



# **ADULT**

# **PATIENT HANDBOOK**



# Welcome to Brynn Marr Hospital

## Introduction

Brynn Marr Hospital welcomes you to the Adult Inpatient Program. We understand that this may be a difficult time for you and your family. Our team of healthcare professionals is dedicated to providing you with individualized treatment in a confidential, comfortable, and secure environment. We hope that you find your stay with us challenging and productive, and encourage you to ask questions regarding our services so that you may feel more comfortable with the treatment process.

Please read this handbook carefully and keep it for future reference. The handbook is designed to familiarize you with the structure of the program and expectations about your participation and behavior.

We appreciate your comments and input about the program so that we can help you effectively. You will be asked to complete a satisfaction survey prior to your discharge. We encourage your participation and honest feedback as we strive to continuously improve our services.

## General Information

1. Facility Address:  
Brynn Marr Hospital  
192 Village Drive  
Jacksonville, NC 28546
2. Phone Number:  
910-577-1400
3. Patient Security Code:
  - Your patient security code is: \_\_\_\_\_
  - Your security code is assigned to you at admission.
  - Please provide this code to anyone that you receive calls or visits from. To protect your privacy, Brynn Marr Hospital staff is unable to transfer callers to patient telephones without this code.

## **Visitation/Telephone Hours**

Visitation times are dependent on your assigned unit. Please call 910-577-1400 or ask a staff member for the most updated information regarding visitation.

Telephone hours are: **Monday through Sunday 7:00pm to 8:30pm**

## **Mail**

You may send and receive mail. For safety reasons, all mail or packages received must be opened in the presence of staff and searched/inventoried per Brynn Marr Hospital policy.

## **Confidentiality**

Treatment at Brynn Marr Hospital is confidential for all patients and their families. Information about you is confined to those involved in your treatment or on your behalf. We must have a consent form signed by you or by your legal guardian in order to share any information about you.

## **Students/Interns**

Periodically, college or university students receive clinical training at Brynn Marr Hospital. Students/interns work under the direct supervision of their faculty members and our staff. Patient confidentiality is enforced throughout the student/intern's clinical rotations at Brynn Marr Hospital. Students/interns wear name badges and will identify themselves when they are interacting with you.

## **Smoking Policy**

Brynn Marr Hospital is a smoke free facility. Patients and visitors are not permitted to smoke inside the facility or on hospital grounds.

## **Patient Rights/Patient Representative**

The Patient Representative organizes the investigation of all grievances/complaints received from patients, guardians, or family members regarding patient rights issues.

You or a staff member should complete a patient concern notification form. The completed form is turned in to the appropriate supervisor. If possible, the supervisor will address the grievance within 24 hours. If the grievance cannot be resolved at this level, it will be referred to the Patient Representative.

**Your Patient Representative is Maria T. 910-577-1400 ext. 2259.**

We appreciate the opportunity to resolve any concerns on a local level; however, if you have concerns regarding the quality of your care, you may contact NC Department of Health and Human Services at 1-800-624-3004.

Please be advised that Disability Rights North Carolina may visit our facility from time to time. Disability Rights NC is the federally mandated Protection and Advocacy System (P&A) for the State of North Carolina. Congress created the P&A System to monitor compliance with respect to the rights and safety of residents and provide information and training about individual rights and the P&A System. Disability Rights NC may visit our facility for monitoring purposes, which simply means that they will tour our

facility, talk with patients and staff, and observe the general atmosphere of our facility. Brynn Marr Hospital and Disability Rights NC want to ensure that the parents and guardians of individuals in the care of the facility are informed that the P&A will be conducting these monitoring activities and, in the course of such monitoring, may speak informally to those with a legal guardian. If you have any questions concerning Disability Rights NC or its monitoring activities, you may contact them at 877-235-4210 (toll free) or at [www.disabilityrightsn.org](http://www.disabilityrightsn.org).

### **Staying at Brynn Marr Hospital**

#### **Your Room:**

Rooms are semi-private and you are responsible for your belongings. Food and drinks are not allowed in your room. We ask that your belongings are stored neatly in the space provided. For various reasons, your room assignment may need to be changed. Staff will inform you of any necessary changes.

