



Progress Notes

MEDICAL STAFF

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FROM THE PRESIDENT

Progress has continued on the development of a Physician Well-Being group. A Task Force has been formed to organize the first session which is tentatively scheduled for mid-June.

Arrangements have been made to retain the services of a clinical

psychologist, experienced in such groups, to facilitate the process. We are quite excited about the prospect of having such a support group available on an ongoing basis at our hospital as a resource for our Medical Staff.

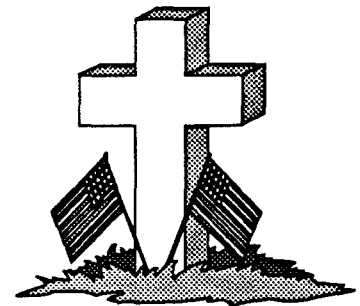
The Clinical Plan is in rough draft form and presently under consideration by the Board Planning Committee. Once finalized, it will be presented to the Medical Executive Committee and will be available for review by the Medical Staff.

The formal Mission/Vision Statement from the Medical Staff, as well as the primary Goals and Objectives, generated from our recent weekend retreat are currently being reviewed and finalized and will soon be available for presentation, initially to the Medical Executive and Past Presidents Committees. This information, which we feel is of critical importance for our future direction, will be presented thereafter at a General Medical Staff meeting.

John Jaffe
President, Medical Staff

GENERAL MEDICAL STAFF MEETING NOTICE

The next General Medical Staff Meeting will be held on Monday, June 10, at 6 p.m., in the Auditorium of the LVHC site. All members of the Medical Staff are urged to attend.



MEMORIAL DAY
MAY 27, 1991

WELCOME BACK!

Kenneth M. McDonald, M.D., vascular surgeon, returned home from the Persian Gulf on April 14, 1991.



The Allentown
Hospital—
Lehigh Valley
Hospital Center

A HealthEast Hospital

VOLUME 3, NUMBER 5
MAY, 1991

Correspondence for President-elect

Effective May 1, 1991, all official correspondence regarding Joseph A. Candio, M.D., as President-elect of the Medical Staff, should be forwarded to the Medical Affairs Office at the LVHC site. This includes all meeting notices relating to Dr. Candio in this role.

All clinical information concerning Dr. Candio's private practice should continue to be forwarded to his office -- Candio, Feldman, Kovacs & Guillard, 1230 S. Cedar Crest Blvd., Suite 201, Allentown, PA 18103.

If you have any questions regarding this issue, please contact either John W. Hart, Vice President, at 776-8968, or Rita M. Mest, Medical Staff Coordinator, at 778-2244.

Physician Information Services (I/S) Liaison Position Approved

At its May 7 meeting, the Medical Executive Committee unanimously supported HEI/TAH--LVHC continuing its efforts to acquire a new patient care information system from PHAMIS. The Medical Executive Committee also unanimously supported creating a paid, part-time Physician I/S Liaison position to provide physician leadership in implementing and using the PHAMIS system. A selection committee will review all resumes

for the position, conduct all interviews, and recommend its top three choices. John S. Jaffe, M.D., President, Medical Staff, and Samuel R. Huston, hospital President and CEO, will make the final selection.

Interested candidates should direct any questions and/or mail their resumes for consideration to Richard Duncan, Chief Information Officer, 2024 Lehigh Street, Allentown, PA 18103, (778-1406), or John W. Hart, Vice President, Medical Affairs Office, LVHC site, (776-8968), on or before Monday, May 27.

National Practitioner Data Bank

Within two years, the National Practitioner Data Bank will have a file on all physicians licensed to practice medicine in the United States who have hospital privileges. As many physicians are not clear on many of the regulations governing the Data Bank, the Pennsylvania Medical Society recently released a new booklet which explains how the Data Bank will operate and its impact on physicians. This booklet very simply explains some of the most-asked questions regarding the reporting of actions to the Data Bank.

Copies of this booklet are available in the Medical Affairs Office at both sites. To obtain a copy, please call either Sally Roessler at 776-8968 (LVHC site), or Bess Ehnot at 778-2244 (TAH site).

Attention Laser Users at LVHC Site

The Sharplan 1110 Carbon Dioxide Laser, located at the LVHC site, has been repaired and is available for use by all specialties. Therefore, when scheduling procedures with the operating room at the LVHC site, it will be assumed that this piece of equipment will be used unless another laser is specifically requested.

If you have any questions regarding this issue, please contact Joanne Porter, R.N., B.S.N., CNOR, Head Nurse, Operating Room, at 776-8760.

