Kentucky Hospital Association Quality Award

Honoring Leadership and Innovation in Patient Care Quality, Safety, and Commitment

Application—2014

The Kentucky Hospital Association Quality Award is presented to honor hospital leadership and innovation in quality, safety, and commitment in patient care. The goals of this award are to:

- Raise awareness of the need for an organization-wide commitment to highly reliable, exceptional quality, patient-centered care
- Reward successful efforts to develop and promote a improvements in quality of care
- Inspire organizations to systematically integrate and align their quality improvement efforts throughout the organization
- Communicate successful programs and strategies to the hospital field
- Facilitate Kentucky hospitals' alignment of quality initiatives with national initiatives

The inaugural 2006 Quality Award was presented at the 2006 KHA Annual Convention.

Eligibility

All **acute hospitals, psychiatric hospitals and programs and post-acute hospitals and programs** in Kentucky are eligible to apply for the award. There are six award categories:

- Critical Access Hospital (≥25 Beds)
- Acute Hospitals Under 100 Beds
- Acute Hospitals Between 101-250 Beds
- Acute Hospitals With Greater than 250 Beds
- Psychiatric Units and Freestanding Psychiatric Hospitals
- Post-Acute Units and Freestanding Hospitals (Including Physical Rehabilitation and Long-Term Acute Care)

Application Materials

This application can also be downloaded directly from http://www.kyha.com/home/quality-pricing-information/. If you have questions about the award, please contact Elizabeth Cobb at 502-426-6220 or by e-mail at ecobb@kyha.com

Each application should have three parts:

1) A cover page signed by the CEO
2) Completed demographics section
3) Responses to specific questions on your hospital's systems to improve and ensure overall quality

All applications become the property of the Kentucky Hospital Association and may be used in KHA's efforts to promote quality improvement in the hospital field and to provide

"best practices" and examples of different approaches to achieving the quality goals.

Submission of Applications

Applications are due by April 1, 2014. Please do not submit attachments or any supplemental materials in binders or special folders or video/audio materials. Completed applications may be either e-mailed (preferred) or mailed. Completed applications may be e-mailed to ecobb@kyha.com. When e-mailing, we strongly encourage you to convert your application to a pdf file to minimize possible distortion in graphs, charts, and lay out. Applications may be mailed to the Kentucky Hospital Association, c/o Elizabeth Cobb, P.O. Box 436629, Louisville, Kentucky 40253. The awards will be presented at the 2014 KHA Annual Convention Awards Luncheon on the May 9.

Application Fee: The application fee for the KHA Quality Award is $1 for each licensed hospital bed. In the case of a psychiatric or physical rehabilitation unit applying, the fee should be $1 per each licensed bed for that service. ***Fees must be received by the April 1 deadline in order to qualify for the Quality Award.*** Checks should be made payable to the Kentucky Hospital Research and Education Foundation (KHREF).

Kentucky Hospital Association Quality Award
2012 Application

Hospital Name: __Ephraim McDowell Health, Ephraim McDowell Regional Medical Center___

Application Contact: ___Mark W. Milner_____

Title of Contact: ___Vice President_____

Street Address: __217 S. Third Street_____

City, State, Zip Code: __Danville, KY 40422_____

E-Mail Address: __mmilner@emheath.org_____

Phone Number: _859-239-2451_____Fax :__859-239-6774_____

The following should be read and signed by the hospital CEO.

This award seeks to increase understanding of the value of organizational focus and commitment to achieving optimal outcomes. Hospitals are urged to consider participation in the awards process both as recognition of their quality improvement and patient safety efforts and to assess their progress in creating an environment focused on safety and effectiveness.

All applications for the award become the property of the Kentucky Hospital Association. Descriptions of winning programs may be published by the Kentucky Hospital Association in an aim to increase awareness of the need for an organization-wide commitment to quality improvement and patient safety. Program contacts may be asked to provide additional information.

I certify that the information in this application is accurate and consent to the use of submitted information by KHA in publications or for the purposes of promoting exceptional quality in the delivery of care by Kentucky hospitals.

Signature Mark A. Darnell Date 3/28/12

Title PRESIDENT/CEO

A Few Helpful Tips for Completing this Application:

- Please note that the word limits in Part II are **maximums**; reviewers appreciate concise and direct responses; bulleted responses rather than narrative text are acceptable and encouraged where appropriate.

- Given that reviewers may read many applications, make your application easy to read by using 12-point type, letting some white space show on the page, and making sure it has been proofread.

- If a system or mechanism that you have already described as a response to one question is also relevant to another answer, please feel free to refer to the original description and explanation rather than repeat it.

- When possible, cite specific examples that demonstrate progress or illustrate processes that have resulted in improved outcomes.

Part I: ORGANIZATIONAL Demographic Information

1) Quality Award category:

- [ ] Critical Access Hospital
- [ ] < 100 Acute Beds
- [x] 100 to 250 Acute Beds
- [ ] > 250 Acute Beds
- [ ] Psychiatric
- [ ] Physical Rehabilitation or Long-Term Acute Care

2) Medicare designation:

- [ ] Urban
- [x] Rural

SERVICE DEMOGRAPHIC INFORMATION: Please provide an ***estimation***

1) Population Demographics of the Community Served

___33____% <21 years of age

___29____% ≥ 21 years of age but less than age 40

___26____% ≥ 40 years of age, but less than age 65

___16____% ≥ 65 years of age

2) Population Diversity Demographics of the Community Served

A. _86__% Caucasian _4____% Latino/Hispanic _8___% African-American

_1___% Asian _1____% Other (please list major groups)

B. _97__% English as primary language

_2___% Non-native English speaker

_1___% Little or no English (requiring interpreter)

3) Patient Insurance Demographics of the Community Served

_40__% With private insurance

_35__% With Medicare

_____% With Medicare and supplemental insurance

_16__% Medicaid or other public assistance

_9___% No coverage

Part II: Quality Issues

The following sections list certain issues that the application **should** address; however, applicants are encouraged to address additional issues where appropriate.

A. What role does organizational leadership (governance, clinical leadership, administration) play in defining and promoting quality health care in your organization? Be sure to address:

1) The specific definition of "quality" used by your organization
2) How leadership works together and uses the organization's definition of quality in conjunction with the organization's mission and vision to set quality goals
3) How organizational leadership engages the organization's employees, clinical/medical staff, and patients and families in setting goals, evaluating progress, and implementing changes to achieve the defined goals

(max. 500 words)

B. How does your organization support staff and employee efforts to achieve quality goals? Be sure to address:

1) How employees and clinical/medical staff are trained in principles and practice of effective teamwork, communication, relationship management, and how the organization continually evaluates the effectiveness of such training
2) How personal accountability for job performance is balanced with understanding the causes of harm and errors based on an analytical systems approach
3) How and with what frequency your organization assesses employee and clinical/medical staff perceptions of the quality and safety culture within your organization
4) How and with what frequency your organization assesses employee and medical staff satisfaction with the hospital work environment and the care provided to patients.

(max. 500 words)

C. Describe one clinical or non-clinical hospital process improvement, patient care initiative, or innovative change project. Be sure to address:

1) A description of the project
2) A description of the operation/process problems, patient care challenge or other factors that drove the improvement project
3) The implementation of the project/process including how long did the project take and when was it completed
4) What makes the project innovative and significant
5) What benefits were realized

*attach any relevant photos, diagrams, or other information (not included in word count)

(max. 1000 words)

Part II: A. Organizational Leadership's Role

At Ephraim McDowell Health (EMH), organizational leadership guides and supports professionals, Associates, clinicians and the community we serve to participate in identifying, promoting and achieving quality health results. The visionary leadership at EMH has guided the

relentless pursuit of patient-focused excellence by embedding high-performing beliefs and behaviors throughout the organization. EMH's leaders apply a working definition of quality as,

"Achieving excellence through the continuous and public evaluation of performance."

At EMH, people accept individual responsibility for the quality of their work and routinely receive both genuine commitment and active involvement from their leaders. Working together as a unit, they integrate fundamental management techniques, support existing improvement efforts and use technical tools in a disciplined approach to constantly reach for evidence-based, best practice processes and results.

To achieve consistently improving results, EMH Leadership dedicates resources and training to build and use tools that implement the mission and vision of EMH. The EMH mission statement as well as the EMH Values (i.e., F.I.R.S.T. – see below) are embedded in the quality structure and performance goals.

The mission statement "Ephraim McDowell Health is committed to providing a healing environment in the communities we serve, built on best people, practices and performance" and is brought to life through the actions of our Associates and professional staff.

Associates are held accountable to our F.I.R.S.T. values, which are:

- Friendliness: An environment that is filled with compassion, care and concern
- Innovation: The freedom and challenge to seek and apply new knowledge
- Respect: Recognition of each person as a valued and unique individual
- Service: Commitment to excellence
- Trust: Adhering to principles that foster honesty, integrity, confidence and safety

EMH's quality efforts are based on four pillars of excellence. Our mission, vision and values are guided by these principles:

- Operational Effectiveness
- Clinical Effectiveness
- Relationships
- Safety

In addition, EMH has established a review structure based on the four Pillars of Excellence (see attachment 1)

- Relationships – build a bond with others by living the F.I.R.S.T. values and being responsive
- Operational Effectiveness – create value through efficient use of time and money resources
- Clinical Effectiveness – maximize patient outcomes through best people, practice and performance

- Safety – "Do No Harm" through confidentiality, hand hygiene, a safe and clean environment

Combining these structural values and pillars supports EMH's Philosophy, summarized below:

"EMH has adopted a team approach to help us continuously improve the way we do business with our Customers. EMH is committed to its Customers and strives to make them the top priority in everything it does. EMH executives and managers act more as a team leader/coach to encourage Associates to try new ideas and continuously improve."

Part II: B. Organizational Support of Staff and Employee Efforts to Achieve Quality Goals

EMH has adopted a team approach to continuously improving the way in which it does business with its customers. Customers include patients, families, visitors, physicians, Auxiliary members and health system departments. EMH made the decision to redefine employees as "Associates" in order to formalize their role as partners and colleagues. Leadership, together with Associates, strives to keep customers the top priority in all initiatives. EMH Associates are the most familiar with individual customer needs. As a result, they are encouraged to be involved in developing solutions that successfully fulfill those needs. EMH leaders actively coach Associates to participate in solutions. They also routinely support the piloting of new approaches and changes to measurably improve processes and services. EMH teams cross department roles and work collaboratively to improve our performance results both for clinical outcomes and patient experiences. Leadership not only provides the review structure but commits resources to Associates have the tools to accomplish these tasks. One tool is appropriate training.

At EMH, performance improvement training is required for all Associates annually. In addition to the annual training, "just-in-time" training occurs with support from the EMRMC Education Department. When new teams are formed, they receive training that includes background information, data analysis and reporting orientation. In addition to using these skills in formal teams, EMH Associates are expected to identify variances/errors and notify leaders of these incidents. Associate performance on this requirement is included in each individual, annual appraisal. And, linked to the value of "Innovation", Associates are expected to use their training, skills and experience to identify challenges even if an "error" did not occur. Combined with the value of "Service", this commitment to excellence underpins the ongoing evaluations and collaborative improvement efforts throughout EMH.

EMH's routine (weekly) display and discussion of measured results strengthens everyone's commitment and efforts. Keeping current results "top of mind" provides continuous feedback. This constant, personal review of practice (i.e., peer review) is modifying the culture of EMH and enabling peers to critique peers in a collaborative manner. More and more Associates and medical practitioners are holding each other accountable for maintaining best practice standards. Through this relentless level of review, one of EMH's Pillars of Excellence, Safety has been strengthened. And, as with any culture change, these efforts are becoming "part of the core

work." As a result, Associate and medical staff satisfaction are improving as demonstrated through "pulse" survey results that are collected throughout the year.

Most importantly, EMH continuously assesses patient and family experiences. That strategic pillar, "Relationships", is measured, in part, through paper and phone surveys that are used to collect information about their individual and collective experience. While reviewed weekly, these critical outcome measures are used to guide responsive action plans. As a result, performance results are improving (see Attachment 3). In addition, department-based, performance trends of these results are evaluated through the EMH Structure of Accountability. That structure has built a clear and visible understanding among the leaders within EMH that guides and supports best, measured performance.

Part II: C. Process Improvement

Ephraim McDowell Regional Medical Center (EMRMC) recognized the need to expand the scope of care provided to patients with certain chronic conditions in order to prevent unnecessary readmissions, which ultimately would mean loss of reimbursement. In order to meet that need, a Delta Care Program was developed to provide a transition of care for patients with heart failure and chronic obstructive pulmonary disease (COPD), the two disease states identified as having patients with the highest readmission rates at EMRMC. The Delta Care Program is designed to provide weekly contact with those patients post discharge with the goal to ensure compliance with the discharge plan and thus reduce readmissions, hence avoiding loss of reimbursement.

With the Affordable Care Act and value-based purchasing rules, hospitals must now provide for continuity of care that results in continued recovery and improvement in a patient's clinical condition in order to prevent unnecessary readmissions and loss of reimbursement. During 2013 alone, EMRMC was at risk of losing up to 1% of all Medicare payments – roughly $300,000 – if readmission rates exceeded expectations. Between July 2011 and March 2012, EMRMC experienced a readmission rate of 26.15% for heart failure patients and 18.31% for patients with COPD. However, for 72 heart failure patients who received a follow-up phone call by a case manager following their discharge, there was a 43% reduction in readmissions to a rate of 15% (period from October 2011 through March 2012). During collection of this baseline data, it was discovered that contributing factors for readmission within 30 days included:

- No home health resources (73%)
- Lack of follow-up to primary care provider (25%)
- Medication compliance (35% had not filled prescriptions)
- Not weighing daily (45%)

In July 2012, a multidisciplinary team was formed at EMRMC to evaluate the creation of a transition approach to address post discharge management of patients with heart failure and COPD. Per the Institute of Healthcare Improvement, hospital-based transition programs are shown to reduce cost and utilization of acute services. EMRMC's multidisciplinary team launched the idea for the Delta Care Program, which received approval from the organization's

Senior Leadership Team, endorsement from the Board of Directors and approval from the Ephraim McDowell Institutional Review Board in October 2012.

Heart failure and COPD patients were identified during hospitalization and invited to participate if they met inclusion/exclusion criteria. Patients participating were provided with written consent and were willing to accept phone calls from Delta coaches on days 3, 7, 14, 21 and 28 after discharge. Delta coaches (case managers, pharmacists, dietitians and respiratory therapists) provided instruction, posed specific targeted questions and documented patient responses to each scripted telephone interview question in the electronic medical record. Providers could access the patient responses and progress throughout the program and received a summary document at the conclusion of the program.

Delta patients were also provided with specific discharge medications and instructions on use prior to discharge. In addition, they received supportive tools such as water bottles, pedometers, salt substitute, scales, peak flow meters, recipes, a free 30-day supply of protocol rescue medications, discounted price on smoking cessation products and two-week passes to McDowell Wellness Center, a fitness center that is a part of the Ephraim McDowell Health system. Patients were referred to their primary care provider or the emergency room if their condition worsened or triggers were identified during weekly calls. If the patient was not able to return to their primary care provider, a Delta coach was available to make a home visit to assess or provide care. (Attached with this application are copies of educational materials provided to Delta patients).

During the period from November 1, 2012 through October 31, 2013, there were 73 patients enrolled in the program with informed consent during 86 patient visits (42 heart failure and 44 COPD visits). Forty-two enrolled patients (24 COPD and 18 heart failure) participating in the program post discharge completed two or more telephone calls with their Delta coach. Only two of the 18 heart failure patients were readmitted within 30 days of discharge and nine of the heart failure patients were readmitted for any condition during the 12-month study period. Only four of the 24 COPD patients were readmitted within 30 days of discharge and 15 of the COPD patients were readmitted for any condition during the 12-month study period.

While patient readmissions are not totally avoidable for patients with COPD and heart failure, which are chronic and progressive conditions, the Delta Care Program did reduce 30-day readmission rates for both populations. In fact, for those COPD patients in the Delta program who completed more than two calls, the average number of days from discharge to date of first readmission was 113 days while that number was 48 days for heart failure patients.

Patients participating in the Delta Care Program were also surveyed by phone to determine if they felt the program helped them understand their disease, medications, symptoms, diet and exercise. Thirteen phone call attempts were made with five responses. Overall, the participants rated the program very high, commenting that it was a good program and they believed others could benefit from it.

The pilot Delta Care Program demonstrated an effective, multidisciplinary approach to reducing 30-day readmission rates for COPD and heart failure patients after discharge. The program did

not require any additional positions and thus was deemed to be cost effective at a total average expense of $104.00 per Delta patient. The Delta program offers our hospital an effective model for assuring safe transitions of care from the acute care hospital setting to home, reduces barriers to continuity of care and reduces 30-day readmission rates for patients with chronic disease states such as heart failure and COPD.

Because of the success of the pilot program with heart failure and COPD patients, EMRMC's Delta care team has recently expanded the program to include pneumonia patients; however, at this time, data on the participation of those patients has not been collected.

Heart Failure Management

"To climb steep hills requires a slow pace at first."

– Shakespeare

Patient Scavenger Hunt

Date:_____

I understand that I have been diagnosed with heart failure, which means my heart is not pumping blood as well as it should. I understand that I have been treated for heart failure during this hospital stay.

