



The Heartbeat

Published monthly for the staff and patients of
General Leonard Wood Army Community Hospital

April 2009

Proper handwashing key to keeping germs at bay

By Carl Norman
GLWACH Marketing

Make sure you wash your hands!

Can't you just hear your mother telling you that as she's putting the meatloaf and mashed potatoes on the table for supper. Hand washing is a very simple thing to do. But, it's something a smaller number of people are doing despite the fact that health care experts emphasize that it's the No. 1 way to prevent spreading potentially deadly

germs.

Despite educational campaigns aimed at informing the public about the importance of hand washing, only 77 percent of men and women washed their hands in public restrooms, marking a 6 percent decline from 2005, according to a recent observational study by the American Society for Microbiology and the Soap and Detergent Association.

According to the study, women were bet-
See HANDS, Page 6

Two clinics, Main Pharmacy relocate

Two General Leonard Wood Army Community Hospital clinics and the Main Pharmacy have relocated as the facility prepares for a major construction project slated for 2009.

GLWACH's Victory and Cardiopulmonary clinics moved March 23 and April 3, respectively. The Main Pharmacy relocated March 30.

The Victory Clinic is now located in Building 885-B, at the corner of West 16th and Buckeye streets. That's right across the street from the Consolidated Troop Medical Clinic.

The Cardiopulmonary clinic has relocated to Room 124 on the 1st floor. It is located in the hallway to the right of the front desk, halfway between Admissions and Dispositions and the Emergency Room.

The main pharmacy is now located in Room 54 in the hospital basement. Take elevators 4 or 5, located immediately behind the front desk, to the basement and follow the signs.

All clinic and pharmacy staff members apologize for any inconvenience this temporary relocation may cause, and appreciate your patience and understanding.

For more information, call (573) 596-9792.



Welcome Home

Stacy Bateman, General Leonard Wood Army Community Hospital Family Readiness Group, presents flowers to Maj. Autumn Clark during a Yellow Ribbon Ceremony March 2. Staff members, friends and family lined the GLWACH hallways to cheer the returning Soldiers as they made their way to the ceremony in the MEDDAC Classroom. Clark was one of four GLWACH warriors returning home from deployments. The others were Maj. Justin Stewart, Capt. Joshua Walters and Spc. Ansel Arizmendi-Rodriguez.

Patient safety GLWACH No. 1 priority

By Col. Judith Ruiz
GLWACH Commander

As the Hospital Commander, one of my roles is to continually bring a national healthcare perspective to our local community, while keeping our hospital at the forefront of the healthcare industry.

At General Leonard Wood Army Community Hospital, patient safety and quality are our top priorities. We stress to our patients and families how they can protect themselves in various healthcare situations, not only when they are in the hospital, but wherever they may be.

Some suggestions of how you can better protect yourself as highlighted by the National Patient Safety Foundation are:

- ◆ **Hand washing:** by simply washing your hands with antibacterial soap or gel can protect you against infections.

- ◆ **Dispose of any old or expired medications.**

- ◆ **Periodically bring all of your medications to your doctor for review to ensure that all of your medications are effective when taken together and to avoid adverse medication complications.**

- ◆ **Obtain a copy of your medical records.**

- ◆ **Keep with you a list of all your current medications and the dose you take, include your physician's name and phone number, and a person to call in an emergency (spouse, etc).**

- ◆ **Designate a family member or friend to accompany you to doctor ap-**



pointments. Ask them to be your partner in healthcare, asking questions that you may forget to ask and remembering information that you may be told in regards to your care but forget.

- ◆ **Complete an Advance Directive and discuss your outlined medical wishes with a person whom you designate as your medical Power of Attorney should you be unable to communicate your wishes yourself.**

- ◆ **Ask questions about medical care, tests, or medicines of your doctor or nurses. Make it your goal to understand everything about your medical care.**

- ◆ **Tell your doctor who you have designated as your medical power of attorney and be sure to give your doctor a copy of your Advance Directive.**

- ◆ **Communicate your medical history and medical concerns with your doctor.**

- ◆ **Know how to care for yourself upon being discharged from the hospital.**

Communication between medical

personnel also plays an important role in guaranteeing a patient's safety while at the hospital. To ensure effective communication between all staff involved in a patient's care, GLWACH utilizes the SBAR communication technique.

