into the large undertaking it is today with the entire 17 Wing participating and including RAF members donating from as far away as Alberta and PEI.

This year, every veteran at Deer Lodge Centre received a Christmas gift. A number of 17 Wing

members delivered over 160 gifts to the Centre on December 22nd. The gifts were received by veterans at a tea hosted by the Centre, but most gifts were given to the veterans on Christmas morning by staff. Veteran residents were pleasantly surprised by the personalized personalized gifts. Gifts included clothing, toiletry items, blankets, chocolates, magazine subscriptions, e-readers, talking watches, televisions, and an X-box, microwaves and toasters. In addition to these generous gifts, 17 Wing will be presenting the Occupational Stress Injury Clinic with artwork to hang in their waiting room and also made a monetary donation to the Centre with the excess money raised.

Deer Lodge Centre would like to express an enormous thank-you to 17 Wing members for their generous support of our veterans. And a special thanks to George Stetina whose passion and commitment to our Veterans established this wonderful project. We look forward to working with you again in the future.

Outdoor Smoking Bylaw and Smoke-Free Policy

In May 2011, the City of Winnipeg passed the Outdoor Smoking Bylaw 62/2011, which prohibits smoking on all property within the Winnipeg Health Region, and within eight meters of any entrances even if it opens onto City property. This is consistent with our Regional by-law (10.00.101), which also bans smoking within eight meters of any air intakes or windows.

We have gradually introduced new signage and messaging to encourage staff, patients and visitors to not smoke on our property. We are now ready to launch the next phase of our commitment to smoke-free grounds and smoking cessation tomorrow during National Non-smoking Week, January 15-21, 2012.

Beginning tomorrow, January 18, 2012, leadership and security staff at each site will advise people found smoking on property about the bylaw and ask them to please butt out.

Effective January 18, security staff will begin issuing Notices of Smoking Ban (NoSB).

- For staff who receive an NoSB, a copy of this notice will go to their manager to be dealt with as part of performance management.
- For inpatients, a copy of the NoSB will go to their nursing unit to encourage follow-up with respect to nicotine withdrawal management.

- For visitors, Security will hold a copy of the NoSB and repeated infractions may result in restricted access to health care facilities per the Petty Trespass Act.

In addition, City of Winnipeg Bylaw Officers may fine smokers up to \$1,000 each at any time – up to \$500 for the first offense. Any member of the public may also call 311 to report smoking violations and request a Bylaw Officer to attend.

As a member of our staff, you have a commitment to provide a healthy environment for patients and each other. If you have a patient who needs help with Nicotine Replacement Therapies (NRT), please see guidelines and resources at <http://www.wrha.mb.ca/professionals/tobacco/index.php>

If you smoke, please consider stopping – it's the most important thing you can do to improve your health.

Resources are available through our website at <http://www.wrha.mb.ca/healthinfo/preventill/tobacco/resources.php>



Champix (varenicline) is now covered by Pharmacare, which means it is covered as part of your medications benefits with MB Blue Cross. As well, reimbursement for NRT as well as smoking cessation counseling is available to you as part of our Blue Cross Healthcare Spending Account. Please also consider using NRT like gum or patches during your shifts. Call or visit Smokers' Helpline at 1-877-513-5333 or www.smokershelpline.ca

Thank you for your help and cooperation.

Centre on Aging Project

Following detailed design work, the University of Manitoba Centre on Aging Longitudinal Study space renovation is scheduled to begin Monday, January 16, 2012. Located on Lodge 8 across from the Staff Fitness Centre, the research space will replace the existing Staff Lounge.

The 8th floor Staff Lounge space will be closed effective Friday, January 13, 2012. Work has not been completed on the Solarium for the new staff lounge however staff may use the space starting Friday. There may be a couple of days where the solarium is unavailable when the new windows and glass wall are installed. Staff will be notified in advance.

Deer Lodge Centre is pleased the two projects are progressing. Regular updates will be provided.

The CNS 'Nitty-Gritty'

Dehydration: The Problem & Hypodermoclysis: The Fix?