#### **Laundry:**

With staff supervision, you may wash and dry your clothes when not participating in scheduled therapeutic group activities.

#### **Clothing, Jewelry and Personal Items:**

You are responsible for all items brought into the facility and we encourage you to send valuables home with family if possible. Wedding bands are allowed on the unit provided they have no stones or metal protruding from the ring. You are expected to dress in appropriate clothing upon waking. To ensure the safety of our patients and staff, all items brought by family or friends must first be checked and inventoried by staff. Valuables will be locked in the safe. Luggage, wallets, and purses are kept secure in a locked area.

#### **Medication:**

Medications may be prescribed as part of your treatment plan. Only medications prescribed by the physician will be given to you, including over-the-counter medication. Only the physician can order medications for you. Even if medications are prescribed by an outpatient provider, our physician will need to write an order for the continued use of this medication. If you are prescribed a medication which is not carried in our pharmacy and can provide the medication you may request the doctor write an order for this medication.

#### **Drug Screens:**

Urine drug screens may be performed upon admission or randomly at the staff's discretion if indicated.

## **Unit Rules and Regulations:**

The following rules apply to ensure that you will have a safe, healthy, and therapeutic stay:

1. No alcohol or drug paraphernalia will be permitted.
2. No threats or acts of violence will be permitted.
3. Sexual activity with other patients or visitors is not permitted.
4. Enabling (helping someone else violate a rule) is not permitted.
5. Appropriate language and behavior is expected at all times.
6. Incidents involving the destruction or misuse of hospital property are not permitted.
7. To ensure your confidentiality, you will be assigned a security code. You must give this number to any person you would like to have contact with during your stay at Brynn Marr Hospital.
8. Please respect the confidentiality of others. Do not tell your family or friends about other patients and their treatment.
9. Gambling is not allowed.
10. Appropriate dress is expected at all times, which includes: shoes, pants, shirts that cover your midriff, etc... Clothing with provocative or explicit writing/pictures is not permitted.
11. You should be dressed upon waking each morning.
12. Lending or borrowing of personal belongings is strongly discouraged.
13. Prompt, daily attendance at each scheduled group or activity is required.
14. Bedtime is at 9:00pm.
15. Patients are not to loiter in front of the nursing station.
16. Bedroom doors are to remain locked during programming hours and left open during evening relaxation and sleep hours.
17. No food or beverages allowed in patient rooms.
18. Do not bring food or beverages from the cafeteria back to the Unit.
19. Durable, reusable eating utensils are used on the Unit and in the cafeteria. Please do not throw away these reusable utensils and follow the existing policy as directed by Unit staff.
20. Outside food is not permitted.
21. Patients are accompanied by staff in courtyards at all times.
22. No patients are allowed to have cell phones or other electronic devices on the Unit.
23. No blankets or gowns are allowed off the Unit.

## Frequently Asked Questions:

**1. What is the average length of stay at Brynn Marr Hospital?**

The typical length of stay is 7 to 10 days, but is dependent on patient response to treatment. Decisions regarding length of stay are decided by the treatment team.

**2. What is treatment team?**

Treatment team takes place a minimum of three days per week. The Acute Clinician, physician, unit nurse, and discharge coordinator are present to discuss patient progress and response to treatment.

- **What does a Discharge Coordinator do?**

The Discharge Coordinator is a member of the clinical team and coordinates the discharge plan for the patient. Discharge planning begins at admission. The Discharge Coordinator may call family/guardian to collect important information to start the discharge plan and make the appropriate outpatient referrals.

**3. When do patients see the physician?**

Patients see the physician within 24 hours of admission and daily throughout their entire length of stay.

**4. Will I be prescribed medication?**

During the initial meeting with the physician, a medication evaluation will be completed. If the physician believes medication is a necessary part of treatment, the unit nurse will explain medication and obtain consent.

**5. When will I see my assigned Acute Clinician?**

Patients will see their assigned Acute Clinician within 72 hours of admission. The Acute Clinician will meet with the patient at a minimum of once per week to update the treatment plan and discharge plan. The Acute Clinician will contact family or legal guardians within 72 hours of admission to schedule a family session if needed.

