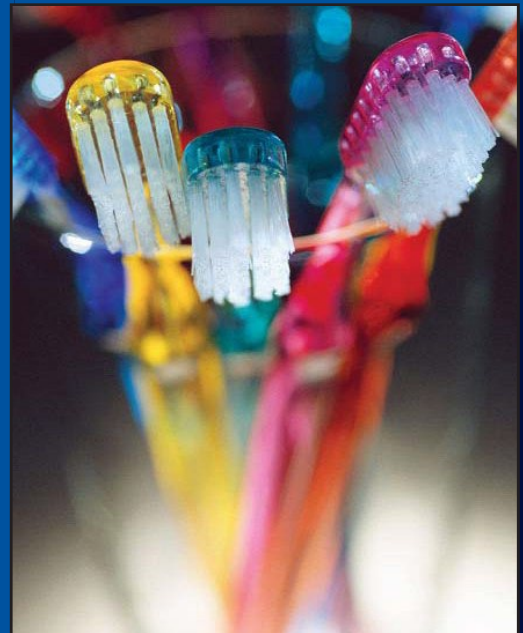
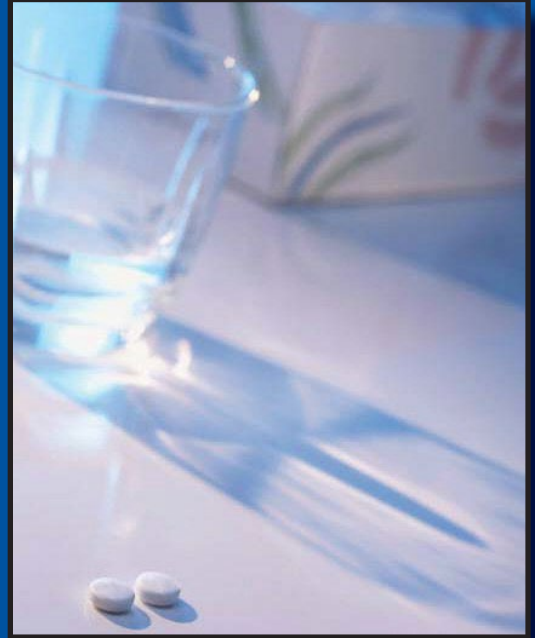




State of Washington
Department of Corrections

Health Information and Patient Education Self-Help Guide

The following guidebook describes some common or possible health concerns that may be easily prevented or treated with these self-care recommendations. However, if you have questions or concerns after reviewing this information, please write or contact the medical and/or dental departments for clarification and/or assistance.



An Introduction To The Patient Education Self Help Guide

The human body is much like a refined machine with thousands of intricate moving parts including the use of fluids and its own built in electrical system. And like any intricate machine, it requires maintenance and support as well as a “user’s manual” to become aware when something may not be working properly or to avoid costly or potentially disabling events which may occur if not tended to in a timely manner.

It is the intention of this “**Patient Education Self Help Guide**” for all Washington DOC incarcerated individuals that as you read it, you will use it as it is intended, which is to help guide you to care for that “refined and intricate machine” that we call the human body and thus learn to keep it healthy and “running” to its optimum performance levels under any and all circumstances possible.

To be clear, the advice and instruction contained in this document in no way is intended to be a substitute for seeking appropriate and timely medical attention when needed through your facility’s health services department’s sick call process. Thus, if you experience symptoms that worsen or do not improve within a reasonable time-period, we urge you **to contact your health services department or staff at your facility** and describe your symptoms to the appropriate health care provider or authority for appropriate intervention as required.

Your DOC Health Services Division

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Acne

What is it?

Acne is the term for inflamed hair roots in the skin. Acne results when these roots become plugged with oil and get infected.

Self-Care

- Keep yourself clean. Use hot, soapy water and a hot, wet washcloth to wash your face.
- Keep your hands off of your face, except when washing your face or blowing your nose.
- Place a warm, wet towel on the inflamed skin for 10-15 minutes, three or four times per day.
- Sunlight may help the acne, but make sure that you don't overdo it.
- Keep your hair short. Longer hair seems to make acne worse.
- Benzyl Peroxide can be applied to the affected area in the morning and at night.

When to sign up for sick call

- If the area is large, red, and painful.
- When your own self-care does not seem to work.

Athlete's Foot

What is it?

Athlete's foot is an infection caused by a fungus that is found everywhere. This problem is very common. It is not limited to athletes only. It grows best in warm, moist, dark places. The germ grows well in tennis shoes or in any place where you sweat a lot.

Signs and Symptoms

- Cracked and peeling areas between the toes.
- Lots of itching.
- Pain.
- Pus.

Self-Care

- Keep your feet clean and dry.
- Wear cotton socks to soak up sweat.
- Try to change your socks during the day to keep your feet dry.
- Try to dry out your shoes between use by keeping them open, especially at night.
- Apply an athlete's foot ointment to sores twice a day for two weeks. Tolnafate athlete's foot is available at the commissary.

When to sign up for sick call

- If you are a diabetic.
- If you have health problems that affect your blood circulation.
- If the skin on your feet becomes very painful, red, or gives off pus.

Bruises

What is it?

A bruise results when small blood vessels break under the skin. This causes bleeding underneath the skin and then results in a tender, discolored area on the skin.

Self-Care

- Apply ice or cold water to the bruised area. Do this as soon after it happens as possible.
- Apply something cold to the bruise every few hours for two days.
- After two days, you may apply warm, moist heat to the bruise.
- Avoid using the bruised area.
- You may order an anti-inflammatory, such as Ibuprofen, for any pain and swelling from the commissary.

When to sign up for call

- If a large area is bruised.
- If the bruise is slow to heal. (Normal healing takes two weeks.)
- If a lump develops where the bruise was.
- If it swells a great deal.

Common Cold

What is it?

Any one of over 200 types of virus germs cause the common cold, otherwise known as a head cold. A cold cannot be cured or prevented by popular cold medicines.

Signs and Symptoms

- Runny nose.
- Red, itchy eyes.
- Sneezing.
- Sore throat and coughing.
- Headache.
- General body aches.
- A cold often lasts two weeks for a non-smoker.
- If your "cold" last longer than three weeks, it may be an allergy.
- Sometimes a cold can lead to more serious problems.

Self-Care

- Get extra rest.
- Drink extra fluids, at least two or three times your normal amount.
- Take aspirin or Tylenol to reduce fever and relieve aches and pains. Allergy tablets may relieve sniffles, runny nose, and sneezing. Cough drops, capacol cherry, may provide relief for a sore throat. These items are available at the commissary.
- These medicines may relieve the symptoms of a cold and make you more comfortable. HOWEVER, they will not shorten the length of a cold.

When to sign up for sick call

- If your cold lasts more than two weeks.
- If you have a high fever.
- If you have trouble breathing.

- If you have increasing chest pain.
- If you are coughing up slime that is very green, very yellow, or bloody.

Constipation

What is it?

Constipation is when you pass hard, dry stools. Many people think that if you don't have a bowel movement every day you are constipated. Some people have a bowel movement only every two to five days. This can be considered normal if the stools are not too hard.

Self-Care

- Drink lots of water, at least eight full glasses a day.
- Eat raw fruits, vegetables, and whole grain cereals.
- Get regular exercise.
- Set aside a regular time for having a bowel movement.
- Don't strain or push but try to relax. Read a book or distract yourself and let it come out naturally.
- Take a laxative powder on a regular basis to help control bowel movements.

When to sign up for sick call

- If constipation persists after the above treatment is followed for one week.
- If blood is seen in the stools.

Cuts and Scrapes

Self-Care

- Wash the wound well. Use soap and water. Be sure to get all the dirt out.
- Rinse the area with running water.
- Do not rub the wound dry with a towel. Use a clean cloth and pat it dry. You may also let it dry in the air.
- Cover with a gauze pad or Band-Aid. If it gets wet, change it.
- Use Bacitracin as an antibiotic ointment, if desired.

When to sign up for sick call

- If the bleeding will not stop.
- If the cut is very deep or large or if it is wide open.
- If there is an object in the cut.
- If pus, fever, or swelling develops.

Diarrhea

What is it?

Diarrhea is abnormally frequent bowel movements with very loose or watery stools. It may or may not be accompanied by intestinal cramps.

Self-Care

- Put your stomach to rest.
- Drink only clear liquids for 24 hours. A clear liquid is anything liquid food that you can see through, such as water, 7-up, or Kool Aid).

When to sign up for sick call

- Whenever diarrhea is bloody or black.
- If it does not improve in 24 to 48 hours with clear liquids.
- If the diarrhea continues off and on for one week.
- If stomach pain or great discomfort comes with diarrhea and it is not helped by the passing of gas or diarrhea.

Guidelines for Sports Injuries

Good stretching and warm-up can make your body flexible and prepared for the vigorous activity of competition. Not only does this reduce injuries, but it can also allow you to perform better.

PREVENTING INJURIES IS EASIER THAN TREATING INJURIES!

