



# It's Your Life

MARIA PARHAM  
MEDICAL CENTER

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# Riding out a heat wave

## **Some say it's the heat, some the humidity.**

That being said, most people in North Carolina would agree that it's a combination of both, and you must learn to live with it if you expect to survive a North Carolina summer. In fact, disrespecting the powerful sun could get downright dangerous. But with the right safeguards, you can keep heat-related problems from ruining your summer fun.

## **SWEATING IT**

Hot weather brings trouble when your body can no longer cool itself with perspiration. Usually, the culprit is simply not knowing when to quit an activity. Overexertion drains the body of fluids and electrolytes—minerals that help keep our cells working properly. The result can be:

- heat cramps in the abdomen, back or legs that disappear after cooling down and drinking plenty of fluids.
- heat exhaustion, a condition marked by rapid heart-beat; faintness; nausea; and clammy, ashen skin. To treat, get to a shady or air-conditioned place, lie down, elevate feet, loosen clothing and sip cold water or juice.

- heat stroke, a medical emergency. Symptoms include soaring body temperature; hot, red skin; shallow breathing; delirium; and fainting. Call 911 and get the person into an air-conditioned room and a cool tub or shower, or cover him or her with water-soaked towels.

(Note: Certain medicines for Parkinson's disease, some tranquilizers and conditions like obesity or poor circulation can make you overheat more easily. Ask your doctor for special heat-safety advice.)

## **BE COOL**

To keep cool, take the following safety measures:


- **STAY INFORMED.** Knowing your weather forecast can give you a vital head's up if you have outdoor plans.
- **DRINK PLENTY OF WATER, SPORTS DRINKS OR FRUIT JUICES.** Two to four cups an hour will help you stay hydrated. Avoid caffeine and alcohol, which act as diuretics and rid the body of fluids.
- **CHILL OUT.** Stay in an air-conditioned place, and don't cook, do laundry or take hot baths or showers. Dress in light, loose clothes and avoid heavy, spicy meals.





# The region's only breast MRI

NOW AT MARIA PARHAM

 **Where can today's women get the service they want, the technology they need and the compassion they deserve all in a convenient location close to home?** The Women's Diagnostic Center at Maria Parham is just the place for annual mammograms or other diagnostic procedures. And now, Maria Parham is pleased to be the first hospital in the region to add breast MRI to its already strong women's offerings.

Utilizing digital mammography and ultrasound, the Women's Diagnostic Center can meet most women's annual mammogram needs. Our newest service, breast MRI, provides the latest in advanced technology, which may lead to more accurate answers. Of course, technology is only as good as the people who use it, and Maria Parham is fortunate to partner with Wake Radiology, which provides physicians who specialize in imaging modalities, including breast MRI.

Maria Parham uses the GE Healthcare MR system, which provides excellent image quality, comfort due to its ergonomic design and efficiency to accommodate your busy schedule. This MRI machine also features a wide-bore opening to reduce that "closed in" feeling.

## WHAT IS A BREAST MRI?

Breast MRI is the most sophisticated imaging available for the breast. Promising new evidence shows that, for women with increased risk, breast MRI can potentially decrease mortality by detecting cancers that would otherwise be undetectable by mammograms, ultrasounds or clinical examination.

## WHO NEEDS A BREAST MRI?

The American Cancer Society recommends an annual breast MRI, in addition to a mammogram, starting at age 30 for women who:

- have (or have a first-degree parent, sibling or child who has) a BRCA1 or BRCA2 gene mutation
- have a greater than 20% calculated lifetime risk of developing breast cancer
- have a gene mutation
- had radiation to the chest between ages 10 and 30
- have a rare genetic syndrome, such as Li-Fraumeni, Cowden or Bannayan-Riley-Ruvalcaba (or have a first-degree relative who does)

## WHY CHOOSE BREAST MRI?

While mammography is the gold standard for breast imaging, and for good reason, it doesn't have the power that's available with MRI. While the majority of mammographic abnormalities requiring biopsy are benign, the majority of MRI-detected abnormalities requiring biopsy are malignant.




## LEARN MORE!

For more information about breast MRI, call **(252) 436-1730** or go to [www.mariaparham.com/BreastMRI](http://www.mariaparham.com/BreastMRI).



# A nurse's care

 **Webster's Dictionary defines a nurse very generically as, "One who is skilled or trained to take care of the sick."** Wikipedia expands this definition: "A nurse is a healthcare professional who, in collaboration with other members of a healthcare team, is responsible for: treatment, safety, and recovery of acutely or chronically ill individuals; health promotion and maintenance within families, communities and populations; and, treatment of life-threatening emergencies in a wide range of health care settings." At Maria Parham Medical Center (MPMC), we'd like to add seven words "Our nurses provide excellent and compassionate care."