**6. What does an Acute Clinician do?**

The Acute Clinician is a licensed professional in the state of NC that coordinates treatment planning and the discharge plan for the patient. Discharge planning begins at admission. The Acute Clinician will coordinate your discharge plan and make the appropriate outpatient referrals. Acute Clinicians also facilitate daily group therapy to help patients understand reasons for admission in a peer group setting.

**7. Are males and females on the same unit?**

Male and female adults are on the same unit and program together. All rooms are separated by gender.

**8. What insurances are accepted? What does it cost?**

Brynn Marr Hospital accepts Medicare, Medicaid, Aetna, BCBS, Cigna, Medcost, United Healthcare and Tricare. All billing questions should be directed to the Business Office.

**9. When are visitation and phone hours?**

Visitation Hours	Telephone Hours
Visitation hours are dependent on your assigned unit. Please call 910-577-1400 or see a staff member for the most updated information regarding visitation.	Sunday–Saturday 7:00pm-8:30pm

**10. What items can I have at Brynn Marr Hospital?**

Items Allowed	Items to Keep at Home
<ul style="list-style-type: none"> <li>• 3 shirts</li> <li>• 3 pairs of pants or knee length shorts</li> <li>• 5 pairs of underwear</li> <li>• 5 pairs of socks</li> <li>• 3-5 bras <i>without underwire</i></li> <li>• 1 pair of pajamas</li> <li>• 1 jacket, crewneck sweatshirt, sweater, or coat</li> <li>• 1 pair of comfortable shoes without shoe laces</li> <li>• 1 pair of slippers</li> <li>• Soft back books</li> <li>• Copies of personal photos</li> </ul>	<ul style="list-style-type: none"> <li>• Clothing with hoods, straps, draw strings, pull strings, cords, or studs</li> <li>• Belts, scarves, and ties</li> <li>• Clothing that has drugs, sex, alcohol, or violent screen printing</li> <li>• Tank tops and undershirts</li> <li>• Thong underwear</li> <li>• Any product with staples</li> <li>• Hardback books or reading material</li> <li>• Clothing that sags, is transparent or ripped/torn</li> <li>• Jewelry and body jewelry (exceptions for wedding band without stones)</li> <li>• Make-up and cosmetics</li> <li>• Sunglasses and hats</li> <li>• Any hygiene or aerosol products</li> <li>• Cell phones and other electronic devices</li> <li>• Flip flops/boots/high top shoes</li> <li>• Hair ties (provided on the unit)</li> <li>• Hair brush or comb</li> <li>• Art supplies, games, or playing cards</li> </ul>

\*Brynn Marr Hospital reserves the right to alter this list at any time without notice in order to maintain the wellbeing and safety of our patients and staff.



## **COURT HEARING PROCESS**

**Adult** patients (anyone 18 years or older) admitted to Brynn Marr Hospital pursuant to a Petition for Involuntary Commitment must have a Court hearing before a District Court Judge within ten (10) days following admission. This hearing is required by North Carolina General Statute 122C-268.

**Minor** patients (anyone under 18 years of age who is not married or legally emancipated) admitted on either a Voluntary or Involuntary basis to Brynn Marr Hospital must have a Court hearing before a District Court Judge within fifteen (15) days following admission. This hearing is required by North Carolina General Statute 122C-224.

For **patients admitted** to Brynn Marr Hospital **by midnight on Monday**, the virtual **Court hearing will be scheduled for Friday of the same week**. For **patients admitted after midnight on Monday**, the virtual **Court hearing will be scheduled for Friday of the week following admission**.

Persons who are named as a Petitioner in Involuntary Commitment proceedings will receive a Notice of Hearing from the Onslow County Clerk of Court which will give information regarding the scheduled Court date and time. **Petitioners are encouraged to attend scheduled virtual hearings; failure to appear at the hearings may result in the Judge ordering a subpoena compelling the appearance at a hearing scheduled following a one-week postponement.**

**Hearings are held** virtually on Friday **mornings beginning at 09:00am**. The hearings are heard privately and individually before a District Court Judge. **An attorney will be appointed, at no cost to the patient or family, to represent the patient at the Court hearing**. The patient or the legally responsible person may request a privately retained attorney to represent the patient at the hearing; the expenses incurred for the services of the privately retained attorney will be the responsibility of the patient or legally responsible person.