- If you become injured, tell the recreation director immediately.
- Don't neglect injuries. With proper early treatment, you can limit the severity of your injury and be able to return to full activity quickly.
- Respect pain. Pain is your body's way of telling you that you are injured. Your body is hoping that you will slow down until it is healed.
- If you feel pain, let the recreation director know immediately. If you continue to exercise and/or play and the pain increases or does not settle down, stop exercising and/or playing.
- If you are undergoing a rehabilitation program following an injury, it is essential that you do your exercises painlessly. If you continue to exercise despite pain, you will make the injury worse, or at least delay the healing process. Pain is a signal that you are overdoing your rehabilitation exercises.
- If you have a nagging injury that becomes painful or swells up after activity, it is helpful to apply ice or cold water to the area. Take the time to do this for 20 minutes after exercise and/or play is over.

Treatment of injuries: I-C-E

If you were injured today, here is a program to minimize the problem. In order to limit the injury and/or the symptoms, the following first aid program should be started:

☐ **Ice, Compression, Elevation, Support, and Rest**

Immediately- Remember the word "ICE"

☐ **"I" stands for ICE**

Cold should be applied to the tender area for a period of 20 minutes ON and 40 minutes OFF for two to three days, 24-72 hours.

▷ **“C” stands for COMPRESSION**

An elastic ACE bandage should be placed over the area. It is helpful to wrap the bandage once around the injured area, then place the ice bag on the area and continue with the wrap so that the ice bag is held in place by the elastic wrap.

After ice treatment is completed, remove the wrap, re-roll it, and then apply it again over the injured area to provide compression. The wrap should be snug, but make sure that it is not wrapped so tightly that it cuts off the circulation to the fingers or toes. Poor circulation is indicated by the skin turning blue or purple.

▷ **“E” stands for Elevation**

If the ankle or knee has been injured, crutches should be used to provide support for a person who cannot walk normally and/or pain free. A sling or splint is useful for a shoulder, elbow, wrist, or hand injury. This protects the body part from further injury. A part of the body that is supported should be rested as well.

Headaches

What is it?

Most common headaches, 90 percent, are caused by tension, stress, nerves, fear and/or anger. Anybody can get a headache, not just the “nervous type.” Tension headaches are often caused by muscle tightness in the upper shoulder and back of the neck. The pain is usually felt all over the head but may be worse in some areas than in others. You may experience a feeling of pressure such as a band around the head or you may feel a dull pressure and burning around the eyes and forehead.

Self-Care

- Try to figure out the cause of your headache.
- Try taking aspirin or Tylenol at the very beginning of the headache. Do not wait until the headache gets too bad. You may order ASA, Tylenol, or Ibuprofen from the commissary.
- Try to stop whatever you are doing, close your eyes and sit still. Exhale and inhale slowly and deeply to relax your body.
- Lie down in a darkened room with a cool cloth over your forehead.
- Take a hot shower.
- Gently massage the neck muscles.

When to sign up for sick call

- If you have a fever along with the headache.
- If you have problems with vision or pain in your eyes.
- If your stomach gets upset or vomiting occurs when you get a headache.
- If you experience a sudden pain in your head for no specific reason.
- If you get a stiff neck with your headache.
- If you get confused when you get your headache.
- If you have difficulty using your arms and legs or experience numbness in your fingers and/or toes.

Indigestion

What is it?

Indigestion or heartburn is any irritation of the stomach lining. Eating too much spicy food or drinking too much alcohol often causes it. Emotional tension and hurried eating also can cause indigestion.

Signs and Symptoms

- A burning sensation an hour or so after eating.
- Reduced appetite.
- Feeling of fullness and/or pressure in the stomach.
- In severe cases, nausea and vomiting.

Self-Care

- Reduce stomach acids by eating snacks more often.
- Bland foods such as potatoes, breads, and milk may be helpful. Avoid acidity foods, such as oranges and tomatoes.
- Antacids may be helpful and can be ordered from the commissary.
- Drink more fluids, but not coffee or tea.
- Relax at mealtimes and eat more slowly.
- Stop smoking, as cigarettes increase acid production in the stomach.

When to sign up for sick call

- If indigestion discomfort becomes great. This may indicate that an ulcer is forming.
- If vomiting comes with the pain.
- If you have bloody or black stools.
- If you have shortness of breath along with indigestion. This may suggest a heart problem.
- If your self-care isn't working.

Foot Pain

The foot is one of the most complex parts of the body; so complex in fact, that a medical and surgical specialty, podiatry, is devoted solely to treating and studying foot problems.

The main source of most foot pain involves improper foot function or biomechanics. Shoes rarely cause foot deformities but may irritate them. A properly fitting shoe with a good arch support, cushioning, and a "toe box" that doesn't pinch and squeeze the toes or ball of the foot, will prevent irritation to bony joints and the skin over them that can cause problems and pain.

Flat feet or high arches can contribute to painful problems in the feet, knees, and even the hips. When the arch is too high or too low, other structures in the foot and leg have to work longer and harder than intended. The added stress, weight, and poor motion can cause fatigue, pain, and inflammation. Arch supports, orthotics, and exercises to stretch and strengthen the arch and lower leg may help relieve problems related to reach arches. But for many people, having flat feet or high arches never causes a problem.

Heel Pain

What is it?

Two closely related conditions, heel spurs and plantar fasciitis, are common sources of pain in the heel and arch of the foot. They involve the heel bone and the plantar fascia, a strong band of connective tissue at the bottom of the foot that runs from the heel to the base of the toes. Its job is to help maintain or hold the arch together and serve as a shock absorber during activity.

Over stretching of this band of tissue can result in strain and later inflammation where it's attached to the heel bone. A dull ache in the arch or pain in the heel marks plantar fasciitis. The pain is worse when you wake or after resting.

Walking may hurt at first, but once the plantar fascia is "warmed up," the pain may decrease. Plantar fasciitis most often occurs when activity suddenly increases or is due to shoes with poor support. Switching from heeled or cowboy boots to flat shoes or athletic shoes can irritate the fascia, causing pain. Gaining 10 to 20 pounds can have the same effect. Working out or standing and walking on hard surfaces, such as concrete, or wearing shoes that do not have good arch support can also lead to the problem.

Over stretching the plantar fascia can cause heel spurs. A heel spur is a bone growth on the heel bone where it connects to the plantar fascia. As the plantar fascia is pulled and stretched, it pulls the lining of the heel bone away from the main bone, causing a bony growth, or spur, to develop. The pain stems from the irritation of the plantar fascia pulling on the bone. The spur does not necessarily require removal to relieve the heel pain.

Heel pain and plantar fasciitis often have similar symptoms and are sometimes considered together as heel spur syndrome. In some cases, however, heel spurs may cause a deep tenderness in the bottom of the heel when weight is placed on the foot. Self-care and rest will sometimes relieve heel spurs and plantar fasciitis.

If symptoms continue despite these measures or if pain is severe, sign up for sick call.

Self Help

- Rest the foot, avoiding high-impact activities for 3 to 6 weeks.
- Switch to low-impact activities, such as walking, which is particularly good, biking or swimming.
- Apply ice to the heel two to three times daily.
- Support the arches of your feet to protect them from further stretching and tearing.
- Place arch supports, even in your slippers, and put them on first thing when getting out of bed.

Morton's Neuroma

What is it?

Morton's neuroma is a benign, fibrous enlargement of one of the nerves running between the metatarsal bones, long bones of the foot. The enlargement occurs when the nerve is squeezed between the bones, sometimes from tight, narrow shoes, or stress from repeated motions. Most often, neuromas develop between the metatarsal bones leading to the third and fourth toe space. Occasionally, they may develop between the second and third metatarsal.

Morton's neuroma causes local swelling and tenderness. A person with this condition may feel as though they are walking on a lump, especially when barefoot. Pain may spread to the toes or toward the heel. Pressure makes the pain worse and, if constant, may cause numbness, burning and tingling in the toes, between the toes or at the ball of the foot.

Self Help

- Avoid the original activity that caused the pain and other high impact activities, for 3 to 6 weeks. Resume the original activity only after pain is gone.
- Try wearing shoes with a wider toe box to prevent pressure on the nerve.

Corns

These yellowish callus-like growths develop on tops of the toes in spots where shoes rub. If the rubbing continues, corns can become red, inflamed, and painful. The best way to prevent corns is to wear shoes with a toe box, the area surrounding the toes and ball of the foot, large enough to comfortably fit your foot without rubbing.

Bunions**What is it?**

A bunion is a swelling on the side of the foot that is usually a symptom that the foot isn't working properly, often because of a flatfoot condition. Instability and muscle imbalance causes the big toe to slant in toward the other toes. The joint where the big toe connects to the foot, the end of the first metatarsal, pokes out on the inner side of the foot. This is caused by poor alignment and is not a growth of bone.

The bunion may become inflamed and sore, especially if rubbed by a shoe. A similar problem, called a "tailor's bunion", may develop on the opposite side of the foot, where the little toe meets the fifth metatarsal. For bunions that cause persistent pain despite self-care, sign up for sick call.

Self-Care

- Choose shoes with a larger toe box, squared or rounded toe.
- Put a piece of foam or cotton between the affected toes to see if it eased the pressure.
- Place padding around the bunion to relieve pressure and rubbing from shoes.
- Try using an arch support to stop the jamming of the long bone and the big toe.
- See your provider if pain lasts, interferes with walking, or is not relieved with self-care.