(Big words for a Complex Problem and Simple Procedures)



For our body (that's all our cells) to function well, an average adult male will need 3.7 liters of fluid per day and the average adult female will need 2.7 liters of fluid per day from all sources (that includes what we drink, what we eat, and the fluid our body makes).¹ Our food usually provides up to one liter of fluid per day and our normal body (cell) function actually produces up to 0.4 liters of water per day. So this leaves on average one to two liters of fluid that has to be taken in – usually by drinking. Now as we age we can get by with somewhat less fluid intake because we don't do all the things we did when we were younger – like working up a sweat working or exercising. For the most part, the amount of water our body needs also depends on the person and other factors like where we live – hotter places cause us to need more water because we sweat more, but we don't have to worry about that here in Winnipeg in the winter!

Our best indicator of needing fluid is being thirsty. Unfortunately, as we age one of the realities is that our body “forgets” to tell us about our feeling thirsty. “A significant proportion of the elderly have a

reduced thirst responsiveness that may result in them becoming severely dehydrated.”² Normally our body knows when it does not have enough fluid and it lets us know by giving us a dry mouth – so we have something to drink to replace the lost fluid. But when we get older this thirst mechanism doesn't work as well and we don't “feel” thirsty. As a result, we don't replace the fluid necessary for our body to function properly and this can lead to other problems – specifically dehydration.

How do we lose fluid?



Normally we lose fluid through urination (about 1.5 liters per day). Breathing and sweating lose fluid but this is difficult to measure but most sources say we lose around 0.5 liters per day, and we lose about 0.1 liters per day with our bowel movements. Therefore taking in about 2 – 2.5 liters per day usually keep us in fluid balance (the amount lost equals the amount taken in). However we can also lose fluid other ways. Diarrhea, vomiting, blood loss from surgery, heavy sweating, fever and



Rod Kebicz, CNS

medications can all cause significant fluid loss from the body. Diuretics (water pills) can cause us to urinate more often and lose fluid if we don't replace it, many antibiotics can cause diarrhea, and other medications can alter our sodium (salt) concentration in our body which can cause us to urinate more. The flu or other illnesses that cause fever can cause too much fluid to be lost – either by diarrhea or vomiting or just the high fever causing sweating and increased respirations. Other causes of fluid loss include burns or diseases such as diabetes.

Unfortunately a common cause of not having enough fluid is not due to fluid loss but just not being able to ask for water (maybe due to a stroke or dementia) or not being able to take a drink of fluid because of some physical limitation (stroke, paralysis) or just not being able to reach it from the person's bed or to even get water because it is only brought to the person's bedside or given during meals.

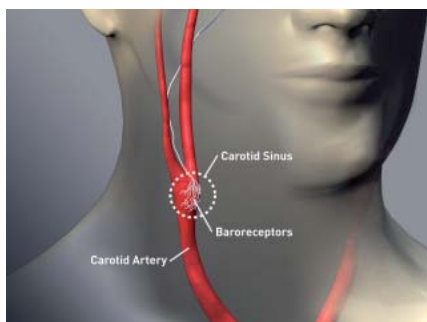
*Dehydration & Hypodermoclysis
continues on following page.*

Dehydration



Before we actually become dehydrated (not enough fluid in our body) there are a whole lot of things happening in our body to try and prevent the fluid imbalance. Now, without getting too technical we need to understand what our body is doing to “protect” itself when it doesn’t get enough fluid. This way, some of the signs and symptoms of dehydration will make more sense.

Our body has special cells (**baroreceptors**) that measure the



pressure of our blood in the arteries and veins. When there is too little fluid in our body our blood pressure lowers and the baroreceptors send messages to our brain which causes our heart rate to increase and our blood vessels to get smaller which causes an increase in blood pressure. Ultimately the lower blood volume (due to decreased fluid) also causes the kidneys to slow down with the amount of urine they make so that more fluid is kept in the body. Other specialized cells in our body (osmoreceptors) recognize when the liquid part of our blood (the serum or serous fluid) becomes too concentrated because of decreased fluid. When this happens ADH (antidiuretic hormone) is released which causes the kidneys to produce less urine and the enzyme renin and

hormone angiotensin are secreted by the kidneys and the hormone aldosterone is secreted from the adrenal cortex. The renin-angiotensin and aldosterone ultimately cause sodium to be kept in the body which causes water to be retained (there is a saying where sodium goes – water goes) and therefore less urine is produced.

