



**ORG Day | Diet Danger |  
Nurse Cadets | Zika Research**

**Sept. 4**

Resilience Training, first floor auditorium, 8-10 a.m.

**Sept. 5**

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

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

Range Safety Certification, TADSS Bldg. 81100, 8:45 a.m. to 12:30 p.m.

**Sept. 12**

HEAT Instructor-Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

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, Range 6 AAR, Bldg. 484, 8:45 a.m. to 12:30 p.m.

**Sept. 13**

Food Handler Course, Bldg. 38701, 1-4 p.m.

**Sept. 14**

Tutu's for Cancer Awareness, Beginning and ending on Chamberlain Avenue near Signal

Towers, 8 a.m. to noon

**Sept. 18**

Resilience Training, first floor auditorium, 8-10 a.m.

Facebook Town Hall Forum, IOC, Darling Hall, noon to 1 p.m.

**Sept. 19**

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

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

Range Safety Certification, TADSS Bldg. 81100, 8:45 a.m. to 12:30 p.m.

**Sept. 23-24**

Comprehensive Soldier and Family Fitness Resilience Training, Good Shepherd Chapel, 8 a.m. to 5 p.m.

**Sept. 24**

Arbinger One-Day Training, Bldg. 38715, 38th Street, Room No. 6, 8 a.m. to 4 p.m.

Army Substance Abuse Program training, Bldg. 38704, 9-10 a.m.

**Sept. 25**

Resilience Training, first floor auditorium, 8-10 a.m.

**Sept. 26**

HEAT Instructor-Operator Training, TADSS Bldg. 81100, 8 a.m. to 2 p.m.

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

Range Safety Certification, Range 6 AAR, Bldg. 484, 8:45 a.m. to 12:30 p.m.

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

Quarterly Ethics Training, Olmstead Hall, 2-2:50 p.m.

**Sept. 27**

ACLS Renewal Course, Bldg. 38716, 8 a.m. to 4 p.m.

Food Handler Course (Garrison Event), Bldg. 38701, 1-4 p.m.

**Sept. 28**

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

**Sept. 30**

Arbinger One-Day Training, Bldg. 38715, 38th Street, Room No. 6, 8 a.m. to 4 p.m.

# Hazards of dietary supplements use

**Lt. Col. Brenda D. White, MS, RDN, LD**  
Chief, Nutrition Care Division  
Eisenhower Army Medical Center

*Editor's Note: The information within this article is to ensure you are aware of the adverse effects of dietary supplements and possible drug/supplement interaction. Consult your physician or a registered dietitian prior to using any dietary supplement, as they are loosely regulated by the FDA.*

## Dietary supplements

- Are actually labeled as dietary supplements.
- Can supplement food intake.
- Come in various forms such as capsules, pills, liquids, gels, etc.
- Consist of vitamins/minerals, herbs, amino acids, hormones, etc.

## Ergogenic aids

- Are dietary supplements which are suppose to increase your physical and/or mental performance.
- May actually provide a competitive advantage.

## Four ways drugs, supplements may interact:

1. A drug and a dietary supplement may



have the same type action in the body (Ex: dietary supplement which increases bleeding combined with a drug which increases bleeding).

2. A dietary supplement may decrease the absorption of a drug (Ex: fiber-type dietary supplement combined with hypertension, Cardiac drugs, etc).
3. A dietary supplement may counteract the effect of a drug. (Ex: dietary supplements which stimulates may stop drugs which suppress)
4. A dietary supplement may affect the way the body breaks down a drug. (Ex: dietary supplement may increase the

activity of enzymes which assist with breakdown of a drug when it enters the body, thereby, accelerating the effect of a drug.)