Plantar Warts**What is it?**

A virus causes plantar warts, much like warts in other areas of the body. Weight bearing causes plantar warts to bow inward. The result is a painful lump on the bottom of the foot that feels like you are walking on a pebble. Children and teens are more likely than adults to get plantar warts. Plantar warts are often difficult to treat, but a slow approach is best. If plantar warts interfere with walking, sign up for sick call.

Self-Care

- Do not try to cut warts out!

Neck Pain

The neck, or cervical spine, is the most flexible part of the spine, providing the greatest range of motion. But, because it is not well protected by muscles, it is easy to injure. Daily stress, poor posture, trauma and wear and tear from overuse and aging are the most common sources of neck pain.

Severe trauma to the neck may cause a fracture, creating a risk for permanent paralysis. For possible neck or other spinal injuries from a severe blow or other trauma, keep the injured person still. *Do not move the person* without a back board and/or cervical collar without the help and direction of a trained paramedic and/or other medical professional.

What causes neck pain?

A Bad Night's Rest

How you sleep at night can affect your neck during the day. A soft mattress and pillows that force your neck into awkward angles and uncomfortable sleeping positions may be to blame if you awaken with a “kink in the neck.”

But the tossing and turning of a bad night's rest may be less to blame than awakening suddenly from a good sound sleep. A sudden jerk of the neck upon awakening can leave neck muscles tight and sore.

Body Mechanics

Poor sitting and standing posture, such as slumped shoulders, a “drooping” head, slouching or “rounding” of the lower back –can cause neck pain. But bad body mechanics are more than poor posture.

Repeated tasks, such as holding the phone with your shoulder or always carrying a heavy briefcase or shoulder bag on the same side of the body, can also cause muscle stiffness or imbalance. Workstations, too, may force your body into less than the best positions.

Stress

The neck and upper back muscles are often among the first to become tense when a person is under emotional stress. Whenever these muscles remain tight for a long time, they may ache, become sore, and even cause headaches.

Neck Sprains and Strains

The term “whiplash” is often used to refer to neck sprains and strains that result when the neck is forced suddenly forward, backward, or both, such as from a rear-end car collision. But contact sports, a fall or a sudden twist can cause similar injuries. Pain from neck sprains and strains may spread into the shoulders, upper back, arms and sometimes as far up as the legs.

Pain may remain for 6 weeks or longer, but generally improves with normal use. In some cases, physical therapy or special exercises may be helpful.

Self-Care Steps for Neck Pain:

- If you sleep on your side, choose a pillow that allows your head to rest comfortably centered between your shoulders. If you sleep on your back, choose a pillow that doesn't push your chin toward your chest. A special cervical-support pillow or a rolled towel placed under your neck can also help you position your spine correctly.

- Avoid sleeping on your stomach.
- Learn to relax. If daily stress makes your neck and upper back muscles tense, take time out to relax.
- The spine naturally curves in at the neck, out at the upper back and in again at the lower back. An easy way to improve your posture is to focus on keeping the natural curve at the lower back. When you do this, the rest of the spine tends to pull into place, straightening your shoulders and head as well. Be sure, however, that your effort to “straighten up” doesn’t cause your neck or abdomen to “stick out.”
- A warm shower or heating pad on top of a moist warm towel can help loosen sore, tight muscles. But ice may be better for relieving pain even longer after an injury, especially if muscle spasms are present. Follow with gentle stretching.
- Take ASA, APAC or Ibuprofen with meals and rest to help with muscle pain.

Sunburn

Sunburns result from overexposure to ultraviolet (UV) radiation from the sun. In a first-degree burn, symptoms include redness, sensitivity, and pain. Long exposure can lead to the swelling and blistering of a second-degree burn. A sunburn is uncomfortable for usually 24 to 48 hours. If you get a sunburn, stay out of the sun until your skin recovers.

Avoiding too much sun can prevent sunburns. Sunscreens and sun-blocking lotions protect by filtering out the UV rays that cause sunburns. The higher the sun protection factor (SPF), the greater the protection against sunburns. A sunscreen of at least SPF 15 is recommended.

Frequent overexposure to the sun can cause long-term damage to the skin, resulting in premature aging, wrinkling and skin cancer. Most skin cancer is curable; however, it is not something that you want to get.

Some drugs can make you more sun-sensitive, causing you to burn with as little as 30 minutes exposure to the sun. Before starting a drug, ask your health care provider about possible reactions to sunlight. Drugs that react to sunlight include tetracycline and sulfa antibiotics.

Self-care steps for sunburns

- The best treatment for sunburns is to soak the affected area in cold water, not ice water, or apply a cold compress for 15 minutes at a time. This will reduce the swelling and provide quick pain relief. Do not apply greasy lotions such as baby oil or ointment to sunburned areas. They can make the burn worse by sealing in the heat.
- If sunburn affects large areas of your body, soak in a cool bath.
- Adults who do not have stomach problems or a history of allergy to aspirin products can take aspirin to reduce the inflammation.
- For the most protection from sunburns, apply sunscreen 45 minutes before exposure to sunlight. Reapply sunscreen often during extended exposures. Apply to dry skin after swimming or strenuous activities that cause heavy perspiration.
- The sun’s rays are more intense at higher altitudes, nearer the equator, on the water and in the snow. Protect yourself with sunscreen.

The following items can be found in the commissary:

- Sunscreen SP (SPF 30)
- Aspirin (plain)

Preventive Measures

- Use sunscreen with a sun protection factor (SPF) of at least 15. Apply sunscreen 15 minutes before exposure and reapply every two hours. If you are allergic to PABA, the active ingredient in many sunscreens, use non-PABA alternatives.
- Check with your provider to find out if any of your medications increase your skin's sensitivity to sunlight. If they do, use extra caution in the sun.
- Wear long sleeves while you are in the sun.
- Drink extra fluids on sunny days, even if the temperature is not hot.
- Do not use oils or creams to sunbathe.
- Avoid the sun between 11:00 a.m. and 1:00 p.m. when the rays of the sun are the strongest.
- Remember that cloudy conditions do not screen out the rays that can burn your skin.
- Take sunburn precautions at high altitudes, in tropical climates and around snow or water.

Burns

Skin burns are graded by degree. The higher the number, the more severe the burn:

First-degree burns

Slight burns affecting the top portion of the skin. Minor burns injure the epidermis, or outside skin layer. Symptoms include redness, pain and minor swelling. The skin will be red, dry and/or swollen. These burns may peel and are usually painful.

Medical attention is not needed unless a larger area of skin is damaged. Such burns usually heal within 5 to 6 days without permanent scars.

Second-degree burns

Affect the top layer of skin, as well as the second layer. These burns cause redness, pain, swelling and some blisters. Although second-degree burns are probably the most painful burns, most can be treated successfully in your living unit if only a small amount of skin is burned.

Partial-thickness burns injure some of the skin layers beneath the surface. These burns are marked by blisters, local swelling, clear fluid discharge and mottled skin. The pain may be severe. If the burn covers an area larger than a square inch, get medical attention. Partial-thickness burns can be fatal if more than 50 percent of the body is involved. Healing takes 3 - 4 weeks and may leave scars.

Third-degree burns

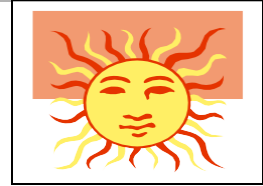
Destroy all skin layers and may penetrate deep below the surface of the skin. The damaged skin may be red, white and/or charred black. Because there is nerve damage, there may be no pain and little bleeding. A provider should see all third-degree burns immediately. Large area burns, burns that result in a lot of blistering, or serious burns on the hand or face should also be seen.

Full-thickness burns destroy all the skin layers and any or all of the nerves, muscles, bones or fat underneath the skin. These burns have a charred appearance. The tissues surrounding or beneath the burn may be white or look waxy. Full-thickness burns are either very painful or painless, depending upon nerve damage. Medical attention is crucial. Even if the burn is in one spot, specialist treatment and skin grafts will be necessary. Scars may occur, depending upon the severity of the burn.

Self-Care Steps

- For fast pain relief, soak a small area burn in cold water or apply cold, wet compresses. Do not use ice water unless that is the only cold source available. The wet, cooling action stops the burning process below the skin surface by dissipating the heat that remains after the initial burn.
- For severe burns, cover the burn with a clean, dry dressing that covers the entire burn area. **Do not apply** butter, first-aid creams, or antiseptics to the wound. **Do not rupture blisters** that form on the burn.

HEAT STROKE/EXHAUSTION



Heat exhaustion typically occurs when people work or exercise in hot, humid conditions. The symptoms are cool, pale and clammy skin; heavy sweating; dilated pupils; headache; nausea; dizziness; vomiting; faintness and rapid pulse and/or breathing.

When heat exhaustion occurs, lie on your back in a cool, quiet place with your feet slightly raised. Drink half a glass of cold water every 15 minutes and eat salty snacks like salted crackers, pretzels or nuts. Stay alert to signs of heat stroke.

Heat stroke is life threatening. It requires immediate medical attention. In heat stroke, the mechanism that regulates your body's temperature stops working and rapidly raises your body temperature to 104 degrees Fahrenheit or higher.

A heat stroke victim's skin is bright red, dry and hot. There is a strong, rapid pulse. The victim may be confused or unconscious. Make sure you get help immediately if someone is suffering from heat stroke. While waiting for help, put the victim into a tub of cool water or wrap him/her in wet sheets and fan the body with your hands. Give the victim water if they are able to drink.