So therefore one of the signs of dehydration is less urination and when the person does urinate – the urine is usually darker because it is concentrated. Some of the laboratory tests that can be performed to help determine if a person is dehydrated are: serum creatinine, blood urea nitrogen (BUN), and the BUN/creatinine ratio. Body weight is also a good indicator. One liter of fluid is equivalent to one kilogram or 2.2 pounds of weight – so if someone has a recent loss of greater than 3% of their normal body weight³ with no other explanation, then they have probably lost fluid and are dehydrated. A complete blood count (CBC) can be ordered and if the red blood cell (RBC) count and hematocrit (HCT) come back with a high result that too can indicate dehydration.

As already mentioned, if we have too little fluid in our body our cells don’t function as well. The reason for this is that our body tries to “fix” the lack of fluid by transferring some of the fluid from inside the cells and putting it outside the cells (back into the bloodstream). This causes the cells to shrink or shrivel up and then they can’t work as well. The cells in the brain are most susceptible to this and therefore the person becomes confused or disoriented – which is another sign of dehydration.

Because our cells have less fluid in them when we are dehydrated our skin also tells us there is a problem. If we take a pinch of skin on the back of our hand and let go, our skin will not “bounce back” as quickly. This is called turgor and if we are dehydrated

it takes longer for the skin to return to “normal”. Unfortunately as we age, this also normally occurs due to loss of elasticity in our cells so this makes it harder to use as a method of identifying dehydration. However, if your skin still “bounces back” fairly well and you become dehydrated, it will take longer if you pinch it and let go for it to return to normal.



If we are dehydrated our skin also becomes drier and flaky. Again, this is only true if the skin is not normally dry and flaky – so once again it can be difficult to use this “test” to see if someone is dehydrated if they are older – because as we age our skin loses its suppleness and often becomes dry and flaky.

If the person is dehydrated we can also tell by looking in their mouth. With dehydration, the mouth and tongue will be dry (there may even be cracking or furrowing in the tongue) and the person will be unable to get any saliva to moisten the mouth. They may also have cracked or chapped lips. Other indications are sunken eyes and dry mucous membranes (less tears are produced and therefore the eyes may be drier).

Constipation can also result from dehydration and less likely symptoms that can happen in the elderly are fever and falling.³ As you can see – there are a number of symptoms that can be watched for to determine if a person is getting dehydrated.

Dehydration & Hypodermoclysis continues on following page.

Prevention



The best way to prevent dehydration is to ensure the person drinks enough fluid in a day to replace what they lose and what they need for their body to function properly. Offering fluids at meals and throughout the day (every time someone is in the room, the person can be offered a drink – especially those that cannot ask for themselves). Having fluids easily reached and providing fluids the person prefers will increase the overall intake. Reminding the person to have a drink will give enough of a prompt to ensure the person takes in more fluid. Encourage the family to promote increased fluid intake and to offer fluids frequently. Encourage increased fluid intake when the person is taking their medications. The dietitians at DLC have developed a hydration program and information about the program is available by talking with the dietitian assigned to the unit. The dietitians also have a good PowerPoint presentation that provides information on the importance of hydration. All of these measures will help to prevent dehydration but unfortunately as we well know we still have people being transferred to hospital because they become dehydrated. The problem with this is that for the majority of situations, the only thing the person needs is fluid and that will fix the problem. And we can give fluid here at DLC by a very simple method of fluid replacement called hypodermoclysis.

Hypodermoclysis

As the title suggests – this is a big word for a simple procedure. First of all, all nurses at DLC are capable of performing hypodermoclysis. The procedure can be found in the DLC shared file [H:\Administrative P & P\Clinical Policy & Procedure Manual\9 - Fluid Balance\ Hypodermoclysis Via Indwell Subcutaneous Catheter.pdf](#)⁴.