## Common supplements, possible side effects

### Creatine

*Manufacturer's claims:*

- Boosts strength & endurance; increase in lean body mass
- Boosts metabolic efficiency

see **SUPPLEMENTS** on page 9

# Operating in unprecedented time, mission continues

**Col. Carlene A.S Blanding**  
Commander

Eisenhower Army Medical Center

Sixty days have passed since I became the Commander of this exceptional organization. During those 60 days, I have had the incredible pleasure of meeting and talking with many of you; the professionals that make Eisenhower the "Workplace of Choice" in the CSRA. I am impressed by the deep level of commitment and selfless service I see demonstrated by you, "The E-Team."

As stated during the Change of Command and highlighted during my 30-day message, I know that we are all very much aware that we are operating in unprecedented times. The Army and Army Medicine are on a parallel course of change that we cannot fathom and that change

creates anxiety, fear and uncertainty. It is in such an environment that the strength, commitment and dedication of the team is realized and the foundation of an organization is solidified. I am more than excited and impressed by such a team, in this organization, and at such a time when we can shape the future of our organization.

Our core mission remains the same: Provide high-quality, complex, patient-centered health care services and deliver military readiness through sustained medical education and multidisciplinary care.

Our Vision: Deliver readiness while providing a 5-Star patient and employee experience.

Our Priorities: Readiness

- Cultivate an organization-wide quality and safety culture
- Sustain medical education activities

- Deliver a 5-Star patient experience
- DHA transition

My promise to each of you, the Eisenhower team, is that I will lead with integrity, focusing on three imperatives:

1. Readiness as the building block on and the lens through which we operate.
2. Communication as the driver for strategic understanding and awareness.
3. Challenges met by fostering a creative environment.

I am glad to be a member of this team, the E-Team, as we work in concert welcoming what the future holds for EAMC as the continued Home of 5-Star Health Care.

Thank you to each of you for your warm welcome and hospitality. I look forward to what we will achieve as a team in the coming years.

—Eisenhower 6

## Natural Medicines provides a database of alternatives

**Mary E. Gaudette**

Librarian

Eisenhower Army Medical Center

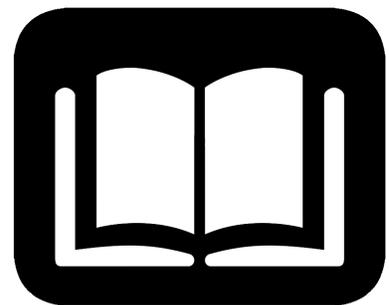
The Natural Medicines database provides detailed reviews of hundreds of dietary supplements, natural medicines, and complimentary alternative and inte-

grative therapies. Each review discusses the therapy's background; use of; safety; effectiveness; dosing and administration; adverse effects; toxicology; drug, herb, and food interactions; mechanism of action, pharmacokinetics; and if applicable, its classification, associated lab tests, and disease interactions. All reviews offer patient handouts in English, Spanish and French. In addition, details are provided for more than 175,000 commercial preparations of reviewed products.

Information can be accessed in a variety of ways. For instance, the Interaction Checker will retrieve and rate known interactions between particular natural medicines and prescription drugs. "Major" interactions are highlighted in red, along with warning not to take the combination.

The Nutrient Depletion tool displays to what degree of clinical significance a particular prescription or over-the-counter medication may negatively affect any of the body's nutrients. In turn, any identified nutrients are hyperlinked to their respective monographs. Likewise, the applied ratings link to a page defining what constitutes a major, moderate, insignificant or insufficient evidence rating.

Another useful tool is the Comparative Effectiveness application (located in the



"Databases" drop-down menu). Clicking on a link to a condition displays a Comparative Effectiveness Chart which organizes therapies according to their possible effectiveness, or lack of effectiveness, for the selected condition.

Natural Medicine's scoring of the reliability of reviewed therapies is based on four levels of evidence, which range from the highest score of A (for high-quality RCTs or meta-analysis) to the lowest score of D (for theoretical based on pharmacology, anecdotal evidence, or in vitro or animal study).