Prevention

- Drink 10 eight-ounce glasses of water or more a day if you are exercising or working in hot weather.
- Stay in the shade and avoid sudden changes of temperature.
- Wear loose-fitting, light-colored clothing of natural fibers such as cotton or linen.
- Limit your activity and exercise during the hottest part of the day.



HIGH BLOOD CHOLESTEROL

High blood cholesterol is one of the biggest risk factors for a heart attack, which is the leading cause of death in America. Cholesterol is a waxy substance that your body produces to help it function properly. A diet containing too much fat, cholesterol and calories contributes to high blood cholesterol. Neither fat nor cholesterol dissolves in the bloodstream. Instead, both are carried through the body in packages called lipoproteins.

Cholesterol found in low-density lipoproteins (LDL cholesterol), is considered most responsible for plaque formation that clogs the arteries, leading to strokes and heart attacks. High-density lipoproteins (HDLs), known as “good cholesterol,” are thought to be responsible for removing extra cholesterol from the blood and thereby cutting down the risk for coronary heart disease.

Classifying Your Cholesterol

Total blood cholesterol measurements below 200mg/dl are classified as “desirable,” those 200 to 239 mg/dl as “borderline high,” and those 240 mg/dl and above as “high.” Because cholesterol levels can fluctuate from day to day, an average of two or more measurements should be used for classification. The benefit of “knowing your number” comes from your ability to act and control your cholesterol level. This involves making a long-term commitment to change.

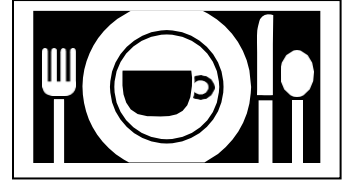
Reducing Your Risk

Your chance of developing heart disease depends on more than just the amount of cholesterol in your blood. To get a better idea of what your cholesterol number means and what action you should take, start by identifying and adding up your other risk factors for heart disease. Such factors include:

- Male (45 years and older)
- Family history of early heart disease (before the age of 55)
- Cigarette smoking
- High blood pressure (140/90 mmHg or higher)
- Low levels of HDL-cholesterol (less than 35 mg/dl)
- Diabetes or impaired glucose tolerance

Just as these factors combine to increase your risk of heart disease, healthy habits, such as eating a low-fat diet, regular exercise, and not smoking, can reduce your risk. Many people can lower their blood cholesterol simply by increasing their level of physical activity and changing the way they eat by avoiding foods high in fat, especially saturated fat and cholesterol. The higher your cholesterol level is, the greater the benefits will be if you lower it.

Along with changes in diet, there are drugs that can lower cholesterol in the bloodstream. These drugs, however, can be costly and cause undesirable side effects for some people. For this reason, changes in diet are usually the first step in treatment, unless cholesterol levels are very high.



DIETARY CHANGES

Maintain a Healthy Weight

Taking in more calories than the body needs for energy contributes to a higher cholesterol level for many people. Remember that your calories needs are based on how many calories your body burns up. People burn calories at different rates depending on many factors such as, activity, body size, genetics, age, health and gender. Losing weight and increasing physical activity are important steps toward reducing blood cholesterol and other risks for heart disease.

Eat Less Fat

Fat is the most concentrated calorie source. By reducing fat, you can also reduce your calorie intake. If you're currently at a healthy weight, you'll need to replace these calories to maintain your weight. There are two major types of fat: saturated and unsaturated. All fat sources contain a mixture of these types of fat, although certain sources contain more of one kind or the other. Cutting down on total fat will help you reduce the amount of saturated fat in your diet.

Keeping your calories from fat under 30 percent of your total daily calories doesn't require any complicated calculations.

Eat Less Saturated Fat

Since animal products are a major source of saturated fat and the only source of dietary cholesterol, limiting high-fat meat and dairy choices can cut down on saturated fat and dietary cholesterol. A few vegetable fats, such as palm and coconut oil, are also high in saturated fat. These fat sources are mainly found in commercially prepared foods. Less than one-third of the total fat you eat should come from saturated fat.

Eat Fewer High-Cholesterol Foods

Cholesterol in food can also raise your blood cholesterol level, but its effect is not as significant as that of saturated fat. This waxy, fat-like substance is essential for several important body functions, including hormone production and fat digestion. Your body makes cholesterol in the liver to meet your needs in response to a number of factors.

It is important to understand the difference between cholesterol found in blood and cholesterol found in food. The cholesterol you eat does not automatically add to the cholesterol in your blood. Cholesterol is not the same as fat and does not supply any calories. Cholesterol-free foods, therefore, can be full of fat and calories. Usually when you limit high-fat and high-saturated fat choices, you automatically limit high-cholesterol foods. Liver and egg yolks are notable exceptions because, although they are not extremely high in fat, they are high in dietary cholesterol and should therefore be limited. Shrimp is somewhat higher in dietary cholesterol than some other choices, but because it's very low in fat, it is an acceptable choice for occasional use.

Eat More Carbohydrate-Rich, High-Fiber Foods

Reducing calories from fat means you'll need to increase your carbohydrate-rich choices: legumes, breads, grains, pasta, rice, fruits, and vegetables. Carbohydrate sources include simple sugars and complex carbohydrates (starches and fibers). Most foods contain a combination of these carbohydrate sources. Eating more complex carbohydrates ensures a better balance of vitamins, minerals, and fiber.

- ⊂ *Dietary fiber* is found in all plant foods and is usually divided into two types: soluble and insoluble. These two types of fiber provide different benefits. By adding a variety of fiber-rich foods, you'll be sure to meet your needs for both types.
- ⊂ *Soluble fiber* is found in certain fruits and vegetables; dried peas, beans, and other legumes; oats; and barley. Studies show that by eating more soluble fiber you may lower your blood cholesterol level and reduce your risk of heart disease.
- ⊂ *Insoluble fiber* is found mainly in wheat bran and other whole grains, such as wheat, corn, and rye. This type of fiber is also found in many fruits and vegetables. Insoluble fiber may help reduce the risk of certain cancers and digestive diseases by shortening the amount of time it takes food to pass through the intestine. Insoluble fiber also helps relieve constipation.

Foods to choose and those to limit are based on typical items in each category. Adjust the size and number of your servings to meet your calorie needs to reach or maintain a desirable weight.

Making Realistic Changes

Once you recognize the health threat posed by high blood cholesterol levels, it may seem like an emergency. However, the heart disease caused by high blood cholesterol is a chronic condition that develops over many years. And, just as it takes time to build up plaque in the arteries, it takes time to start healthy eating and exercise plans. The diet recommended for cholesterol reduction should usually be introduced gradually over 4 to 6 months. The changes in eating and exercise habits you make are likely to result in cholesterol changes that are also gradual and progressive. If the response is not enough to meet your treatment goals, further reductions in fat, saturated fat and cholesterol can help you progress. However, keep in mind that fat is necessary in small amounts for good health. Fat is needed to carry fat-soluble vitamins and to provide essential fatty acids. These functions require as little as 8 to 10 grams of fat per day.

GENERAL HYGIENE



All areas of the skin and mucous membranes, such as the mouth and nose, are colonized with germs, which although not harmful under “normal” conditions to the carrier, can produce infection if transferred to other areas of the body, e.g., the urinary tract. Regular bathing, showering and good general personal hygiene can reduce the risks of getting sick.

Hygiene Materials

Materials such as bath sponges, nail brushes, toothbrushes, and towels, which are used for personal hygiene, can become contaminated and can act as reservoir/disseminators if not correctly maintained.

- Face cloths, bath sponges, nail brushes and toothbrushes should be thoroughly rinsed under running water after use and then dried as rapidly as possible. If the face cloths or other items are left in a damp condition residual contamination will rapidly multiply at ambient temperatures.
- Face cloths and sponges should be regularly laundered.
- Replace toothbrushes every 2-3 months.

Personal Hygiene

Hygiene begins the moment we get up. As soon as we begin our day, we begin to take care of our bodies. We use water, soap, and a washcloth to wash our face. In the meantime, there are individual types of skin. It is recommended that you don't use a rough washcloth, don't put your face close to a source of warm energy and if the wind is blowing outside, put some cream on your face.

When to bathe?

- It is best to bathe every day. Cold water is useful for improving blood circulation in our organs and warm water encourages the pores in the skin to open.
- In fact, bathing has a two-fold purpose, and we should always keep this in mind. Bathing cleanses the body of dirt and odors and it refreshes and improves your mood.
- There is a question about what order to bathe in. Here are the suggested rules to follow: once in the bath, wash your face, then your neck, chest and back and then stomach. Then work on the lower parts of your body and at the end, wash your feet and toes. Reverse the order if you are in the shower.

Hand Hygiene

One of the most important routes for transmission of infection is by and through the hands. It is vital to raise and maintain awareness of the fact that any item, surface, or object, including human skin, touched by the hands after contact with a contaminated source will be contaminated with microorganisms from that source.

The major contamination sources may include raw food, pets, soiled diapers, contaminated surfaces, and reservoir sites such as toilets, sneezing, coughing and transfer of nasal secretions to the hands. Transient microbial contamination picked up onto the hands by contact with a contaminated source can be effectively removed by thorough hand washing with soap and running water.

When to wash your hands?