**If the patient is discharged from Brynn Marr Hospital prior to the scheduled Court date, the hearing is cancelled and the patient and legally responsible person are not required to participate in the hearing.**

Persons planning to attend virtual Court hearings are asked to be available by phone so that hearings may begin according to schedule. The number of hearings scheduled for Fridays will vary from week to week; therefore, persons attending hearings should be prepared for a waiting period of one (1) to three (3) hours to conclude.

**If you have any questions regarding the Court hearing process, or are unable to attend the scheduled hearing, please contact the Onslow County Clerk of Superior Court between 8:00am and 5:00pm Monday through Friday by calling (910) 478-3600.**



## Welcome to Dietary Services

Our goal is to provide you with quality food and appropriate diet during your stay. Here are some answers to common questions:

### Where and When:

Q) Where do I go to get my meals?

A) Unless you are restricted to your Unit, you will receive your meals in the cafeteria with your Unit.

Q) What times are my meals served?

A) Meal times are as follows:

- Menus are posted on the Unit for your information
- There is a full salad bar at lunch and dinner
- Individual serving salad dressings are provided by dietary staff
- Fresh fruit is available at every meal

Q) May I bring food back from the cafeteria to the Unit?

A) Taking food with you to the Unit is prohibited. Please eat well while you are in the cafeteria. Snacks are provided on the Unit throughout the day.

Q) What if I cannot go to the cafeteria?

A) Your meals will be brought back by Unit staff. Late arrival trays and supplemental foods can be provided. Medical needs such as diabetic, low fat, low sodium, vegetarian, extra portions, specific allergies, and mechanically altered diets are available with a doctor's order.

Q) Where will I eat my meals if I stay on the Unit?

A) You will be served in the common areas. Food of any kind is not to be consumed in bedrooms due to health regulations. If you are not going to go to the cafeteria, a meal will be brought to you along with appropriate beverages.

### Menus:

Q) How do I know what is being served?

A) There is a menu posted on the Unit. A salad bar is provided at lunch and dinner. Fresh fruit is provided during every meal.

Q) What if I do not like the meal?

A) You may choose a salad or snack item. You may also have a peanut butter sandwich as an alternative.

Q) What if I have a religious or personal preference on foods I eat?

A) Although we do not have a specific menu for these diets, we accommodate the needs for Kosher, vegetarian, pork or beef free, as well as others. Religious and personal preferences can be arranged by speaking with staff. Patients with diabetes who have particular dietary needs should ask to speak with the Dietary Manager as soon as possible. Patients with allergies/intolerances and carbohydrate counting can also be accommodated.

**Snacks:**

Q) What if I am hungry between meals?

A) Evening snacks are served on all Units. Snacks are served according to Unit schedules. Staff can provide coffee from upon request. Assorted juices, fruit, milk, decaf coffee, fruit and vegetable snacks are available upon request from dietary.

**Medical Concerns:**

Q) What if I have a food allergy or intolerance?

A) Please indicate this on your intake form and/or during your intake interview. Dietary will see that an appropriate substitute is made. A dietitian will meet with you if ordered by the physician.

Q) What if I am an established controlled Diabetic?

A) Diabetic diets can vary widely. If you have a pattern worked out with your physician, you will need to make that clear at intake. Consistent carbohydrate diets are served.

Q) What if I would like to speak with the Dietary Manager about a specific dietary need?

A) Let your nurse know and the Dietary Manager will come to see you as needed.

**Food from Home or Restaurants:**

Q) Can any outside food item be shared with other patients?

A) Outside food brought in by visitors is not allowed.

**Unit staff will be available to assist with menu choices and notify Dietary Personnel of Patients with special diet orders.**

**Our Dietary Department understands that food is basic to daily living, wellbeing, and healing. We do our best to serve meals that are nourishing and that appeal to our patients. We always appreciate your comments to improve our food quality and service.**

## **PATIENT'S BILL OF RIGHTS**

### **I. FUNDAMENTAL RIGHTS**

Each patient shall at all times retain the right to:

- A. Be treated with dignity and respect.
- B. To receive the utmost professional care without regard to race, color, sex, national origin, source of payment, sexual preference, age, or handicap.
- C. Full citizenship (except as excluded by law).
- D. Application for a Writ of Habeas Corpus.
- E. Petition of Judicial Release.
- F. Access to legal counsel and private physicians of his choice at his expense.
- G. Explanation of status, rules, regulations and restrictions, and treatment including medication and how they apply to his condition.
- H. Explanation of available grievance and appeal procedures.