Natural Medicine can be accessed via the "Databases" section of the Health Sciences Library's Ikenet page. For assistance or training with Natural Medicines, contact the librarian at 787-4446, or send an email to mary.e.gaudette.civ@mail.mil.

**COVER: Charlee Mae, 4, daughter of Staff Sgt. James Phillips, Troop Command Operations NCO at Eisenhower Army Medical Center, has her face painted during the Org Day festivities Aug. 3. at Fort Gordon. (Photo by Kashieem Averill)**

*Rounds*   
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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.

# Future Army Nurse Corps officers make a difference

**Natalie Chambers, RN, Nurse Educator**  
Hospital Education and Staff Development  
Eisenhower Army Medical Center

The Nurse Summer Training Program is Eisenhower Army Medical Center's 28-day clinical immersion experience for future Army Nurse Corps leaders. The goal of NSTP is to provide Army ROTC cadets with clinical experience in a hospital setting while introducing them to the roles, responsibilities and expectations of an Army Nurse Corps officer.

These cadets exercise leadership skills such as planning, organization, decision-making, collaboration and accountability for contributing to the provision of safe quality nursing care and positive outcomes. In addition to the program goal of 150 clinical hours, the cadets were required to present two group projects.

This year, the cadets researched, collaborated, developed and developed for senior leaders and staff: "The Use of Bar Code Scanners to Reduce Medication Errors, Improve Accountability and Clinical Documentation" and "Factors Influencing Nursing Care: Effects of Nurse Staffing Ratios on Patient Outcomes, Satisfaction and Safety."

In compiled comments, cadets had a lot to say about their time at Eisenhower.

"During our time at [EAMC], we have accomplished many things. Together we totaled 1,422 clinical nursing hours. Placed 110 intravenous catheters. Attached 304 electrocardiograms. Inserted nine Foley catheters and placed four nasogastric tubes, gave [more than] 200 medications among other clinical skills. We had opportunities to gain experience in the emergency department, intensive care units, the operating room, post anesthesia care units, medical surgical floors, and were allowed to work side by side with a [Certified Registered Nurse Anesthetist.] We even had an experience responding to a Code Blue event where Cadet Philip Nickols provided CPR to a



Photo by John Corley

From front to back, left to right: cadets AnaMalea Tia, Samantha Pearce, Baylee Nye, Kathleen McGovern, Alison McKay, Philip Nickols, Matthew Robinson, Matthew Senser, and Josue Ruiz.



**Eisenhower**  
Army Medical Center

**OCTOBER**  
**BREAST**  
**CANCER**  
AWARENESS MONTH

## Mammography Department Open House

**October 1st, 1 - 3 PM**

- ♥ TOUR THE MAMMOGRAPHY DEPARTMENT AND MEET THE TECHNOLOGISTS & DOCTORS.
- ♥ GET YOUR QUESTIONS ANSWERED BY QUALIFIED PERSONNEL.
- ♥ SCHEDULE YOUR YEARLY MAMMOGRAM.
- ♥ GET FREE INFORMATION, POPCORN & MORE.

see **CADETS** on page 11

# 10 years of fighting the war on addiction

## Residential Treatment Facility Inpatient Service celebrates

**Theresa A. Brisker**

Behavioral Health Clinical Nurse Educator  
Eisenhower Army Medical Center

Eisenhower Army Medical Center's Residential Treatment Facility's Inpatient Service — after many hours of research, discussion, planning and final approval with funding from the Office of the Surgeon General — opened August 2009 and accepted its first patients the next month on Sept. 9, as a 10-bed pilot program.

The RTF leadership team, Col. Philip Horton, medical director; Dr. Janet Lenard, clinical director; Theresa A. Brisker, CNOIC, and Sgt. 1st Class Tyeisha William-Reynolds, CNOIC; were focused, dedicated and charged with ensuring the RTF would be a program that was effective and would help to “conserve the fighting strength.”

