

Rounds

Eisenhower Army Medical Center



OCTOBER 2019



Oct. 3

Grand Rounds, first-floor auditorium, 8-9 a.m.,
Topic: TBA

Oct. 10

Grand Rounds, first-floor auditorium, 8-9 a.m.,
Topic: TBA

SHARP Soldier/Civilian Annual Training, first-
floor auditorium, 9:30 a.m. to 12:30 p.m.

Range Safety Certification Course, Range 6
AAR, Building 484, 8:45 a.m. to noon

Oct. 11

Columbia Day training day

Oct. 14

Columbus Day holiday

Oct. 17

Grand Rounds, first-floor auditorium, 8-9 a.m.,
Topic: TBA

Oct. 24

Grand Rounds, first-floor auditorium, 8-9 a.m.,
Topic: TBA

SHARP Soldier/Civilian Annual Training, first-

floor auditorium, 9:30 a.m. to 12:30 p.m.

Range Safety Certification Course, Range 6
AAR, Building 484, 8:45 a.m. to noon

Oct. 28

Range Safety Certification Course, Range 6
AAR, Building 484, 8:45 a.m. to noon

EST 2000 Instructor Operator Training, TADSS
Bldg. 81100, 8 a.m. to 2 p.m.

Oct. 31

Grand Rounds, first-floor auditorium, 8-9 a.m.,
Topic: TBA

Make small changes to reach your goal

Master Sgt. Alicia Sandoval, CDM, CFPP
Senior Nutrition Care NCO

Eisenhower Army Medical Center

Summer is over. Fall is officially here. The kids are back in school. The holidays are fast approaching. The time is right to start thinking about your New Year's resolution. The majority of people's New Year's resolution is weight loss. Instead of trying to lose weight, why not create a healthier eating style. Small changes over time can make it a lasting habit.

Losing weight can be overwhelming. There are many fad diets floating around the internet. The focus should be on eating healthy rather than losing weight. A healthy eating style may lead to weight loss. If you are unsure how to get started; start simple with MyPlate, www.choosemyplate.gov. You can find tips, individual plans and ideas that can assist you with incorporating healthier eating style.

The right combination can help you create a lasting eating style. Healthy eating is what works for you and your family in your busy life. Keeping your changes simple can

help you achieve more in the long term without feeling deprived or overwhelmed by a major diet overhaul. Eat a variety of foods to get the nutrients you need for your body type. Drink water. Avoid processed foods. Cut out empty calories like sodas and sugary drinks. Eating healthier does not have to be complicated.

One of the easiest things you can do is start by filling half of your plate with vegetables. They can be raw or cooked, fresh, frozen, canned or dried/dehydrated. They may be whole, cut-up or mashed. Veggies are low in calories and are full of vitamins and minerals. Veggies can be any time of the day either as a snack or a meal. Naturally sweet vegetables such as carrots, beets, sweet potatoes, yams, and squash may help you satisfy a sweet tooth with less calories. Don't forget to visit your local farmer's market to stock up on seasonal veggies at a less expensive price.

Adding fruit to your meals is another easy way to incorporate new eating habits. Instead of drinking fruit juices; focus on whole fruits. They can be fresh, canned, frozen, or dried. Fresh fruits are best when

bought in season and at their peak flavor. You can use fruits to sweeten a recipe instead of adding sugar. Make a medley of fruit for dessert. Don't be afraid to explore the variety of fruits available. You never know when a new fruit will become your new favorite treat.

Do not forget to incorporate physical activity. Get moving any way you can. It can be as simple as taking at least 10,000 steps per day until you feel ready to do more or moving at least 10 minutes every hour. Take the stairs instead of using the elevator. Walk to a coworker's desk rather than emailing or calling them. Park farther away. Choose activities you can do regularly and enjoy so you can stick with it. The more physical activity you do, the better you will feel.

Eating healthy is not about strict limitations or depriving yourself of the foods you love but rather about feeling great about the healthier food choices you have started making. Small changes are the key to staying on track with your newfound eating style. Think of your new healthier eating styles as color, variety, and freshness rather than counting calories.





Autumn events: Breast cancer awareness, organizational changes

Col. Carlene A.S Blanding
Commander

Eisenhower Army Medical Center

Another great month, another great opportunity to positively impact our environment, our Eisenhower. This month we honor, celebrate and support the women and men who are champions on the front lines and are decisively engaged in the fight against breast cancer.

I ask you to join the Eisenhower Army Medical Center team in our installation-wide Breast Cancer Awareness Program.

We also continue our celebration of the rich history and contributions of our Hispanic teammates.