The SBAR acronym stands for Situation- What is going on with the patient at the present time; Background- What is the patients' medical history up until the present time; Assessment- What the diagnosis is; and Recommendation- What actions should be

taken to treat the patient. By utilizing the SBAR technique, the GLWACH staff involved in the patient's care can accurately and efficiently communicate information, avoiding any chance of miscommunication.

Taking patient safety one step further, GLWACH is proud to be a part of the national program, The Five Million Lives Campaign, a challenge extended by the Institute for Healthcare Improvement to all American hospitals.

The campaign requires hospitals to adopt 12 changes in their institution that may prevent situations that could jeopardize patient safety and may save lives. For more on the challenge or the SBAR technique, visit www.IHI.org.

We at GLWACH are dedicated to offering our patients leading edge medical care with their safety our main priority and focus.

For more information, visit www.npsf.org, www.emmisafety.com, and www.IHI.org.

The Heartbeat

The Heartbeat is an authorized publication for members of the Department of Defense, and staff and patients of General Leonard Wood Army Community Hospital. Contents of The Heartbeat are not necessarily the official view of, or endorsed by, the U.S. Government or the Department of the Army. The editorial content of this publication is the responsibility of the GLWACH Public Affairs Officer.

Everything published in The Heartbeat is done so without regard to individual race, color, religion, sex, national origin, age, marital status, physical handicap, political affiliation, or any other non-merit factor. The deadline for submissions is the 15th of the month prior to publication. Send submissions to Carl.Norman@amedd.army.mil.

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Brain injuries: A growing concern

By Carl Norman
GLWACH Marketing

Every 23 seconds it strikes, claiming 1.4 million new American victims each year. It knows no boundaries, striking children on playgrounds and Soldiers on the battlefield.

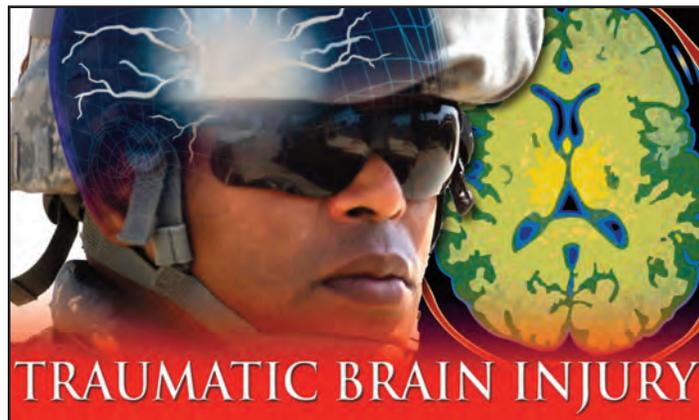
After it strikes, it leaves altered lives and changed personalities in its wake. Some people recover to live normal lives, some don't.

As a matter of fact, an estimated 5.3 million Americans are living with disabilities resulting from Traumatic Brain Injury right now, according to experts from the Brain Injury Association of America (BIAA).

BIAA experts said traumatic brain injuries happen when an outside force impacts the head with enough force to move the brain within the skull which results in a direct insult to the brain. Rapidly accelerating and decelerating the head can also force the brain to move back and forth across the inside of the skull, BIAA experts said.

This stress pulls nerve fibers apart and damages brain tissue and is known as a coup – contrecoup injury. A coup injury occurs under the site of impact with an object, and a contrecoup injury occurs on the side opposite the area that was impacted.

Common TBI symptoms can include blurred vision, headaches, ringing in the ears, increased irritability or agitation, memory loss, impaired decision making or difficulty organizing daily tasks, according to Dr. Kirsten Pol-



lick, a neuropsychologist at General Leonard Wood Army Community Hospital and head of the facility's newly formed TBI team. Mild Traumatic Brain Injury is also known as a concussion, an injury that causes an individual's mental status to be altered. A person with a concussion may be dazed, confused or lose consciousness for a short time.

"These injuries can happen in a variety of ways," Pollick said. "The most common sources are motor vehicle crashes, firearms, falls, sports and physical violence.

"Military members also get these from combat-related events such as being in or near explosions or other events that cause head trauma."

Pollick and other medical experts said people can get a concussion even if they don't hit their heads.

"An indirect blow elsewhere on the body can transmit an impulsive force to the head and cause a concussion to the brain," Pollick said.

Although explosions in combat areas and other "more serious" events get credit for the majority of adult

traumatic brain injuries, sporting events and recreational activities claim their share of young victims as well, according to BIAA experts.