There are important things that I should know about this diagnosis.

My Ejection Fraction (EF) is:
_____

The three main things that I need to track (printed in red) are:

1._____

2._____

3._____

I know that my activity level should be:_____

My diet should be:_____

The name of my diuretic (water pill) is: _____

How often should I take my water pill?: _____

Do I own a scale to weigh myself? _____

I know I should call my home health nurse or doctor's office if I have the following symptoms:

1._____

2._____

3._____

I know I should call 911 if I feel a new kind of chest pain, pain that nitroglycerin does not help, pain that lasts more than 15 minutes, or if I feel suddenly short of breath or fear losing consciousness.

I have a follow-up appointment with: _____on _____.

I know I should keep all doctor's appointments even if I feel fine, because these visits monitor:

- My medication dosages
- My lab work
- My symptoms

I know that following my doctor's advice can help me live a longer, healthier life.

Patient Signature:_____ Date:_____

Discharge Nurse
Signature:_____Date:_____

What to expect during your hospital stay

Day 1: Your weight will be taken, and if you are not on bedrest with bathroom privileges, you will walk at least three times a day in the hall. IV medications will be given to you to decrease fluid. The nurse will measure all fluids you drink and all fluids you urinate. Vital signs will be taken every four hours. You might be on oxygen, and your heart will be monitored. This Heart Failure Education Booklet will better educate you.

Day 2: The same procedures as day one will be followed, plus an Echocardiogram test will be done on your heart if it has not been done recently. You might be able to speak to the cardiologist. You should start talking with your nurse and doctor about your education booklet, and any questions you have. Start preparing for discharge. Your Nurse Case Manager will be introduced to you prior to discharge.

Day 3: Like day one, we will continue to monitor your heart, fluid levels, and breathing. Continue walking in the hall. Talk to your nurse and doctor if you have any new questions.

Day 4: This is your discharge day. Continue to receive education on heart failure from your nurse. Please ask any questions you might have. The Nurse Case Manager will call you in a few days to follow up with you and answer any questions you have at that time.

YOUR TREATMENT PLAN

Diet:
No more than _2000_ milligrams of sodium per day and
_8_ cups of fluid per day *(64 oz.)* Avoid alcohol.

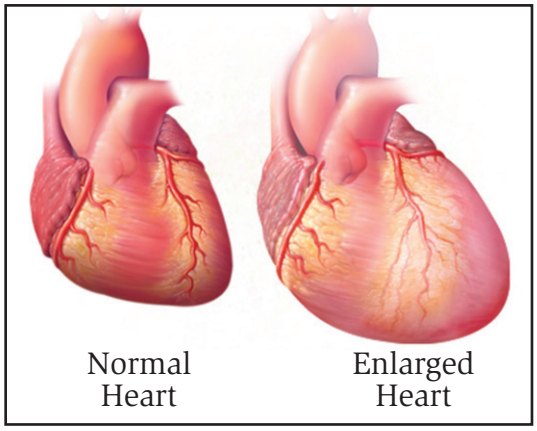
Weigh yourself each day at the same time, on the same scale, wearing approximately the same amount of clothing. If you gain 3 pounds in 3 days, call your doctor.

Activity:
As tolerated. Avoid extreme temperatures and heavy lifting.

Symptoms:
Call your doctor or nurse if you have new symptoms or increase in any of the following:

- Chest pain/pressure
- Shortness of breath
- Dizziness/fainting
- Constant cough
- 3 pound weight gain in 3 days
- Swelling of feet and/or hands
- Pain in abdomen or bloating
- Tiredness/fatigue

What is Heart Failure?



Heart failure is a serious condition in which the heart muscle becomes unable to pump the blood as well as it should. This usually occurs gradually over a period of time. This condition causes the heart to work harder and it eventually becomes tired.

As a result, blood that should be pumped out of the heart backs up in the lungs and other parts of the body. This is why many people with heart failure have shortness of breath, swelling in the arms and/or legs or a feeling of being very tired. You may hear heart failure also called CHF (congestive heart failure).

As heart failure worsens, the heart tries to do its work by making up for lost pumping power. *The heart muscle fibers stretch and the chambers of the heart get larger.* This decreases the heart's ability to perform.

How Your Heart Works

The heart is divided into four chambers, or sections, called the right and left atrium and the right and left ventricle. These chambers are separated by valves, which allow the blood to move from chamber to chamber without backing up.

The right upper and lower chambers supply blood to the lungs while the left upper and lower chambers supply oxygen-rich blood to the body.

With each heartbeat, a normal left ventricle pumps out, or "ejects", 55 - 60% of the blood it receives. This is known as the "ejection fraction." During heart failure, the heart pumps less blood with each beat, so the *"ejection fraction"* goes down.

Because the tissues are receiving less blood and oxygen, they are unable to perform their functions properly. Activities such as walking, climbing stairs and carrying objects become more difficult.

Heart failure, or pumping weakness, can start in the right or left chamber.

Symptoms of Heart Failure

The following symptoms are commonly associated with heart failure:

- Shortness of breath (may be all the time, with exertion or at night when lying down)
- Exercise intolerance
- Difficulty lying flat without extra pillows
- Increasing fatigue
- Swelling in legs
- Rapid weight gain
- Abdominal distention and bloating
- Decreased appetite

Understanding the Symptoms

Most of these symptoms are caused by fluid build-up. In heart failure, the body has difficulty getting rid of salt and water. The fluid builds up in the tissues of the body in the legs, abdomen (stomach), and lungs.

Causes of Heart Failure

Causes of heart failure include:

1. Hypertension (high blood pressure)
2. Coronary artery disease
3. Defective heart valves
4. Viral illness
5. Illicit drug use, such as cocaine
6. Alcohol abuse
7. Idiopathic (unknown cause)

HOW TO TAKE CARE OF YOURSELF:

AN OVERVIEW

Heart failure is a chronic condition. There is no cure; however, you can take an active role in your health to not only feel better but also maintain or improve your heart's ability to work. These include correcting problems such as high blood pressure, blocked arteries and diseased valves as well as refraining from drugs, alcohol or cigarettes.

Therapy is aimed at helping the heart work more efficiently and with less effort. A combination of medication, diet and exercise is an effective course of treatment.

Discuss any questions or concerns you have with your health care team.

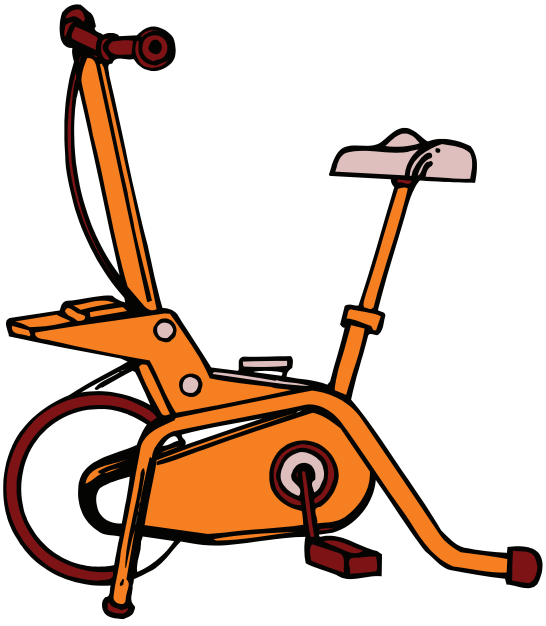
Never hesitate to notify your health care team if you are unclear about an aspect of your health care plan, or if you just don't feel quite right.

Things to do. . .

Fluid Restriction
Limit your total fluid intake (including fluids taken with medicines) to 2 quarts (64 oz. or 8 cups) per day.

Sodium (Salt) Restriction
Restrict your total daily sodium (salt) intake according to your treatment plan.

Exercise
Exercise as prescribed by your physician. Any aerobic exercise, such as walking or biking, will get the heart pumping.



Exercise
Exercise helps to condition your heart muscle and gives you more energy to perform activities throughout the day.
Be sure to check with your doctor before beginning any exercise program.

Notify your doctor or nurse if you experience dizziness, difficulty breathing, heart palpitations or extreme fatigue with exercise. Do not exercise immediately after a heavy meal or if you are already excessively fatigued or feel poorly. Avoid extreme temperatures.

Aerobic exercise is the best type of exercise for you. This includes: walking (even walking around the block or yard), toe taps, ankle pumps, leg kicks, knee bends, marching, arm exercises, biking, swimming and dancing.

Cardiac rehabilitation is a safe and effective way to exercise. This individualized exercise program is based on the results of an exercise test and is modified to fit your needs. Cardiac rehabilitation programs must be ordered by your doctor and are not always covered by health insurance.

Sexual activity is certainly a form of exercise. Despite your illness, you may continue to enjoy sexual activity with a few extra considerations. Try to be well rested. Set aside a block of time. Be sure that the room temperature is comfortable. Avoid heavy meals and alcohol. Abstain if you are not feeling well. Discuss any anxieties that you may have with your partner. Be aware that some medications and heart failure in general may affect your sexual desire and performance. If this is the case, you should speak with your doctor.

Exercise Tips

Do. . .

- ♥ Wear comfortable clothes and soft sole shoes with laces or sneakers.
- ♥ Start slowly. Gradually build up to 30 minutes of activity, five times per week, or 150 minutes each week.

If you are unable to exercise for 30 minutes straight, try two 15-minute sessions to meet your goal.

- ♥ Exercise at the same time of day so it becomes a regular part of your lifestyle. For example, you might walk every Monday, Wednesday and Friday from noon to 12:30 p.m. However, don't skip your exercise if you can't make the scheduled time.
- ♥ Exercise with a friend.

Don't. . .

- ♥ Get discouraged if you have to stop due to a decline in your health status. Gradually start again and work up to your old pace.
- ♥ Do exercises that require holding your breath, bearing down or sudden bursts of energy.
- ♥ Engage in any activity that causes chest pain, severe shortness of breath, dizziness or light-headedness. If these occur, stop what you are doing right away.

Managing Stress

Emotional stress and anxiety make the heart work harder, which can make symptoms worse. This is why patients and their caregivers should work together to keep stress under control.

- ♥ *Learn to accept things you can't change.* You do not have to solve all of life's problems.
- ♥ *Don't use smoking, drinking, overeating, drugs or caffeine to cope with stress.* These will actually make things worse.
- ♥ *Learn to say no.* Do not promise too much. Give yourself enough time to get things done.

- *Join a support group -* maybe for people with heart disease, for women, for men, for retired persons or some other group with which you identify.
- *Consider a mental health professional or clergy to help you manage stress.*

The Effects of Smoking

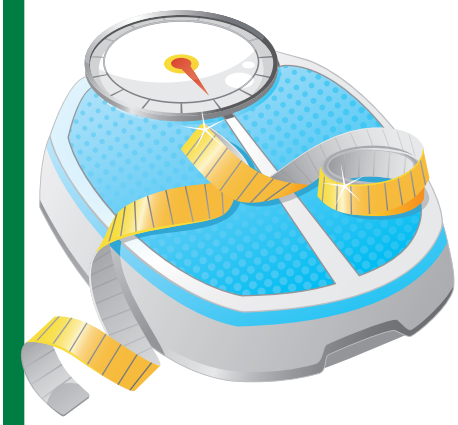
Smokers who have heart failure can automatically eliminate a major source of stress on the heart by quitting. *Each puff of nicotine temporarily increases the heart rate and blood pressure.* People who quit smoking are more likely to reduce their heart failure symptoms.

- *Keep busy doing things that make it hard to smoke.* Ideas include working in the yard, washing dishes and being more active.
- *Find a substitute to reach for instead of a cigarette.* Try a hard candy.
- *Make it known to family and friends that you need to quit smoking and could really use their support.* If your husband, wife, son or daughter smokes, ask them to quit with you.
- *Ask your doctor about smoking cessation programs.* Also discuss using medications that can help you quit smoking.

Avoiding Colds and Flu

- *Get a yearly flu shot.* Ask your doctor about the pneumonia vaccine (to guard against the most common form of bacterial pneumonia).
- *Avoid anyone who has a cold or the flu.* Stay out of crowds during the height of the flu season. *If you are around someone who has a cold or flu, be sure to wash your hands.*

Other Ways to Improve Heart Function



- *Lose weight* if you are overweight. The heart does not have to beat as hard to send blood to all parts of a slim body.
- *Wear loose clothing* that permit good blood flow in the legs. Garters or hose with tight tops may slow blood flow to your legs and cause clots.
- *Talk with your doctor* about how much alcohol (if any) is OK for you. Since alcohol weakens the heart, heart failure may improve if you stop drinking.

Helpful Hints for Managing Your Medicines:

By being informed about your medications, you can take an active part in your treatment. The best results are seen when patients understand what medicines they are taking and why.

The following are helpful hints about your medicines:

- *Know the names of your medicines and what they are used for.*
- *Know the dosage of each medicine and how often you should take it.* **Remember to take your diuretic (water pill) every day.**
- *Never change or stop taking your medicine without talking to your doctor.*
- *Keep a list of your medications at home and in your wallet.*
- Take your medicine bottles or a copy of your medicine list to physician and hospital visits.
- Take your medicine with another daily activity you do at the same time of day, such as brushing your teeth. The more medications you take, the easier it is to make a mistake (such as missing a dose). Forgetting medications is one of the most common reasons people are hospitalized for heart failure.
- If you forget a dose, take it as soon as you remember unless it is close to time for your next dose, in which case you should skip the one forgotten.
- Never take someone else's medicine.
- *Do not take over-the-counter medicine without checking first with your doctor or nurse.*
- *Notify your doctor or nurse of any changes that have been made to your medications.* Many medicines are used to help treat heart failure. Some drugs can help decrease progression of heart failure, while other drugs help decrease symptoms.

Medicines for Heart Failure

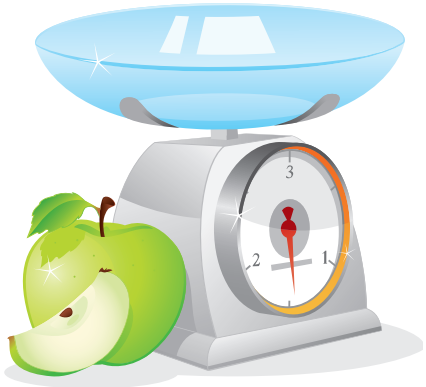
MEDICATION	ALSO CALLED	HOW THEY WORK	POSSIBLE SIDE EFFECTS
ACE inhibitors Benazepril Captopril Enalapril Fosinopril Lisinopril Quinapril Ramipril	 (Lotensin®) (Capoten®) (Vasotec®) (Monopril®) (Prinivil®, Zestril®) (Accupril®) (Altace®)	♥ Relax blood vessels to make them wider ♥ Help heart muscle work/pump better ♥ Can lower blood pressure ♥ Reduce symptoms and help keep you out of the hospital	Persistent cough, kidney problems, weakness or dizziness, skin rashes, an altered sense of taste, high potassium levels
Beta-Blockers Atenolol* Bisoprolol Carvedilol Metoprolol	(Tenormin®) (Zebeta®) (Coreg®) (Lopressor®, Toprol XL®)	♥ Block extra adrenaline from working the heart too hard ♥ Help heart muscle work better ♥ Can lower blood pressure and heart rate ♥ Reduce symptoms and help keep you out of the hospital	Less tolerance for physical activity, low blood pressure, worsening of asthma symptoms

MEDICATION	ALSO CALLED	HOW THEY WORK	POSSIBLE SIDE EFFECTS
Diuretic Spironolactone Lasix Demadex	(Aldactone®) (Furosemide®) (Torsemide®)	♥ Block sodium and water reabsorption ♥ Help prevent further damage to the heart ♥ Relieve water retention	Lethargy, drowsiness, fatigue, diarrhea, cramps, high potassium, low sodium

Nutrition/Diet

The goals for your diet are to:

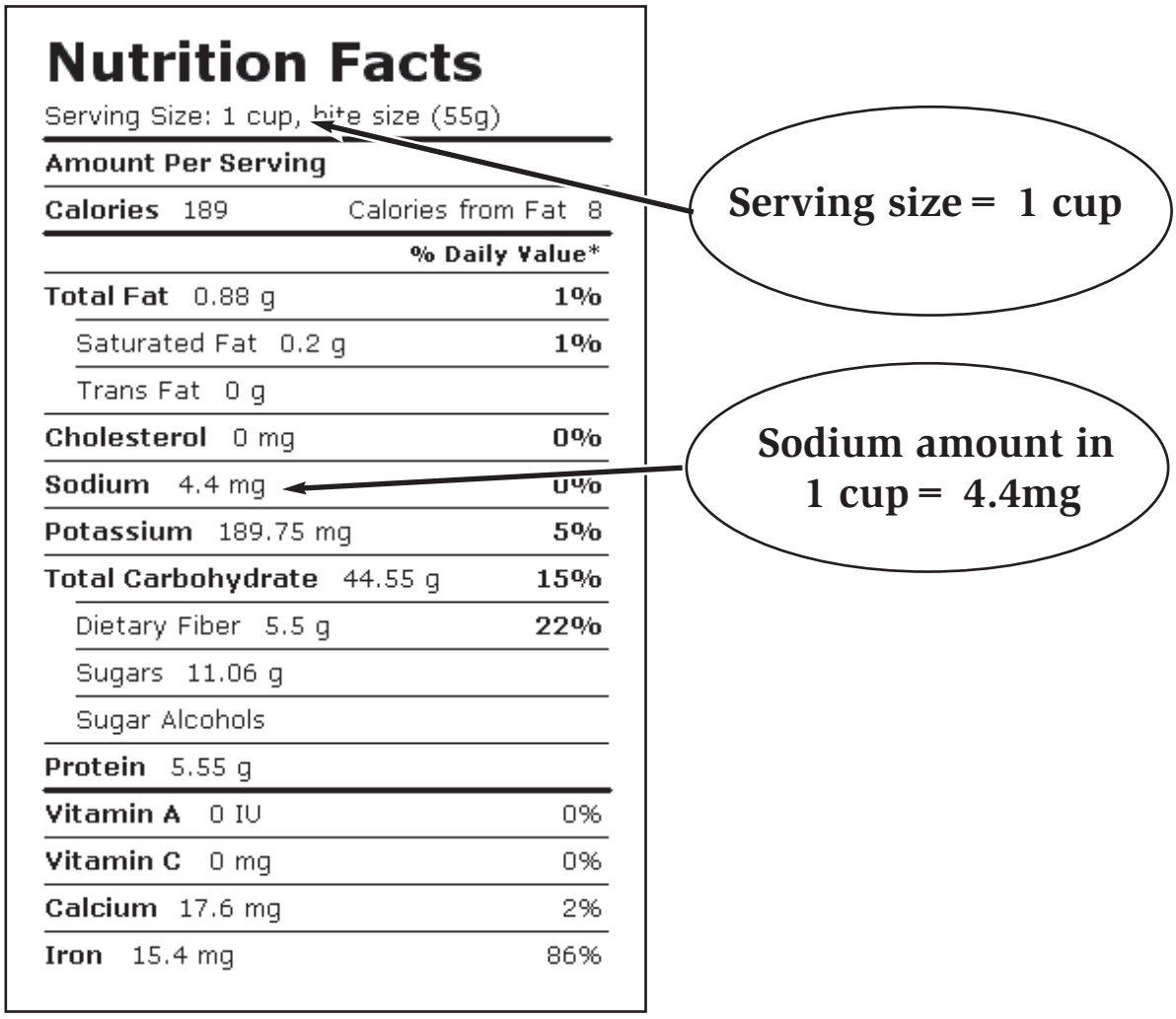
- ♥ *Lower sodium (salt) to help decrease swelling.*
- ♥ Provide adequate potassium by eating fruits and vegetables daily.
- ♥ *Prevent bloating, heartburn and gas by eating small meals.* Avoid foods that cause those symptoms.
- ♥ *Restrict caffeine intake when having symptoms.*
- ♥ *Eat a well-balanced diet.* Your diet should include carbohydrates, protein and healthy fats to ensure you get all the vitamins and minerals you need.



Quick tips to get you started

- *Leave the salt shaker off the table and restrict salt when cooking.* Try experimenting with herbs, spices and salt-free seasoning blends to add flavor to your food (see Food Flavoring section).
- Purchase fresh, frozen or canned vegetables that are salt free. Look for labels on canned vegetables that say "low sodium" or "no added sodium." If you have regular canned vegetables at home, you can still use them, just rinse them under clean water and then cook in clean water.
- *Read nutrition labels on all "convenience" foods.* These include frozen dinners, pizza, packaged mixes, packaged meals, canned soups and broths, as all of these tend to be higher in salt. Try to buy low sodium or no salt added versions if available.
- Only buy soups that are reduced sodium or salt free or make your own without adding salt.
- Cook pasta, rice and hot cereals like oatmeal without adding salt. Cut back on instant or flavored rice.
- *Know your ideal sodium amounts to look for when reading nutrition labels:*
  - Less than 500mg sodium per serving for a main dish
  - Less than 200mg sodium per serving for all side dishes/vegetables
  - Less than 50mg sodium per serving for condiments
  - To stay under 2000mg of sodium a day, no more than 650mg sodium is allowed for an entire meal.

Below is a nutrition label for a frosted mini-wheats cereal. ***You should first look at serving size. Next, look at sodium.*** **In 1 cup of this cereal there is 4.4mg of sodium. If you eat 2 cups of cereal, you will consume 8.8mg of sodium. This cereal would be considered a good choice of low sodium cereal.**



Food List

Food Group	Recommended Foods	Foods to Avoid
Beverages 	Coffee, tea, fruit juices, unsoftened water, bottled water, salt-free tomato juice, limit caffeine	Tomato juice, sports drinks, vegetable juice, large amounts of regular or diet soda, softened water, alcohol
Breads/Grains  	Breads and rolls with unsalted tops, muffins, unsalted crackers, bagels, ready-to-eat cereals, hot cereals, brown or white rice, pasta	Quick breads such as cornbread, biscuits and breads made with self-rising flour or with salt; Breads, rolls, and crackers with salted tops, croutons, seasoned bread crumbs, stuffing, instant hot cereal
Fruits/ Vegetables  	Fresh or frozen, fruits and vegetables without sauces, canned vegetables with no added salt; most fruits and vegetables are naturally low in sodium	Vegetables canned with salt or pickled, vegetables with sauces like cheese or a broth, sauerkraut, instant potatoes, frozen potatoes like french fries
Meats/Protein  	Fresh or frozen meat, fish, poultry, or game meat, low sodium canned tuna or salmon, eggs, dried beans (not canned), low sodium peanut butter, unsalted nuts	Meat, fish, or poultry that is smoked, cured, salted, or canned; bacon, sausage, corned beef, hot dogs, bologna, sardines, anchovies, potted meats, pickled eggs, regular peanut butter, salted nuts

Food List

Food Group	Recommended Foods	Foods to Avoid
Dairy 	No more than 16 oz. (2 cups) of milk a day, reduced sodium cheeses, rinsed cottage cheese, yogurt, part skim ricotta cheese or mozzarella cheese, Neufchatel	Processed cheeses like American or Velveeta, regular cheeses, cheese spreads, pimento cheese, cheese sauces, buttermilk
Sweets/Treats  	Cakes, pies, and cookies made without salt, unsalted popcorn, unsalted chips and pretzels, sherbet, frozen yogurt, sugar candy	Cakes, pies, and cookies made with salt, baked goods made with baking soda or powder, salted chips or pretzels, salted nuts, microwave or theatre popcorn, salsa, dips
Condiments/ Seasoning 	Herbs, spices, and salt-free seasoning blends like Ms.Dash, lemon juice, lime juice, low sodium ketchup, mustard, hot sauce, low sodium baking powder, homemade vinegar and oil salad dressings, unsalted butter or margarine, reduced sodium broths	Seasoning salts like garlic salt, salt, sea salt, rock salt, foods containing MSG, regular ketchup, chili sauce, soy sauce, steak sauce, Worcestershire sauce, barbeque sauce, teriyaki sauce, pickles, pickle relish, canned gravy or gravy mixes, bouillon cubes, regular broths

Reducing sodium when eating out

- Most foods from restaurants are high in sodium. Do not add extra salt once your food arrives at the table. Do not be afraid to ask questions about how your food is prepared before ordering.
- *Avoid all fast food as well as Chinese, Japanese, Mexican or Indian restaurants.*
- *When reading the menu, avoid foods that have pickled, marinated, smoked, barbequed, smothered, teriyaki, soy sauce, broth, gravy or bacon in their names or descriptions.*
- Ask for sauces to be served on the side.
- *Avoid casseroles.* Choose foods that are grilled, baked or roasted.
- Limit consumption of salsa and ketchup, which are high in sodium.
- When eating a salad, go easy on the cheese, olives, deli meat or bacon and croutons. Ask for your salad dressing on the side so you can control how much is on your salad.

Food Flavoring

Don't worry about your food tasting bland because you're reducing your salt. The following herbs and spices can help bring flavor back to your food without salt.

- **Beef**- bay leaf, marjoram, nutmeg, onion, pepper, sage, thyme
- **Pork**- garlic, onion, sage, pepper, oregano
- **Chicken**- ginger, marjoram, oregano, paprika, rosemary, sage, tarragon, thyme
- **Fish**- curry powder, dill, dry mustard, lemon juice, marjoram, paprika, pepper
- **Venison**- bay leaf, garlic, pepper, nutmeg, rosemary, chili seasoning (ground chili pepper, garlic, onion, and cumin)
- **Carrots**- cinnamon, cloves, marjoram, nutmeg, rosemary, sage
- **Corn**- cumin, curry powder, onion, paprika, parsley
- **Green beans**- dill, curry powder, lemon juice, marjoram, oregano, tarragon, thyme
- **Greens**- onion, pepper
- **Peas**- ginger, marjoram, onion, parsley, sage
- **Potatoes**- dill, garlic, onion, paprika, parsley, sage
- **Summer squash**- cloves, curry powder, marjoram, nutmeg, rosemary, sage
- **Winter squash**- cinnamon, ginger, nutmeg, onion
- **Tomatoes**- basil, bay leaf, dill, marjoram, onion, oregano, parsley, pepper

What can I do when I get thirsty?

Being thirsty does not mean that your body needs more fluid. You have to be careful not to replace the fluid that diuretics have helped your body to get rid of.

- Use ice chips or just rinse your mouth.
- Freeze juice in an ice cube tray.
- Use a **lemon wedge, hard candies, chewing gum, frozen grapes or strawberries** instead of drinking.
- Remember to save some fluids to take with your medicines.
- Many people find it helpful to fill a pitcher with 48 ounces of water in the morning. Each time you drink any fluid, pour that amount out of the pitcher. When the pitcher is empty, you have used up all of the fluids you should have for the day.

To help you measure

1 cup = 8 oz.
4 cups = 32 oz. = 1 qt.
8 cups = 64 oz. = 2 qts.

Important Numbers

Name	Telephone #'s
Primary Doctor	
Cardiologist	
Other Specialist	
Home Health Nurse	
Nurse Case Manager	
Hospital	
Pharmacy	
Emergency Contact	
Medical Equipment Company	

Heart Failure Journal

Name_____

Physician_____ Home Health_____

Date	Weight	Fluid Intake	Leg Swelling	Shortness of Breath

Weigh daily at the same time and call your family doctor if you have a 3 pound weight gain. Drink 8 cups of fluid a day. Monitor leg swelling and put feet up. Also, note breathing difficulties and call your family doctor if no improvement.

Heart Failure Journal

Name_____

Physician_____ Home Health_____

Date	Weight	Fluid Intake	Leg Swelling	Shortness of Breath

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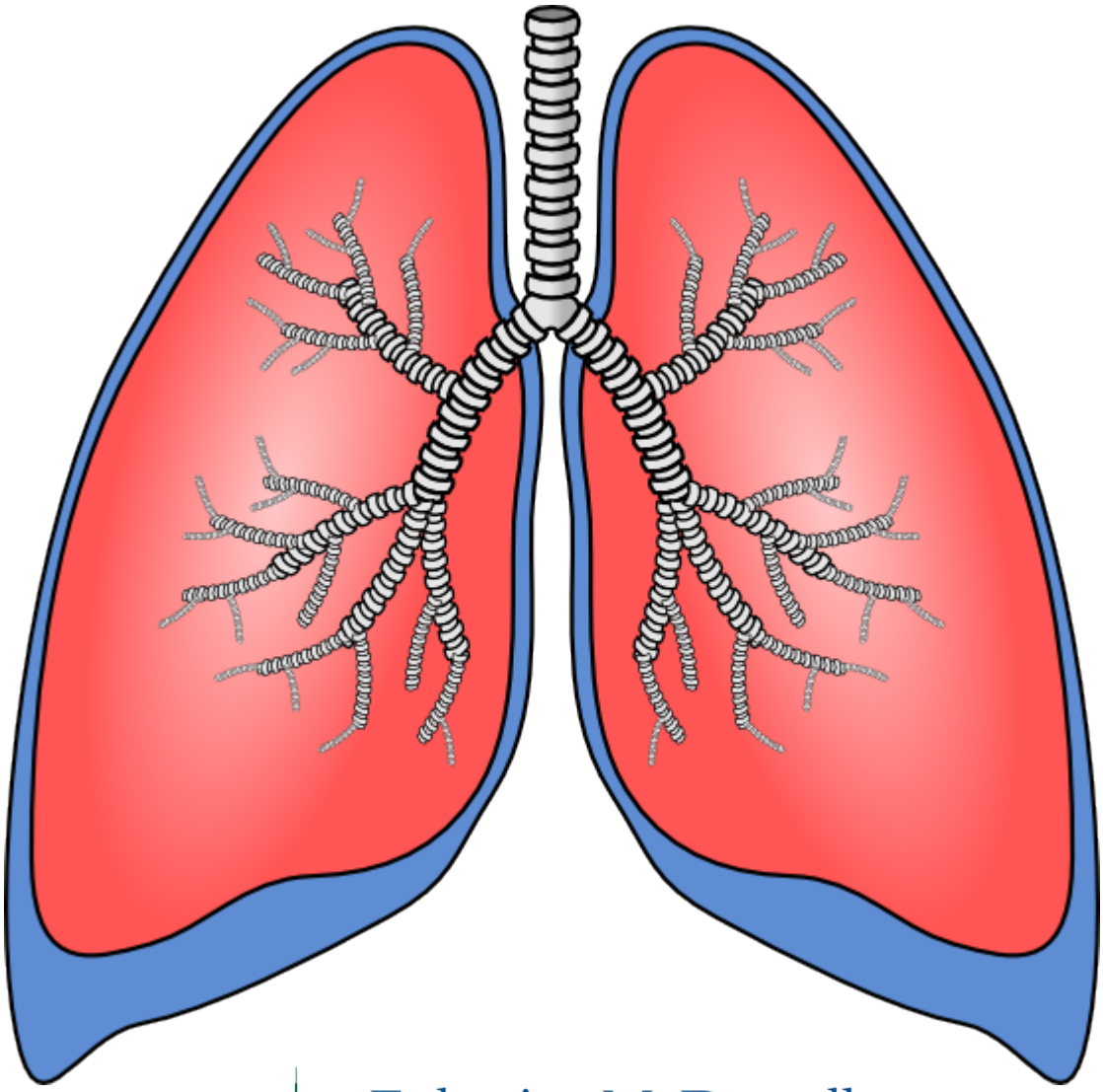
02/14

COPD Management



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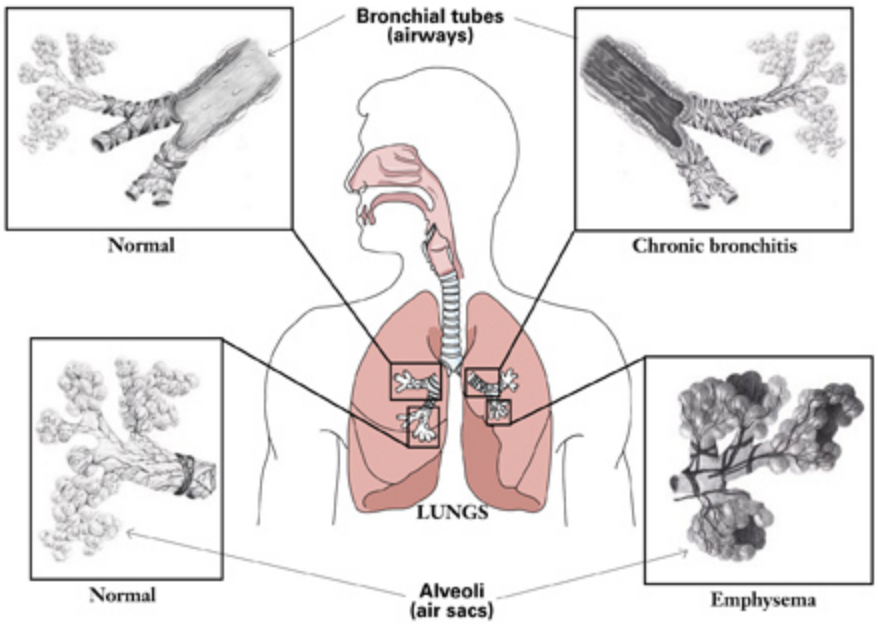
What is COPD?

COPD is a condition that affects the lungs and airways, which are also known as the bronchial tubes. COPD stands for chronic obstructive pulmonary disease. **Chronic** means the condition is long term. You will have it the rest of your life, but you can learn to manage it. **Pulmonary** refers to your lungs and airways. The condition is obstructive because it limits the flow of air into and out of your lungs. COPD cannot be fully reversed. Two main diseases cause this obstruction. Most patients have both.

Chronic bronchitis produces excess mucus that blocks your bronchial tubes (airways). The lining of the airways may become irritated or inflamed, and the airway muscles may spasm. A cough with mucus that lasts three months for two years in a row may be chronic bronchitis.

Emphysema affects the air sacs in your lungs. The air sacs, called alveoli, become enlarged. As air sacs get bigger, the walls between the sacs are stretched thin and cannot spring back to their normal size. Many air sac walls are destroyed. The larger air sacs do not work well and trap stale air inside. It then becomes difficult for fresh air with oxygen to enter the sacs and bloodstream.

The smallest airways, which are called the bronchioles, also weaken. They become less able to stretch. When you breathe out (exhale), these very small airways may collapse before they empty out. Then even more air is trapped in the air sacs.