Change is inevitable and how we prepare for and engage in the change process is the key to success of any organization. Kotter's Eight-Step Change Process is a template for engaging in organizational change:

- Step 1 — Creating a sense of urgency

- Step 2 — Creating the guiding coalition
- Step 3 — Developing a vision and strategy
- Step 4 — Communicating the vision
- Step 5 — Empowering broad-based action
- Step 6 — Generating short-term wins
- Step 7 — Consolidating gains and producing more change
- Step 8 — Anchoring new approaches into the culture

Team Eisenhower, the changes are here starting with the Medical Support Assistant reorganization. We offered five informational sessions that provided an excellent overview of this organizational change. We are operating in the vein of transparency, integrity and honesty. As commander, my goal is to ensure that we are communicating effectively across the organization and that we are leveraging the talents, skills and abilities of all teammates for the betterment of Eisenhower. Join me in this endeavor.

We Are Eisenhower.

—Eisenhower 6

Mission

Provide high quality, complex, patient-centered health care services, and deliver military readiness through sustained medical education and multidisciplinary care.

Vision

Deliver Readiness while providing a 5-Star patient experience

Priorities

- Readiness
- Cultivate an organization-wide quality and safety culture
- Sustain medical education activities
- Deliver 5-Star patient experience
- DHA transition

Ike 7 says

Thoughts from the command sergeant major

Command Sgt. Maj. William Allen
Eisenhower Army Medical Center

Eisenhower family, we recently observed the 18th anniversary of Sept. 11, 2001, a day which is burned into the memories of Americans forever.

As I stood with my right hand raised in salute, I flinched in spite of myself this Sept. 11 as the cannons were fired near Signal

Towers that morning to signify the first plane hurtling into the World Trade Center North Tower.

Although this day is traditionally a solemn one, I found an example of the American spirit of perseverance, resilience and hard work shining through the proverbial gloom. I witnessed three Eisenhower Soldiers, all of who were younger than

five years old on Sept. 11, 2001, wearing 40-pound rucksacks complete a 10-mile road march in 2 hours, 20 minutes.

Fort Gordon witnessed a total of 57 soldiers, in teams of three, ruck 10 miles while wearing combat uniforms, 20- to 40-pound rucksacks and carrying M16 rifles. One soldier for each of the 19 teams carried the

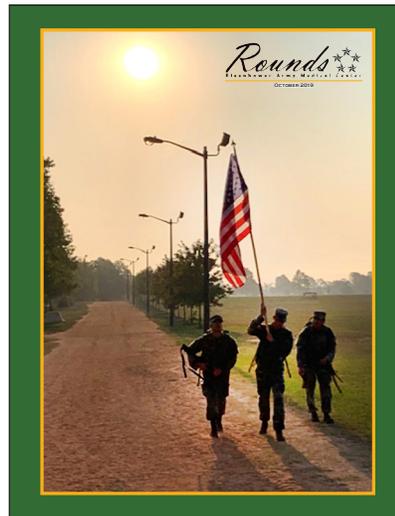


Photo by CSM William Allen

American flag, Sept. 9, beginning and ending at Barton Field.

The U.S. flag was held high as each team, relay style, crossed the finish line and handed the flag to the next crew with a flurry of handshakes and well wishes.

The three Eisenhower Soldiers epitomized both the American and the Eisenhower spirit: never quit, give your best and be a part of the team.

My thanks and congratulations to Spc. Angel Fonseca-Rodriguez, Spc. Johan Vilamil and Pfc. Bryan Espana-Rosado.

You are truly outstanding Eisenhower representatives and demonstrate the principles that set Eisenhower apart from any other medical center in the Department of Defense.



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Editorial content is under the direction of and serves the mission of the EAMC commanding officer. Email: usarmy.gordon.medcom-eamc.mbx.pao@mail.mil.

4 Rodriguez studies coping with joy, stress



Courtesy photo

Rodriguez Army Health Clinic's team members participate in group activities, Aug. 21-22, discussing what brings joy and what causes stress for each personality type.

Lt. Col. Rachel J. Wienke
Commander
Rodriguez Army Health Clinic

Rodriguez Army Health Clinic team members participate in group activities, Aug. 21-22, discussing what brings joy and what causes stress for each personality type. The AMEDD Team and Organizational Development Branch facilitated a Spectrum Development Stress Management Workshop for RAHC. The RAHC team built on previously provided Spectrum personality training, learning about how stress impacts personality types differently and ways to mitigate the stress. Staff members rotated through the training in four separate groups, each training for a half day. The sessions interspersed instruction with discussion and group activities to maximize engagement and learning. The RAHC team has demonstrated outstanding performance despite significant external stressors, including massive political protests, recovery from Hurricane Maria and the current hurricane season.