So what is hypodermoclysis? The policy states that “It is primarily used as a treatment for reversible, mild or moderate dehydration related to short-term reduced intake or acute illness for which oral, intravenous and/or enteral sites are unsuitable options”. It is the administration of fluid through a subcutaneous (the fat under the skin) catheter (meaning a small catheter or needle) placed usually in the abdomen, which physician ordered fluids can be instilled by a pump that will ensure a continuous small amount of fluid is given every hour. The interesting thing about hypodermoclysis is that we can replace up to 1.5 litres (1500 mL or 1.3 quarts) per day for every site we use. Therefore we can replace a significant amount of fluid with just a simple insertion of a needle and connecting it up to a pump that ensures the correct amount of fluid is given. This pump (called a volumetric pump – at DLC they are the Colleague pumps) is available for use by any unit or floor in DLC – meaning not only the Lodge side but also the Tower side – where most of our residents at risk for dehydration live.

Like any treatment or therapy there are possible complications but they are uncommon and usually readily corrected or treated. However, the importance of replacing fluid in someone who is dehydrated as soon as possible cannot be stressed enough. It’s only common sense that it would be easier on the patient or resident and their family to initiate hypodermoclysis here at DLC rather than sending someone to hospital

so that they can be rehydrated and immediately sent back. It is easier, less traumatic to the patient or resident, less costly and less work for those involved with transferring the person to rehydrate the person at DLC. If you want further information about hypodermoclysis contact the nurse educator, the clinical resource nurses or the clinical nurse specialists – they would be happy to help (if deemed appropriate) to get hypodermoclysis started on your patient or resident or family member.



References:

1. Wikipedia: http://en.wikipedia.org/wiki/Fluid_balance
2. M. J. McKinley, A. K. Johnson (February, 2004). The Physiological Regulation of Thirst and Fluid Intake. News in Physiological Sciences, Vol. 19, No. 1, 1-6 Int. Union Physiol. Sci./Am. Physiol. Soc. <http://physiologyonline.physiology.org/content/19/1/1.full>
3. M.C. Faes, M.G. Spigt and O.Rikkert (2007). Dehydration in Geriatrics: Important Symptoms and Laboratory Measures. Geriatrics and Aging. 2007;10(9):590-596.
4. DLC Hypodermoclysis policy (2010): [H:\Administrative P & P\Clinical Policy & Procedure Manual\9 - Fluid Balance\ Hypodermoclysis Via Indwell Subcutaneous Catheter.pdf](#)

Catherine Shields Joins Crane Library

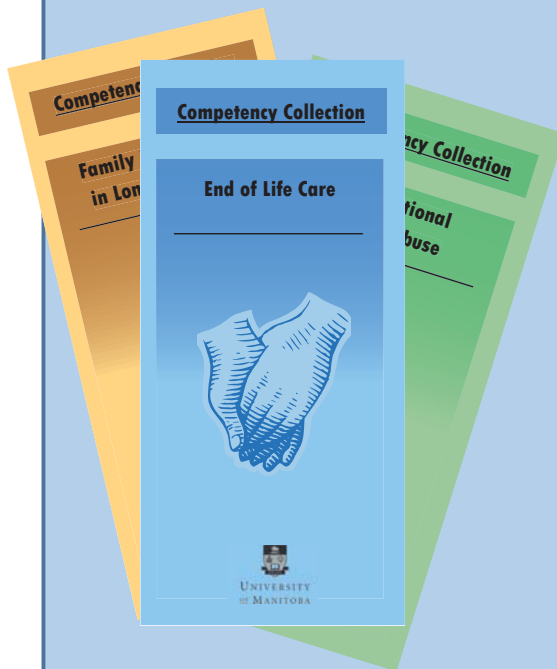


My name is Catherine Shields. I began working at the J.W. Crane Library at Deer Lodge this month as the outreach librarian. I am enjoying the varied information requests from the many clients of this dynamic library. I worked part-time at the Health Sciences (NJM) Library for the past two years, where I received an excellent orientation to health information resources. My background is in information management, with a focus on environmental and cultural sciences; I studied at UBC, SFU and UWO. I spent over 10 years coordinating the libraries and archives of Parks Canada in the West and North. I have two sons and one husband and we are happy that we adopted Winnipeg as our home. I look forward to working with many of you over the next few months. Thank you for your warm welcome!