Nursing makes up the largest number of employees at MPMC, as it does in most hospitals. When a patient is admitted to the hospital, the nursing team

becomes the link between the patient, family and, often, the physician. MPMC's nursing staff includes more than 280 registered nurses who know the importance of working as a team. That team includes registered nurses, licensed practical nurses and certified nursing assistants. Our nurses work at the patient's bedside and in surgery, rehab, case management, education, information technology and many other specialized areas.

## A COMMITMENT TO COMPASSIONATE CARE

MPMC nurses are dedicated to making each patient's stay an excellent experience—one that doesn't end with the best nursing care: We make sure that we go the extra mile, both for patient and family, during the hospital stay. As we say, "nothing is too small to ask."

Developed by members of the nursing team, our "5 P's" program is an example of this commitment. With the program, which stands for pain, position, potty, personal and privacy, patients are visited by the nursing staff hourly to ensure all of their needs are being met. Whether it's an extra blanket or a detailed explanation of an upcoming procedure, our nurses will spend the time a patient and their family requires.



### THE CARE YOU DESERVE

To read more about our nursing care mission, visit [www.mariaparham.com](http://www.mariaparham.com) and click on "Nursing Care" under "Patients and Visitors."

“I’M PROUD TO SAY THAT OUR NURSING TEAM RANKS AMONG THE BEST, AND I’M CONFIDENT THAT IF YOU COME TO MPMC, YOU’LL RECEIVE EXCELLENT NURSING CARE.”

—CINDY FAULKNER, RN, VICE PRESIDENT OF PATIENT CARE SERVICES

Of course, a nurse also needs excellent clinical skills. The nursing team at Maria Parham Medical Center has skills to deliver the area’s top nursing care: In fact, every nurse at MPMC receives annual updates so they’re current with the new technologies, medications and treatment protocols used in today’s healthcare.

MPMC has also raised the bar when it comes to preparing new graduates for the challenging real-life role of being a nurse. The hospital’s Nursing Education Training and Transition Unit program pairs new graduates with experienced nurse mentors for eight weeks of clinical and classroom education, after which they move to their permanent assignments. Retention of our new graduates has improved by 80 percent by offering this supportive environment in which to grow.

“I have seen the role of nursing become more and more demanding in this ever-changing healthcare environment. But one thing that hasn’t changed is the nurse’s ability to show care and compassion to those in need,” says Cindy Faulkner, RN, vice president of patient care services. “I’m proud to say that our nursing team ranks among the best, and I’m confident in saying that if you come to MPMC, you’ll receive excellent nursing care.”



# Life after stroke: Rehab and persistence can pay off

**➔ A stroke occurs when blood flow to the brain is blocked.** The most common type of stroke is ischemic, caused by a blood clot. Less common, but far more often fatal, is a hemorrhagic stroke, which occurs when a blood vessel in the brain ruptures. People who suffer a stroke are affected in different ways depending on the type of stroke suffered, the area of the brain affected and the extent of brain injury. Someone who has had a stroke may laugh or cry uncontrollably, lose feeling or mobility in the arms or legs, experience vision loss and have problems communicating.

A stroke survivor's care is coordinated by a team of rehabilitation specialists that usually includes:

- a physical therapist who prompts a partially paralyzed or weakened patient to change positions frequently while lying in bed and engage in range-of-motion exercises to build strength in stroke-impaired limbs. A physical therapist uses exercises to correct balance and improve walking skills. Studies show that intense walking exercises help patients increase gait speed and improve mobility.
- an occupational therapist who helps patients relearn everyday-living skills like eating, dressing and using the

bathroom. The occupational therapist may recommend braces to improve the patient's ability to function and adaptive devices and techniques to help him or her retain independence.

- a speech therapist who helps patients with aphasia—difficulty speaking, finding the correct words or understanding language—through combined language-therapy exercises and so-called constraint-induced aphasia therapy, which includes language games to help patients progress from using gestures to more complex language skills.

Maria Parham Medical Center (MPMC) offers a comprehensive stroke rehabilitation approach. Typically under the care of a physiatrist—a doctor specializing in rehabilitation medicine—the MPMC team consists of physical, occupational and speech therapists as well as nurses, dietitians, social workers and other healthcare professionals.

## REHAB TAKES WORK

Researchers have found that patients who continue with their exercises after leaving the hospital make significant progress and have a greater chance of becoming independent again. What's more, studies show patients over age 75 who receive stroke rehabilitation continue to improve, suggesting that stroke survivors are seldom too old to benefit from therapy.

If you've suffered a stroke, don't hesitate to reach out for the emotional support and understanding you need. And if a loved one is a stroke survivor, help him or her persevere. Relearning basic skills is physically and emotionally demanding, so remaining motivated to recover is key.



## THE CARE YOU NEED

To learn more about Maria Parham's Rehabilitation Services, call (252) 436-1600 or visit [www.mariaparham.com/stroke](http://www.mariaparham.com/stroke).



A close up of the hemodialysis machine.