Rounds

DynaMed: Providing evidence-based medicine on the go

Mary E. Gaudette

Librarian

Eisenhower Army Medical Center

Updated daily, DynaMed is an evidence-based, clinician-focused point-of-care tool covering 34 specialties and addressing hundreds of conditions. Consisting of both clinical methodological and domain experts, DynaMed's review panels perform a continuous systematic surveillance of the medical literature and use a seven-tiered methodology that selects, analyses and synthesizes the information. They then apply the GRADE framework to the synthesized information to categorize their care recommendations as either strong or weak.

Each condition module is broken down into concise sections covering the following: Overviews and Recommendations, Related Summaries, General Information, Epidemiology, Etiology and Pathogenesis, History and Physical, Diagnosis, Management,

Complications and Prognosis, Prevention and Screening, Quality Improvement, Guidelines and Resources, Patient Information, ICD Codes, and References.

Creating and logging into a personal DynaMed account enables the continuous tracking of DynaMed use for earning CME and CNE credits, with the possibility of earning up to 20 AMA PRA Category 1 Credits per year. Certain specialties can also earn Part II MOC points. Moreover, the credits can be earned and redeemed via DynaMed's free mobile app, which is both iOS and Android device compatible.

A personal DynaMed account also provides the ability for users to "follow" a topic by choosing to be emailed all related updates or only those that are "practice-changing." Alternatively, users can elect to have any updates displayed the next time they log into their DynaMed accounts.

Other features include summary-level Micromedex content, medical calculators and



converters, decision trees, and links to patient handouts. When applicable, topics display links to targeted "narrow" search results from PubMed's Clinical Queries tool.

DynaMed can be accessed via the "Databases" and "Evidence-Based Medicine" sections of the Health Sciences Library's IKEnet page. For assistance and training with DynaMed, contact the librarian at 787-4446, or send an email to mary.e.gaudette.civ@mail.mil.

October 2019

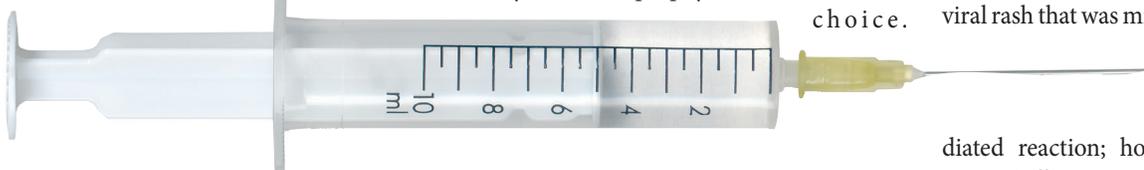
It's probably not a penicillin allergy

Maj. Sarah Spriet, DO

Chief, Allergy and Immunology Service
Eisenhower Army Medical Center

Penicillin allergy is the most commonly reported drug allergy in the United States. You might be surprised to learn that while 10 percent of patients report a drug allergy to penicillin, studies have shown that 80-90 percent of these individuals can actually tolerate this class of antibiotic without adverse effects.

Unfortunately, once reported, this



label often persists in the medical record for many years without verification and continued avoidance can have serious clinical implications for the individual patient and for public health.

Consider the health risks associated with this label. Providers are more likely to use broad-spectrum antibiotics in patients who report a penicillin allergy. The use of

these alternative agents may prove suboptimal and can place the patient at a greater risk for complications, including treatment failure, antibiotic resistance and increased mortality. For example, studies have shown that there are more deaths and inferior outcomes when penicillins are not used in the setting of methicillin-sensitive *Staphylococcus aureus* bacteremia.

There are also more surgical site infections when penicillins are not used when they are the prophylactic antibiotic of choice.

Additionally, patients with this label have been found to have higher rates of *Clostridioides difficile*, methicillin-resistance *Staphylococcus aureus* and vancomycin-resistant *Enterococcus* as a result of broad-spectrum antibiotic use.

This label also has economic impacts. Patients with a reported penicillin allergy

have longer hospital stays compared with matched cohorts. Additionally, antibiotic costs are higher for these patients than for those not allergic to penicillin. As a result, this label is associated with increased overall health care expenditures.

True penicillin allergy is rare. In fact, only 1 percent of the general population is actually allergic to penicillin. The discrepancy is likely multifactorial. Some people may be misdiagnosed after reporting a side effect of the penicillin or after developing a viral rash that was misattributed to the anti-

biotic. Others may have truly suffered an immune-me-

diated reaction; however, the sensitivity to penicillin wanes over time. Research has shown that approximately 80 percent of patients with IgE-mediated penicillin allergy lose their sensitivity after 10 years.