- Before handling food

- Before eating
- After using the toilet
- After handling pets, pet cages, pet feeding utensils or other pet objects
- After coming into contact with body fluids, such as nasal secretions, saliva, vomit, etc., or after changing diapers
- Whenever hands are visibly dirty

How to wash your hands?

- Use warm water to wet hands
- Put soap on your hands
- Lather hands by rubbing together with soap
- Rub your hands together for about 20 seconds
- Rinse hands with warm water
- Dry with a paper towel
- Use paper towel to turn off the faucet.

Body Odor (BO)

“Here’s everything you always wanted to know about body odor, but were afraid to ask”

- Body odor (BO) is usually caused by a combination of perspiration and bacteria; perspiration itself does not have a significant odor.
- The bacteria on our skin feast on the oily secretions from our sweat, apocrine, glands. It’s the ejection of these bacteria from the body that causes body odor.
- Men tend to have more body odor than women do. This is because the apocrine glands are driven by androgen, male hormones, and because men’s apocrine glands are larger.
- Asians have few apocrine glands. In Japan, body odor is so rare it’s considered a “medical” problem.
- Obesity can increase sweating and, therefore, body odor.
- Fifty percent of the population is unable to detect the smell of body odors.

Self-Care

- Tips: Wash with plain soap and water. Deodorant soaps cost more and sometimes cause allergic reactions, although they do offer somewhat more protection. How often you need to bathe depends upon your unique body chemistry, your moods and emotions, activities, and the season. If you have body odor, try bathing in the morning and in the evening. Sweat and bacteria are produced 24 hours a day.
- If you are still bothered by body odor, try using a deodorant to mask underarm odor or antiperspirant to kill bacteria and plug the openings of the sweat glands. Try using antibacterial soaps for washing and wearing freshly laundered clothes after bathing. In hot weather, you may need to wash and change clothes more than once a day.

Other things to try

- Lose excess weight to reduce sweating.
- Avoid eating garlic, onions, curry, cumin and fish, as they can all produce body odor.

Oral Hygiene

Oral hygiene is the best means for the prevention of cavities (dental caries), gingivitis (Swelling of gums), periodontitis (Gum Disease), and other dental disorders. It also helps to prevent bad breath (halitosis). Oral hygiene is necessary for all persons to maintain the health of their teeth and mouth. Healthy teeth have fewer cavities. They are clean and have minimal or no plaque deposits. Healthy gums are pink and firm.

Personal Care

- Careful brushing and flossing help to prevent build-up of plaque and calculus, tartar.
- The teeth should be brushed at least twice daily and flossed at least once per day. For some people, brushing and flossing may be recommended after every meal and at bedtime. Kite the dental department if you need instructions or a demonstration of proper brushing and flossing techniques.
- Dentures and other removable appliances must be kept extremely clean. This includes regular brushing and may include soaking them in a dental approved cleansing solution. Do Not soak these in any cleaners used to clean your cells or other items in the facility, those can destroy your appliance and could also be toxic to your body.

Professional Care

- Routine teeth cleaning by the dentist or dental hygienist is important to remove plaque that may develop even though you may be good with brushing and flossing. Professional cleaning involves the use of various instruments or devices to loosen and remove plaque deposits from the teeth and gums.
- An oral examination may be necessary to diagnose dental and other disorders in the mouth. Dental x-rays are often necessary to diagnose and to treat issues in the mouth.

Outcome

- Good oral hygiene can help to prevent many dental and oral disorders. Good oral hygiene results in healthy teeth and a healthy mouth.

Complications

Overly vigorous or improper brushing and flossing may result in injury to the gums (gingiva) and teeth.

Health Care Services In Reentry Centers

WELCOME

Incarcerated Individuals will have timely access to health care and a system, for processing complaints regarding health care. No one will inhibit or delay an incarcerated individual's access to medical services or interfere with medical treatment.

On the first day of your arrival at the Reentry Center, you will be evaluated to determine if you have any urgent medical problems that need to be addressed.

How to Access Health Care

While placed in a Reentry Center, incarcerated individuals have access to medical, dental, and mental health services in the community, however, you are responsible for payment of all costs associated with medical/dental care. Incarcerated individuals are encouraged to inform staff immediately relative to any health concerns so arrangements may more easily be made for medical attention.

- You are financially responsible for all health care expenses incurred. You must use insurance and/or Labor and Industries coverage, if appropriate. If you have neither of these, you will be expected to pay your debts from your trust account. It is your responsibility to make arrangements for payment.
- You may request information at the hospital or clinic on how to apply for coverage of the medical expenses incurred if you are without funds.
- You may return to an institution for medical/dental work without loss of Reentry Center status if other resources are lacking.
- If the facility provides medical treatment, incarcerated individuals make medical decisions with informed consent. All informed consent standards in the jurisdiction are observed and documented for care.
- If medical treatment is provided by the facility, accurate health records for incarcerated individuals are maintained separately and confidentially.
- Medical examinations will be conducted for any incarcerated individual suspected of having a communicable disease.

Medical/Dental Care Appointments

- For non-emergent medical/dental care, you should make an appointment with a health care provider.
- All appointments must be verifiable.
- A Point-to-Point Pass must be filled out completely identifying the appointment location, time, doctor's name and phone number, etc.
 - If you go to a clinic or emergency room where appointments are not scheduled, you should have the medical staff on duty call the facility to verify your arrival.
 - If the time spent at the medical/dental provider is exceeding the allowed time on your pass, you should have the medical staff call the facility for a time extension.

- If possible, the medical staff should call the facility staff when you leave to return to the facility. If the medical staff refuse to call, you must call the facility yourself.
- In addition to your Point-to-Point Pass, a Community Health Care Report form must be taken and provided to the health care provider. It is necessary for the health care provider to complete the form to document your visit and explain what health care was given and received. Upon your return to the facility, the Community Health Care Report form must be given to staff for placement in your file.

Medical Services Information:

- If you develop a condition that impedes your ability to fully participate at the Reentry Center, you may request to be returned to an institution for care or you may be returned to an institution by staff recommendation. Refusal to seek medical assistance may also be grounds for your return to an institution.
- You may designate (in writing) persons to be notified in case of a serious illness or injury.
- Individuals who are pregnant have access to pregnancy management services in the community. A Point-to-Point Pass for pregnancy related issues will be issued by staff as appropriate.
- Various health, medical and disease information pamphlets should be available for your information/education at the facility.
- Under no circumstances or condition will the Department of Corrections allow you or any incarcerated individual to be the subject of research of a biomedical, experimental, pharmaceutical, cosmetic, or psychological nature.
- Incarcerated Individuals are primarily responsible for providing their own transportation to and from any medical/dental appointments, but staff will assist and transport incarcerated individuals when necessary and available.

Emergency Medical Care

- 24-hour emergency medical, dental, and mental health care is provided for incarcerated individuals, which includes arrangements for the following:
 - On-site emergency first aid and crisis intervention
 - Emergency evacuation of the incarcerated individual from the facility
 - Use of emergency medical vehicle
 - Use of one or more designated hospital emergency rooms or other appropriate health facility
 - Emergency on-call physician, dentist, and mental health professional services
 - Staff will ensure adequate care is provided.
- Should you require unexpected medical care while on a pass or outing, or while at work, immediately get medical attention and notify the facility as soon as possible.
- Bills for emergency medical care may be submitted to your case manager-for submission to the state of Washington for payment if personal funds are lacking. All costs incurred will become a debt to the incarcerated individual.

Medications

- Policy and procedure direct the possession and use of controlled substances, prescribed medications, supplies and over the counter drugs.

Over-the-Counter

- Prior to purchase of any over-the-counter medications, the incarcerated individual must receive approval from facility staff.
- The medications must be turned over to staff to dispense as directed. (Some over-the-counter medications may be maintained by the incarcerated individual.)
- Any cold products, vitamins, and other products must be alcohol and stimulant free.
- It is the incarcerated individual's responsibility to ensure their own health, within their capabilities, including taking prescription medications and adhering to any special diets as directed by their physician.

Prescribed

- All prescription medications will be turned over to staff and distributed as prescribed.
- Incarcerated individuals are responsible to take prescribed medications per physician's instructions.

Chemical Dependency Treatment

- You may be referred to the Chemical Dependency Counselor by your case manager. You may be required to participate in treatment to attend AA or NA meetings even though you may have already attended these.
- If you are allowed to attend outside AA treatment or NA meetings, you get a Point-to-Point Pass and must bring back documentation of attendance from the meeting and give it to duty staff.

Use of Incarcerated Individuals for Experimental Purposes:

- Under no circumstance or condition will the Department of Corrections allow you, or any incarcerated individual to be the subject for research of a bio-medical, experimental, or psychological nature to include, but not be limited to:
 - Aversive conditioning
 - Psychosurgery
 - The application of a cosmetic substance being tested prior to sale to the general-public.

Special Addendum

for

Men

Special Concerns for Men

Prostate Disease

The **prostate** is a walnut size gland found below the bladder of a man. The prostate produces fluid that becomes part of the semen.