According to the BIAA, the five leading sports or recreational activities that account for concussions among children and youth 5-18 years include bicycling, football, basketball, playground activities and soccer.

"That's why it's important to make sure children always wear the proper protective gear for the activity they've chosen," Pollick said. "It would be a true tragedy if a child were permanently brain damaged because they forgot to wear their helmet when bicycling, skateboarding or participating in some other activity."

Whether it's a child on a skateboard or a military member in battle, individuals with suspected brain injuries should seek medical care immediately.

"Contact your primary care provider, go to the emergency room or call 911 if the situation is a true emergency," Pollick said.

March was National Brain Injury Month, and General

Leonard Wood Army Community Hospital experts are proud to announce a new TBI team to help Fort Leonard Wood beneficiaries with brain-related problems. The three-person staff consists of Pollick, a neuropsychologist; Omer Goodin, a psychology technician; and Mary Blewett, administrative assistant.

The TBI team is establishing a screening program for clients based on consult or verbal referrals from the Soldier Readiness Processing Center, Warrior Transition Unit, Behavioral Medicine Division, Neurology and Primary Care clinics, Pollick said. Following the TBI screening assessment, clients may be referred to appropriate services within the hospital such as neurology, Social Work Services, psychology or psychiatry for what Pollick calls "a multi-disciplinary approach to patient care."

As people take advantage of the team's services, Pollick said contact information is critical to treatment.

"One of the team's biggest struggles with consult referrals is not having a current telephone number for the service member in the hospital system," she said. "If the client's phone number would be included in the Reason for Request area, it would raise our attempt to contact rate to 100 percent.

"We also welcome ideas and suggestions of what service members would like to see from the TBI program at GLWACH," Pollick said.

If you have questions, call (573) 596-0522.

Warmer temps bring ticks out

By Spc. Tramaine Carey
Preventive Medicine
Specialist

It's that time of year when temperatures are going up and people are going out to enjoy activities in the great outdoors. But as you trapse through the woods on that long-awaited adventure, but sure to think about ticks along the way.

The reported incidence of tick-borne diseases has increased during the previous decade, according to the Centers for Disease Control and Prevention. Illnesses associated with these diseases can vary from mild symptoms treated at home, to severe infections requiring hospitalization for care, with the potential for death in rare cases.

That said, here's some information that will go a long way in helping everyone reduce their tick-borne illness risk:

Tick-borne illnesses are known as zoonotic diseases — an infectious disease that can be transmitted between animals and humans. Tick transmit disease very effectively because most of them take blood from a large variety of small and large mammals, reptiles and birds.

In general, ticks must ingest a blood meal before they can molt and move to the next stage in their life cycle. As they feed on infected mammals or birds, they become infected with a disease-causing agent.

One tried-and-true measure to prevent ticks from leaching onto your body is to walk in the center of trails to avoid overhanging brush and tall grass. When ticks "quest," or seek a host, they perch themselves,



Lone Star tick



Deer tick



Dog tick

front legs extended, on the top of grass stems, low brush, or on the edges of leaves on the ground. Using this ambush strategy, the tick waits until a suitable host brushes against the vegetation.

Ticks don't jump, fall, or fly to find a meal and are generally found within three feet of the ground. They use carbon-dioxide that humans exhale as well as heat movement to detect a possible blood meal. People usually find ticks around their heads, necks, underarms and groin areas.

Not all ticks are infected with a disease, so a tick bite doesn't necessarily mean you'll get a disease. If a tick is infected, it must be attached to your skin for several hours before it can successfully transmit the disease.

Since you can't tell if a tick is infected or not by looking at it, the sooner you remove attached ticks, the safer you'll be. Ticks that are just crawling on your skin or clothing can't make you sick.

Medical experts encourage people to treat all tick bites as tick-borne diseases by observing any signs and symptoms. Monitor bitten individuals for a sudden high fever, severe headache, muscle or joint aches, nausea, vomiting or diarrhea.

Another possible sign of tick-

borne disease is a rash or pus-filled wound that appears at the bite site, or a spreading rash that follows a tick bite or exposure to tick habitat. If any of these symptoms follow a tick bite, or even exposure to a tick habitat, contact your health care provider.

If you find a tick, remove it immediately with tweezers to prevent infection. Use the flat end of the tweezers to press near the skin and clamp them around the mouth part of the tick. Use slow and steady movement.