The first step is awareness. The literature highlights a lack of knowledge among practitioners regarding penicillin allergy. Allergist-immunologists offer skin tests and

see **PENICILLIN** on page 11

Suicide prevention: People who struggle are everywhere

Capt. Stephanie Hennessy, Behavioral Health Officer and Capt. Ryan Sever, Clinical Psychology Resident

Outpatient Behavioral Health Services
Eisenhower Army Medical Center

I have a friend who knows how to be the life of the party. At Oktoberfest last year, I saw him melt a frown off the sourest old man. The man's wife probably talked him into stopping by on the way home from the PX. There he sat in the Biergarten hours later, keeping company with the sounds of accordions, when all he wanted was his comfortable Lay-Z-Boy and the remote.

My friend took a seat next to him and spent a moment observing the dance floor from the old man's perspective, before he started narrating the scene, like a sideline comedian. The man tried not to grin, but soon enough was smiling alongside my friend, his deep chuckle warming all our hearts.

When I'm having a bad day, this friend is the first to notice, and will take the time to listen. He's rarely late on workplace dead-

People who have suicidal thoughts are not tattooed with identifying marks on their forehead or hands.

lines and has placed top 10 percent in every military school he's ever attended. He's happy-go-lucky, a charmer, a reliable friend.

He's also the type of guy who considers suicide. The type of guy with a serious suicide attempt in high school and years of experience with therapy. Few people know this deeper side to him. It's well-maintained beneath his work ethic and endless charisma. Fewer people know that suicidal thoughts continue to come up for him in times of high stress, like when military service takes him

far from his family. The thoughts rumble when his professional evaluation wasn't as sharp as he would have liked. They whisper at night, when he has a hard time sleeping. They scream when he thinks of how he let down his team. But how? He just doesn't seem to be "that type of guy."

We hear that a lot in our offices: men and women, strong, both by nature and through military service, who "aren't the type of guy" to think about suicide.

Suicide prevention trainings rarely come right out and say it, so we will. Suicidal actions and thinking don't just happen to "those people." People who struggle are everywhere: in front of you in the check-out line, waiting for their prescriptions at the pharmacy or watching Game of Thrones with you on the couch.

People who have suicidal thoughts are not tattooed with identifying marks on their forehead or hands. Many who strug-

see **STRUGGLE** on page 10

Deployment to Kosovo

Military psychology abroad

Maj. Demietrice Pittman, Ph.D.
Behavioral Health

Eisenhower Army Medical Center

I am currently deployed to Camp Bondsteel, Kosovo with the 44th IBCT, National Guard unit from New Jersey, and the Task Medical Group, active duty field support hospital out of the 586th from Fort Campbell, Ky. I am the only psychologist and only behavioral health provider for about 1,000 active duty, National Guard and Reserve service members from all branches of service.

During the deployment, I am assigned a behavioral health technician, 68X, Sgt. Mary Wood, from Fort Bragg, N.C.'s 528th Combat Operational Stress Control Unit, who assists in seeing patients. Our role is to serve as a combat and operational stress control prevention and treatment service. We strive to bring overall wellness to the fight by offering strategies, tools and skill sets that can help U.S. service members cope with deployments and the hardships that come with it.

Our COSC team offers a variety of preventive and interventional services that focus on sleep, anger, stress, anxiety and tobacco cessation. We also offer mediation, suicide prevention and traumatic event management.

"It is important to realize that you can go to the gym, exercise, eat healthy," said Wood, "but unless you take time to deal with your emotions, you will still be unhealthy."

The clinic has regular hours of Monday-Saturday usually from 8 a.m. to 4 p.m. During appointments, service members are given an intake or screening questionnaire where they answer questions related to stressors or issues they are experiencing. We are attempting to get a computer to run the Behavioral Health Data Portal so the information service members are giving us can easily follow them back to their duty station.

Usual issues during deployments are work-related stress, and marital or relationship issues. Other stresses from a deployed environment include sleep disturbance.

see **KOSOVO** on page 11



Courtesy photo

Maj. Demietrice Pittman, Ph.D., psychologist, right, and Sgt. Mary Wood, a behavioral health specialist from Fort Bragg, N.C., run a suicide prevention table at the dining facility located at Camp Bondsteel, Kosovo.