Causes of COPD

Cigarette smoking is the most common risk factor for COPD, causing 80 to 90 percent of all cases. The earlier in life you start smoking and the more cigarettes you smoke each day, the more likely you are to develop COPD. The number one way to slow down COPD is to **STOP SMOKING.**

In a small number of people, a rare genetic risk factor causes emphysema. These people lack alpha-1 antitrypsin. Their lungs are less able to protect against damage to the air sacs. COPD can run in families.

Other factors can put you at risk for COPD. They include second-hand smoke, air pollution, and being exposed at work to hazardous substances in the air, like dust and chemicals. Severe chest illnesses when you were a child and over-sensitive airways, or asthma, also are risk factors. According to the American Thoracic Society, about 14 million people in the United States have COPD. It is the world's fourth leading cause of death.

Symptoms of COPD

Shortness of breath, coughing, producing sputum (mucus), and wheezing are symptoms of COPD. Shortness of breath usually gets worse during exercise, for example, when you walk up steps. However, other diseases can cause the same symptoms. The disease most often confused with COPD is asthma. There is some overlap of asthma with COPD, but asthma also differs from COPD. Between attacks of asthma, the lungs may work normally, and the person may be free of symptoms. Medical tests will help to detect if your condition is COPD.

How is COPD diagnosed?

To learn if you have COPD, the doctor will ask you about health problems. Coughing, wheezing, amount of sputum (mucus), chest discomfort, severe chest illnesses, and shortness of breath are some of the problems the doctor will ask about. He or she will also ask about smoking and exposure to hazards in the environment. Your doctor will give you a physical exam.

If your doctor suspects COPD, he or she may order lab tests and a chest X-ray. The doctor may also order breathing tests. These tests may be called PFTs (pulmonary function tests) or spirometry. PFTs are a series of short tests that measure the amount of air coming in and out of your airways and lungs. These measurements help to identify whether COPD or another lung disease is causing your symptoms.

In the early stages of COPD (mild COPD), you may not be aware that your lung function is abnormal. When you **STOP SMOKING**, it can greatly slow down COPD.

How COPD Affects Breathing

When your lungs are healthy and work properly, the air you breathe moves freely in and out. Inside your lungs are airways, which are called bronchial tubes. The airways branch into clusters of air sacs called alveoli. When you breathe in fresh air, it moves into the air sacs, where oxygen is absorbed into the bloodstream and carried to all parts of your body. The air sacs also remove carbon dioxide from the blood. When you breathe out, stale air with carbon dioxide passes out of your airways and lungs.

COPD blocks the lungs and airways. When you breathe, air cannot move freely in and out. In chronic bronchitis, the airways are inflamed and produce too much mucus, so they become narrow. The airway muscles also may spasm. In emphysema, the air sacs and airways become less stretchable. The air sacs are slowly damaged. They become less and less able to absorb oxygen and remove carbon dioxide. The airways narrow and may collapse, preventing stale air from moving out of the lungs.

Breathing Methods

You can learn several different methods to get more air into your lungs when you breathe.

Pursed-Lip Breathing

This method of breathing helps to keep your air sacs open longer so air is not trapped in your lungs. It prevents the very small airways from collapsing when you breathe out. Pursed-lip breathing helps more stale air to get out of your lungs so that more fresh air with oxygen can get in.

Pursed-lip breathing may help to control shortness of breath. With this method, you breathe out through pursed lips for twice as long as you breathe in.

Follow these steps:

1. Breathe in (inhale) slowly. This should be a normal breath (not a deep one). It is best to inhale through your nose, with your mouth closed. As you inhale, count “1, 2.”
2. Pucker your lips in a whistling position. Now you have pursed lips.
3. Breathe out (exhale) slowly. Try to exhale twice as long as you inhaled. As you exhale, count “1, 2, 3, 4.”
4. Relax.
5. Repeat these steps until you no longer feel short of breath. If you get dizzy, rest for a few breaths. Then begin again with Step 1.

Practice this breathing method several times each day so it becomes natural to you. Use pursed-lip breathing when you do things that make you short of breath — like climbing stairs, taking a bath, or doing housework. You also should use pursed-lip breathing when you feel out of breath.

Diaphragmatic (Belly) Breathing

The diaphragm is the main muscle we use to breathe. This muscle sits below the lungs and above the stomach. When you have COPD, air gets trapped in the air sacs in your lungs. The extra air makes your lungs push against your diaphragm. Doing diaphragmatic breathing may help make your diaphragm stronger.

A stronger diaphragm helps you to get more fresh air into your lungs and more stale air out of your lungs. This method is also called belly breathing.

Follow these steps:

1. Place one hand on your belly, just below the ribs. Place the other hand on your chest.
2. Breathe in (inhale) through your nose. As you inhale, let your belly and hand move out. Keep your upper chest relaxed. The hand on your chest should not move or move very little.
3. Purse your lips in a whistling position. Then breathe out (exhale) slowly. Your hand and belly should move inward. Try to exhale twice as long as you inhaled.
4. Relax.

This method of breathing is harder to master than pursed-lip breathing. Practice each day as often as you think of it. At first, practice while you are lying down or sitting. Then begin to practice while you are walking. The

more you do it, the easier it becomes. Use diaphragmatic breathing daily while you talk, eat, bathe, and dress. Your diaphragm will become stronger, which helps decrease your shortness of breath, strengthen your cough, and remove mucus.

Clearing Mucus

Clearing mucus from your lungs helps keep your airways open. This makes it easier to breathe and helps prevent infections. There are a variety of methods and devices designed to help clear mucus.

Controlled Coughing

When you learn to control your cough, you can clear mucus more easily.

Follow these steps:

1. Sit in a chair with your feet flat on the floor. Hold a pillow against your diaphragm (upper belly).
2. Breathe in (inhale) and breathe out (exhale) through your nose slowly and deeply.
3. Repeat the above step three to four times.
4. Inhale again, bend forward, and push the pillow against your belly. Cough two or three times while pushing against your belly.
5. Relax.
6. Repeat as needed to clear your mucus.

Other Methods and Devices

Some people have very large amounts of mucus and cannot clear their lungs just by coughing. In this case, a method called postural drainage may help. Postural drainage uses gravity to help move the mucus. Your doctor also may tell you to use other methods, such as chest PT, which is short for chest physiotherapy. Devices that are available to help remove mucus include the Flutter device and the Acapella device.

Relaxation

When you become short of breath, it’s very easy to panic. Shortness of breath causes fear and anxiety. These feelings are natural, but you can make your shortness of breath worse. When you become anxious, you begin to take small, fast breaths. The breathing muscles tire faster, and fresh air cannot get deep into your lungs.

To help prevent this cycle, you can use methods of relaxation. Positive imagery is one of these methods. Mentally picturing yourself in a situation you enjoy can help relax you physically. For example, if you love the beach, you could close your eyes and picture a sandy beach, the warm sunshine, the ocean waves, and the cries of seagulls.

You could also learn yoga. Remember to practice pursed-lip breathing, which also helps you physically relax.

Tensing and Relaxing of Muscles

Follow these steps:

1. Sit upright in a chair, with your arms hanging loosely at your sides. Breathe deeply, slowly, and evenly.
2. Clench your fists while you continue to breathe.
3. Shrug your shoulders and tighten your fists. Count “1, 2.”
4. Let your shoulders fall down. Open your hands, and let your arms hang loosely. Count to 4.
5. Tighten your legs and feet. Count to 2.
6. Completely relax. Let all your muscles go loose. Count to 4.
7. Repeat as needed.

Body Positioning

The way you sit or stand can sometimes make it easier to breathe. When sitting, lean slightly forward. Rest your hands or forearms on your knees or over a table to support your upper body. When standing, rest against a wall, leaning forward slightly.

Saving Energy

You can learn to use less energy as you go about daily life. It’s important to stay active but also to pace yourself. Adopting a slower, easier pace helps save your energy. The two main ways to conserve energy are controlling your breathing and planning your daily activities.

Breathing Control

As you learn to control your breathing, you’ll be able to do more. You will feel more comfortable. Remember to use pursed-lip breathing and diaphragmatic breathing. When you do a physical task, do the hardest part of the work while you are breathing out.

Lifting. Breathe in slowly, then lift and place objects as you breathe out.

Pushing or pulling. First, breathe in slowly. Then push or pull objects as you breathe out. Repeat as needed.

Walking uphill or upstairs. Stop and breathe in slowly. Walk a few steps as you breathe out slowly. Keep your breathing even. Take the same number of steps each time you breathe out.

Daily Planning

You should wait about an hour after you eat before doing any physical activity. While your body uses oxygen and energy to digest food, you have less energy for physical activity.

Never plan a heavy day. Spread your chores over the week. Stop and rest often. Put a restful activity between activities that use a lot of energy. For example, you may get short of breath when you bathe and then dress right away. If so, bathe before breakfast and dress after breakfast. If you live in a two-story home, plan ahead. Do what you need to do upstairs before you come downstairs.

Move everyday items close to the places where you use them. Gather items needed for a specific task to the same place. This way, you do not need to walk back and forth while doing the task. A small utility cart (with three shelves) can help you move things around as you do your tasks. A pair of tongs with long handles can help you reach for things. Remember to stop and rest often. Think about using services in your community for help with meals, housework, and transportation.

Make each of the tasks you must perform easier. Don’t stand when you can sit or hold your arms up when you can rest them. Some examples are:

Cooking or ironing. Sit on a high stool, rather than standing.

Shaving or putting on makeup. Put a mirror on a table. Sit and rest your elbows.

Bathing. Use a bath seat. Wash your hair in the shower. A hand sprayer attached to your faucet or shower is helpful. Instead of towel drying, slip on a terry robe after bathing. Heat and humidity can also be a problem while bathing. Use your bathroom exhaust fan or leave the door open when you

shower. Use a clear shower curtain if you feel closed in while showering. If you wear oxygen, you should use it while bathing.

Dressing. Wear loose-fitting clothes that do not restrict the movements of your chest or belly. Avoid socks or stockings with tight elastic bands that could restrict your blood flow. It's easier to put on shoes when you have slip-on shoes and a long shoehorn. Wear shoes with non-slip soles to avoid falls.

Avoiding COPD triggers

Some activities and substances can trigger flare-ups of COPD. It is important to take active steps to avoid triggers. The most common triggers are listed below.

Cigarette smoking. One of the most important steps you can take to control your disease is to **STOP SMOKING**. When you smoke, you breathe in poisonous substances that stay in your lungs and airways. One of these poisons is carbon monoxide, which makes your blood less able to carry oxygen. Smoke irritates your airways, which then may become inflamed and produce more mucus. Smoke also damages the cilia, tiny hairs that sweep the airways clear. When the cilia do not work, the airways become clogged with mucus and other matter. Clogged airways provide excellent conditions for infection to develop. Cigarette smoke also damages the air sacs in your lungs.

Why quit now? When you quit smoking — even though destroyed air sacs do not repair — your body starts to repair in other ways. When you quit, COPD does not progress as quickly. You'll be better able to remove mucus from your airways. You'll have fewer infections and fewer periods when symptoms worsen.

To quit, learn what options are available to you. The Boyle County Health Department offers quit-smoking classes — FREE. For information, call 1-859-236-2053. In addition, the Ephraim McDowell Regional Medical Center Pharmacy has nicotine patches available for purchase.

Infections. Avoid people who have a cold, a sore throat, the flu, or pneumonia. Get a flu shot every year. Get the pneumonia shot, too, as your doctor recommends. Get lots of exercise, fluids, healthy food, and rest. Talk to your doctor about exercise.

Air pollution. Outdoor and indoor air pollution in your lungs can trigger shortness of breath or lead to an infection. Avoid traffic jams, smoke, strong chemicals, aerosol sprays, and the outdoors during air pollution alerts.

Weather. Cold air puts a strain on your lungs. When you are outside in cold weather, breathe through a scarf that covers your nose and mouth.

Second-hand smoke. Breathing second-hand smoke can change how your lungs and airways perform. Airways may become more sensitive to irritants. Your lungs may not work as well.

Nutrition, Oxygen, and Exercise

Nutrition, oxygen therapy, and exercise can give added support to your treatment.

Nutrition

Good nutrition is important to make your body stronger. You need to eat a variety of foods every day. To prevent shortness of breath:

- Eat six small meals instead of three large meals.
- Select foods that need little preparation.
- Eat slowly.
- Avoid gas-forming foods.
- Ask your doctor for dietary guidelines.

Oxygen

Your doctor may order extra oxygen for you if there's not enough oxygen in your blood. When the blood has too little oxygen, the heart starts to beat faster and harder to get more oxygen to the body's tissues. Oxygen may prevent heart damage and allows you to stay more active.

To decide what you need, the doctor will measure the amount of oxygen in your blood. Your doctor may ask you to have tests that will show how much oxygen you need when at rest, when active, and when asleep. Most insurance companies require these tests before they will cover the cost of providing oxygen. Oxygen cannot help all shortness of breath. Only your doctor can determine if oxygen can help you.

Exercise

You can build up your body and get into better shape with exercise. Exercise conditions your muscles and makes them more efficient. You may then feel less short of breath when you perform activities of daily living. By exercising, you can gain strength, flexibility, and endurance. Ways for you to get exercise include activities such as walking, dancing, and stationary biking. But before starting an exercise program, **it's important to talk with your doctor**. You must proceed **slowly and safely** with an exercise program.

Ephraim McDowell offers pulmonary rehabilitation programs. If you need help starting to exercise, or if your doctor says your condition should be monitored during exercise, call 1-859-239-1000.

Medicines for COPD

Medicines to treat COPD fall into several main groups. They are listed below.

Bronchodilators open airways to increase the flow of air. These medicines come as inhalers, nebulized liquids, and pills. Some inhaled bronchodilators are "fast-acting," which means they provide quick relief and last up to four to six hours. Sometimes they're called rescue inhalers. Other bronchodilators are "long-acting" and last up to 12 hours, but do not provide quick relief during an attack. They are sometimes called maintenance medicines.

Steroids may reduce swelling and inflammation. Steroids come in different forms, such as inhalers (both metered-dose inhalers and dry-powder inhalers), pills, and injections (shots). Steroids are another type of maintenance medicine as well as medicine to use for exacerbations.

Expectorants and mucolytics may be prescribed to help promote the removal of mucus produced in the lungs and airways. These medicines may help thick, sticky mucus become thin and more liquid, so that it's easier to clear from the lungs and airways.

Antibiotics are used to treat infections caused by bacteria. They sometimes help when your COPD is worse. Your doctor will choose the medicine that is best to attack the kind of infection you have. Always take antibiotics exactly as prescribed to be sure bacteria are destroyed.

Oxygen therapy may be prescribed if the oxygen levels in the blood are too low. Think of oxygen as a medicine. If your doctor prescribes oxygen for you, be sure to take it as prescribed.

Follow-up visits

You will have regular doctor visits to see if your treatment plan is helping you. The doctor will make sure you're doing all you can to prevent problems. This includes getting a yearly flu shot and the pneumonia shot. How often you must go to your doctor for follow-up visits depends on your needs. Write down the treatment plan your doctor tells you to follow. It's very important to follow your treatment plan at all times, even when you feel well. Remember to take your COPD Action Plan, Peak Flow Results, medications and a list of questions you may have to your doctor each visit.

When should you seek help?

If any of the following occur, get medical care:

- Your mucus changes in color, consistency, or amount.
- Your wheeze, cough, or shortness of breath gets worse, even after you take your medicine and it has time to work.
- Your peak flows are in the YELLOW or RED zone.
- Your breathing gets more difficult quickly.
- You have more trouble walking or talking.
- You get confused.
- Your lips or fingernails are blue or gray.

Name _____ Week Beginning (Date) _____

Peak Flow Zones: Green Zone _____ Yellow Zone _____ Red Zone _____

Prescribed Medications (including dose and frequency) _____

_____

Peak Flow Recording Times: _____ AM _____ PM

Day	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Time		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM
Your Peak Flow Rates (liters/minute) 600																					
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Changes in Medicine																					
Notes																					

Name _____ Week Beginning (Date) _____

Peak Flow Zones: Green Zone _____ Yellow Zone _____ Red Zone _____

Prescribed Medications (including dose and frequency) _____

_____

Peak Flow Recording Times: _____ AM _____ PM

Day	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Time		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM
Your Peak Flow Rates (liters/minute) 600																					
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Changes in Medicine																					
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_____

Peak Flow Recording Times: _____ AM _____ PM

Day	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Time		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM
Your Peak Flow Rates (liters/minute) 600																					
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Prescribed Medications (including dose and frequency) _____

Peak Flow Recording Times: _____ AM _____ PM

Day	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Time		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM
Your Peak Flow Rates (liters/minute) 600																					
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Changes in Medicine																					
Notes																					

My COPD Action Plan

Name:_____ Date:_____
D.O.B: _____ Phone # _____
Health care provider:_____
Pulmonologist: _____
Emergency contact: _____ Phone #_____

My Personal Best Peak Flow (green zone):_____
Yellow Zone (80%): _____
Red Zone (<50%):_____
Usual treatment when stable:
MY REGULAR BREATHING MEDICATIONS: DOSE: How often:
1. _____
2. _____
3. _____
4. _____
RESCUE MEDICATION: (use when in yellow or red zone)

You are doing well when:	Do This:
• You have no changes in your normal symptoms. • You can do your normal activities. • Your usual medicines are controlling your symptoms.	Take your medicines as prescribed to maintain control of your COPD symptoms.