Common Prostate Problems

- Enlarged (or swollen) Prostate
Enlargement of the prostate is common in older men but can happen at any age. Sometimes, the reason for an enlarged prostate is not known. However, *an enlarged prostate does not necessarily mean you have cancer.*
- Infections of the Prostate
Infections of the prostate can be caused by various types of bacteria or viruses (germs).
- Prostate Cancer
Prostate cancer is the most common cancer in men. About one out of every five men in their 50's will develop prostate cancer in their lifetimes. For ages 70 and 80, it occurs in 3 out of 4 men. It is important for prostate cancer to be found and treated early.

Symptoms of a Prostate Problem

- Painful and sometimes bloody urination
- Frequent urination (day and night) with difficulty stopping and starting
- Inability to empty the bladder or control urination
- A weak urine-stream
- Painful ejaculations

- Lower back and muscle pain
- Chills and fever

Detection

- **Screening** for prostate cancer is often done by a rectal examination. The medical provider inserts a gloved finger into the rectum to examine the prostate for anything unusual. A blood test may also be used to help a provider determine if you have prostate cancer.
- It is recommended that all men 50 + years have a rectal examination every year. African American men and men who have a family history of prostate cancer are more likely to get prostate cancer. Therefore, they should be checked every year if they are over 40 years old. **The best way to detect prostate cancer is to get a rectal examination when offered.**

Treatment

- Chronic inflammation should be treated to prevent complete block of urinary flow.
- Many things can be done to help with prostate problems. Symptoms may be treated with antibiotics or other medications, rest, increased fluid intake, and diet changes (avoid caffeine, spicy or acidic foods, and alcohol after release).
- Treatment may include surgery if the symptoms become severe.

Genital Warts

What are genital warts?

Genital warts are growths that appear in the genital and anal areas of the body and sometimes in the throat. They are caused by a family of viruses called the Human Papilloma Viruses (HPV). Genital warts are usually firm, rough, and flesh-colored, grayish white, or pinkish white. They usually appear as thin, flexible elevations of the skin that may look like small pieces of cauliflower. Some warts, however, are small and flat and may not be easily noticed.

How is HPV transmitted?

- This is a sexually transmitted disease, which has infected over half of the sexually active population of the United States. It can be transmitted by simple skin contact from an infected area making protection extremely difficult. Traditional safe sex methods such as condoms and protective films are not 100% effective. Any genital-to-genital contact is dangerous, as well as contact in which a hand has touched an affected area. Besides abstinence, the only totally safe means of protection is to have the warts removed prior to intimate contact. If diagnosed with HPV, immediately advise your partner(s) so they can be examined and treated. Genital warts usually first appear one to six months after contact with an infected person.

How do I know if I have HPV?

- In men, warts can grow on the tip or the shaft of the penis and sometimes on the scrotum, in the urethra (the tube that carries urine out of the body), or around the anus.
- Self-examinations of the genital and anal areas should be done routinely. A scope may be used to check for warts in a man's urethra.

Are genital warts dangerous?

Besides being unsightly, genital warts can lead to other problems including cancer. In women, warts can lead to birth defects. In men, warts may block penile and rectal openings.

Can HPV be cured?

- Warts can be removed by a doctor. However, the virus may hide in your body for years, or possibly, for life. The warts may disappear without treatment, but it is extremely unlikely.
- Once again, if you believe you have HPV the sooner you get treated, the better your chances of complete recovery.

TESTICULAR CANCER

Who is at Risk?

- Cancer of the testicle is one of the most common cancers in young men between the ages of 15 and 34, but also occurs in other age groups.
- Testicular cancer is most common in white men but men of all races and ethnic groups can get testicular cancer.
- Men who had a undescended testicles when they were boys have a higher risk of testicular cancer if the condition was not corrected in early childhood.

Symptoms of Testicular Cancer

- a lump in either testicle (***However, not all lumps are cancer***)
- any enlargement of a testicle
- a feeling of heaviness in the scrotum
- a dull ache in the lower abdomen or groin
- a sudden collection of fluid in the scrotum
- pain or discomfort in a testicle or scrotum
- or enlargement or tenderness of the breast

Screening for Testicular Cancer

Self-examination is an effective way of detecting testicular cancer. Self-examinations for testicular cancer should be done every month after a warm shower. Heat relaxes the scrotum, making it easier to spot or feel anything abnormal.

Steps of a Testicular Self-Exam

1. Check for any swelling on the scrotum skin.
2. Examine each testicle with both hands. *Don't be worried if one testicle is slightly larger than the other, that's normal.*
3. Place the index and middle fingers under the testicle with thumbs placed on top.
4. Roll the testicle gently between the thumbs and fingers.
5. Find the soft, tube-like structure (*epididymis*) behind the testicle. This tube collects and carries sperm. This should not be mistaken for a suspicious lump.

If you feel pain or find a lump or anything abnormal on your testicle, see your medical provider. Testicular cancer is almost always curable when detected early.

Treatment

Treatment for testicular cancer may include chemotherapy (***anti-cancer drugs***), radiation therapy (***x-ray therapy***), or removal of the testicle through ***surgery***. Many men worry that losing one testicle will affect their ability to have sex or make them sterile but ***a man with one healthy testicle can still have a normal erection, produce sperm and father children.***

Special Addendum

for

Women

Special Concerns for Women

Research on women's health concerns has long been neglected. Most of the major studies in understanding disease have been conducted on men. Recently there has been a new emphasis on the unique health concerns of women.

Bleeding Between Periods:

Bleeding between periods can be inconvenient and annoying. In most cases, however, it is nothing to worry about. In fact, most women have spotting, break-through bleeding, or irregular periods at some point in their lives. But because bleeding between periods can also be a sign of more serious problems, such as ectopic pregnancy or cancer, it merits a call or visit to your nurse practitioner if it happens more than two months in a row.

Spotting (light bleeding) or break-through bleeding (heavier bleeding) between periods usually lasts one to two days. About 10 percent of women regularly have spotting around the time of ovulation. Bleeding between periods is also common when hormones are fluctuating (rising and falling) the most—during the first few years of menstruation and again as women approach menopause.

Spotting may occur if the hormone levels in birth control pills a woman is taking are not well suited to her body. In most of these cases, spotting is not cause for concern, but provider may be able to help end the problem by prescribing a different pill. Spotting and break-through bleeding are also very common with Depo-Provera (a birth control shot), especially during the first three months.

If you are near menopause and break-through bleeding is often a problem, your provider may recommend an endometrial biopsy to check for cancer and other problems. Or a D&C (dilation and curettage), in which the uterine lining is gently scraped and cleaned away, may be suggested. For some women, that will end the problem.

If you are having spotting or break-through bleeding that is accompanied by pain, lasts three days or more, is very heavy, happens more than two months in a row, or if you might be pregnant; you should see your provider.

Self-care steps for bleeding between periods:

- After a while, most women take their menstrual cycles in stride. Many find it difficult to remember the exact date of the first day of their last period, let alone dates a few months earlier. That's why it's important to keep a menstrual diary if you begin having bleeding that is unusual for you. Keep a written record of the dates of your periods and any bleeding between periods. Also note how long the bleeding lasted and how heavy the flow was. This diary can help your provider find the cause and decide whether the between-period bleeding is anything to be concerned about.
- Wear a pad or tampon to protect your clothing while you are bleeding, just as you would during a regular period.
- Avoid aspirin while you are bleeding. It may increase the flow.
- Relax. In most instances, spotting and break-through bleeding are nothing to worry about.

Difficult Periods:

Menstrual periods are different for every woman. For some, they may last only three days, and for others, they are as long as seven days. The flow may be light or heavy, and cycles from the start of one period to the start of the next can be anywhere from 21 to 40 days. Over the years, a woman's menstrual pattern is likely to change. In the early years, it may be irregular and heavy. As time goes by, it may come like clockwork. The amount of flow may change over time as well.

All these variations are normal. For most women, menstruation comes and goes each month with ease. But for others—or at various times in a woman's childbearing years—periods are complicated by pain (dysmenorrhea) or premenstrual symptoms.

Menstrual cramps are most common between the ages of 15 and 24 years and among women who have not given birth. Pain can be mild or so bad that it sends the woman to bed for one to three days. Diarrhea, nausea, and headache may accompany very bad cramps.

One type of painful period seems to run in families. Researchers in the 1970's and 1980's discovered higher than average levels of prostaglandin—fatty acids in the body that act much like hormones—in the menstrual fluid of women who suffered from cramps. Prostaglandins serve many functions in the body, but too much can cause pain from uterine irritability or contractions.

Another type of painful period may be caused by fibroids (noncancerous growths) in the uterus, infection, or endometriosis (uterine lining growing outside of the uterus). If your periods become more painful or begin to last longer than they used to, you should see your provider.

Self-care steps for difficult periods:

- Use aspirin, ibuprofen, or prescription pain relievers. Aspirin usually relieves mild to moderate menstrual pain. Ibuprofen (Advil, Motrin) is often effective when the pain is worse. If you do not get enough relief from these over-the-counter drugs, your provider may be able to prescribe a higher

dose of ibuprofen or a prescription non-steroidal anti-inflammatory drug. Begin taking the drug at the first sign of symptoms, whether menstrual bleeding has actually begun or not.

- Apply heat. A heating pad or hot-water bottle placed on the lower abdomen will ease the pain.
- Raise your hips. If you find yourself in bed because of cramps, try lying on your back with your hips elevated above the level of your shoulders. Put your feet up on the footboard of the bed or the arm of the couch and place pillows under your hips. Firm massaging of the lower back may also help.