**Eisenhower
Army Medical Center**

Trunk or Treat

**Oct. 25 at 6 p.m. - 8 p.m.
BLDG 319 Troop Command**

**This event is FREE to all Soldier,
Civilians and their Family Members!**

We will have:

- **Costume Contest for all ages**
- **Family Friendly Haunted House**
- **Plenty of candy for everyone!**

For more info Call 706-787-0200 or email eamcfrg@gmail.com



Photo by David M. White

1st Lt. Claudiu Ene, RN, demonstrates the ultrasound technique for locating a vein prior to starting an IV on 1st Lt. Timothy Jurkowski, RN.

Implementing advanced skills to ease pain

Capt. Nicole D. Kline, RN
9 MSP

Eisenhower Army Medical Center

It's 0330 and a patient is having their labs drawn ... or at least the staff is trying. They have been for past 45 minutes, and this was their fourth attempt. Frustration is working itself through the staff, patient and patient's family. Surely, there has to be a better way.

Technology and continuously advancing their repertoire of skills provide our nurses with tools to enhance the delivery of five star patient care. Despite up to date competencies, skills, and training, patients' pre-existing conditions, body type, age and other factors can lend themselves to veins that elude traditional or blind intra-venous cannulation. Unfortunately, these particular patients frequently have to endure multiple venipuncture attempts during their hospital visit.

Using cutting edge technology, namely the utilization of portable ultrasound to guide the needle and catheter on its journey into a vein, several Nurses are curbing the frustration, pain and cost of obtaining IV access. These portable ultrasound

machines are quite prevalent throughout the hospital and available in almost all areas where patients need to have IV access initiated or labs drawn.

9MSP conducted a pilot study over a four-week period. Data was obtained for 328 IV access and lab draws, where traditional "blind" attempts, which use touch and sight to locate and access veins, were compared against those using portable ultrasound. The ultrasound-guided attempts resulted in a 97.7 percent success rate on the first attempt which is more than 30 percent greater than the blind stick method.

These numbers are not unique, as several studies from across the United States support similar outcomes when using ultrasound machines. Furthermore, many medical centers and medical degree programs have incorporated ultrasound IV access as standard practice.

These successful percentages prompted the nurses and medics of Eisenhower Army Medical Center to take action. There are only a handful of nurses and medics to date who have the training and demonstrated proficiency necessary to provide this option

to patients. They have proven to be assets to their coworkers and patients.

In the past, patients who were "hard sticks" would openly discuss losing faith in their health care team and dread seeing any nurse with a needle. Using the ultrasound, patients can breathe a sigh of relief knowing that multiple IV attempts will rarely be necessary. Overall impressions and feedback from patients are motivating.

Additionally, less compromised skin integrity directly correlates to lower infection rates and are strongly supported by CDC guidelines. Ultrasound IVs protect patients not only during IV placement but also by decreasing the overall risk for infection as fewer attempts are necessary to achieve access.

Implementing and encouraging the use of this technology not only improves patient care and safety, but also promotes patient satisfaction, ensuring delivery of the 5-Star care EAMC promises its patients.

— Editor's note: 1st Lt. Claudiu Ene, Andrea Chavous, 1st Lt. Molly Martin, and Sgt. Anasheh Aslanian contributed to this article.

This fall, change the way we think

Capt. Rex Hipp, chaplain clinician

Department of Ministry and Pastoral Care
Eisenhower Army Medical Center

As we celebrate the season of fall, we notice change in the air.

One of my childhood memories was to travel with my parents to the North Carolina Appalachian Mountains to see the leaves change during the fall season. We would talk about how the colors were so vibrant, “breathtaking,” my mother would say.

Maybe the season of fall can bring more change in our lives than we expect? Many people do not like change and prefer to stay on the same schedule day after day.

However, I have to ask, “Is the schedule your own always healthy, both spiritually and physically?” Could we all possibly change the way we think?

What new positive mindset could you

“Breathtaking,” my mother would say.

ask God to help you with? You may want to ask for a renewed healing mindset that’s connected with a family dynamic, relationship dynamic, work dynamic, or health

circumstance?

We live in a culture where “bad news” seems like it’s the norm, which is evident in our news and internet.

I would like to encourage us all not to take the bait and focus on a renewed mindset of positivity. Throughout God’s word he encourages us to think wisely and positively. To “speak life” in our circumstance and not “death.”

Proverbs 4:5 says, “Get wisdom and get understanding ...” Negative thinking has power, but I would encourage you to focus on the positive power that will bring transformation which provides healing, restoration and a renewed life that is everlasting.

Living a life with a renewed way of thinking takes effort and diligence, but the reward in the end is so worth it. So, as we celebrate fall — change of the season — I pray your change will be positively impactful.

Breast cancer awareness month

Events

- Mammography Department Open House, Oct. 1, 1-3 p.m., second floor
Department Tour: Meet technologist and doctors, schedule mammogram, get answers to your questions

- First Fort Gordon Breast Cancer Awareness Event, Oct. 23, 2-3 p.m., doors open at 1 p.m., Fort Gordon Signal Theater.