I feel worse due to my COPD: (two of the below)	Do This:
• You have increased shortness of breath with normal activities. • You have more coughing/wheezing. • You have more sputum or it is thicker and/or the color has changed. • You have trouble concentrating. You feel more tired or restless. • You have a fever. • You have an increased use of rescue medications.	Continue to take your medicines as prescribed. Use your rescue meds if not better. Use Proventil (Albuterol) inhaler – four puffs every one to four hours for shortness of breath. Call a contact/support person and let them know. Start taking Prednisone as instructed. Start taking Doxycycline as instructed if shortness of breath, frequent and severe cough or increase in heavy/colored sputum. Call Delta Pharmacist at 859-239-1711.

I feel much worse or in danger: (two of the below)	Do This:
• You have severe shortness of breath or rest/can't breath. • Rescue medicines and breathing techniques are not helping. • Chest pain that does not go away.	Notify your contact person. Come to the EMRMC Delta Clinic/ Emergency Department.

Goal: Take the salt shaker off your table and limit the salt used in cooking.

To add flavor to your food try using a variety of spices, herbs, and seasonings such as:

Pepper **Onion**
Garlic **Parsley**
Lemon Juice **Paprika**
Vinegar **Dry Mustard**
Salt-Free Seasoning Blends

Enjoy the samples of Mrs. Dash and delicious recipes that are enclosed. Try using Mrs. Dash in some of your own recipes instead of salt.

Learning to cook with less salt and not adding salt to food at the table is a great starting point in your journey to a healthy heart lifestyle!

Ephraim McDowell Health®

Excellence is our only standard

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Eating a healthy diet is important when
you have a disease like COPD.

Here are some tips to help you make healthy food choices:

- Eat small meals with snacks throughout the day.
- Drink plenty of fluids, including water. You can use the Crystal Light packets included with your water bottle to add some flavor to the water that you drink through the day.
- Eat at least five servings of fruits and/or vegetables every day.
- Include protein like eggs, meat, and nuts at every meal.
- Choose whole grain breads, cereals, and pasta.

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heart healthy grocery shopping

high sodium culprits and how you can fight back

Special points of interest:

- Diets low in sodium can help keep you and your heart healthy.
- Reading nutrition labels will teach you what foods are high in sodium.
- Recipes that are low in sodium can still taste good and have plenty of flavor.

When shopping, sometimes it is just easier to grab the canned vegetables and soups, packaged meals, and the junk foods. This kind of shopping usually ends with a cart full of added sodium and fat. Being able to pick out those high sodium culprits and choose better alternatives is a good step towards a heart healthy lifestyle.


High sodium foods

Sodium can hide in many of the foods we eat, especially canned vegetables, soups, and broths, pre-packaged meals, chips, and processed cheeses and meats. If these foods make your grocery list, it's important for you to select options that are lower in sodium.

Canned vegetables, soups, and broths can be saved by choosing the "sodium free", "reduced sodium", or "no added salt" versions. Buying fresh or frozen vegetables is an even better idea to help preserve some of the flavor of your favorite vegetables.


Low sodium foods

Alternatives to highly processed cheeses and meats are abundant. Choose oven roasted deli meats instead of smoked or glazed. Mozzarella, provolone, and string cheese are naturally lower in sodium, and most other cheeses are available in "reduced sodium" versions. The most important meats and cheeses to stay away from are bologna, hot dogs, Velveeta, American cheese, smoked or cured meats like bacon, and canned meats like Spam.

Pre-packaged meals are probably in every food cabinet in America, because they are quick and easy. Choosing brands and meal flavors that are less than 500mg of sodium per serving are your best options, and remember to not add extra salt while cooking.

how much is too much?

Sodium intake for the day should be no more than 2000mg a day. Most people do not measure their food in milligrams (mg), so what does 2000mg look like?

1 teaspoon of salt = 2300mg of sodium

So, you can have a little less than one teaspoon of salt a day. That does not seem like much, but following the tips listed will help you stay within that limit.

- Main dish – less than 500mg of sodium
- Side dish – less than 200mg of sodium
- Condiments – less than 50mg of sodium
- **Entire meal – less than 650mg of sodium = 1/4 teaspoon of salt**

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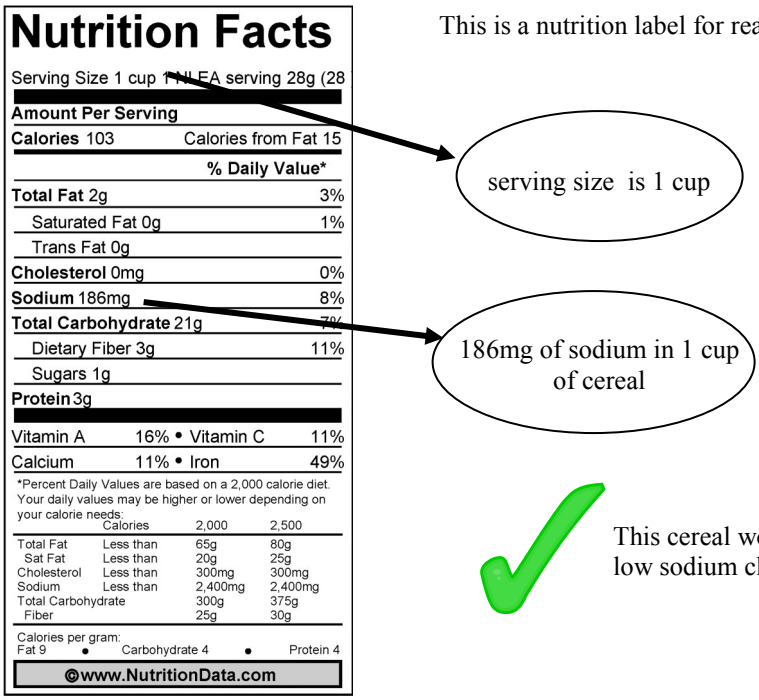
reading a nutrition label

When trying to lower your sodium intake, knowing how to read a nutrition label is a must. The first thing to look at on the label is the serving size and the second is the sodium content. Below are a couple examples of nutrition labels.



Nutrition Facts

Serving Size 1 cup 1 NLEA serving 28g (28

Amount Per Serving

Calories 103	Calories from Fat 15
	% Daily Value*
Total Fat 2g	3%
Saturated Fat 0g	1%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 186mg	8%
Total Carbohydrate 21g	7%
Dietary Fiber 3g	11%
Sugars 1g	
Protein 3g	

Vitamin A 16% • Vitamin C 11%

Calcium 11% • Iron 49%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Fiber		25g	30g

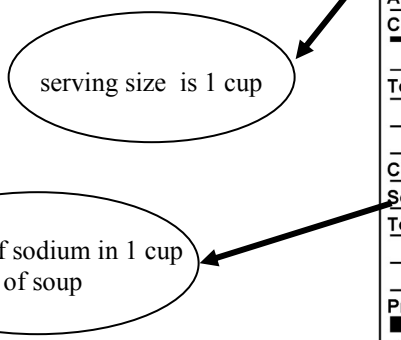
Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

©www.NutritionData.com

This is a nutrition label for ready-to-eat cereal.

This cereal would be a good low sodium choice.

This is a nutrition label for canned chicken and noodle soup.



Nutrition Facts

Serving Size 1 cup 245g (245 g)
Servings per container 2

Amount Per Serving

Calories 91	Calories from Fat 20
	% Daily Value*
Total Fat 2g	3%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 12mg	4%
Sodium 840mg	35%
Total Carbohydrate 10g	3%
Dietary Fiber 1g	4%
Sugars 2g	
Protein 8g	

Vitamin A 60% • Vitamin C 2%

Calcium 2% • Iron 4%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

©www.NutritionData.com

This soup would not be a low sodium choice.

Nutritional data and images courtesy of www.NutritionData.com.

"Nutrition Center." *American Heart Association*. N.p., n.d. Web. 20 Aug. 2012. http://www.heart.org/HEARTORG/.

grocery challenge

For a Healthier Heart

Take the information that you have learned about choosing lower sodium foods and reading nutrition labels to complete the Grocery Challenge. There are two ways to complete this challenge. You can even go above and beyond and complete both versions of the Grocery Challenge.

#1

- Choose one of the low sodium recipes in the recipe booklet given to you.
- Make a trip to the grocery store to gather your ingredients.
- Follow the recipe to enjoy eating a low sodium meal.

#2

- Choose a recipe of your own to make low sodium.
- Make a trip to the grocery store to gather your ingredients, paying special attention to choosing low sodium substitutes.
- Follow your recipe using the lower sodium substitutes and not adding any additional salt.

Enjoy!

grocery challenge

For a Healthier Lifestyle

Take the information that you have learned about choosing healthy food options to complete the Grocery Challenge. There are two ways to complete this challenge. You can even go above and beyond and complete both versions of the Grocery Challenge.

#1

- Choose one of the healthy recipes in the recipe booklet given to you.
- Make a trip to the grocery store to gather your ingredients.
- Follow the recipe to enjoy eating a healthy, satisfying meal.

#2

- Choose a recipe of your own and make some healthy substitutions like choosing whole grain pasta or adding vegetables to a casserole.
- Make a trip to the grocery store to gather your ingredients, paying special attention to purchasing your substitutions.
- Follow your recipe using the new ingredients and enjoy!

Enjoy!

Academy of Nutrition and Dietetics

Client Name _____ **Date** _____

RD/DTR _____

Email _____ **Phone** _____

Nutrition Therapy for Chronic Obstructive Pulmonary Disease (COPD)

Sometimes the symptoms of COPD – shortness of breath, coughing, chest discomfort, fatigue – and the various treatments can make it difficult for you to eat enough. Nutrition therapy may help you select nourishing foods and drinks each day.

Meal Planning Tips

The aim of nutrition therapy is to help maintain, or restore, your nutritional well-being, including your weight. Ask your registered dietitian (RD) for more ideas especially for you and your lifestyle.

- Eat whenever you are hungry. Sometimes the first meal in the morning works best. Sometimes late afternoon or early evening is best.
- Divide your daily foods into 5-6 small meals, or into 5-6 large snacks.
- Drink enough fluids, including water, throughout the day and evening.
- Drink high-calorie, high-nutrient beverages.
    - Drink milkshakes, whole milk, fortified milk (powdered nonfat milk added to fluid milk), flavored milk, and commercial nutritional products.
    - Freeze beverages into popsicles or ice cubes.
    - Use nutritional beverages in cooking and baking, and on cereals.
    - Enjoy milk-based, or cream-based, soups.
- Choose foods high in calories.
    - Add healthy oils, cream cheese, margarine, butter, and nut-butters to foods.
    - Use regular cheeses, salad dressings, dips, sour cream, ice cream, and cold cuts.
    - Select yogurt and cottage cheese made from whole or 2% milk.
- Choose foods high in protein.
    - Include eggs, milk, cheese, yogurt, meats, poultry, fish, nuts, and beans.
- Choose foods with fiber.
    - Use whole grains, like breads, crackers, pasta, and rice.
    - Eat fruits and vegetables with skins or seeds, like sweet potatoes with skin, tomatoes, grapes, and blueberries.
- Choose foods with vitamins and minerals.
    - Use colorful, fresh fruits and vegetables, rather than ones that are overcooked or refined.
- Use enriched grains and fortified processed foods.
- If prescribed, take medical food supplements, and use supplemental oxygen around mealtimes.

Foods To Limit Or Avoid

Foods low in nutrients and calories offer little help. And, they can fill you up so you feel bloated and uncomfortable. Examples are:

- Light or diet foods, like diet sodas.
- Plain beverages, like plain coffee, tea, punch, and bottled or canned clear drinks, like teas and sodas.
- Clear soups, like broth.

Keep in mind:

- Variety, color, and texture all are important. Choose foods you especially like.
- Portions can vary. Sometimes 1-2 tablespoons is sufficient to start, especially if your appetite is diminished.
- Purchase and prepare foods ahead of time. For example, all the items in the Salad Plate can be purchased at a supermarket or deli. All the items at dinner (and the baked apple) can be prepared at the same time. Eat some, and freeze some (in trays) for other days.
- Let others (family, friends, neighbors) help, including with shopping, preparation, and clean up.
- Enjoy the company of others at mealtimes. Eat out—many restaurants have space accommodating sections (for oxygen tanks) and experienced, friendly staff.
- Eat in pleasant, calm, and cheerful surroundings.
- Eat slowly and chew foods well. Savor aromas and flavors.

Notes:

Sample 1-Day Menu

Meal	Menu
Breakfast	Orange juice Whole grain cereal Sliced fresh fruit Fortified milk
Mid-Morning Snack	Whole grain muffin Cream cheese Fortified milk
Lunch	Salad Plate: Tuna fish salad Macaroni salad Fresh tomato wedges with oil-based salad dressing Whole grain bread or crackers Ice cream with caramel sauce Chocolate fortified milk
Mid-Afternoon Snack	Baked apple Fortified milk
Dinner	Oven Bake: Meatloaf and gravy Baked potato with sour cream String bean-almond casserole Carrot raisin salad Fortified milk
Evening Snack	Corn chips Avocado dip Banana-strawberry fruit smoothie

Notes:

Sample 1-Day Meal Plan

Use this form to develop an individualized meal plan.

Breakfast	
Lunch	
Dinner	
Snack	

Notes:

delicious recipes for a healthier lifestyle

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lunch/brunch recipes

red, white, and green grilled cheese

so good, your children might not even notice the "green stuff"

1 tsp garlic, minced (about ½ clove)
1 small onion, minced (about ½ cup)
2 C frozen cut spinach, thawed and drained (or substitute two 10-oz. bags fresh leaf spinach, rinsed)
¼ tsp ground black pepper
8 slices whole wheat bread
1 medium tomato, rinsed, cut into four slices
1 C shredded part-skim mozzarella cheese
Non-stick cooking spray

1. Preheat oven to 400°F. Place a large baking sheet in the oven to preheat for about 10 minutes.
2. Heat garlic with cooking spray in a medium sauté pan over medium heat. Cook until soft, but not browned. Add onions, and continue to cook until the onions are soft, but not browned.
3. Add spinach and toss gently. Cook until the spinach is heated throughout. Season with pepper and set aside to cool.
4. When the spinach and onions are cool, assemble each sandwich with one slice of bread on the bottom, one tomato slice, ½ cup of spinach mixture, ¼ cup of cheese, and a second slice of bread on the top.
5. Spray the preheated non-stick baking sheet with cooking spray. Place the sandwiches on the baking sheet. Bake for 10 minutes or until the bottom of each sandwich is browned.
6. Carefully flip sandwiches and bake for an additional five minutes, or until both sides are browned. Serve immediately.

yield: 4 servings
serving size: 1 sandwich

each serving provides:

calories	254
total fat	8 g
saturated fat	4 g
cholesterol	18 mg
sodium	468 mg
total fiber	6 g
protein	17 g
carbohydrates	29 g
potassium	364 mg

pita pizzas

personal pita pizzas are fun to make, and even more fun to eat!