**Registered
Nurses & LPNs...**



Let us Help You reach your
Competency Goals
at the J.W. Crane Memorial Library



The Crane Library Competency Collection

The perfect starting point to
increase your knowledge on
geriatric issues in preparation
for your Continuing
Competency Program.

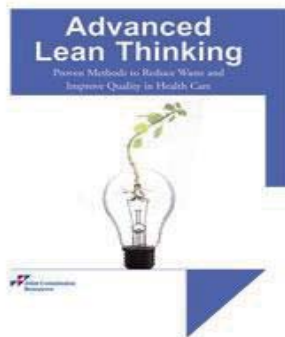
Subjects include:

Behaviour • Brain Injury Rehabilitation
Communication and Dementia • Continence
Depression • Elder Abuse • End of Life Care
Environmental Design • Falls
Family Involvement • Pain Management
Pressure Ulcers • Restraints • Sexuality
Transitioning to Long-Term Care

Pick One Up Today!
From your Unit's Staff Room
or the Crane Library

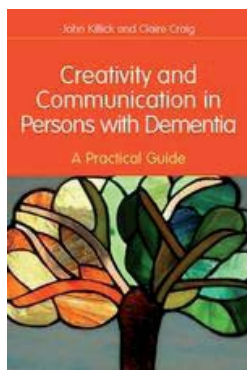
News from the J. W. Crane Library

...Canada's largest and best-known special library on aging and long-term care



Advanced Lean Thinking: Proven Methods to Reduce Waste and Improve Quality in Health Care.
Oak Brook, IL: Joint Commission Resources, c2008.
W 84.1 A244a 2008

Advanced Lean Thinking: Proven Methods to Reduce Waste and Improve Quality in Health Care offers an effective alternative to traditional health care performance improvement. A follow-up to the best-selling *Doing More with Less: Lean Thinking and Patient Safety in Health Care*, this book focuses on five specific tools and principles that can eliminate waste, save critical time, and improve the delivery and safety of patient care. Part One of *Advanced Lean Thinking* takes an in-depth look at the foundational rules and principles of lean thinking. Part Two takes readers through real-life applications of these key lean concepts and tools by highlighting case studies of successful lean projects in all types of health care settings.



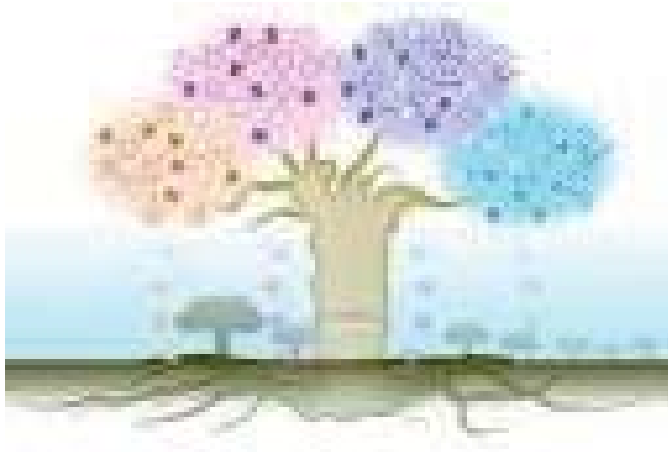
Creativity and communication in persons with dementia: a practical guide. John Killick.
Philadelphia: Jessica Kingsley Publishers, c2012.
WM 220 K48a 2012

Providing people with dementia with opportunities to engage in creative activity can play a crucial role in maintaining and enhancing communication, and in reinforcing personhood and identity. This thoughtful book describes how people with dementia, and the people who work with and care for them, can foster and develop a creative approach, and provides rich and varied ideas for creative activities.

The Library is operated by the University of Manitoba Libraries and is located in [Deer Lodge Centre](#)

Monday-Friday 8:30am-4:30pm
Phone 831-2152
dlclibrary@umanitoba.ca
<http://libguides.lib.umanitoba.ca/deerlodge>

Education Focus



We want to hear from you!