Guest speaker: Margie Singleton: “Margie’s Law,” House Bill 62, went into effect July 1 making Georgia the 38th state to require breast density notification to patients. Singleton is a breast cancer survivor and a major advocate for breast cancer awareness and breast density notification. She is the founder of “Margie’s Army Foundation,” margiesarmy.com.

- Breast cancer is the most common cause of cancer-related death among women in the United States. More than 274,893 women and an estimated 2,670

men are expected to be diagnosed with breast cancer during 2019.

Early detection and screening

- Self-Breast Examination: Perform monthly at age 20 and older. Learn your breasts’ characteristics and report abnormalities to your health care provider.
 - Clinical Breast Examination: Performed by a health care provider annually.
 - Screening Mammogram: Health care provider will order, if appropriate.
 - Self-Examination: Women are encouraged to perform monthly self-exams, checking for unusual findings:
 - Appearance: Redness, puckering and/or dimpling
 - Texture such as scaly or bumpy feel, like the skin of an orange
 - Localized firmness, rippling such or lumps: breast and/or armpit
 - Nipple drainage (especially blood tinged)
 - Pain and/or abnormal tenderness
- The same abnormal findings may occur in men with breast cancer.

Women at high risk

- Personal history of breast cancer
- Family history of breast cancer
- Known genetic mutation

Your lifetime risk of breast cancer is calculated annually at the time of your mammogram to determine if you are higher than average risk.

Mammogram: who, how often

- American College of Radiology recommends annual screening mammograms beginning at 40 years of age.
- There is no upper age limit established for screening mammography, but as the benefits of screening mammography may take years to be fully realized, screening recommendations should take into account life expectancy and comorbid conditions, with screening mammography remaining appropriate when a woman’s life expectancy exceeds 5 to 7 years. Talk to your doctor if you have questions about breast cancer screening.

— References:
American College of Radiology
Appropriateness Criteria

Helmet more than style choice, it's a life choice

1st Lt. Claudiu Ene, RN
9MSP

Eisenhower Army Medical Center

Whether it was lusting for your dream bike, swinging a leg over your buddies dirt bike, or taking the MSF course, you've caught that little bit of insanity and now ... you wanna ride.

Beware though, as riding isn't just about the motorcycle. Your safety gear consisting of helmet, jacket, gloves, boots, etc., will make and could literally "break" your riding experience. Each these safety items should be carefully considered before making a purchase. Many can be expensive, and there's nothing worse than spending hundreds of dollars on something you hate. This series begins with a proper helmet.

'Used' is not an option

When purchasing a helmet, it must be comfortable, snug, fit your needs and budget—and new. That's a lot to ask of something that only has a lifespan of five years. Any helmet that is more than five years old must be discarded because that the layers of material responsible for minimizing energy transfer to your head during an impact, break down and can no longer be trusted to protect you.

Also many manufacturers have incorporated materials that adapt to the shape of your head after being worn a few times to improve both fit, comfort and safety. Buying a used helmet is therefore not only gross (people sweat, you know) but could be extremely unsafe as it may not fit correctly, have an undisclosed history of an impact/accident, and be close to its expiration date.

Once purchased and worn, it can be difficult to return a helmet, so spend a good 20 minutes walking around wearing it to make absolutely sure it fits. Tight spots could turn into migraine level headaches and ruin your ride.

One-hit wonder

All motorcycle helmets, are good

for one impact. This is one item where butterfingers will cost you, because there is no motorcycle helmet that is considered safe for wear once it falls from more than three feet, or is involved in any accident. Remember those energy transfer layers? Good for one smack, and it's off to the dump.

Safety ratings

There are several in use. Some consider them tiered, but they are different approaches to establishing whether a helmet is safe. The military says that any helmet you wear, must be DOT approved. Most helmets sold by reputable retailers and dealers, will fall into that criteria. Frequently though you will encounter additional ratings such as E.C.E and SNELL.

DOT is the U.S. Department of Transportation standard for testing and will be displayed as either a DOT, or a DOT FMVSS 218 sticker on the back of your helmet. Tests are performed by independent contractors who randomly select helmets for testing. This means only a small section of helmets are actually tested and not by the organization that issues the certification. The impact tests are very stringent but DOT does not test for optical clarity or friction resistance, and the measuring a helmets energy management between impact and head is very limited.