1 C Super Quick Chunky Tomato Sauce (see recipe on next page)
1 C grilled boneless, skinless chicken breast, diced (about two small breasts)
1 C broccoli, rinsed, chopped, and cooked
2 Tbsp grated parmesan cheese
1 Tbsp fresh basil, rinsed, dried, and chopped (or 1 tsp dried)
4 (6½-inch) whole wheat pitas

1. Preheat oven or toaster oven to 450°F.
2. For each pizza, spread ¼ cup tomato sauce on a pita and top with ¼ cup chicken, ¼ cup broccoli, ½ tablespoon parmesan cheese, and ¼ tablespoon chopped basil.
3. Place pitas on a non-stick baking sheet and bake for about five to eight minutes until golden brown and chicken is heated through. Serve immediately.

yield: 4 servings
serving size: 1 pita pizza

each serving provides:

calories	275
total fat	5 g
saturated fat	1 g
cholesterol	32 mg
sodium	486 mg
total fiber	7 g
protein	20 g
carbohydrates	41 g
potassium	362 mg

super quick chunky tomato sauce

make batches of this tasty sauce to go with pasta

2 tsp olive oil
1 tsp garlic, chopped (about 1 clove)
1 jar (12 oz.) roasted red peppers, drained and diced (or substitute fresh roasted red peppers)
2 cans (14½ oz. each) no-salt-added diced tomatoes
1 can (5½ oz.) low-sodium tomato juice
1 Tbsp fresh basil, rinsed, dried, and chopped (or 1 tsp dried)
¼ tsp ground black pepper

1. In a medium saucepan, heat olive oil and garlic over medium heat. Cook until soft, but not browned (about 30 seconds).
2. Add diced red peppers and continue to cook for two to three minutes, until the peppers begin to sizzle.
3. Add tomatoes, tomato juice, basil, and pepper. Bring to a boil. Simmer for 10 minutes or until the sauce thickens slightly. (Sauce can be pureed for picky eaters).
4. Use immediately or refrigerate in a tightly sealed container for three to five days or freeze for one to two months.

yield: 12 servings
serving size: ½ C sauce

each serving provides:

calories	31
total fat	1 g
saturated fat	0 g
cholesterol	0 mg
sodium	76 mg
total fiber	1 g
protein	1 g
carbohydrates	4 g
potassium	66 mg

zesty tomato soup

not your traditional tomato soup, this quick-cooking dish can be a side or light main meal

1 can (14½ oz.) no-salt-added diced tomatoes
1 C jarred roasted red peppers, drained (or substitute fresh roasted red peppers)
1 C fat-free evaporated milk
1 tsp garlic powder
¼ tsp ground black pepper
2 Tbsp fresh basil, rinsed and chopped (or 2 tsp dried)

1. Combine tomatoes and red peppers in a blender or food processor. Puree until smooth.
2. Put tomato mixture in a medium saucepan and bring to a boil over medium heat.
3. Add evaporated milk, garlic powder, and pepper. Return to a boil and gently simmer for five minutes.
4. Add basil and serve.

yield: 4 servings
serving size: 1 C soup

each serving provides:

calories	94
total fat	0 g
saturated fat	0 g
cholesterol	0 mg
sodium	231 mg
total fiber	2 g
protein	5 g
carbohydrates	16 g
potassium	234 mg

turkey pinwheels

this fun-to-make snack will become a family favorite

4 slices whole wheat bread
1 Tbsp light mayonnaise
1 Tbsp deli mustard
½ C cucumber, peeled and thinly sliced
¼ C jarred roasted red peppers
2 oz. low-sodium deli turkey breast

1. Remove the crusts from the bread and flatten each slice with a rolling pin.
2. Combine mayonnaise and mustard. Spread about ½ tablespoon on each bread slice.
3. Arrange cucumbers and red peppers evenly on each slice of bread and top with ½ ounce turkey.
4. Roll each slice into a log and cut each log into four pieces with a sharp knife. Serve immediately or refrigerate logs until ready to serve (cut prior to serving).

yield: 4 servings
serving size: 1 log (4 pieces)

each serving provides:

calories	106
total fat	2 g
saturated fat	0 g
cholesterol	11 mg
sodium	275 mg
total fiber	2 g
protein	7 g
carbohydrates	12 g
potassium	25 mg

baked french toast fritters with apples and bananas

add fruit to your meal with this heavenly, melt-in-your-mouth dish

For sandwiches:
8 slices whole wheat bread
¼ C creamy peanut butter (or other nut butter)
1 apple, rinsed, peeled, cored, and sliced into eight rings
2 bananas, peeled and cut into about 12 thin slices each

For batter:
3 Tbsp egg substitute (or substitute 1 egg white)
¼ tsp ground cinnamon
1 Tbsp brown sugar
¼ C fat-free evaporated milk
Non-stick cooking spray

1. Preheat oven to 400°F. Place a large baking sheet in the oven to preheat for about 10 minutes.
2. Assemble fritter as a sandwich, with ½ tablespoon of peanut butter on each slice of bread and two apple slices and six banana slices in the middle of each sandwich.
3. Combine ingredients for the batter and mix well.
4. Spray a non-stick baking sheet with cooking spray.
5. Dip both sides of each fritter in the batter and place fritters on preheated baking sheet. Bake for 10 minutes on each side, or until both sides are browned. Serve immediately.

yield: 4 servings
serving size: 1 fritter

each serving provides:

calories	332
total fat	10 g
saturated fat	2 g
cholesterol	0 mg
sodium	374 mg
total fiber	7 g
protein	14 g
carbohydrates	50 g
potassium	543 mg

oatmeal pecan waffles (or pancakes)

your children will jump right out of bed for this delicious meal

For waffles:
1 C whole wheat flour
½ C quick-cooking oats
2 tsp baking powder
1 tsp sugar
¼ C unsalted pecans, chopped
2 large eggs, separated (for pancakes, see note)
1½ C fat-free (skim) milk
1 Tbsp vegetable oil

For fruit topping:
2 C fresh strawberries, rinsed, stems removed, and cut in half (or substitute frozen strawberries, thawed)
1 C fresh blackberries, rinsed (or substitute frozen blackberries, thawed)
1 C fresh blueberries, rinsed (or substitute frozen blueberries, thawed)
1 tsp powdered sugar

1. Preheat waffle iron.
2. Combine flour, oats, baking powder, sugar, and pecans in a large bowl.
3. Combine egg yolks, milk, and vegetable oil in a separate bowl and mix well.
4. Add liquid mixture to the dry ingredients and stir together. Do not overmix; mixture should be a bit lumpy.
5. Whip egg whites to medium peaks. Gently fold egg whites into batter (for pancakes, see note below).
6. Pour batter into preheated waffle iron and cook until the waffle iron light signals it's done or steam stops coming out of the iron. (A waffle is perfect when it is crisp and well-browned on the outside with a moist, light, airy and fluffy inside). Batter also can be used to make pancakes; see note below.
7. Add fresh fruit and a light dusting of powdered sugar to each waffle and serve.

Note: For pancakes, do not separate eggs. Mix whole eggs with milk and oil and eliminate steps 4 and 5.

yield: 4 servings
serving size:
3 small (2-inch) or 1 large (6-inch) waffle (depending on waffle iron size) or pancakes

each serving provides:

calories	340	total fat	11 g
saturated fat	2 g	cholesterol	107 mg
sodium	331 mg	total fiber	9 g
protein	14 g	carbohydrates	50 g
potassium	369 mg		

dinner recipes

stir-fried orange beef

tangy orange-flavored beef with crisp vegetables

Tip: Delicious over rice or Asian-style noodles (soba or udon).

1 bag (12 oz.) frozen vegetable stir-fry
1 Tbsp peanut or vegetable oil
1 Tbsp onion, minced (or ½ Tbsp dried)
1 Tbsp garlic, minced (about two to three cloves)
1 Tbsp ginger, minced
1 egg white, lightly beaten (or substitute liquid egg white)
2 Tbsp cornstarch
12 oz. beef flank steak, sliced into thin strips
3 Tbsp Hoisin sauce
1 Tbsp lite soy sauce
½ C orange juice
1 Tbsp dry sherry (optional)

1. Thaw frozen vegetables in the microwave (or place entire bag in a bowl of hot water for about 10 minutes). Set aside until step 7.
2. Heat oil in a large wok or sauté pan.
3. Add onion, garlic, and ginger and stir fry until tender but not brown, about 30 seconds to one minute.
4. Put egg white in one bowl and cornstarch in another. Dip steak strips into egg white and then coat with cornstarch.
5. Add steak strips to pan and continue to stir fry until steak strips are lightly browned, about five to eight minutes.
6. Add Hoisin sauce, soy sauce, orange juice, and sherry (optional), and bring to a boil over high heat. Immediately lower temperature to a gentle simmer.
7. Add the thawed vegetables and mix gently. Simmer until vegetables are heated through, about three to four minutes.
8. Divide mixture into four equal portions (about 2 cups each) and serve.

yield: 4 servings
serving size:
2 C meat and vegetables

each serving provides:

calories	261	total fat	9 g
saturated fat	2 g	cholesterol	28 mg
sodium	418 mg	total fiber	3 g
protein	23 g	carbohydrates	23 g

quick beef casserole

lean beef, vegetables, and rice are tossed together in this quick and easy casserole

½ lb. lean ground beef
1 C onion, chopped
1 C celery, rinsed and chopped
1 C green bell pepper, rinsed, seeded, and cubed
3½ C tomatoes, rinsed and diced
¼ tsp salt
½ tsp ground black pepper
¼ tsp paprika
1 C frozen peas
2 small carrots, rinsed, peeled, and diced
1 C uncooked rice
1½ C water

1. In a sauté pan, brown the ground beef.
2. Drain off the extra fat by tilting the sauté pan over a disposable cup in the sink to collect the fat. Use the lid to shield the meat from falling out. After the fat has turned solid, discard the cup in the trash.
3. Add the rest of the ingredients to the sauté pan and mix well.
4. Cover sauté pan with lid and cook over medium heat until boiling.
5. Reduce to low heat and simmer for 35 minutes. Serve hot.

yield: 8 servings
serving size: 1½ C casserole

each serving provides:

calories	201
total fat	5 g
saturated fat	2 g
cholesterol	16 mg
sodium	164 mg
total fiber	3 g
protein	9 g
carbohydrates	31 g
potassium	449 mg

Tip: To save time, use no-salt-added canned tomatoes and frozen chopped peppers and carrots.

sweet-and-sour chicken

sweet and sour flavors make a winning combination in this healthier version of a popular Chinese dish

1 bag (12 oz.) frozen vegetable stir-fry
1 Tbsp peanut oil or vegetable oil
1 Tbsp ginger, minced
1 Tbsp garlic, minced (about two to three cloves)
1 Tbsp fresh scallions (green onions), minced
2 Tbsp rice vinegar
1 Tbsp Asian hot chili sauce
2 Tbsp. brown sugar
1 Tbsp cornstarch
1 C low-sodium chicken broth
12 oz. boneless, skinless chicken breast, cut into thin strips
1 Tbsp lite soy sauce

1. Thaw frozen vegetables in the microwave (or place entire bag in a bowl of hot water for about 10 minutes). Set aside until step 6.
2. Heat oil in a large wok or sauté pan on medium heat. Add ginger, garlic, and scallions, and stir fry until cooked, but not brown, about two to three minutes.
3. Add the rice vinegar, chili sauce, and brown sugar to the pan and bring to a simmer.
4. In a bowl, mix cornstarch with chicken broth and add to the pan. Bring to a boil over high heat, stirring constantly. Lower temperature to a gentle simmer.
5. Add chicken and stir continually for five to eight minutes.
6. Add vegetables and mix gently. Simmer with lid on to reheat, about two minutes.
7. Add soy sauce and mix gently
8. Divide into four even portions and serve.

yield: 4 servings
serving size: 3 oz. chicken, 1 C vegetables

each serving provides:

calories	221
total fat	6 g
saturated fat	1 g
cholesterol	51 mg
sodium	287 mg
total fiber	3 g
protein	23 g
carbohydrates	21 g
potassium	460 mg

Tip: Try serving with a side of steamed rice.

chicken quesadillas with red and green salsa

this delicious finger food can be served as an appetizer or main-dish meal

For salsa:
4 medium tomatoes, rinsed and diced (about 2 C)
½ C red onion, diced
1 medium Jalapeno chili pepper, rinsed and split lengthwise—remove seeds and white membrane and mince (about 2 Tbsp); for less spice, use a green bell pepper
2 Tbsp lime juice (or about 4 limes)
2 Tbsp fresh cilantro, rinsed, dried, and chopped (or substitute 2 tsp dried coriander)
1 tsp ground cumin

For quesadillas:
12 oz. boneless, skinless chicken breast, cut into thin strips
4 (10-inch) whole wheat tortillas
¼ tsp salt
½ tsp chili sauce
2 oz. pepper jack cheese, shredded (about ½ C)
1 Tbsp pine nuts, toasted (optional)
Cooking spray

1. Preheat oven broiler on high temperature, with the rack three inches from heat source.
2. For salsa, combine all ingredients and toss well. Chill in refrigerator for at least 15 minutes. (Salsa can be made up to one day in advance and refrigerated).
3. Cut chicken into thin strips and place them on a baking sheet coated with cooking spray. Broil for eight to 10 minutes.
4. To assemble the quesadillas, place four whole wheat tortillas on the countertop or table. Top each with one-quarter of the sliced cooked chicken, salt, chili sauce, cheese, and pine nuts (optional).
5. Fold tortillas in half to close and carefully transfer each to a baking sheet lined with parchment or wax paper.
6. Bake quesadillas at 350°F for five to 10 minutes or until the cheese is melted.
7. Serve one quesadilla with ½ cup salsa on the side.

yield: 4 servings
serving size: 1 quesadilla, ½ C salsa

each serving provides:

calories	339	total fat	11 g
saturated fat	3 g	cholesterol	62 mg
sodium	453 mg	total fiber	4 g
protein	26 g	carbohydrates	32 g
potassium	454 mg		

Tip: Delicious with a side of fresh grilled corn-on-the-cob.

oven-crusted chicken breast

a healthy way to fry chicken

For chicken:
4 boneless, skinless chicken breasts (3 oz. each)
1 egg white (or substitute liquid egg white)
1 C fat-free evaporated milk
1 C bread crumbs
¼ C rolled oats, crushed; pulse a few times in the food processor or crush between fingers to make smaller pieces
1 C whole wheat flour
2 Tbsp olive oil or vegetable oil

For salad:
2 Tbsp lemon juice
½ Tbsp olive oil
4 C red leaf lettuce, rinsed and dried
1 C cherry tomatoes, rinsed and halved
¼ tsp salt
¼ tsp ground black pepper

Tip: Try serving with a side of oven-roasted potatoes.

1. Preheat oven to 350°F.
2. Place chicken in a freezer bag with the air squeezed out and pound each breast down to ½-inch thickness.
3. Combine the egg white and evaporated milk in a bowl and mix well. In a separate bowl, combine the bread crumbs and crushed oats and mix well.
4. Coat the chicken breasts in flour and shake off the excess. Dip the chicken breasts in the egg and milk mixture and drain off the excess. Then dip the chicken breasts in the bread crumb mixture to coat and shake off the excess. After all chicken breasts have been coated, discard any leftover breading mixture.
5. Heat oil in a large sauté pan. Stir fry the chicken over medium-high heat on one side until golden brown, about two to three minutes. Turn carefully and pan fry the second side for an additional two to three minutes or until golden brown. Remove from the pan and place on paper towels to soak up excess oil. Place on baking sheet and finish cooking in a 350°F oven for about five to eight minutes (to a minimum internal temperature of 165°F).
6. For the salad, combine lemon juice and olive oil and mix well to make a dressing. Toss the lettuce leaves and cherry tomatoes with the dressing, salt, and pepper.
7. Serve 1 cup salad with one piece of chicken.

yield: 4 servings
serving size: 3 oz. chicken breast, 1 C salad

each serving provides:			
calories	264	potassium	553 mg
saturated fat	2 g	total fat	11 g
sodium	263 mg	cholesterol	49 mg
protein	24 g	total fiber	3 g
		carbohydrates	18 g

baked salmon dijon

this salmon entrée is easy to make and will be enjoyed by the whole family

1 C fat-free sour cream
2 tsp dried dill
3 Tbsp scallions (green onions), rinsed and finely chopped
2 Tbsp Dijon mustard
2 Tbsp lemon juice
1½ lb. salmon fillet, cut into 6 portions (4 oz. each)
½ tsp garlic powder
½ tsp ground black pepper
Cooking spray

1. Preheat oven to 400°F.
2. Whisk sour cream, dill, scallions, mustard, and lemon juice in a small bowl to blend.
3. Lightly coat baking sheet with cooking spray.
4. Place salmon, skin side down, on the prepared baking sheet. Sprinkle with garlic powder and pepper, then spread with sauce.
5. Bake salmon fillets until each is opaque in the center and flakes easily with a fork in the thickest part, about 20 minutes (to a minimum internal temperature of 145°F).
6. Serve immediately.

yield: 6 servings
serving size: 4 oz. salmon

each serving provides:

calories	196
total fat	7 g
saturated fat	2 g
cholesterol	76 mg
sodium	229 mg
total fiber	less than 1 g
protein	27 g
carbohydrates	5 g
potassium	703 mg

Tip: Pairs nicely with steamed broccoli.

pork chops in warm cherry sauce

the rich, savory sauce makes this an elegant dish

4 bone-in center-cut pork chops (about 5 oz. each)
¼ tsp salt
1/8 tsp ground black pepper
2 tsp olive oil, divided into 1½ tsp and ½ tsp portions
1 C onion, diced
1 C dry red wine
1 tsp dried tarragon
1 C dried cherries, either sweet Bing or tart (or substitute another dried fruit such as raisins, figs, or prunes)

1. Trim visible fat from pork chops. Sprinkle with salt and pepper.
2. In a large non-stick pan, warm 1½ teaspoons of oil over high heat. When pan is hot, brown chops on both sides, about two minutes per side. Remove chops from pan. Set aside.
3. Over medium heat, add remaining ½ teaspoon of oil and diced onion. Cook and stir until onion softens, about five minutes.
4. Add red wine. Cook and stir one minute to loosen the flavorful brown bits and mix them into the sauce.
5. Add tarragon and cherries. Cook and stir one minute to blend.
6. Return pork chops and any juices to pan. Cover. Simmer nine minutes to thicken sauce and until pork chops are fully cooked (to a minimum internal temperature of 160°F).
7. Serve immediately.

yield: 4 servings
serving size: 5 oz. pork, ¼ C cherry sauce

each serving provides:

calories	374
total fat	7 g
saturated fat	2 g
cholesterol	98 mg
sodium	237 mg
total fiber	4 g
protein	34 g
carbohydrates	31 g
potassium	655 mg

Tip: Try serving with Cinnamon-Glazed Baby Carrots.

side dishes

lentils with brown rice and kale

for a different flavor and even more fiber and protein, try quinoa in place of the brown rice; quinoa (pronounced KEEN-wah) is a grain native to South America

For lentils and kale:
1 C brown lentils, rinsed
¼ tsp salt
1/8 tsp ground black pepper
4 C kale, with heavy stems removed, rinsed and dried

For brown rice:
1 C instant brown rice, uncooked (for quinoa, follow cooking instructions on box)
¼ tsp salt
½ tsp dried basil

For onion:
2 Tbsp olive oil
2 C onion, diced
¼ tsp salt
1/8 tsp ground black pepper

1. Rinse lentils thoroughly in a fine wire colander and remove any stones or debris.

2. In a 4-quart saucepan, cover lentils with 2½ cups of water. Add salt and pepper. Cover and bring to a boil over high heat. Reduce heat. Simmer for 15 minutes (until adding kale in step 5).