The RTF's mission is to provide intensive inpatient residential treatment for active duty service members from all branches with alcohol and other substance dependence disorders, along with co-morbid disorders (PTSD, depression and mTBI), with the goal of returning these people to duty and enhancing the combat readiness of the U.S. military force.

Because of the hard work and effectiveness of the leadership and treatment team, the program grew rapidly. In October 2010, the program doubled, increased to 20 beds, and in October 2011 two additional beds were added. October 2014, bed capacity was increased to 28. In June 2018 the bed capacity was increased 30 beds. Because of the demand for addiction treatment a plan is in place to increase bed capacity to 36, however, due to staffing shortages, the increase remains a plan.

The inpatient RTF program uses multidisciplinary care including initial psychiatric, psychological testing and bio-psychosocial evaluations, discharge planning, rehabilitation team meetings and interventions with command, ongoing treatment discussion of multidisciplinary care and progress, and individualized therapies depending on a

patient's needs. Participation in intensive group and individual therapy, life-enhancement skills building, relapse prevention, daily support groups to include Alcohol Anonymous, Narcotics Anonymous, etc., physical training, and interventions with families as needed are major treatment components.

The RTF treatment philosophy is that substance addiction/dependency is a progressive and chronic disease which is treatable.

At the RTF, treatment is based on abstinence, evidenced-based treatment, cognitive behavioral therapy, motivation counseling, stages of change, 12-step recovery models and other adjunct support therapies in treating addictions to include treatment for family members.

The number of military service members who have received treatment from the facility's 2009 opening through July 2019 is 2,815 people. A battalion can be between 500-800 people, so the RTF inpatient service has treated what is equal to three to five battalions which is equal to a brigade.

### Substance Use Disorder Clinical Care

The RTF staff conducts follow up data collection at 30, 90, 180 and 360 days after RTF Commencement. They contact the service member's SUDCC counselor and commander. The SUDCC counselor is asked to rate service member's attitude and compliance.

The Commander/ISG rates the service member's duty performance and attitude. RTF staff has received the following feedback:

#### SUDCC counselor

- “It wasn't until he received intensive treatment that he ‘got it.’”
- “Has come so far in 9 months ... better relationship with parents.”
- “He really has gotten a lot out of it ... all of our guys we send down there have taken a lot away from treatment. He still references it.”
- “Saw a dramatic change in attitude with accepting his alcohol problem ...”
- “He talks very fondly and with great respect about how the program combines PTSD and alcohol [treatment] ...”
- “Doing well maintaining abstinence and very serious about maintaining his sobriety.”

### Chain of Command

- “I think it's a great thing and I'm glad the Army has this program ...”
- “Excellent” performance and conduct since RTF.
- SM “highly motivated and I will send other SMs.”
- SM “amazing since completion of RTF;” parent sent “thank you” letter to command for allowing him to attend.

### Patient satisfaction stats

When patients are discharged, they complete a patient satisfaction survey. These are some of the results from the survey.

- 98 percent: RTF helped gain a better understanding of alcohol and substance addiction
- 98 percent: RTF motivated them to seek recovery from alcohol or substance addiction
- 97 percent: RTF staff was helpful in assisting with your concerns
- 96 percent: Medical concerns or problems were addressed during treatment

### Defense Center of Excellence

The Defense Center of Excellence conducted an evaluation of the RTF. Through the DCoE program evaluation process and site visit to Fort Gordon, DCoE gained valuable insight into the successes and strengths of the RTF and identified three program strengths”

- Comprehensive care for addiction treatment and recovery
- Committed focus on reintegration of patients into the community
- Structured military milieu offers comfort and familiarity for patients

Therefore having Army leadership and highly structured military milieu is fundamental to the program's success.

#### Accessing RTF care:

Patients must be referred to the RTF through ASAP or other service-equivalent programs. Military members or providers should contact their local ASAP or service-equivalent program for initial SUD evaluation and possible referral.