E.C.E stands for the Economic Commission for Europe. A helmet will have either an ECE or an ECE 22.05 sticker, along with a DOT sticker in the U.S. ECE is an extremely comprehensive test that is mandatory in more than 50 countries. Helmets with this certification must have been tested by an independent lab that also takes into consideration optical clarity, shatter resistance, shell rigidity and friction. The E.C.E. only delivers one blow (vs. two to three for DOT and SNELL) at a fixed point, though at a much lower strength than the DOT/SNELL test.

However, testing is done with multiple head sizes and with very stringent, low-energy transfer tolerances between the helmet and head.

SNELL is a private and independent memorial organization. SNELL helmets are a must for anyone venturing onto a track with their motorcycle as they are a requirement on most. SNELL-rated helmets will display a SNELL or SNELL M2015 sticker, as well as a DOT sticker. During SNELL testing, the techs performing the test can strike the helmet anywhere within a large area, choosing to test weak spots, joints or hardware. Strikes are delivered by a point/edge and in conjunction with severe abrasion tests to simulate "high-speed" crashes. Drawbacks are that many street-use items are incapable of obtaining a SNELL rating such as sun-visors, modular or open face helmets. SNELL-rated helmets also have a significantly higher price point due to the private testing. This cost is passed onto the consumer.

Color

Your helmet is often the only thing drivers see. It serves your interests to stand out, be bright. Flat black isn't doing you any favors but is unfortunately the most commonly sold color. Though not a requirement, a brightly colored helmet makes you more visible and could be a factor between crashing and avoiding a crash. Several manufacturers have even incorporated strobe LEDs to helmets to help with visibility.

10 TRICARE dental, medical: separate programs, separate enrollments

Editor's note: TRICARE Open Season is Nov. 11 to Dec. 9.

TRICARE

Not sure if you have dental coverage? Did you enroll in a dental plan? Your TRICARE dental and medical benefits are separate benefits. To gain coverage, you need to enroll in a dental plan and health care plan separately.

"Some beneficiaries think that they automatically have dental coverage when they're enrolled in a TRICARE health plan," said Douglas Elsesser with the TRICARE Dental Program at the Defense Health Agency. "That's not the case. In reality, dental program enrollment isn't related to health plan enrollment."

Two voluntary dental options

If you aren't an active duty service member, you may be eligible for two different dental programs. They include:

TRICARE Dental Program: The TDP is dental coverage for active duty family members, National Guard and Reserve members

not on active duty, and National Guard and Reserve family members. You must enroll in the TDP for coverage. Also, the sponsor must have a minimum of one year left on his or her service contract.

Federal Employees Dental and Vision Insurance Program: FEDVIP offers dental coverage for retired service members and their eligible family members. It also includes certain survivors. You must enroll in a FEDVIP dental plan for coverage.

To use TRICARE, you must be registered in the Defense Enrollment Eligibility Reporting System. After you're registered, you may enroll yourself and your eligible family members in TRICARE health and dental plans.

If you register in DEERS but don't enroll in a dental program, like TDP, you won't have dental coverage. If you get care and you don't have TDP coverage, TRICARE will deny your claim.

"Oftentimes beneficiaries realize they aren't enrolled after a claim is denied," said Elsesser.

Enrolling in TDP

If you're the sponsor or an individual with a valid power of attorney, you can enroll ADFMs in TDP. Although there are three ways to enroll in TDP, enrolling online will speed up your enrollment.

1. Online

Log in to milConnect and click on the "Benefits" tab.

Click on "Beneficiary Web Enrollment" under the "Benefits" tab.

Select the "Dental" tab.

2. Telephone

Stateside: 1-844-653-4061

Overseas: 1-844-653-4060

3. Mail

Download the TRICARE Dental Program Enrollment/Change Authorization Form. Submit the completed TDP form and your first premium payment (check, money order, or credit card authorization) to:

United Concordia

TRICARE Dental Program

P.O. Box 645547

Pittsburgh, PA 15264-5253

STRUGGLE from page 5

gle with suicidal thoughts have never shared them with another person. In fact, 8 in 10 people will have suicidal thoughts at some point in their lifetime. Suicide plagues our younger generation. It is the second leading cause of death for people between the ages of 10-34 ("10 Leading Causes of Death by Age Group," CDC, 2017). Distancing ourselves and our loved ones by thinking they "aren't that type of guy" blinds us from the reality of suicide. Did you know that 54 percent of individuals who die by suicide did not have a known mental health condition?

Warning signs of suicide can speak loudest in reflection. People often identify talking about killing themselves, giving away belongings and withdrawal as key warning signs.

In actuality, signs of suicidal thinking can be incredibly vague. The person might not come right out and say, "I'm thinking about killing myself."