### **II. TREATMENT RIGHTS**

Each patient shall at all times retain the right to:

- A. Be free from physical, emotional, and verbal abuse.
- B. Nursing and medical assessment, within 24 hours after admission, including assessment of pain
- C. Prompt and adequate medical attention for physical illness and emergency procedures and to expect that when medically indicated transfer to another healthcare facility.
- D. Good quality care provided by competent staff with high professional standards that are continually maintained and reviewed.
- E. Proper and adequate medication and an explanation of the risks and possible side effects of all medications.
- F. The least restrictive conditions necessary to achieve adequate care and treatment and notification of alternative procedures.
- G. A treatment program planned to meet individual needs.
- H. Know the name, title, and function of all staff persons concerned with treatment provided.
- I. Provision of proper, safe, and sanitary shelter, appealing and nutritious food, and security in self and personal possessions.
- J. The opportunity for periodic consultation with clinicians not directly responsible for the treatment program.
- K. To refuse any drugs, treatment or procedure offered by the facility to the extent permitted by law. The physician shall inform the patient of his rights to refuse any drugs, treatment, or procedures and of the medical consequences of the patient's refusal of any drugs, treatment, or procedure.
- L. The right to full information in laymen's terms, concerning diagnosis, treatment, and prognosis, including information about alternative treatments and possible complications. When it is not possible or medically advisable to give such information to the patient, the information shall be given on his behalf to the patient's designee.
- M. To expect reasonable continuity of care, inclusive of a written discharge plan, and to be advised by the treatment staff.

- N. The right to every consideration of personal privacy concerning the medical care program.
- O. Case discussion, consultation, examination, and treatment are considered confidential and will be conducted discretely.
- P. To medical and nursing treatment that avoids duplication of services and unnecessary physical and mental discomfort.
- Q. Except for emergencies, the physician must obtain the necessary informed consent prior to the start of any procedure and/or treatment.

### III. COMMUNICATION RIGHTS:

- A. Each patient shall at all times retain the right to:
  - 1. Send and receive sealed mail and have access to writing material, limited postage, and staff assistance when necessary. Your Social Worker will distribute mail to you. All mail received must be opened in front of staff to ensure your safety as well as your peers and staff.
  - 2. Contact and consult with legal counsel and private physicians of his/her choice and at his or her expense.
  - 3. Provision of interpreters for certain individuals who speak languages other than English, and use alternative communication techniques for those who are deaf or blind.
- B. Each minor patient may at all reasonable times:
  - 1. Communicate and consult with the agency or individual having custody of him/her.
  - 2. Communicate and consult with legal counsel and private mental health or mental retardation specialist of his/her legal custodian or guardian's choice, at his/her expense.
- C. Expect to be informed of the use of tape recorders, audiovisuals, or other such equipment and to be ensured of confidentiality.
- D. Expect to receive a detailed explanation of his/her bill and to receive full information and counseling on availability of known financial resources.
- E. A patient has the right to expect that the facility will provide a mechanism whereby he/she is informed upon discharge of his/her continuing health care requirements following discharge and the means for meeting them.
- F. The patient cannot be denied the right of access to an individual or agency that is authorized to act on his/her behalf to assert or protect the rights set out in this section.

### IV. CONFIDENTIALITY:

Each patient shall at all times retain the right to:

- A. Have all records pertaining to his/her medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
- B. Expect that the confidentiality of alcohol and drug abuse patient records maintained by this facility is protected by Federal law and regulations. Generally, the staff may not disclose that a patient attends the program, or disclose any information identifying a patient unless:
  - 1. The patient consents in writing.
  - 2. The disclosure is allowed by a court order.
- C. Expect that the facility shall provide a patient, or patient designee, upon request, access to all information contained in the patient's medical records. The patient's attending physician may restrict a patient's access to medical records. If the physician restricts the patient's access to information in the medical record, the physician shall record the reasons in the patient's

medical record. Access shall be restricted only for sound medical reason. A patient's designee may have access to the information in the patient's medical records even if the attending physician restricts the patient's access to those records.