# SCENES FROM ORG DAY 2019

Photos by  
Staff Sgt. Briana Rebmann



More than 250 soldiers, family members, civilians and contractors attended Eisenhower Army Medical Center's Organization Day festivities Aug. 3 at Fort Gordon's Courtyard Pavilion. Food, games, activities and prizes held the throng in thrall the entire afternoon.



# Who wants to be an Iron Man?

**Capt. Dae Lee, chaplain clinician**

Department of Ministry and Pastoral Care  
Eisenhower Army Medical Center

Today the world knows Elon Musk as a wealthy, imaginative genius who is making electric cars mainstream and putting rockets in space. Tesla vehicles and SpaceX have become household names thanks to Musk.

When we picture successful entrepreneurs and CEOs like Elon Musk, we assume they had a wonderful childhood with a silver spoon in their mouth as they were growing up. However, few people understand that Elon Musk was severely bullied as a child.

Elon Musk was born and raised in South Africa, and he didn't fit in well with his peers. Kimbal Musk, Elon's brother, once said, "It's pretty rough in South Africa. If you're getting bullied, you still have to go to school. You just have to get up in the morn-

**He was attacked and pushed down a full flight of stairs, resulting in him being knocked out cold.**

ing and go. He hated it so much."

At one point he was attacked and pushed down a full flight of stairs, resulting in him being knocked out cold. The incident

caused an injury that still causes him trouble with his breathing to this day.

Some people may be brought down and destroyed by bullying, for it is truly a horrible experience, something no child or adult should ever have to go through, but it didn't stop Musk. He was able to throw himself into what he loved and believed in, and motivated himself to learn an insane amount of the things he had passion about. As a result, he is now changing the world, quite literally.

If you or someone you know is being bullied today, think about this: Elon Musk was once a small, bullied little kid. Now the world compares him to Iron Man from the movies. And now who doesn't want to be Iron Man?

*Psalms 138:7 Though I walk in the midst of trouble, you preserve my life. You stretch out your hand against the anger of my foes; with your right hand you save me.*

## August

### Safety Employee of the Month

#### Patient Safety Division

Lui Salt, safety officer on Ward 13E, inpatient psychiatry, receives recognition as the safety employee for the month of August by Col. Carlene A.S Blanding, commanding officer, Eisenhower Army Medical Center, Aug. 9.

In the time that he has been the safety officer on Ward 13E, according to his citation, "he has excelled in every aspect of the job. He has implemented a strong and sustainable safety program which ensures staff remains safe in an area with the potential for dangerous patients. He is proactive in identifying and addressing areas for concern, and is the subject-matter expert for staff should they have questions or concerns.

"Salt has been the steady influence through multiple changes in the ward's NCOIC position and has maintained compliance with all regulatory requirements, often earning praise from those who have interacting with him during their visits.



Photo by David M. White

**Lui Salt, left, safety officer on Ward 13E, inpatient psychiatry, receives recognition as the safety employee for the month of August by Col. Carlene A.S Blanding, commanding officer, Eisenhower Army Medical Center, Aug. 9.**

"His leadership as the Safety Officer was critical for the success of the ward in a recent inspection where he was recognized for his thoroughness and knowledge."

## SUPPLEMENTS from page 2

### *Studies indicate:*

Creatine is found in the body; most is in the body's muscles; it is also found in meats and seafood.

More than 80 percent of studies indicate Creatine supplementation improves performance in repetitive, short-term, high-intensity exercise (sprinting/weightlifting, etc.)

### *Possible adverse effects, supplement/drug interaction:*

- Muscle spasms and pulls
- Weight gain
- Gastrointestinal distress, nausea, vomiting, or diarrhea, kidney dysfunction, dehydration, etc.

### *Possible drug interactions*

Many drugs might interact with creatine and increase the risk of kidney damage.

Nephrotoxic drugs: nonsteroidal anti-inflammatory drug such as ibuprofen (i.e. Advil, Motrin IB, etc.); naproxen sodium (Aleve, etc); cyclosporine (Neoral, Sandimmune), etc.