Across cultures and throughout time, humans have died by suicide most often as a way to preserve the well-being of the community. Taking this perspective can help when empathizing with someone in a suicidal crisis.

You don't have to be a behavioral health professional to help a friend in crisis.

To them, they might believe that leaving their loved ones is what is best for the family. Listen for a sense that he or she feels their continued living is helpless, hopeless or a burden on others. Their perspective clouds them into this belief. They might say things like, "I'm just over it ... I don't care anymore ... I've messed up enough already." It is hard to die by suicide without energy to compete the act; your friend could appear joyous and driven before an attempt. This is especially dangerous when preceded by a period of low energy. It takes a lot of effort to act against the natural will and desire to live. Your friend could be angry, even vicious, pushing away the people and work they love and care about. Emotional distancing helps this person prepare.

At this point you may be asking yourself,

"but what can I do about it?" You don't have to be a behavioral health professional to help a friend in crisis.

Be an active part of your friend's support system by checking in with them often. Help them feel heard and make the environment a safe space to share suicidal feelings and thoughts. The hardest part is to just listen to what your friend is saying, without arguing or convincing them of your point. It can be difficult to reach out to a friend when it feels as if they are pushing you away.

Remind yourself and your friend about good times you've had together and ask what has kept them safe from suicidal action in the past.

Help the individual develop a safety plan which identifies triggers and includes phone numbers for immediate help, such as a therapist, friends, or family. Numbers for immediate safety management include: 1-800-273-TALK, and the text line: 741741. Remove potential means of suicide such as: weapons and ammunition, belts or ropes, pills, knives or razors. Attend suicide prevention training with intention; you never know when you will need those skills.

Remember, time and distance between suicidal thought and action is proven to save lives. You can be the difference.

PENICILLIN from page 5

challenge procedures for people with an unverified penicillin allergy.

The validated testing is safe and allows health care providers a means to identify patients who can safely receive penicillin and other β -lactam antibiotics.

Efforts to de-label those who are not allergic to penicillin are critical for the health of the individual, will help reduce overall health care costs and also supports the broader public health goal of antibiotic stewardship.

KOSOVO from page 6

This includes sleeping too much or too little, having trouble going to sleep or difficulty staying asleep.

A class on sleep hygiene, offered by behavioral health, helps soldiers develop a sleep routine.

“During a deployment, it’s really important to set your mind and body into a routine,” Wood said.

Individual counseling is also offered if groups are not effective for sleep concerns. In addition, one-on-one counseling provides care for marital and relationship issues, anxiety, depression and finances.

COSC is also a consultant to the command team. We help identify areas for unit improvements to the commander using COSC resources. We help leaders develop team-building strategies, conflict resolution solutions and build morale.

**September****Patient Safety Employee of the Month**

Photo by David M. White

Sally Mulholland, a licensed practical nurse in the Pain Management Clinic, is recognized by Col. David Carpenter, deputy commanding officer, Sept. 4 as the Patient Safety Employee of the Month.

Patient Safety Division

Sally Mulholland, a licensed practical nurse in the Pain Management Clinic, was nominated for the September Patient Safety Employee of the month.

Mulholland demonstrated an exceptional act of service for her “good catch” of a near miss event when she screened a patient for her assigned provider.

She recognized that the patient was experiencing signs and symptoms of preeclampsia, a pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys.

Preeclampsia is not a diagnosis that the pain clinic staff routinely screen for. The physician was immediately notified by the nurse using SBAR (verbal report) and the appointment quickly shifted from a follow up visit to an emergent assessment.

Mulholland’s quick reaction resulted in further evaluation by the physician, transfer to emergency room and admission to the inpatient unit. As a result, the patient was treated and did not suffer adverse events from preeclampsia.

A Pittsburgh Steelers fan who often wears two different socks on purpose, Mulholland hails from Carnegie, Pa. Her hobbies include gardening, refinishing furniture and riding motorcycles ... though not all at the same time.

With 30 years of nursing under her belt, she would someday like to move to the north Georgia mountains.



Eisenhower
Army Medical Center



We are Eisenhower
WE KEEP OUR NATION READY



Ruth Rosario, Administrative Assistant & Patient Advocate, EAMC team member at RAHC for 16 years, 31 years of DA civilian service



1st Sgt. Anderson Jarvis, first sergeant, Alpha Co., Troop Command, in the Army for 18 years, in EAMC for 29 months



1st Sgt. Taurus D. Buck, first sergeant, Charlie Co., Troop Command, in the Army for 23 years, at EAMC for 32 months



Susan D. Wodarz, RN, CNOIC, Cardiology Services, at EAMC from 2004-2011, returned to EAMC October 2017