After removing the tick, disinfect the bite site with soap and water or any other available disinfectant (i.e. hand sanitizer). Preserve the tick for about a month in case you develop disease symptoms later.

Place it in a clean, dry jar (or other sturdy container) and keep it in the freezer. You may discard the tick after about one month because tick-borne diseases generally display symptoms within this time period.

Things to do:

◆ Treat clothing with permethrin repellent. This makes ticks too sick and weak to bite. It typically lasts five-to-six laundering for aerosol. IDA kit clothing soaked in a special solution will last about 50 laundrings.

◆ Wear DEET repellent on the skin. Only a thin layer is

necessary to protect you. One application lasts up to 12 hours.

◆ Wear proper clothing. This includes long pants tucked into boots or socks, long sleeves, shirts tucked into pants, light-colored clothing makes it easier to spot ticks.

◆ Check yourself for ticks regularly. Use the buddy system to check each other. When you go inside, remove your clothes and take a shower, checking your skin carefully. Placing clothes in a hot dryer for 20-30 minutes will kill any ticks you failed to notice. Also check children and pets carefully.

Things not to do:

◆ Do not wear flea and tick collars; they are not for human use, and the chemicals will burn your skin.

◆ Do not squeeze the tick's body or apply any substance while it's attached. This includes petroleum jelly, finger nail polish, finger nail polish remover, repellents, pesticides, or a lighted match. These materials or methods are either ineffective, or worse, might force more infective fluid into the bite site.

For more information, visit these Web sites :

<http://www.cdc.gov>

<http://usachppm.apgea.army.mil/>

<http://www.dhss.mo.gov>

Viral meningitis: A common disease

By Carl Norman
GLWACH Marketing

During this time of year, many germs get passed around that have various impacts on people. Some may cause a cold, some may cause a rash and others may cause a multitude of other symptoms or illnesses. One of those could be viral meningitis.

Medical experts define viral meningitis as a relatively common but rarely serious infection of the fluid in the spinal cord and surrounding the brain. A number of different viruses can cause the illness, many of which are associated with other diseases. For example, herpes viruses and the mumps virus can also cause viral meningitis.

Now when some people hear the word meningitis, they tend to get concerned, but Lt. Col. (Dr.) John Lowery, General Leonard Wood Army Community Hospital medical director and deputy commander for clinical services said there's normally nothing to worry about when it comes to viral meningitis.

"The illness is usually mild and clears up in about a week," Lowery said. "There is no specific treatment for viral meningitis. In fact, doctors often recommend bed rest, plenty of fluids, and medicine to relieve fever and headache, and most patients completely recover on their own."

The initial symptoms for viral and bacterial meningitis are the same — headache, fever, stiff neck. The difference is, according to the CDC, that viral meningitis symptoms last 7-10 days and patients usually recover completely. Viral's bad cousin, bacterial meningitis, on the other hand, can be very serious and result in disability or death if not treated promptly.

"The bottom line is, if you think you or your child has meningitis, see your doctor as soon as possible," Lowery said.

Most people with meningitis-causing viruses either have no symptoms or develop only a cold or rash with low-grade fever.

"Only a small proportion of infected



There is no specific treatment for viral meningitis; doctors recommend bed rest, plenty of fluids and medicine to relieve fever and headache. (Courtesy photo)

people actually develop meningitis," CDC experts said. "Therefore, if you are around someone who has viral meningitis, you have a moderate chance of becoming infected, but a very small chance of developing meningitis."

All infectious diseases, including viral meningitis, are commonly spread via direct contact with an infected person's respiratory secretions — saliva, sputum or nasal mucus, CDC experts said. This may happen by shaking hands with an infected person or touching something they have handled, and then rubbing your own nose or mouth.

CDC experts said the virus can also be found in an infected person's stool.

"The virus is spread through this route mainly among small children who are not yet toilet trained," CDC officials said. "It can also be spread this way to adults changing the diapers of an infected infant."

The incubation period for these viruses is usually between three and seven days from the time someone is infected until they develop symptoms.

"This means you can usually spread

the virus to someone else beginning about three days after you are infected until about 10 days after you develop symptoms," CDC experts said.

Because most people who are infected with these viruses don't become sick, it can be difficult to prevent them from spreading. That's where good personal hygiene comes into the picture.

"If you are in contact with someone who has viral meningitis, the most effective method of prevention is to wash your hands thoroughly and often," CDC experts said. The time it takes to sing the "Happy Birthday" song is usually adequate.