## Nitric oxide

### *Manufacturer's Claims:*

- Boosts energy, blood flow, strength and endurance while working out.

### *Studies indicate:*

- Nitric oxide is a gas that comes from the amino acid, arginine.
- Normally our bodies produces small amounts
- It also helps with regulation of blood circulation.
- Most Nitric oxide-type supplements do not actually contain nitric oxide, but the amino acid arginine and/or other substances which helps the body to make nitric oxide.

### *Possible risks, adverse effects:*

Multiple ingredients: in common NO Supplement, N.O.-Xplode's Proprietary Blend 20,500mg (ingredient amounts are not listed; only the total is listed)

Possible liver danger, hypertension and digestion problems.

Per the National Library of Medicine, L-arginine supplements may interfere with the effect and body's use of some drugs for hypertension or drugs which helps regulate blood flow to the heart.

Drugs include: isoproterenol, anticoagulants/platelet, diabetes, nitrates, certain diuretics, etc.

## Weight-loss supplements

### *Manufacturer's claims:*

- Burns excess fat with ephedra alternatives
- Increases your metabolism

### *Studies indicate:*

- Most common ingredients in these supplements are yohimbe and bitter orange or their derivatives;
- May increase metabolism or burn body fat; more research is needed.

### *Possible risks, adverse effects:*

Angina, myocardial infarction, increase blood pressure, migraine, irritability, panic attacks, anxiety, etc.

Bitter orange and yohimbe may increase the side effects of certain medications, such as antidepressants, calcium channel blockers, dextromethorphan, GI prokinetic agents, and common prescribed weight loss drugs.

## Energy drinks

### *Manufacturer's claims:*

- Gives you a boost
- Gives you the ultimate workout with energy to spare
- Helps you to stay alert

### *Studies indicate:*

- More than 130 types sold in the U.S.
- Drinks which contain large doses of caffeine
- Drinks which contain legal stimulants such as guarana, ginseng, bitter orange, yohimbe, etc., and B vitamins

### *Possible risks, adverse effects:*

Multiple ingredients increases the risk of adverse effects; Ingredients may include: ginseng, taurine, citric acid, panax ginseng root extract, L-carnitine, caffeine, sucralose, niacinamide, sodium chloride, glucuronolactone, inositol, guarana seed extract, bitter orange or yohimbe or both, etc.

Other side effects include: irritability; liver damage, possibly due to the ingredient kava; anxiety; sleeplessness.

Some of these ingredients may increase the effects of certain drugs, such as coumadin, heparin, aspirin, ibuprofen, naproxen and ketoprofen; taking both MAO inhibitors may lead to sleeplessness, headaches.

## Supplement safety, protect yourself

Look for dietary supplements with the following notations: U.S. Pharmacopoeia (USP) or National Formulary (NF).

These supplements have actually been researched for safety and effectiveness.

Ask a registered dietitian for guidance/

advice about dietary supplements and ergogenic aids.

Investigate or research the dietary supplement.

Look at the FDA site online (fda.gov/food/dietary-supplements) to determine if a manufacturer has received an alert, recall, or a fine due to use of tainted ingredients.

Review the actual side effects, and determine if the benefit is actually worth the risk.

Determine if there are any possible drug/dietary supplement interaction.

## So are you at risk?

Anyone who takes dietary supplements combined with over-the-counter or prescription medications may be at risk for drug-supplement interactions.

Most dietary supplements have multiple ingredients.

Risks are normally greater for seniors, pregnant women, children and teenagers.

### Sources:

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- Savoca M, Evans C, Wilson E, Harshfield G, Ludwig D. The association of caffeinated beverages with blood pressure in adolescents. Arch Pediatr Adolesc Med 158:473-477.
- <https://nccih.nih.gov/health/providers/digest/herb-drug>

# 10 Up-to-date emergency kits essential to response

**Robert N. Meloche**  
Safety Manager

Eisenhower Army Medical Center

Making a preparedness kit is one important way you can protect yourself and those around you. Remember that there are many types of emergencies — from those caused by illness to natural disasters — and you need different types of kits for a variety of situations. The first item in every preparedness kit is a first aid kit.