- D. Federal law and regulations do not protect all information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.
- E. Federal laws and regulations allow for reporting suspected child abuse or neglect to appropriate State or local authorities (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations).

**V. ADDITIONAL RIGHTS:**

- A. Each patient shall at all times retain the right to:
  - 1. Make and receive confidential telephone calls during phone call times, and other times .
  - 2. Receive visitors during visiting hours. The patient has the right to consent to receive the visitors he/she designates, including, but not limited to: a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and to withdraw or deny such consent at any time.
  - 3. Before the patient is furnished patient care, if possible, the patient shall also have the right to designate a Support Person who can exercise the patient's visitation rights in the event the patient is incapacitated or otherwise unable to do so. Patient Visitation Rights shall not be restricted, limited, or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges consistent with the patient's preferences. The Hospital may impose clinically appropriate limitations on patient visitation when visitation would interfere with the patient's care, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors, or the patient's need for rest or privacy.
  - 4. Not be awakened by staff unless it is medically or clinically necessary.
  - 5. Make visits outside unless such patient is committed to this hospital under the Mental Health Statutes of this state.
  - 6. Be out of doors and have access to facilities and equipment for physical exercise several times a week.
  - 7. Keep and use his/her own clothing and personal possessions.
  - 8. Know what facility rules and regulations apply to his/her conduct as a patient.
  - 9. Be free of exploitation.
  - 10. Be free of unwarranted suspension or expulsion from services.
  - 11. Participate in religious worship.
  - 12. Keep and spend a reasonable amount of money. Each adult patient shall, at all times, retain the right to retain a motor vehicle driver's license, unless otherwise prohibited by the General Statutes of this state.
  - 13. Each adult patient shall, at all times, retain the right to exercise all civil rights, including the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, register, and vote, and marry and obtain divorce, unless such patient has been adjudicated incompetent under the provisions of the General Statutes of

this state and has not been restored to legal capacity; provided; however, that this shall be construed as validating the act of any patient who was at the time of the act, in fact, incompetent.

14. Expect to be informed of program specific rules and regulations at the time of entry into the service.

#### **IV. ADDITIONAL RIGHTS AND RESPONSIBILITIES OF MINORS: (17 years of age or younger)**

- A. No juvenile shall be expected to exercise rights and privileges, nor shall be accorded responsibilities that by law are generally accepted practices reserved or limited to adult choices.
- B. Parents and guardians must be kept informed of the management of all aspects of the juvenile's living situation by staff members in their function in loco parentis. However, no juvenile shall be denied or deprived of the rights applicable to all citizens as guaranteed by law.
- C. Each minor patient shall have the right to:
  1. Receive special education and vocational training in addition to other forms of treatment.
  2. Participate in recreation, physical exercise, and outdoor activity on a regular basis, in accordance with individual needs.
  3. Receive such assistance as needed in sending and receiving correspondence and making telephone calls.
  4. Receive visitors under appropriate supervision. Such visiting is not to take precedence over school or therapy.
  5. Have access to individual storage space for his/her own use.

#### **VII. RESTRICTION OF PATIENT PRIVILEGES:**

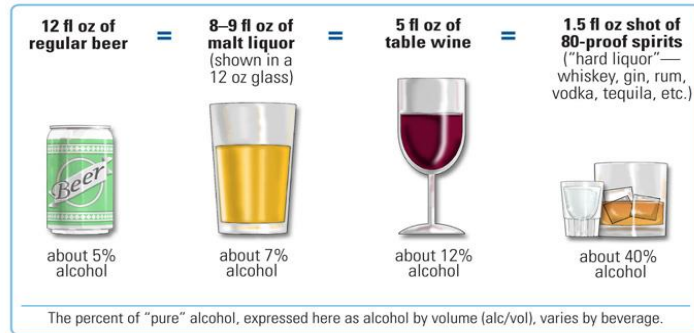
Restriction of patient privileges may be initiated upon a physician's order when the life and safety of the patient, staff or therapeutic environment is at risk.