They also recommend cleaning contaminated surfaces and soiled articles with soap and water, then disinfecting them with a dilute solution of chlorine-containing bleach. Mixing approximately one-quarter cup of bleach with one gallon of water can be a very effective way to inactivate the virus.

For more information, visit the CDC Web site at www.cdc.gov or call the GLWACH Community Health Resource Center at (573) 329-1901.

Hands, from Page 1

ter at publicly washing their hands than men—88 percent compared to 66 percent, but rates for both genders were down.

Yet in a separate telephone survey, 92 percent adults say they wash their hands in public restrooms.

“Hand hygiene is a serious issue,” said Maj. Tammy Mayer, General Leonard Wood Army Community Hospital Preventive Medicine Division chief. “It’s the single more important thing people can do to keep from getting or spreading infectious diseases to others.”

According to experts from the Centers for Disease Control, hand washing is defined as the vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under a stream of water. Hand washing suspends microorganisms and mechanically removes them by rinsing with water. The fundamental principle of hand washing is removing germs and bacteria, not killing them.

“The amount of time spent washing hands is important to reduce the amount of germs and bacteria spread to other food, water, people and inanimate objects like door knobs, hand railings and other frequently touched surfaces,” CDC officials said.

“To wash hands properly, use soap and warm, running water, and rub your hands together vigorously for at least 20 seconds, or the time it takes to sing the Happy Birthday song,” Mayer said. “Be sure to pay close attention to the nail areas, as well as the area between the fingers.”



CDC officials also said wet hands have been known to transfer germs and bacteria much more readily than dry hands or hands not washed at all.

“The residual moisture determines the level of bacterial and viral transfer following hand washing,” CDC experts said. “Careful hand drying is a critical factor for bacterial transfer to skin, food and environmental surfaces.”

According to the CDC, there are many recommended methods to properly dry hands. It’s not recommended to repeatedly dry hands with reusable cloth towels, but here are some ways that are recommended:

Rub your hands on two paper towels, drying hands for 10 seconds each. The first towel removes the bulk of the water; the second achieves complete drying.

Rub your hands together while rotating them under a warm air dryer. A prolonged drying period is required to make sure hands are completely dry.

Rub your hands on two sections of a single-use cloth towel, drying hands for 10 seconds on each section. The first section removes the bulk of the water; the second achieves complete drying.

According to CDC experts, people should wash their hands when significant hand contamination occurs and spreading germs and bacteria through cross-contamination may occur. Some specific activities where hand washing is required include:

- After using the toilet
- Cleaning toilets and bathrooms
- Handling potentially contaminated or soiled clothes and bed linens
- Cleaning up after vomiting or fecal accident
- Cleaning and sanitizing environmental surfaces
- Before preparing food
- After eating, drinking and smoking
- After removing gloves
- Using alcohol-based hand antiseptics (hand sanitizers) does not replace the need for frequent and proper hand

washing, according to CDC experts. Alcohol-based hand antiseptics appear to have very good to excellent activity against many bacteria and some enveloped viruses, but they are not effective on hands that are visibly dirty or those contaminated with organic materials.

Hands that are visibly dirty or contaminated with organic material must be washed with soap and water, even if hand antiseptics are used as an adjunct measure, CDC experts said. It is also worth noting that the amount of alcohol-based hand antiseptic is important to its overall effectiveness.

“Put a dime-size amount in the palm of your hand and rub your hands together until it’s completely dry,” Mayer said. “Make sure to include all parts of the hand, fingers and between the fingers.”

For more information, call the GLWACH Community Health Resource Center at (573) 329-1901 or visit www.cdc.gov.

Heavy drinking risks health, readiness

By Col. Michael Custer

U.S. Army Center for Health
Promotion and Preventive Medicine

(EDITOR'S Note: April is Alcohol Awareness Month)

According to the latest results of DOD's "Survey of Health-Related Behaviors Among Active-Duty Military Personnel," the rate for heavy drinking (five or more drinks on one occasion once a week) in the Army increased from 17.2 percent in 1998 to 26.8 percent in 2005.

Among Soldiers age 21 to 25, the rate was 35.7 percent.

Another study done in 2008, "The Science of Health Promotion," estimated that heavy alcohol consumption costs the Defense Department \$425 million in excess medical costs each year. DOD pays another \$677 million in alcohol-related costs associated with early separation, replacing non-deployable Soldiers and alcohol-related legal issues.