3. In another saucepan, bring 2 cups of water to a boil. Add rice, salt, and basil. Cover and cook for 10 minutes. Set aside.

4. In a medium sauté pan, warm olive oil over medium heat and add onion, salt, and pepper. Cook and stir until the onion pieces become soft and dark brown (caramelized) but not burnt. If the onions start to stick to the pan, add a few drops of water and scrape the onions loose. Keep cooking until onions are completely caramelized (about 10 to 15 minutes total). Remove from pan and set aside.

5. After the lentils have cooked for 15 minutes, lightly place the kale on top of the lentils. Do not stir. Cover. The kale will steam while the lentils continue to cook, for another 15 minutes.

yield: 4 servings
serving size: 1 C lentils, 1/3 C rice, ½ C kale

each serving provides:			
calories	456	sodium	472 mg
total fat	9 g	total fiber	19 g
saturated fat	1 g	protein	21 g
cholesterol	0 mg	carbohydrates	77 g
		potassium	864 mg

asparagus with lemon sauce

lemon sauce makes fresh asparagus the perfect side dish for fish, scallops, chicken, or meat dishes

20 medium asparagus spears, rinsed and trimmed
1 fresh lemon, rinsed (for peel and juice)
2 Tbsp reduced-fat mayonnaise
1 Tbsp dried parsley
1/8 tsp ground black pepper
1/16 tsp salt

1. Place one inch of water in a 4-quart pot with a lid. Place a steamer basket inside the pot and add asparagus. Cover and bring to a boil over high heat. Reduce heat to medium. Cook for five to 10 minutes, until asparagus is easily pierced with a sharp knife. Do not overcook.

2. While the asparagus cooks, grate the lemon zest into a small bowl. Cut the lemon in half and squeeze the juice into the bowl. Use the back of a spoon to press out extra juice and remove pits. Add mayonnaise, parsley, pepper, and salt. Stir well. Set aside.

3. When the asparagus is tender, remove the pot from the heat. Place asparagus spears in a serving bowl. Drizzle the lemon sauce evenly over the asparagus (about 1½ teaspoons per portion) and serve.

yield: 4 servings
serving size: 5 spears, 1½ tsp sauce

each serving provides:

calories	39
total fat	0 g
saturated fat	0 g
cholesterol	0 mg
sodium	107 mg
total fiber	2 g
protein	2 g
carbohydrates	7 g
potassium	241 mg

cinnamon-glazed baby carrots

no one will be able to resist this sweet veggie side dish that's great with most meat, chicken, and seafood

4 C baby carrots, rinsed and split lengthwise if very thick (or frozen presliced carrots)
2 Tbsp soft tub margarine
2 Tbsp brown sugar
½ tsp ground cinnamon
1/8 tsp salt

1. Place the carrots in a small saucepan. Add just enough water to barely cover the carrots. Cover. Bring to a boil. Reduce heat to medium. Cook for seven to eight minutes, just until the carrots are easily pierced with a sharp knife.
2. While the carrots are cooking, combine margarine, brown sugar, cinnamon, and salt in a small saucepan and melt together over low heat (or put in a microwave-safe bowl and microwave for a few seconds on high power, until margarine is mostly melted). Stir well to combine ingredients.
3. Drain carrots, leaving them in the saucepan. Pour cinnamon mixture over carrots. Cook and stir over medium heat for two to three minutes, just until the carrots are thoroughly coated and the glaze thickens slightly. Serve warm.

yield: 4 servings
serving size: 1 C carrots

each serving provides:

calories	67
total fat	3 g
saturated fat	0 g
cholesterol	0 mg
sodium	149 mg
total fiber	52g
protein	1 g
carbohydrates	10 g
potassium	260 mg

savory brown rice

this savory, rich side dish is great with steak, pork, and chicken dishes

1 Tbsp olive oil
1 C onion, chopped
1 C portabella mushrooms, rinsed, halved, then thinly sliced
½ C celery, rinsed and finely diced
2 C low-sodium chicken broth
1 C instant brown rice, uncooked
¼ C dried parsley
¼ tsp salt
Ground black pepper to taste

1. In a 4-quart saucepan, warm olive oil over medium heat. Add onion, mushrooms, and celery. Cook and stir for five to seven minutes, until all vegetables are soft but not brown.

2. Stir in the chicken broth, brown rice, parsley, salt, and pepper. Cover. Bring to a boil over high heat.

3. Reduce heat to medium. Cook according to brown rice package directions, about five to 10 minutes. Drain off any excess liquid. Fluff with a fork. Serve immediately.

yield: 4 servings
serving size: 1 C rice

each serving provides:

calories	246
total fat	5 g
saturated fat	1 g
cholesterol	2 mg
sodium	221 mg
total fiber	4 g
protein	7 g
carbohydrates	43 g
potassium	314 mg

broccoli and cheese

so good, your children will ask for seconds—and a perfect side for most chicken and beef dishes

6 C fresh broccoli, rinsed and cut into bite-sized florets (or substitute 6 C frozen broccoli, thawed and warmed, and skip step 1)

For sauce:
1 C fat-free evaporated milk
1 Tbsp cornstarch
½ C shredded cheddar cheese
¼ tsp Worcestershire sauce
¼ tsp hot sauce
1 slice whole wheat bread, diced and toasted (for croutons)

1. Bring a large pot of water to boil over high heat. Add fresh broccoli and cook until easily pierced by a fork, about seven to 10 minutes. Drain and set aside.
2. In a separate saucepan, combine evaporated milk and cornstarch. Slowly bring to a boil while stirring often.
3. When the milk comes to a boil, remove it from the heat and add the cheese. Continue to stir until the cheese is melted and evenly mixed.
4. Add the Worcestershire and hot sauces and stir.
5. Pour cheese over hot broccoli.
6. Sprinkle whole wheat croutons over broccoli and cheese mixture and serve.

yield: 4 servings
serving size: 1½ C broccoli, ¼ C sauce,
1 Tbsp croutons

each serving provides:

calories	162
total fat	5 g
saturated fat	3 g
cholesterol	15 mg
sodium	239 mg
total fiber	4 g
protein	11 g
carbohydrates	19 g
potassium	601 mg

parmesan green beans

a side dish so tasty, children won't even know it's good for them

1 Tbsp olive oil
1 tsp garlic, minced (about 1 clove) or ¼ tsp garlic powder
1 small onion, thinly sliced (about ½ C)
1 bag (16 oz.) frozen green beans
1 C low-sodium chicken broth
¼ C grated parmesan cheese
¼ tsp ground black pepper

1. Combine olive oil and garlic in a large saucepan. Cook until garlic is soft but not browned (about 30 seconds).
2. Add onion and continue to cook for about five minutes over medium heat until soft.
3. Add green beans and chicken broth. Bring to a boil and simmer for two minutes until the beans are heated through.
4. Sprinkle with parmesan cheese and pepper and serve.

yield: 4 servings
serving size: 1 C green bean mix

each serving provides:

calories	95
total fat	5 g
saturated fat	1 g
cholesterol	4 mg
sodium	117 mg
total fiber	3 g
protein	5 g
carbohydrates	9 g
potassium	293 mg

snacks

peanut butter hummus

bring out the veggies or pita chips—try this irresistible combination of peanut butter and hummus . . . with a spicy kick!

For dip:
2 C low-sodium garbanzo beans (chick peas), rinsed
¼ C low-sodium chicken broth
¼ C lemon juice
2–3 Tbsp garlic, diced (about four to six garlic cloves, depending on taste)
¼ C creamy peanut butter (or substitute other nut or seed butter)
¼ tsp cayenne pepper (or substitute paprika for less spice)
1 Tbsp olive oil

For pita chips:
4 (6½-inch) whole wheat pitas, each cut into 10 triangles
1 Tbsp olive oil
1 tsp garlic, minced (about 1 clove) or ½ tsp garlic powder
¼ tsp ground black pepper

1. Preheat oven to 400°F.
2. To prepare the hummus, combine all ingredients for the dip and mix them in a food processor or blender. Puree until smooth.
3. To prepare the chips, toss the pita triangles with the olive oil, garlic, and pepper.
4. Bake chips on a baking sheet in a 400°F oven for 10 minutes or until crispy.
5. Arrange pita chips on a platter and serve with the hummus.

yield: 8 servings
serving size: 1/3 C hummus and 5 pita chips

each serving provides:

calories	235
total fat	9 g
saturated fat	1 g
cholesterol	0 mg
sodium	225 mg
total fiber	5 g
protein	9 g
carbohydrates	32 g
potassium	259 mg

fruit skewers with yogurt dip

tangy fruit and sweet yogurt make a perfect taste combination

1 C strawberries, rinsed, stems removed, and cut in half
1 C fresh pineapple, diced (or canned pineapple chunks in juice, drained)
½ C blackberries
1 tangerine or Clementine, peeled and cut into eight segments
8 6-inch wooden skewers

For dip:
1 C strawberries, rinsed, stems removed, and cut in half
¼ C fat-free plain yogurt
1/8 tsp vanilla extract
1 Tbsp honey

1. Thread two strawberry halves, two pineapple chunks, two blackberries, and one tangerine segment on each skewer.

2. To prepare the dip, puree strawberries in a blender or food processor. Add yogurt, vanilla, and honey and mix well.

3. Serve two skewers with yogurt dip on the side.

yield: 4 servings
serving size: 2 skewers, 1½ Tbsp dip

each serving provides:

calories	71
total fat	0 g
saturated fat	0 g
cholesterol	0 mg
sodium	10 mg
total fiber	2 g
protein	1 g
carbohydrates	18 g
potassium	174 mg

make-your-own snack mix

making your own snack mix can be healthier and less expensive than buying it

1 C toasted oat cereal
¼ C unsalted dry roasted peanuts (or other unsalted nut)
¼ C raisins
¼ C dried cranberries

1. Combine all ingredients and toss well.
2. Serve immediately or store for later snacking.

yield: 4 servings
serving size: ½ C snack mix

each serving provides:

calories	136
total fat	5 g
saturated fat	1 g
cholesterol	0 mg
sodium	75 mg
total fiber	2 g
protein	3 g
carbohydrates	22 g
potassium	170 mg

Notes:

Notes:

All recipes courtesy of Keep the Beat™, National Heart, Lung, and Blood Institute.

If you are looking for additional recipe resources, check out these websites:

- National Heart, Lung, and Blood Institute – Healthy Eating
  http://hp2010.nhlbihin.net/healthyeating
- American Heart Association – Getting Healthy
  http://www.heart.org/HEARTORG/
- Mrs. Dash – Recipes
  http://www.mrsdash.com/

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dinner
recipes

stir-fried orange beef

tangy orange-flavored beef with crisp vegetables

Tip: Delicious over rice or Asian-style noodles (soba or udon).

1 bag (12 oz.) frozen vegetable stir-fry
1 Tbsp peanut or vegetable oil
1 Tbsp onion, minced (or ½ Tbsp dried)
1 Tbsp garlic, minced (about two to three cloves)
1 Tbsp ginger, minced
1 egg white, lightly beaten (or substitute liquid egg white)
2 Tbsp cornstarch
12 oz. beef flank steak, sliced into thin strips
3 Tbsp Hoisin sauce
1 Tbsp lite soy sauce
½ C orange juice
1 Tbsp dry sherry (optional)

1. Thaw frozen vegetables in the microwave (or place entire bag in a bowl of hot water for about 10 minutes). Set aside until step 7.
2. Heat oil in a large wok or sauté pan.
3. Add onion, garlic, and ginger and stir fry until tender but not brown, about 30 seconds to one minute.
4. Put egg white in one bowl and cornstarch in another. Dip steak strips into egg white and then coat with cornstarch.
5. Add steak strips to pan and continue to stir fry until steak strips are lightly browned, about five to eight minutes.
6. Add Hoisin sauce, soy sauce, orange juice, and sherry (optional), and bring to a boil over high heat. Immediately lower temperature to a gentle simmer.
7. Add the thawed vegetables and mix gently. Simmer until vegetables are heated through, about three to four minutes.
8. Divide mixture into four equal portions (about 2 cups each) and serve.

yield: 4 servings
serving size:
2 C meat and vegetables

each serving provides:

calories	261	total fat	9 g
saturated fat	2 g	cholesterol	28 mg
sodium	418 mg	total fiber	3 g
protein	23 g	carbohydrates	23 g

quick beef casserole

lean beef, vegetables, and rice are tossed together in this quick and easy casserole

½ lb. lean ground beef
1 C onion, chopped
1 C celery, rinsed and chopped
1 C green bell pepper, rinsed, seeded, and cubed
3½ C tomatoes, rinsed and diced
¼ tsp salt
½ tsp ground black pepper
¼ tsp paprika
1 C frozen peas
2 small carrots, rinsed, peeled, and diced
1 C uncooked rice
1½ C water

1. In a sauté pan, brown the ground beef.
2. Drain off the extra fat by tilting the sauté pan over a disposable cup in the sink to collect the fat. Use the lid to shield the meat from falling out. After the fat has turned solid, discard the cup in the trash.
3. Add the rest of the ingredients to the sauté pan and mix well.
4. Cover sauté pan with lid and cook over medium heat until boiling.
5. Reduce to low heat and simmer for 35 minutes. Serve hot.

yield: 8 servings
serving size: 1½ C casserole

each serving provides:

calories	201
total fat	5 g
saturated fat	2 g
cholesterol	16 mg
sodium	164 mg
total fiber	3 g
protein	9 g
carbohydrates	31 g
potassium	449 mg

Tip: To save time, use no-salt-added canned tomatoes and frozen chopped peppers and carrots.

sweet-and-sour chicken

sweet and sour flavors make a winning combination in this healthier version of a popular Chinese dish

1 bag (12 oz.) frozen vegetable stir-fry
1 Tbsp peanut oil or vegetable oil
1 Tbsp ginger, minced
1 Tbsp garlic, minced (about two to three cloves)
1 Tbsp fresh scallions (green onions), minced
2 Tbsp rice vinegar
1 Tbsp Asian hot chili sauce
2 Tbsp brown sugar
1 Tbsp cornstarch
1 C low-sodium chicken broth
12 oz. boneless, skinless chicken breast, cut into thin strips
1 Tbsp lite soy sauce

1. Thaw frozen vegetables in the microwave (or place entire bag in a bowl of hot water for about 10 minutes). Set aside until step 6.
2. Heat oil in a large wok or sauté pan on medium heat. Add ginger, garlic, and scallions, and stir fry until cooked, but not brown, about two to three minutes.
3. Add the rice vinegar, chili sauce, and brown sugar to the pan, and bring to a simmer.
4. In a bowl, mix cornstarch with chicken broth and add to the pan. Bring to a boil over high heat, stirring constantly. Lower temperature to a gentle simmer.
5. Add chicken and stir continually for five to eight minutes.
6. Add vegetables and mix gently. Simmer with lid on to reheat, about two minutes.
7. Add soy sauce and mix gently.
8. Divide into four even portions and serve.

yield: 4 servings
serving size: 3 oz. chicken, 1 C vegetables

each serving provides:

calories	221
total fat	6 g
saturated fat	1 g
cholesterol	51 mg
sodium	287 mg
total fiber	3 g
protein	23 g
carbohydrates	21 g
potassium	460 mg

Tip: Try serving with a side of steamed rice.

chicken quesadillas with red and green salsa

this delicious finger food can be served as an appetizer or main-dish meal

For salsa:
4 medium tomatoes, rinsed and diced (about 2 C)
½ C red onion, diced
1 medium Jalapeno chili pepper, rinsed and split lengthwise—remove seeds and white membrane and mince (about 2 Tbsp); for less spice, use a green bell pepper
2 Tbsp lime juice (or about 4 limes)
2 Tbsp fresh cilantro, rinsed, dried, and chopped (or substitute 2 tsp dried coriander)
1 tsp ground cumin

For quesadillas:
12 oz. boneless, skinless chicken breast, cut into thin strips
4 (10-inch) whole wheat tortillas
¼ tsp salt
½ tsp chili sauce
2 oz. pepper jack cheese, shredded (about ½ C)
1 Tbsp pine nuts, toasted (optional)
Cooking spray

1. Preheat oven broiler on high temperature, with the rack three inches from heat source.
2. For salsa, combine all ingredients and toss well. Chill in refrigerator for at least 15 minutes. (Salsa can be made up to one day in advance and refrigerated).
3. Cut chicken into thin strips and place them on a baking sheet coated with cooking spray. Broil for eight to 10 minutes.
4. To assemble the quesadillas, place four whole wheat tortillas on the countertop or table. Top each with one-quarter of the sliced cooked chicken, salt, chili sauce, cheese, and pine nuts (optional).
5. Fold tortillas in half to close and carefully transfer each to a baking sheet lined with parchment or wax paper.
6. Bake quesadillas at 350°F for five to 10 minutes or until the cheese is melted.
7. Serve one quesadilla with ½ cup salsa on the side.

yield: 4 servings
serving size: 1 quesadilla, ½ C salsa

each serving provides:

calories	339	total fat 11 g
saturated fat	3 g	cholesterol 62 mg
sodium	453 mg	total fiber 4 g
protein	26 g	carbohydrates 32 g
potassium	454 mg	

Tip: Delicious with a side of fresh grilled corn-on-the-cob.

oven-crusted chicken breast

a healthy way to fry chicken

For chicken:
4 boneless, skinless chicken breasts (3 oz. each)
1 egg white (or substitute liquid egg white)
1 C fat-free evaporated milk
1 C bread crumbs
¼ C rolled oats, crushed; pulse a few times in the food processor or crush between fingers to make smaller pieces
1 C whole wheat flour
2 Tbsp olive oil or vegetable oil

For salad:
2 Tbsp lemon juice
½ Tbsp olive oil
4 C red leaf lettuce, rinsed and dried
1 C cherry tomatoes, rinsed and halved
¼ tsp salt
¼ tsp ground black pepper

Tip: Try serving with a side of oven-roasted potatoes.