A vital item for your first aid kit, (whether purchased as a single item, or assembled from various sources) is a check

person per day. Remember to include foods that will not spoil and that are easy to make. And don't forget a manual can opener.

## Emergency kits should have:

- A first aid kit
- A flashlight with extra batteries
- A portable charger that can charge a phone without being plugged in
- A battery-powered or crank radio
- Copies of important documents like insurance cards and immunization records

Every member of your family has unique needs. Make sure to keep at least a

## Basic First Aid kit includes:

- Up-to-date first-aid manual
- List of emergency phone numbers
- Sterile gauze pads, different sizes
- Adhesive tape
- Adhesive bandages (Band-Aids) in several sizes
- Elastic bandage
- A splint
- Antiseptic wipes
- Soap
- Antibiotic ointment
- Antiseptic solution (like hydrogen peroxide)
- Hydrocortisone cream (1 percent)
- Acetaminophen and ibuprofen
- Tweezers
- Sharp scissors
- Safety pins
- Disposable instant cold packs
- Calamine lotion
- Alcohol wipes or ethyl alcohol
- Thermometer
- Tooth preservation kit
- Plastic non-latex gloves (at least two pair)
- Flashlight and extra batteries



list, listing the items contained in the kit. Using that list, you can perform a quarterly inventory of the kit, replacing expended supplies as necessary.

While performing your inventory, check the expiration dates, or “best if used by” dates printed on the packaging. If items are expired, replace them. If items will expire prior to your next scheduled inventory of the kit, replace them.

You should be performing these inventories on every first aid kit you own. Keeping your supplies current is the best way to ensure you're prepared, no matter what the emergency.

## Protect your home and family

Having an emergency supply kit for your home is critical if you need to shelter in place during a tornado or flood, or cannot go out to the store during a storm. Your kit should include at least a three-day supply of food and one gallon of water per

three-day supply of medications and any other medical supplies that your family members use on a daily basis. If you have young children, be sure to include diapers, bottles, and baby formula or food. Older adults may need a cane, walker, or hearing aids with extra batteries.

Store your supplies in a container that is easy to carry. Label each contain and store them in a spot that is easy to get to. Check the expiration dates on food, water, medicine and batteries at least twice a year.

## Don't forget Rover

In an emergency, don't forget about your pets. They also need food and water (about a gallon per pet) for three days. Make sure you have a sturdy leash, harness and carrier so you can get your pet to safety. Finally, store your pet's medicines and medical records in a waterproof container. Know the hotels and shelters in your area that will allow pets, or locate a kennel in a nearby

town in case you need to evacuate.

Be sure to keep current photos and descriptions of your pets to help others identify them and prove that they are yours if your pet is lost during or after an emergency.

## Hitting the road

Disaster can strike at any time, including while you're driving. Keep a basic toolkit in your car that includes pliers, a wrench, and a screwdriver. You should also have a set of jumper cables in case your car won't start. Keep a cell phone charger and extra batteries in your car, along with a flashlight and battery-powered or crank radio. And don't forget a first aid kit.

— Source: Centers for Disease Control and Prevention

## Patient Safety Employee of the Month



Photo by David M. White

**Melissa Moss, left, a medical instrument technician in Eisenhower Army Medical Center's gastroenterology clinic, is recognized Aug. 8 by Col. Carlene A.S. Blanding, EAMC commander, as the Patient Safety Employee of the month of August.**

### Patient Safety Division

Melissa Moss, a medical instrument technician in Eisenhower Army Medical Center's gastroenterology clinic, was recognized Aug. 8 by Col. Carlene A.S. Blanding, EAMC commander, as the Patient Safety Employee of the month of August.