Just think of the dangerous behaviors associated with heavy drinking — suicide, spouse abuse, physical assaults, sexual assaults, motor vehicle accidents and injuries at work — to name some serious high-risk behaviors. Heavy drinking is also associated with diseases such as pancreatitis, hepatitis and various cancers, to name just a few.

Heavy drinking and associated behaviors and illnesses affect readiness and pose a serious challenge to Army leaders, not to mention their effects on individual Soldiers and those close to them.

So, why is something that is legal and used worldwide such a problem? Attitudes and culture play a role.

Because alcohol is legal and has been with humans for thousands of years, many forget that it's a drug, a very powerful depressant. If the fermentation process that produces alcohol were discovered today, the drinks produced probably would not be legalized for public consumption.

There were eras in military history when drinking was encouraged and part of a "macho" culture. Today, we ex-



pect officers, non-commissioned officers and Soldiers to encourage and support responsible drinking.

Here are some tips for responsible drinking.

First, realize that it's OK not to drink. You don't owe anyone any excuses, and there are many good reasons not to drink. You shouldn't drink if you're on certain medications, if you're pregnant, if you're underage or if you're a designated driver.

Remember "HALT" — never drink if you are hungry, angry, lonely or tired. Alcohol impairs your normal inhibitions and sets you up to make poor decisions.

If you do drink, don't gulp or chug your drinks; try to make them last for at least an hour.

Eating won't prevent you from getting drunk, but it can slow the body's rate of alcohol absorption.

Alternate alcoholic drinks with non-alcoholic drinks.

If you need to drive to get home after drinking, always have a non-drinker as a designated driver or some type of

public transportation available.

Take care of your buddies. If you see someone drinking to excess, be a friend and bring it to his or her attention. It might save them from embarrassment, save their career or even save their life. If you have a friend or family member who drinks more than is healthy, and you notice that drinking is having a negative impact on their life, encourage them to get help.

DOD has developed an entertaining multimedia campaign called "That Guy." It shows how to avoid becoming the person who abuses alcohol but doesn't have a clue of how he humiliates himself, his friends and family when drinking. Fun and full of facts about alcohol, "That Guy" can be found at <http://www.thatguy.com/>.

Everyone pays a high price for alcohol abuse. We have high rates of heavy alcohol consumption in the Army. However we can create a culture that prevents this problem by recognizing and acting when we see it. Remember — prevention is always the best medicine!

Community Health Resource Center Classes

EDITOR'S NOTE: General Leonard Wood Army Community Hospital's Community Health Resource Center is located in the University of Missouri Technology Park, 199 East 4th Street. For more information or directions, call (573) 329-1901.

Below is the General Leonard Wood Army Community Hospital Community Health Resource Center Class Calendar for April 23 – May 30, 2009. All classes are conducted in the CHRC, Suite 124, Building 2080 unless otherwise noted. Sign up for classes by calling (573) 329-1901. Sign up for the Post-deployment Spiritual Wellness class by calling (573) 596-1678.

Classes offered are:

— Asthma Awareness: Discuss the causes, signs, symptoms and aggravating factors of asthma. Adults and children, 9 years old and older, who have asthma are encouraged to attend. Class dates:

- ◆ May 6, 9 – 11 a.m.
- ◆ May 20, 9 – 11 a.m.

— Breastfeeding: Learn how to properly nourish and care for your child while breastfeeding. Class date:

- ◆ May 27, 9 – 11 a.m.

— Cholesterol Control: Understand the pitfalls of shopping, cooking and eating for a low-cholesterol diet. Cardiovascular disease risk factors such as poor fitness, smoking and obesity are also discussed. Class dates:

- ◆ April 27, 1:30 – 3 p.m., MEDDAC Classroom at GLWACH
- ◆ May 11, 1:30 – 3 p.m.

— Diabetes Management: Learn about treatment, complications and how to prevent them, exercise, and self-care for diabetes. The dietician will instruct patients on how to follow a diabetic diet. Class dates:

- ◆ May 1, 8 a.m. – noon
- ◆ May 29, 8 a.m. – noon

— Early Pregnancy and Pets in Pregnancy: Learn what to expect in the first six months of your pregnancy as well as how to introduce your pet to your newborn. Class date:

- ◆ May 5, 8:45 – 10:45 a.m.