1. Preheat oven to 350°F.
2. Place chicken in a freezer bag with the air squeezed out and pound each breast down to ½-inch thickness.
3. Combine the egg white and evaporated milk in a bowl and mix well. In a separate bowl, combine the bread crumbs and crushed oats and mix well.
4. Coat the chicken breasts in flour and shake off the excess. Dip the chicken breasts in the egg and milk mixture and drain off the excess. Then dip the chicken breasts in the bread crumb mixture to coat and shake off the excess. After all chicken breasts have been coated, discard any leftover breading mixture.
5. Heat oil in a large sauté pan. Stir fry the chicken over medium-high heat on one side until golden brown, about two to three minutes. Turn carefully and pan fry the second side for an additional two to three minutes or until golden brown. Remove from the pan and place on paper towels to soak up excess oil. Place on baking sheet and finish cooking in a 350°F oven for about five to eight minutes (to a minimum internal temperature of 165°F).
6. For the salad, combine lemon juice and olive oil and mix well to make a dressing. Toss the lettuce leaves and cherry tomatoes with the dressing, salt, and pepper.
7. Serve 1 cup salad with one piece of chicken.

yield: 4 servings
serving size: 3 oz. chicken breast, 1 C salad

each serving provides:			
calories	264	potassium	553 mg
saturated fat	2 g	total fat	11 g
sodium	263 mg	cholesterol	49 mg
protein	24 g	total fiber	3 g
		carbohydrates	18 g

braised cod with leeks

a simple, but elegant weeknight meal

1 Tbsp butter
2 C leeks, split lengthwise, sliced thin, and rinsed well
3 medium carrots, rinsed, peeled, and cut into thin sticks
4 new (red) potatoes, rinsed and sliced into ½-inch thick circles
2 C low-sodium chicken broth
2 Tbsp fresh parsley, rinsed, dried, and chopped (or 2 tsp dried)
12 oz. cod fillets, cut into four portions (3 oz. each)
½ tsp salt
¼ tsp ground black pepper

Tip: Delicious with Asparagus With Lemon Sauce.

1. Heat butter in a large sauté pan. Add leeks and carrots and cook gently for three to five minutes, stirring often, until the vegetables begin to soften.
2. Add potatoes, chicken broth, parsley, and salt and pepper and bring to a boil over high heat. Reduce heat and simmer gently until the vegetables are just tender, about 10 to 12 minutes.
3. Add cod fillets and cover with a tight-fitting lid. Continue cooking over low heat for an additional five minutes or until the fish is white and flakes easily with a fork in the thickest part (to a minimum internal temperature of 145°F).
4. Serve each cod fillet with 1½ cups broth and vegetables.

yield: 4 servings
serving size: 3 oz. cod, 1½ C broth and vegetables

each serving provides:

calories	158
total fat	4 g
saturated fat	2 g
cholesterol	42 mg
sodium 4	37 mg
total fiber	3 g
protein	17 g
carbohydrates	13 g
potassium	476 mg

baked salmon dijon

this salmon entrée is easy to make and will be enjoyed by the whole family

1 C fat-free sour cream
2 tsp dried dill
3 Tbsp scallions (green onions), rinsed and finely chopped
2 Tbsp Dijon mustard
2 Tbsp lemon juice
1½ lb. salmon fillet, cut into 6 portions (4 oz. each)
½ tsp garlic powder
½ tsp ground black pepper
Cooking spray

1. Preheat oven to 400°F.
2. Whisk sour cream, dill, scallions, mustard, and lemon juice in a small bowl to blend.
3. Lightly coat baking sheet with cooking spray.
4. Place salmon, skin side down, on the prepared baking sheet. Sprinkle with garlic powder and pepper, then spread with sauce.
5. Bake salmon fillets until each is opaque in the center and flakes easily with a fork in the thickest part, about 20 minutes (to a minimum internal temperature of 145°F).
6. Serve immediately.

yield: 6 servings
serving size: 4 oz. salmon

each serving provides:

calories	196
total fat	7 g
saturated fat	2 g
cholesterol	76 mg
sodium	229 mg
total fiber	less than 1 g
protein	27 g
carbohydrates	5 g
potassium	703 mg

Tip: Pairs nicely with steamed broccoli.

pork chops in warm cherry sauce

the rich, savory sauce makes this an elegant dish

4 bone-in center-cut pork chops (about 5 oz. each)
¼ tsp salt
1/8 tsp ground black pepper
2 tsp olive oil, divided into 1½ tsp and ½ tsp portions
1 C onion, diced
1 C dry red wine
1 tsp dried tarragon
1 C dried cherries, either sweet Bing or tart (or substitute another dried fruit such as raisins, figs, or prunes)

1. Trim visible fat from pork chops. Sprinkle with salt and pepper.
2. In a large non-stick pan, warm 1½ teaspoons of oil over high heat. When pan is hot, brown chops on both sides, about two minutes per side. Remove chops from pan. Set aside.
3. Over medium heat, add remaining ½ teaspoon of oil and diced onion. Cook and stir until onion softens, about five minutes.
4. Add red wine. Cook and stir one minute to loosen the flavorful brown bits and mix them into the sauce.
5. Add tarragon and cherries. Cook and stir one minute to blend.
6. Return pork chops and any juices to pan. Cover. Simmer nine minutes to thicken sauce and until pork chops are fully cooked (to a minimum internal temperature of 160°F).
7. Serve immediately.

yield: 4 servings
serving size: 5 oz. pork, ¼ C cherry sauce

each serving provides:

calories	374
total fat	7 g
saturated fat	2 g
cholesterol	98 mg
sodium	237 mg
total fiber	4 g
protein	34 g
carbohydrates	31 g
potassium	655 mg

Tip: Try serving with Cinnamon-Glazed Baby Carrots.

baked pork chops

you can really sink your chops into these - they're made spicy and moist with egg whites, evaporated milk, and a lively blend of herbs

6 lean center-cut pork chops, ½-inch thick
1 egg white (or substitute liquid egg white)
1 C fat-free evaporated milk
¾ C cornflake crumbs
¼ C bread crumbs
4 tsp paprika
2 tsp oregano
¾ tsp chili powder
½ tsp garlic powder
½ tsp ground black pepper
1/8 tsp cayenne pepper
1/8 tsp dry mustard
½ tsp salt
Cooking spray

1. Preheat oven to 375°F.
2. Trim fat from pork chops.
3. Beat together egg white and evaporated milk. Place pork chops in milk mixture and let stand for five minutes, turning once.
4. Meanwhile, mix cornflake crumbs, bread crumbs, spices, and salt.
5. Spray cooking spray on 13-x-9 inch baking pan.
6. Remove pork chops from milk mixture and coat thoroughly with crumb mixture.
7. Place pork chops in pan and bake at 375°F for 20 minutes. Turn chops and bake for an additional 15 minutes until pork is fully cooked (to a minimum internal temperature of 160°F).
8. Serve immediately.

yield: 6 servings
serving size: 1 pork chop

each serving provides:

calories	216	total fat	8 g
saturated fat	3 g	cholesterol	62 mg
sodium	346 mg	total fiber	1 g
protein	25 g	carbohydrates	10 g
potassium	414 mg		

side dishes

classic macaroni & cheese

this recipe proves you don't have to give up your favorite dishes to eat heart healthy meals - here's a low fat version of a true classic

2 C macaroni
½ C onion, chopped
½ C fat-free evaporated milk
1 medium egg, lightly beaten
¼ tsp ground black pepper
1¼ C (4 oz.) low-fat sharp cheddar cheese, finely shredded
Cooking spray

1. Cook macaroni according to package directions but do not add salt to the cooking water. Drain and set aside.
2. Spray a casserole dish with non-stick cooking spray.
3. Preheat oven to 350°F.
4. Lightly spray a saucepan with non-stick cooking spray. Add onion to saucepan and sauté for about three minutes over medium heat.
5. In a bowl, combine macaroni, onion, and the remaining ingredients and mix thoroughly.
6. Transfer mixture into casserole dish.
7. Bake for 25 minutes or until bubbly. Let stand for 10 minutes before serving.

yield: 8 servings
serving size: 1 C pasta

each serving provides:

calories	200
total fat	4 g
saturated fat	2 g
cholesterol	34 mg
sodium	120 mg
total fiber	1 g
protein	11 g
carbohydrates	29 g
potassium	119 mg

Tip: Pairs nicely with steamed broccoli and garlic.

lentils with brown rice and kale

for a different flavor and even more fiber and protein, try quinoa in place of the brown rice; quinoa (pronounced KEEN-wah) is a grain native to South America

For lentils and kale:
1 C brown lentils, rinsed
¼ tsp salt
1/8 tsp ground black pepper
4 C kale, with heavy stems removed, rinsed and dried

For brown rice:
1 C instant brown rice, uncooked (for quinoa, follow cooking instructions on box)
¼ tsp salt
½ tsp dried basil

For onion:
2 Tbsp olive oil
2 C onion, diced
¼ tsp salt
1/8 tsp ground black pepper

1. Rinse lentils thoroughly in a fine wire colander and remove any stones or debris.
2. In a 4-quart saucepan, cover lentils with 2½ cups of water. Add salt and pepper. Cover and bring to a boil over high heat. Reduce heat. Simmer for 15 minutes (until adding kale in step 5).
3. In another saucepan, bring 2 cups of water to a boil. Add rice, salt, and basil. Cover and cook for 10 minutes. Set aside.
4. In a medium sauté pan, warm olive oil over medium heat and add onion, salt, and pepper. Cook and stir until the onion pieces become soft and dark brown (caramelized) but not burnt. If the onions start to stick to the pan, add a few drops of water and scrape the onions loose. Keep cooking until onions are completely caramelized (about 10 to 15 minutes total). Remove from pan and set aside.
5. After the lentils have cooked for 15 minutes, lightly place the kale on top of the lentils. Do not stir. Cover. The kale will steam while the lentils continue to cook, for another 15 minutes.

yield: 4 servings
serving size: 1 C lentils, 1/3 C rice, ½ C kale

each serving provides:			
calories	456	total fiber	19 g
total fat	9 g	protein	21 g
saturated fat	1 g	carbohydrates	77 g
cholesterol	0 mg	potassium	864 mg
sodium	472 mg		

asparagus with lemon sauce

lemon sauce makes fresh asparagus the perfect side dish for fish, scallops, chicken, or meat dishes

20 medium asparagus spears, rinsed and trimmed
1 fresh lemon, rinsed (for peel and juice)
2 Tbsp reduced-fat mayonnaise
1 Tbsp dried parsley
1/8 tsp ground black pepper
1/16 tsp salt

1. Place one inch of water in a 4-quart pot with a lid. Place a steamer basket inside the pot and add asparagus. Cover and bring to a boil over high heat. Reduce heat to medium. Cook for five to 10 minutes, until asparagus is easily pierced with a sharp knife. Do not overcook.

2. While the asparagus cooks, grate the lemon zest into a small bowl. Cut the lemon in half and squeeze the juice into the bowl. Use the back of a spoon to press out extra juice and remove pits. Add mayonnaise, parsley, pepper, and salt. Stir well. Set aside.

3. When the asparagus is tender, remove the pot from the heat. Place asparagus spears in a serving bowl. Drizzle the lemon sauce evenly over the asparagus (about 1½ teaspoons per portion) and serve.

yield: 4 servings
serving size: 5 spears, 1½ tsp sauce

each serving provides:

calories	39
total fat	0 g
saturated fat	0 g
cholesterol	0 mg
sodium	107 mg
total fiber	2 g
protein	2 g
carbohydrates	7 g
potassium	241 mg

cinnamon-glazed baby carrots

no one will be able to resist this sweet veggie side dish that's great with most meat, chicken, and seafood

4 C baby carrots, rinsed and split lengthwise if very thick (or frozen presliced carrots)
2 Tbsp soft tub margarine
2 Tbsp brown sugar
½ tsp ground cinnamon
1/8 tsp salt

1. Place the carrots in a small saucepan. Add just enough water to barely cover the carrots. Cover. Bring to a boil. Reduce heat to medium. Cook for seven to eight minutes, just until the carrots are easily pierced with a sharp knife.
2. While the carrots are cooking, combine margarine, brown sugar, cinnamon, and salt in a small saucepan and melt together over low heat (or put in a microwave-safe bowl and microwave for a few seconds on high power, until margarine is mostly melted). Stir well to combine ingredients.
3. Drain carrots, leaving them in the saucepan. Pour cinnamon mixture over carrots. Cook and stir over medium heat for two to three minutes, just until the carrots are thoroughly coated and the glaze thickens slightly. Serve warm.

yield: 4 servings
serving size: 1 C carrots

each serving provides:

calories	67
total fat	3 g
saturated fat	0 g
cholesterol	0 mg
sodium	149 mg
total fiber	52 g
protein	1 g
carbohydrates	10 g
potassium	260 mg

good-for-you cornbread

try this healthier version of a classic comfort food with soups or salad

1 C cornmeal
1 C flour
¼ C sugar
1 tsp baking powder
1 C low-fat (1 percent) buttermilk
1 large egg
¼ C soft tub margarine
1 tsp vegetable oil (to grease baking pan)

1. Preheat oven to 350°F.
2. Mix together cornmeal, flour, sugar, and baking powder.
3. In another bowl, combine buttermilk and egg. Beat lightly.
4. Slowly add buttermilk and egg mixture to dry ingredients.
5. Add margarine and mix by hand or with mixer for one minute.
6. Bake for 20 to 25 minutes in an 8-x-8 inch, greased baking dish. Cool. Cut into 10 squares.

yield: 10 servings
serving size: 1 square

each serving provides:

calories	178
total fat	6 g
saturated fat	1 g
cholesterol	22 mg
sodium	94 mg
total fiber	1 g
protein	4 g
carbohydrates	27 g
potassium	132 mg

savory brown rice

this savory, rich side dish is great with steak, pork, and chicken dishes

1 Tbsp olive oil
1 C onion, chopped
1 C portabella mushrooms, rinsed, halved, then thinly sliced
½ C celery, rinsed and finely diced
2 C low-sodium chicken broth
1 C instant brown rice, uncooked
¼ C dried parsley
¼ tsp salt
Ground black pepper to taste

1. In a 4-quart saucepan, warm olive oil over medium heat. Add onion, mushrooms, and celery. Cook and stir for five to seven minutes, until all vegetables are soft but not brown.

2. Stir in the chicken broth, brown rice, parsley, salt, and pepper. Cover. Bring to a boil over high heat.

3. Reduce heat to medium. Cook according to brown rice package directions, about five to 10 minutes. Drain off any excess liquid. Fluff with a fork. Serve immediately.

yield: 4 servings
serving size: 1 C rice

each serving provides:

calories	246
total fat	5 g
saturated fat	1 g
cholesterol	2 mg
sodium	221 mg
total fiber	4 g
protein	7 g
carbohydrates	43 g
potassium	314 mg

parmesan green beans

a side dish so tasty, children won't even know it's good for them

1 Tbsp olive oil
1 tsp garlic, minced (about 1 clove) or ¼ tsp garlic powder
1 small onion, thinly sliced (about ½ C)
1 bag (16 oz.) frozen green beans
1 C low-sodium chicken broth
¼ C grated parmesan cheese
¼ tsp ground black pepper

1. Combine olive oil and garlic in a large saucepan. Cook until garlic is soft but not browned (about 30 seconds).
2. Add onion and continue to cook for about five minutes over medium heat until soft.
3. Add green beans and chicken broth. Bring to a boil and simmer for two minutes until the beans are heated through.
4. Sprinkle with parmesan cheese and pepper and serve.

yield: 4 servings
serving size: 1 C green bean mix

each serving provides:

calories	95
total fat	5 g
saturated fat	1 g
cholesterol	4 mg
sodium	117 mg
total fiber	3 g
protein	5 g
carbohydrates	9 g
potassium	293 mg

Notes:

Notes:

All recipes courtesy of Keep the Beat™, National Heart, Lung, and Blood Institute.

If you are looking for additional recipe resources, check out these websites:

- National Heart, Lung, and Blood Institute – Healthy Eating
  http://hp2010.nhlbihin.net/healthyeating
- American Heart Association – Getting Healthy
  http://www.heart.org/HEARTORG/
- Mrs. Dash – Recipes
  http://www.mrsdash.com/

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