Education Focus (supported by DLC Clinical Education Forum) is an opportunity to showcase individuals at Deer Lodge Centre who are making lives better for our residents and patients by increasing their knowledge through attending various educational opportunities. All you have to do is fill in the template below and return to your manager. You can get a copy of this template from your manager or some are located on Main Street on the education bulletin board. It is that easy!!

Submitted by:

Workshop:

What I learned....

What I liked....

I would recommend this education session to.....

Submitted by:

Tracy Thiele, Project Coordinator

Workshop: WRHA Level 1:

Wound Care Investigation

What I learned....

I was able to apply & expand my current knowledge base of wound care products & treatments.

What I liked....

the small group work & discussions, along with the diversity of areas attendees work in i.e. home care, pediatrics.

I would recommend this education session to.....all nurses!

Meet the Clinical Education Team: Vivian MacDonald

If you were an animal what would you be and why?

Giraffe – I've always wanted to have long legs.

Snow or Sun?

Sun

What is your favorite:

- **Color** – all
- **Restaurant** – it changes
- **Word** – Yes – as in 'yes I can come to work'.



Vivian MacDonald

What is the first movie you ever remember seeing in a theatre?

Too long ago to remember!

What is the first concert you have ever gone to?

Does anyone remember 'Peter, Paul & Mary' ?

What is your role at DLC?

Nursing Coordinator

What do you enjoy about your work?

Getting to know the staff that provide the care to our pts/ residents and assisting them in their education.

Why do you feel ongoing education in health care is important?

How else can staff give the best possible care to our pts/ residents?

The Courtyard Cafe is celebrating...
Chinese New Year 2012!



Year of the Dragon

January 23 - 27
Come and try our delicious
Cantonese Cuisine
For this week only.

Deer Lodge Centre Staff...
In an emergency you need time on your side.



Please always remember to dial 55 from any phone to activate an Emergency Code.
If you dial the operator directly by dialing zero you will wait longer.



Remember... DIAL 55

DEER LODGE CENTRE
FOUNDATION

Bella Notte

Join us for a "beautiful night" of the finest Italian cuisine prepared by the masters at DeLuca's. Celebrate Valentine's Day by helping us make lives better for all Manitobans!

Friday, February 10, 2012
DeLuca Banquet Centre, 950 Portage Avenue
Cocktails: 6:00 pm / Dinner: 7:00 pm

Tickets: \$125 each (\$75 tax receipt)
Table of eight: \$1000 (\$500 tax receipt)
For tickets please call 831-2115

Yoga for Health & Well-being

LOCATION: Deer Lodge Centre
Worship Centre

INSTRUCTOR: Geri McGrath gerimcgrath@mymts.net 781-6829

Certified Professional Level Kripalu Yoga Teacher
Certified LifeForce Yoga Level II Practitioner and Yoga of the Heart Therapist

WINTER SESSION 2012

BREATHE REALAX FEEL WATCH ALLOW

11 Tuesdays

January 3rd to March 20th, 2012

****No class February 14th ****

4:30 to 5:30 pm

Registration Fee: \$110

Drop-in rate \$11.50 per class

Fees payable in cash or cheque at the beginning of the session.

Please bring a yoga mat, tie, cushion and/or blocks if you have them.

"We need only to bring our body and mind into the present moment, and we will touch what is refreshing, healing and wondrous."

Thích Nhất Hạnh

**DEER LODGE CENTRE
CPR Recertification
Health Care Provider Level C Refresher**



Please be advised that the Centre will be holding
CPR Recertification sessions on:

**Wednesday, March 14, 2012
1200 to 1600 hours - North Pavilion Room 4**

**Wednesday, June 13, 2012
1200 to 1600 hours - North Pavilion Room 4**

**Wednesday, September 12, 2012
1200 to 1600 hours - North Pavilion Room 4**

**These sessions are subject to cancellation if the minimum of nine
participants are not enrolled ten days prior to the scheduled training
session.**

Offered to all staff at a cost of \$28.00.

Manuals are available at a cost of \$16.50.

*(3 East employees, Nursing Coordinators and
Respiratory Services will be sponsored by DLC)*

PLEASE REGISTER WITH CATHY SCOTT AT EXTENSION 2574.

**If you have any questions regarding the training please contact
Carol Anderson at ext. 2135.**