— Glucometer Education: Patients will be given instructions and a demonstration on how to use a Glucometer. Class dates:

- ◆ April 23, 12:30 – 2 p.m.
- ◆ April 27, 9:30 – 11 a.m.
- ◆ April 30, 12:30 – 2 p.m.
- ◆ May 1, 1 – 2:30 p.m.
- ◆ May 4, 9:30 – 11 a.m.
- ◆ May 7, 12:30 – 2 p.m.
- ◆ May 11, 9:30 – 11 a.m.
- ◆ May 14, 12:30 – 2 p.m.
- ◆ May 15, 1 – 2:30 p.m.
- ◆ May 20, 9:30 – 11 a.m.
- ◆ May 28, 12:30 – 2 p.m.
- ◆ May 29, 1 – 2:30 p.m.

— High Blood Pressure/Hypertension: Discuss the causes, treatment and steps taken to beat high blood pressure. Class dates:

- ◆ April 23, 9 – 10:30 a.m.
- ◆ April 30, 9 – 10:30 a.m.
- ◆ May 7, 9 – 10:30 a.m.
- ◆ May 14, 9 – 10:30 a.m.
- ◆ May 28, 9 – 10:30 a.m.

— Infant Care: Parents-to-be learn how to properly bathe and care for their new baby, to include diapering. Class date:

- ◆ May 13, 9 – 11 a.m.

— Infant CPR: New and expectant parents, baby sitters and other care givers learn how to properly resuscitate a baby if its heart should stop beating. Class dates:

- ◆ April 28, 5:30 – 7:30 p.m., MEDDAC Classroom at GLWACH
- ◆ May 26, 5:30 – 7:30 p.m., MEDDAC Classroom at GLWACH

— Informed Childbirth: Learn techniques to help you breathe more efficiently when in labor. Class dates:

- ◆ April 23, 5:30 – 7:30 p.m.

— Legal Issues & Pregnancy: Learn about profiles and related issues military members face when pregnant. Class date:

- ◆ May 8, 1 – 2 p.m., Judge Advocate General, Building 315 (Call 596-0629 for more information)

— Nutritious Weigh: Learn about low-fat eating, weight management techniques, cooking methods and dietary trends. Learn how you can lose pounds safely, the importance of exercise and reading

food labels, and weight management theories. Class dates:

- ◆ May 4, 1:30 – 3 p.m. in the MEDDAC Classroom at GLWACH
- ◆ May 18, 1:30 – 3 p.m. in the MEDDAC Classroom at GLWACH

— Pregnancy/Post Partum Physical Training: Mandated by the U.S. Army Center for Health Promotion and Preventive Medicine, this class is a standardized physical training program that is mandatory for all post partum Soldiers Army wide. Class dates:

- ◆ April 28, 7:30 – 8:30 a.m.
- ◆ May 5, 7:30 – 8:30 a.m.
- ◆ May 12, 7:30 – 8:30 a.m.
- ◆ May 19, 7:30 – 8:30 a.m.
- ◆ May 26, 7:30 – 8:30 a.m.

— Self-Care Intervention Program: Learn how to avoid illness and pursue wellness; learn the importance of healthy habits, how to treat common illness at home, and how to use medications. Participants will receive a pharmacy card to receive non-prescription medication through the pharmacy. Class dates:

- ◆ April 29, 1 – 3 p.m.
- ◆ May 6, 1 – 3 p.m.
- ◆ May 13, 1 – 3 p.m.
- ◆ May 20, 1 – 3 p.m.
- ◆ May 27, 1 – 3 p.m.

— Sleep Remedies: Can't sleep? Sick of counting sheep? Try our new Sleep Remedies Class to get your zzzz's. Class dates:

- ◆ April 24, 9 – 11 a.m.
- ◆ May 8, 9 – 11 a.m.

— Tobacco Cessation Class: Discuss tobacco use, skills to quit and coping strategies to remain tobacco free. Class dates:

- ◆ May 12, 9 – 11 a.m.
- ◆ May 19, 9 – 11 a.m.

— Tobacco Cessation Support Group: Provides an opportunity for peer support and discussion on stopping tobacco use and remaining tobacco free. No medications are prescribed at this meeting. Meeting dates:

- ◆ April 28, 3 – 4 p.m.
- ◆ May 5, 3 – 4 p.m.
- ◆ May 12, 3 – 4 p.m.
- ◆ May 19, 3 – 4 p.m.
- ◆ May 26, 3 – 4 p.m.