Drug Trial for Insulin Dependent Diabetics

The Allentown Hospital--Lehigh Valley Hospital Center is one of 60 sites in the nation conducting an oral drug trial to help slow the development of kidney disease in Type I diabetics. Our goal is to enroll 15 patients within the next nine months.

Study candidates must meet the following criteria:

- * insulin dependent diabetes mellitus for five to 20 years
- * normal blood pressure
- * 18 to 50 years of age
- * non-childbearing (females must be post-menopausal or surgically sterile)
- * microalbuminuria
- * free from serious heart, liver, and renal disease

(Continued from Page 2)

For more information, please contact either Nelson Kopyt, D.O., co-primary investigator, 432-8488, Robert Doll, Jr., M.D., co-primary investigator, 820-9557, or Mary Ann Gergits, R.N., study nurse, through the page operator at 776-8999, or in the Department of Medicine at 776-8200.

Foot Care Patient Education

Two quality assurance audits were done over the past year to determine diabetic patients' knowledge of daily foot care. Unfortunately, only 53% of all patients surveyed indicated that they were taught how to care for their feet. Since many patients seen in the hospital already have foot problems, the best preventative measure is for all health professionals to include foot care education in primary health care settings.

For more information about these audits or about foot care patient education, please contact Bonnie Kosman, R.N., C.D.E., Diabetes Nurse Educator, at 776-8775.

Hospital Recycling Program Expanded

As you may know, the hospital has been recycling aluminum cans for several years. Effective April 15, the hospital's recycling program was expanded to include paper and cardboard at the LVHC

site, and paper, cardboard, tin, and glass at TAH site. The added items at TAH are due to more stringent requirements by the City of Allentown. Please note, however, that tin and glass need only be recycled by the cafeteria at TAH.

Gray collection containers have been placed throughout both hospital sites. The following items are acceptable for recycling: all white paper with any color ink, computer paper, white stationery and letterheads, white business forms, white tablet sheets, tab cards, white machine copies, white non-window envelopes, and white folders or report covers.

Your cooperation and input into the hospital's recycling efforts will be greatly appreciated.



LABORATORY

UPDATE

Bactigens

Effective immediately, latex agglutination tests (Bactigens) for *Haemophilus influenza* type b, *Streptococcus pneumoniae*, *Neisseria meningitidis* groups A, B, C, W135, Y, and Group B *Streptococcus agalactiae* antigens will only be performed on

cerebrospinal fluid and serum specimens. Based on data generated between October 1990 and January 1991, urine bacterial antigen tests will not be offered because of the unacceptably high number of indeterminate results that occur with this type of specimen. These findings are also consistent with those observed in other laboratories.

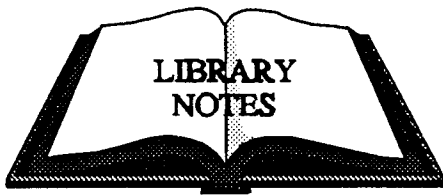
Antigen detection tests should only be ordered as an adjunct to culturing for patients who have other abnormal parameters, e.g., elevated WBC, decreased glucose, and have been partially treated. Bacterial antigen detection appears to offer no advantage over Gram stain and culture in patients who have not been on antibiotics.

If you have any questions regarding this issue, please contact either Gale Fritch, MT, Supervisor, Immunology and Endocrinology, at 778-2845, or Diane C. Halstead, Ph.D., Director, Microbiology/Virology/Immunology, at 776-8150 or beeper 1193.

Ionized Calcium Analyses

Ionized calcium analyses are available at both sites on a STAT 24 hour basis. The preferred specimen is a green top lithium heparin whole blood tube but serum can also be used.

If you have any questions regarding this issue, please contact Gerald E. Clement, Ph.D., Director, Toxicology, at 776-8156 or 778-2534.



The Health Sciences Library at the LVHC site recently acquired a MACINTOSH computer which has been placed adjacent to the MEDLINE system. One of the CD programs on the MACINTOSH is Knowledge Finder, which contains a subset of MEDLINE consisting of the 200 core English language journals representing the medical literature. Most of the core journals are available in the libraries. This may be advantageous if immediate retrieval of an article is necessary.

Another CD product on the MACINTOSH is STAT! Ref: Primary Care Library Series I. This following books are available on this CD:

- AHES Drug Formulary '90
- Scientific American Medicine
- Current Emergency Diagnosis and Treatment. 3d ed.
- Current Medical Diagnosis and Treatment. 1990
- Current OB/GYN Diagnosis and Treatment. 6th ed.
- Current Pediatric Diagnosis and Treatment. 10th ed.
- Current Surgical Diagnosis and Treatment. 8th ed.
- Basic and Clinical Immunology. 6th ed.
- Basic and Clinical Pharmacology. 4th ed.
- Review of General Psychiatry. 12th ed.
- Review of Medical Physiology. 14th ed.
- Smith's General Urology. 12th ed.