Premenstrual Syndrome:

Some women feel irritable or depressed, retain fluid or have bloating, and have headaches beginning a few days before their periods. Usually, these premenstrual symptoms go away as soon as the menstrual flow begins. About 5% of women have more severe symptoms of premenstrual syndrome (PMS), including a monthly cycle of anxiety, depression, and sometimes changes in behavior.

Self-care steps for premenstrual symptoms or syndrome:

- Avoid salt and caffeine, and drink plenty of fluids to relieve water retention and bloating.
- Exercise regularly and eat a well-balanced diet, low in sugar and high in protein and fiber.
- Daily vitamin B6 supplements (50 milligrams a day) may help relieve premenstrual symptoms.

Menopause:

The years leading up to menopause, when ovulation and menstruation stop, are different from woman to woman. Some women menstruate regularly until their periods suddenly stop. Others may see changes in the amount of menstrual flow or the length of time between periods. Still others have missed periods or bleeding between periods. Although irregular periods are often a normal part of the years leading up to menopause, irregular vaginal bleeding can also be a warning sign of cancer. If your periods become irregular or you have bleeding between periods, keep a menstrual diary and check with your doctor or nurse practitioner. They may decide to check for uterine cancer with the procedure called an endometrial biopsy.

As many as 80 percent of women have hot flashes as they near menopause. Some women may have them before periods stop. Hot flashes—a flushed feeling that usually begins around the chest and spreads to the neck, face, and arms usually three to four minutes and can occur as often as once an hour. Sweating and then chills follow often hot flashes. They can happen any time of day—or night—and may last for up to five years, as the woman's body adjusts to the ovaries "much lower production of the hormones estrogen and progesterone. Hot flasher rarely last longer than five years.

Increasingly, researchers have found that lack of adequate sleep, as a result of nighttime hot flashes, is to blame for moodiness; and other psychological symptoms linked with menopause. Scientific studies have yet to prove a relationship between lower estrogen levels and depression, moodiness, irritability, fatigue, or other psychological symptoms commonly felt during menopause. Lack of adequate sleep, however, can cause any number of these symptoms, making nighttime hot flashes a likely culprit. Other life issues happening along with menopause may also add to depression or other symptoms. Examples include career issues, children leaving home, caring for aging parents, or, possibly, struggling with what it means to be growing older or no longer being able to bear children.

Reduced estrogen levels in the body do contribute to urinary problems, both of which can continue to be problems well beyond menopause.

Hormone replacement therapy (HRT) can relieve vaginal dryness, reduce or end hot flashes, help bladder symptoms, prevent osteoporosis, and may reduce cardiovascular disease risk. In the 1960's estrogen was often given alone, and some women later developed a low-grade endometrial (uterine) cancer. When both estrogen and progesterone are given for HRT, however, the risk of endometrial cancer is usually less than if the woman is taking no estrogen at all. For this reason, combined estrogen and progesterone is recommended for women who have not had a hysterectomy.

Many women and health care providers worry that estrogen replacement therapy may increase the risk of breast cancer. The largest and most carefully done studies; however, show no convincing evidence that this is true.

Self-care steps for menopause:

- Dress in layers and wear loose clothing.
- Drink plenty of water. Six to eight glasses a day is about right.
- Exercise regularly. Thirty minutes of moderate, weight-bearing exercise (such as walking) three days a week can help reduce hot flashes and guard against osteoporosis by building stronger bones. Non-weight-bearing exercise will also help with hot flashes and benefit your heart, but is not helpful in preventing osteoporosis.
- Avoid caffeine and alcohol, which can intensify hot flashes and cause insomnia.
- Eat a balanced diet that includes 1,200 to 1,500 milligrams of calcium—the equivalent of four to six eight-ounce glasses of milk. If dairy products don't agree with you, a calcium supplement such as Tums E-X may be used. A supplement of vitamin D (400 IU each day) will help your body absorb the calcium, whether from your diet or a supplement.

Furthermore, estrogen has been shown to lower the risk of cardiovascular disease and osteoporosis. Most experts today agree that the benefits of HRT far outweigh any potential risks.

About 10 percent of women receiving HRT have minor side effects, such as breast tenderness, nausea, headaches, fluid retention, or irregular vaginal bleeding. For most women, however, these side effects do not interfere with continuing the hormone therapy.

Some women should not use HRT (such as those with a history of breast cancer), but other drugs are available to help relieve menopausal symptoms. The decision to use or not to use HRT is best made jointly by each woman and her health care provider.

Genital Warts

What are genital warts?

Genital warts are growths that appear in the genital and anal areas of the body and sometimes in the throat. They are caused by a family of viruses called the Human Papilloma Viruses (HPV). Genital warts are usually firm, rough, and flesh-colored, grayish white, or pinkish white. They usually appear as thin, flexible elevations of the skin that may look like small pieces of cauliflower. Some warts, however, are small and flat and may not be easily noticed.

How is HPV transmitted?

- This is a sexually transmitted disease which has infected over half of the sexually active population of the United States. It can be transmitted by simple skin contact from an infected area making protection extremely difficult. Traditional safe sex methods such as condoms and protective films are not 100% effective. Any genital-to-genital contact is dangerous, as well as contact in which a hand has touched an affected area. Besides abstinence, the only totally safe means of protection is to have the warts removed prior to intimate contact. If diagnosed with HPV, immediately advise your partner(s) so they can be examined and treated. Genital warts usually first appear one to six months after contact with an infected person.

How do I know if I have HPV?

In women, dry, painless, cauliflower-like warts can grow on the external genital folds, inside the vagina, or around the anus. Self-examination as well as regular pap smears can identify the presence of the virus.

Are genital warts dangerous?

Besides being unsightly, genital warts can lead to other problems including cancer. In women, warts can lead to birth defects. In men, warts may block penile and rectal openings.

Can HPV be cured?

Warts can be removed by a doctor. However, the virus may hide in your body for years, or possibly, for life. The warts may disappear without treatment, but it is extremely unlikely. Once again, if you believe you have HPV the sooner you get treated, the better your chances of complete recovery.

Yeast Infections

What is a vaginal yeast infection?

Vaginal yeast infections are caused by a fungus. Yeast infections can be very uncomfortable. Yeast infections are so common that three-fourths of all women will have one at some time in their lives. Half of women have more than one infection in their lives.

What causes vaginal yeast infections?

- Yeast normally lives in small numbers on the skin and inside the vagina. Sometimes, too many yeast can grow and cause a vaginal infection. This can be caused by menstruation, pregnancy, some antibiotics, oral contraceptives, steroids and diabetes.
- Moisture and irritation of the vagina also encourages yeast to grow.

Symptoms

- Itching and burning in the vagina and around the outside of the vagina (the vulva, the "lips" of skin that surround your vagina)
- A white vaginal discharge that looks like cottage cheese
- Pain during sexual intercourse
- Swelling of the vulva

It's very easy to mistake symptoms of a sexually transmitted disease (STD) for a yeast infection. Several STDs may show initial symptoms similar to those of yeast infections.

How are these infections treated?

There are several medicines available to cure a yeast infection. Your health care provider will discuss what treatment will work best for you. You may be given medicine in a pill, liquid, or cream form.

How can I avoid getting another infection?

- Don't wear tight-fitting clothes.
- Wear cotton panties.
- Wipe from front to back after going to the bathroom.
- Reduce the amount of sweets and caffeine in your diet (and reduce alcohol intake after release).
- Don't use feminine hygiene products (such as douches), deodorant sanitary pads or tampons.

Pelvic Inflammatory Disease (PID)**WHAT IS PELVIC INFLAMMATORY DISEASE?**

- Pelvic Inflammatory Disease (PID) may occur when a woman has a sexually transmitted disease which goes untreated. The pelvic area of a woman's body holds all reproductive (sexual) organs. PID results when the infection grows in parts of the pelvic area, specifically her uterus, fallopian tubes, or ovaries.
- PID is a **very serious** condition requiring fast medical attention and compliance with treatment instructions. Possible results of having PID include chronic pelvic pain, risk of infertility (inability or difficulty in becoming pregnant), and serious illness. If left untreated, PID can be life threatening.

WHO IS AT RISK OF DEVELOPING PID?

Any woman can develop PID, however certain women are at higher risk.

Possible risk factors include:

- sexual activity, especially in women 15 - 24 years of age
- having had multiple sexual partners
- using an intrauterine device (IUD) for contraception
- untreated **gonorrhea** or **chlamydia** (sexually transmitted diseases) infections
- previous development of PID

SYMPTOMS AND CONSEQUENCES

The most common symptom of PID is pelvic pain. This pain may be accompanied by abnormal vaginal bleeding, discharge, fever, back pain or painful sexual intercourse.

TREATMENT

- Pelvic inflammatory disease is treated by antibiotics.
- It is VERY IMPORTANT that the instructions for taking the medications be followed exactly as prescribed, in order for the infection to completely go away.
- Make sure to take ALL medications until gone, **even if the symptoms start to go away**.
- Additional examinations will also be required to be sure the infection is gone.