Moss identified a possible safety violation in the cleaning procedure for scopes in the clinic. She discovered the scopes were not being cleaned appropriately and some steps in the cleaning process had been missed. Moss quizzed all her teammates and asked each individual to go through the steps in cleaning the scopes. In doing so, she realized there was a large variety of different answers that were incorrect.

The Thomson resident was prompted to do an in-service in the clinic on the proper technique for cleaning the instruments. She plans a refresher training each month.

Moss helps foster a culture of safe, reliable patient safety, and demonstrated a significant good catch event that could have been detrimental to patient safety.

Moss has served in civil service since 1999 at Tripler Army Medical Center. She has been a gastroenterology technician since 2005, also at Tripler in the pediatric GI clinic. She has been on the staff at Eisenhower's adult GI clinic since 2007.

She has been married to retired 1st Sgt. James D. Moss for more than 29 years. They have two daughters, Victoria and Jakoria, and have one granddaughter, 22-month-old Olivia.

# RAHC supports critical tropical disease research

**Lt. Col. Rachel J. Wienke**

Commander

Rodriguez Army Health Clinic

The Rodriguez Army Health Clinic at Fort Buchanan, Puerto Rico, is preparing for a Tropical Disease Surveillance research study, in partnership with the Uniformed Services University of the Health Sciences Infectious Disease Clinical Research Program and the Viral Diseases Branch of the Walter Reed Army Institute of Research.

RAHC Patient-Centered Medical Home team members will refer eligible patients who have signs and symptoms of Zika, dengue, chikungunya, or similar illnesses, for the opportunity to volunteer for this important research.

This study facilitates readiness and quality care by capturing information on the clinical course and manifestations of tropical diseases, to help medical leaders better understand the risks to service members and families, and the impact on health and fitness. It also puts into place the infrastructure for research on any future outbreaks of tropical disease in the area.

RAHC will also continue to provide direct support, including office space, automation equipment, and three associate investigators to facilitate the research process.

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patient who was successfully resuscitated. We were given opportunities to refine our skills and absorb as much knowledge as possible. All of the experience we have gained at EAMC will help mold us into future health care professionals and leaders and we will keep this with us for the rest of our careers.

"This experience has been significant for everyone here. We have learned the depths of what it is to be an Army nurse, while at the same time getting to branch out and explore other avenues. There have been numerous aspects that we all learned during our time here, however the most important was instilling in each of us the responsibility that we will hold in becoming Army nurse officers. Not only are we called to be leaders, but also healers of our Army's men, women and families. We know this is only a small stepping stone into our career, and there is a long road ahead of us. But, we take it on with excitement and passion, because we left here with an established foundation for our future. There is not a doubt in any of our minds that there will be challenges to come, but we will reflect on the examples of our superb leaders, preceptors and staff to never give up or accept defeat.

"To the leaders, preceptors and all staff we have had an opportunity to work with, thank you for inspiring each of us. You have imprinted on all of our lives and you all made this experience even more special, and something unforgettable.

"No matter where our nursing careers take us, whether military or civilian, we know that at EAMC we have a place we can call home, home of 5-Star Health Care."



**Eisenhower**  
Army Medical Center



**We are Eisenhower**  
WE KEEP OUR NATION READY



1st Sgt. Renee M. Butler,  
Bravo Co., Troop  
Command's first sergeant,  
in the Army for 18 years, at  
EAMC for almost 4 years



Sgt. 1st Class William R.  
Harbeson, Troop Command  
Operations NCOIC, at EAMC  
for 2 years, in the army  
for 12 years



Kashieem T. Averill,  
Family Readiness Support  
Assistant, at EAMC since  
2011, a FRSA since 2007



Spc. Lynn G. Hardy,  
Behavioral Health  
Technician, Inpatient  
Behavioral Health, in the  
Army for 1 year, at  
EAMC since April