▲ Maria Parham's new Dialysis Unit is the first and only such unit in the region. Pictured here (at left) is Tariq Abo-Kamil, MD, Maria Parham Nephrology & Hypertension, medical director of the Dialysis Unit. Dialysis patient James Hope is receiving treatment, while Nikki McKnight, RN, BSN, Dialysis Unit manager, looks on. Hope was one of three patients who avoided being transferred to Durham or Raleigh in order to have his inpatient dialysis.

# Top-notch kidney treatment

## MARIA PARHAM OPENS INPATIENT DIALYSIS UNIT

**➔ On May 2, Maria Parham Medical Center opened the doors to its new Acute Care Dialysis Unit.** In the past, dialysis inpatients had to be transferred to hospitals, typically to Durham or Wake County. With our new Dialysis Unit, people in our community can stay closer to home when they need admission to a hospital for care. The Dialysis Unit can even treat patients in their rooms if they're in the intensive care unit or the progressive care unit. Patients on the other nursing units will typically be dialyzed in the Dialysis Unit itself, located on the third floor, which is staffed by Nikki McKnight, RN, BSN, Dialysis Unit manager; Barbara Espinosa, RN; and Tariq Abo-Kamil, MD. Dr. Abo-Kamil is board certified in internal medicine and specializes in kidney diseases as well as hypertension.

Any patient requiring inpatient dialysis will be referred to Dr. Abo-Kamil and he'll consult with the

patient's admitting physician to create a plan of care. Dr. Abo-Kamil is also available for follow-up with the patient as needed after the patient leaves the hospital. He can see new patients in his office in the J.W. Jenkins Building.

"Maria Parham is very pleased to now offer inpatient dialysis for the patients of our community," says Cindy Faulkner, vice president of patient care at Maria Parham. "Thanks to an arrangement with DaVita, our local outpatient dialysis provider, we have two highly qualified registered nurses who provide the highest quality care to our patients needing inpatient dialysis treatment."

## CONVENIENT CARE

The Dialysis Unit can provide hemodialysis and peritoneal dialysis 24 hours a day, seven days a week. In hemodialysis, the patient's blood is filtered and cleansed blood is then returned via a circuit back to the body. In peritoneal dialysis, a sterile solution containing glucose is pumped into the abdominal body where it is left for a period of time to absorb waste products, and then it's drained out through the tube and discarded.

The team also provides other services for dialysis patients, such as catheter access and seeing patients in the Emergency Department as needed.

Bob Singletary, president and CEO, adds, "An important part of our mission in delivering the highest quality healthcare is to constantly assess what services are needed in our community. We feel that the addition of inpatient dialysis addresses a growing need for our region."



MARIA PARHAM  
MEDICAL CENTER

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Maria Parham Medical Center  
566 Ruin Creek Road  
P.O. Drawer 59  
Henderson, NC 27536

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## Go Mediterranean!

Enjoy this broiled beef and chicken creation,  
flavored with lemon and parsley.

Serves 4.



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### MEDITERRANEAN KABOBS

#### For marinade:

2 Tbsp. olive oil

1 Tbsp. garlic, minced (2 to 3 cloves)

2 Tbsp. lemon juice

1 Tbsp. fresh parsley, rinsed dried and  
chopped (or 1 tsp. dried)

½ tsp. salt

#### For kabobs:

6 ounces top sirloin or other beef steak,  
cut into ¾-inch cubes (12 cubes)

6 ounces boneless, skinless chicken  
breast cut into ¾-inch cubes (12 cubes)

1 large white onion, cut into ¾-inch  
squares (12 pieces)

12 cherry tomatoes, rinsed

1 4-ounce red bell pepper, rinsed and cut  
into ¾-inch squares (12 pieces)

12 6-inch skewers (if wood, soak in warm wa-  
ter for 5 to 10 minutes to prevent burning)

■ Preheat grill pan or oven broiler (with the  
rack 3 inches from heat source) on high.  
Combine ingredients for marinade, and  
divide between two bowls (one to marinate  
the raw meat and one for cooking and  
serving). Mix the beef, chicken, onion, to-  
matoes and red pepper cubes in one bowl  
of the marinade. After five minutes, discard  
remaining marinade. Place one piece each  
of beef, chicken, tomato, onion, and red  
pepper on each of the 12 skewers. Grill or  
broil on each of the four sides for two to  
three minutes or until completely cooked  
(to a minimum internal temperature of  
145 F for beef and 165 F for chicken).  
Spoon most of the remaining marinade  
over the kababs while cooking. Drizzle the  
rest of the marinade on top of each kabab

before serving (use only the marinade that  
didn't touch the raw meat or chicken).

**Per serving:** 202 calories, 11 g fat (2 g satu-  
rated), 40 mg cholesterol, 333 mg sodium, 9 g  
carbohydrates, 2 g fiber, 18 g protein.

*Recipe reprinted from Keep the Beat: Deliciously Healthy  
Eating from the National Heart, Lung, and Blood Institute.*



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information, a physician  
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