PREVENTION

Prevention includes taking precautions against developing any sexually transmitted infection, as well as acting quickly to limit the transmission and severity of the disease once it has developed. Here are some ways women can reduce their risk:

- abstain from sex or limit the number of sexual partners
- use barrier methods of contraception (use of condoms)
- seek medical evaluation for any symptoms of sexually transmitted infections, and by requesting routine sexually transmitted infection and screening tests when having a pap smear

- follow up pregnancy termination by taking medication as ordered and also having follow-up physical examinations as directed.

Over-the-Counter Medications

Within the Washington

Department of Corrections

Facilities

Over the Counter Medications

The Washington State Department of Corrections in collaboration with its pharmaceutical services and the stores program (where available) has developed a list of some nonprescription medications available to incarcerated individuals within DOC regardless of their ability to pay at “no cost”. Furthermore, there are also some other medications designated as “for purchase” by DOC incarcerated individuals who wish to do so. While the list contained in this document is current, this does not imply that it is permanent and thus the list is subject to change at any time.

All of the medications listed are available through the use of an approved order form through your store’s facilities (where available) and have established guidelines as to the frequency and amount of medications dispensed or sold per incarcerated individual. Furthermore, for those facilities that have no DOC stores or pharmacy support available, this list will serve as a useful tool to guide incarcerated individuals in making medication purchase decisions at the pharmacy of their choice.

OVER THE COUNTER (OTC) HEALTH RELATED ITEMS STORE LIST FOR GENERAL POPULATION

| Available at no cost OTC Items | | | |
|---------------------------------------|------------------------------------|-----------------|-----------------|
| COMMON STORE NAME | COMMON SYMPTOMS | QUANTITY | INTERVAL |
| 1. Analgesic Balm | Muscle aches | 30 gm | 1 month |
| 2. Artificial Tears | Dry Eyes | 0.5 fl oz | 1 month |
| 3. ASPIRIN 81mg | Pain, Fever | 36 tablets | 1 month |
| 4. ASPIRIN EC 325mg | Pain, Fever | 100 tablets | 2 months |
| 5. Claritin | Allergy | 24 | 1 month |
| 6. Clotrimazole topical/vaginal | Fungal infection | 30/45 gm | 1 month |
| 7. Hydrocortisone 1% cream | Inflamed, Itchy Skin, insect bite | 30 gm | 1 month |
| 8. Ibuprofen 200mg | Swelling, Pain, Fever | 100 tablets | 1 month |
| 9. Lactaid Ultra | Digestion aid for dairy products | 32 tablets | 1 month |
| 10. Pepto-Bismol chewable tablet | Diarrhea | 30 tablets | 1 month |
| 11. Preparation H | Hemorrhoids | 1 oz | 1 month |
| 12. Pyllium (Reguloid) | Constipation, Diarrhea | 160 capsules | 1 month |
| 13. TUMS | Upset stomach, calcium supplement. | 150 tablets | 2 months |
| 14. Tylenol 325mg | Pain, Fever | 100 tablets | 2 months |

| For sale only OTC Items | | | |
|-----------------------------------|---------------------------------|------------------|-----------------|
| COMMON STORE NAME | COMMON SYMPTOMS | QUANTITY | INTERVAL |
| 1. Bacitracin Antibiotic Ointment | Minor cuts / abrasions | 15 gm | 1 month |
| 2. Benzoyl Peroxide – 5% Gel | Acne | 45 gm | 1 month |
| 3. Calcium w/vitamin D 600mg-200u | Calcium w/vitamin D Supplement | 60 tablets | 1 month |
| 4. Campho-Phenique Gel | Cold sores | 7gm | 1 month |
| 5. Dandruff Shampoo (selenium 1%) | Dandruff and seborrhea | 7 oz | 1 month |
| 6. Fish Oil | Nutritional Supplement | 60 tabs/capsules | 1 month |
| 7. Gas-X | Gas and bloating, Antiflatulent | 30 capsules | 1 month |
| 8. Glucosamine | Arthritis pain | 60 capsules | 1 month |
| 9. Multi-Vitamins w/ no Iron | Nutritional Supplement | 60 tablets | 2 months |
| 10. Ocean Spray | Nasal Congestion | 1.5 fl oz | 1 month |
| 11. Orabase B Ointment | Topical pain relief | 7 gm | 1 month |
| 12. Sunscreen SPF>30 | Sun Protection | 4 fl oz | 1 month |
| 13. Throat Lozenges | Dry / sore throat | 18 lozenges | 2 weeks |
| 14. Visine-A | Irritated, Red Eyes | 0.5 fl oz | 1 month |
| 15. Zinc Oxide | Eczema, Burns | 60 gm | 1 month |

- **Quantity and interval may be subject to change based on product package size or quantity availability from the wholesaler.**
- **Stores will provide generic products when they are available in the market unless otherwise indicated by noted “ONLY” after the name.**

HIV and AIDS

What Is the difference between HIV and AIDS?

The Center for Disease Prevention and Control (CDC) estimates that about 1 million people in the United States are living with Human Immunodeficiency Virus (HIV). HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). Having HIV does not always mean that you have AIDS. AIDS is the final stage of HIV infection. People with HIV are said to have AIDS when the immune system drops to a very low level and or when they develop certain infections or cancers. It can take many years for people with the HIV to develop AIDS. A person may not know they are infected with HIV, because they may not have any symptoms for a long time. It is estimated that one quarter of people with HIV are unaware of their infection. This is why it is important to get tested. Getting tested for HIV helps people infected with HIV stay healthy and live-longer and it also helps to prevent transmission of the HIV virus to other people.

How Do People Get HIV?

A person can get HIV when they come in contact with body fluids (blood, semen, fluids from the vagina or breast milk) of a person infected with HIV. The virus can enter the body through the lining in the mouth, anus or sex organs (the penis and vagina), or through broken skin. In the United States, it is very rare to get HIV from a transfusion of blood or blood products since 1985. HIV has never been transmitted by saliva, tears or sweat. Both men and women can spread HIV. A person with HIV can feel okay and still give the virus to other people.

Common ways people get HIV:

- Sharing needles and syringes (primarily to use drugs) with a person infected with HIV
- Having unprotected sex (anal, vaginal, or oral) with a person infected with HIV
- Babies born to HIV-infected women before or during birth or through breast feeding

You CANNOT get HIV from:

- Touching or hugging someone who has HIV/AIDS
- Using public bathrooms or water fountains
- Sharing cups, utensils, or telephones with someone who has HIV/AIDS
- Mosquito bites

Who Should Be Tested?

It is recommended that everyone between the ages of 13 and 64 years old and all pregnant women get tested for HIV. If you have any risk factors for getting HIV then you should be tested on a regular basis.

Risk factors for HIV:

- Using injection drugs
- Trading sex for drugs or money
- Being a man who have sex with other men
- Having multiple sex partners
- Having sex with someone you know has HIV

Does HIV Have Symptoms?

The only way to know whether you are infected is to be tested for HIV. Many people with HIV do not have any symptoms for many years.

Some people get flu-like symptoms a month or two after they have been infected with HIV, but these symptoms go away within a week to a month. As the disease progresses, a person can get sick and eventually will develop AIDS. Some common symptoms of advancing HIV include swollen lymph nodes (swollen “glands”), weight loss, thrush (white spots in the mouth caused by yeast), fevers, sweats, and pneumonia.

What Illnesses Do People With AIDS Get?

People with AIDS have a very weak immune system and therefore get many different types of infections and cancers. Here is just an example of some of the illnesses people with AIDS may get.

- Kaposi's sarcoma, a cancer of the skin that looks like dark purple blotches.
- Brain infections, such as cryptococcal meningitis
- Certain types of pneumonia (lung infection), such as pneumocystis
- Dementia
- Severe weight loss
- Chronic diarrhea
- Tuberculosis
- Lymphoma
- Cervical cancer
- Chronic sores from herpes
- CMV retinitis, an infection of the eye that can cause blindness

How Is HIV Treated?

People can live with HIV for a very long time before they need to be on treatment. When the immune system in a person with HIV starts to get weaker, the doctor may recommend starting on medications to slow down the virus. We now have many different medications to treat HIV that work very well, so people are living with HIV longer and longer. The newer HIV cocktails no longer require you to take lots of pills (you may be able to take just one pill once a day) and the pills have less side effects compared to the older medications. Once you start treatment though, it is still very important to take the pills every day as prescribed by your doctor. If you miss a lot of pills or do not take them correctly, the virus can become resistant to the medications which means the medication may no longer work. Many people with HIV who receive appropriate treatment live long and healthy lives and often die of a disease other than their HIV.

How Can I Keep From Getting HIV?

The best way to protect yourself from HIV is to avoid activities that put you at risk. There's no way to tell by looking at someone if they have HIV. Always protect yourself.

- Use latex condoms (rubbers) whenever you have any type of sex (vaginal, anal, or oral)
- Condoms made from lamb skin are not good at preventing HIV
- Use water-based lubricants. Oil-based lubricants can weaken condoms.

- Do not have sex when drunk or high because it can make you more likely to take risks
- Never share needles, syringes or any other works when injecting drugs.
- Use latex gloves when handling any body fluids that could possibly contain blood

How Can I Get More Information About HIV and AIDS?

Contact the CDC National AIDS Hotline: 1 (800) CDC-INFO (232-4636)

Got to the CDC Website on HIV/AIDS: <http://www.cdc.gov/hiv/>

Contact the Washington State Department of Health [HIV/AIDS Prevention and Education Services](#)