- A. The goal of the restrictive action is to be therapeutic and not punitive.
- B. Restrictions of privileges are done in progressive sequence and based on the patient's behavior, first implementing least restrictive measures.
- C. Restrictions of privileges are done in consultation with treatment team members and the attending physicians.
- D. Types of Restrictions:
  1. Loss of phone or visiting privileges.
  2. Restricted to the building.
  3. Restricted to the unit.
  4. Restricted to the room.
  5. Restricted to the quiet room.
  6. Restricted from using particular area (i.e. courtyard, gym)
  7. Restricted from participation in designated activities.

**Alcohol Education Material**

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

A standard drink in the United States is any drink that contains about 14 g of pure alcohol (about 0.6 fluid oz or 1.2 tbs). Below are US standard drink equivalents. These are approximate, since different brands and types of beverages vary in their actual alcohol content. [See Resources: *NIAAA Pocket Guide: What Is A Standard Drink?*]



**Standard drink sizes and amounts**

From the National Institute on Alcohol Abuse and Alcoholism.<sup>7</sup>

For a text-based version of the figure, please refer to

<http://pubs.niaaa.nih.gov/publications/Practitioner/PocketGuide/pocket.pdf>

Table 1 illustrates the maximum drinking limits for healthy men and women.<sup>7</sup> However, there are conditions under which safe drinking limits are lower than these -- including among patients who take medications that interact with alcohol, who have a health condition that may be exacerbated by alcohol, or who are pregnant (and should be advised to be abstinent).<sup>7</sup>

**Maximum Drinking Limits**

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the following are the recommended **Maximum Drinking Limits**. People, with exceptions noted below, are advised to stay within these limits:

For healthy **men up to age 65**

- No more than **4** drinks in a **day** AND no more than **14** drinks in a **week**

For healthy **women** (and healthy **men over age 65**)

- No more than **3** drinks in a **day** AND no more than **7** drinks in a **week**

**Abstinence** should be advised to individuals who:

- Take **prescriptions or over-the-counter medications** that may interact with alcohol
- Have a **health condition** that may be exacerbated by alcohol
- Are **pregnant**
- Are considering becoming pregnant
- Are younger than age 21



## **Tobacco Use Treatment**

Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year. Smoking is a known cause of multiple cancers, heart disease, stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing, and many other diseases.

As a patient who has reported tobacco use, we are required to offer counseling for smoking cessation. There are 3 sections in the counseling:

1. You are able to recognize danger situations which may trigger you to smoke. Some of these are being around other smokers, drinking alcohol in the first month after quitting, being in locations where you used to smoke such as breaks at work (with or without others smoking), in the car, with coffee, etc.
2. Developing coping skills
  - a. Take a walk
  - b. Ask others not to smoke in your presence
  - c. If you are in a group and others light up, excuse yourself, and don't return until they have finished
  - d. Remind yourself cravings are situational—they will pass
  - e. Keep oral substitutes handy: carrots, sunflower seeds, apples, celery, raisins, and sugarless gum - all work to stop the psychological need.
  - f. Change surroundings
  - g. Exercise
3. Basic information about quitting:
  - a. Cigarette smoke contains more than 7,000 chemicals, 70 of which cause cancer
  - b. Nearly one in three cancer deaths each year are directly linked to smoking
  - c. Cutting back or smoking occasionally is not effective. Tobacco smoke causes immediate harm to the body when inhaled.
  - d. Tens- of-thousands of non-smokers die every year from breathing other people's secondhand smoke.
  - e. Within 20 minutes of quitting your body starts to heal.
  - f. 2 weeks to 3 months after quitting your heart attack risk begins to drop and your lung function begins to improve.
  - g. Within 1 year your risk of heart attack drops sharply

**For more information:**

[www.surgeongeneral.gov/library/reports/tobaccosmoke/factsheet.html](http://www.surgeongeneral.gov/library/reports/tobaccosmoke/factsheet.html)  
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)  
[www.quitlinenc.org](http://www.quitlinenc.org)

# STOP THINK AND TALK

## Prevention of Sexual Activity in our Facility