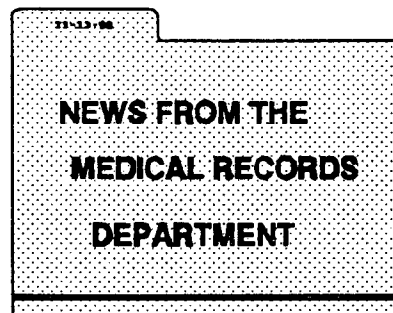
Some of the most recent book acquisitions at TAH site include:

Scarpelli. **Pulmonary Physiology: Fetus, Newborn Child and Adolescent.** 2d ed. Lea & Febiger, 1990.

Cassel. **Geriatric Medicine.** 2d ed. Springer Verlag, 1990.

Shingleton. **Postreproductive Gynecology.** Churchill Livingstone, 1990.

Goodman. **Goodman and Gilman's The Pharmacological Basis of Therapeutics.** 8th ed. Pergamon, 1990.



Discharge Summaries

The format for Discharge Summaries is posted at each dictating station throughout the hospital. All of the following areas need to be dictated in order to meet JCAHO and bylaw requirements:

- * Date of Admission
- * Date of Discharge
- * Final Diagnosis
- * Secondary Diagnosis
- * Procedure/Operation
- * Consultations
- * Reason for Admission
- * Diagnostic Data
- * Hospital Course

- * Disposition
- * Condition Upon Discharge
- * Follow-Up Instructions

Those areas not dictated will be flagged.

Your attention to this issue will be greatly appreciated.

Physician Attestation Reminder

HCFA requires that attestations be signed upon or immediately following a patient's discharge.

Physicians are reminded to stop by the Medical Record Department at TAH site or the Doctors' Lounge at LVHC at least on a weekly basis in order to comply with HCFA's requirements and to insure uninterrupted cash flow to the hospital.

Your cooperation is appreciated.

Free Skin Exams to be Offered

Free skin examinations will be provided by physicians from the Lehigh Valley Dermatology Society at selected location in the Lehigh Valley.

A screening will be offered in the Clinics at TAH site on Saturday, May 18, from 1 to 4 p.m. Appointments are recommended and may be scheduled by calling the Comprehensive Community Cancer Center at 778-2582.

Revised Telephone Hotlist

With last month's newsletter, a copy of the Telephone Hotlist was distributed to all physicians and office managers. The hotlist is a quick reference of the most commonly used hospital telephone numbers. Since then, several changes have been made to the hotlist. A copy of the new hotlist is being distributed to all physicians and office managers with this month's newsletter. Additional copies of the new telephone hotlist are available in the Medical Staff Lounge at both sites or by calling the POPS Office at 778-2780.



TAH--LVHC Roundballers Deflate Good Samaritan

On Thursday, April 18, before the not-so-packed gymnasium of Blue Mountain High School, Orwigsburg, the roundballers of TAH--LVHC managed to hold off a fine squad from Good Samaritan Regional Medical Center and came out on top with a 69-60 victory.

With a superb effort from the Twin Towers of Tony Furey, M.D. (24 points), medical resident; and Randy Stubits (6 points), Director of Logistics, Materials Management, TAH--LVHC Roundballers were too much for the "boys" of Good Samaritan to handle. Additional

scoring support was received from Bret Bissey (17 points), Administrative Assistant; Geoffrey G. Hallock, M.D. (6 points), plastic surgeon; Jack Dunleavy (4 points), Assistant Director, Human Resource Development; Joe Bubba (4 points), legal counsel; and Will Mest (4 points), Supervisor, Mailroom, LVHC Site. Although he missed the team bus and arrived with only three minutes left in the game, John S. Jaffe, M.D., President, Medical Staff, rounded out the scoring with 4 points.

Highly creative defensive moves were provided by John W. Hart, Vice President; John Horoski, Director, Admission Services; Mike Kaufher, Vice President, Public Relations; and John A. Kibelstis, M.D., pulmonologist.

Stay tuned for an announcement regarding the date for a rematch if the "boys from Good Sam" recover from their bruised egos!

CONGRATULATIONS!

Three members of the Medical Staff recently received faculty appointments at Hahnemann University in the Department of Medicine. **David B. Goldner, M.D.**, cardiologist, and **Harold Kreithen, M.D.**, allergist, were appointed Clinical Assistant Professors, and **D. Lynn Morris, M.D.**, cardiologist, was appointed Associate Professor.

Thomas E. Young, M.D., general internist, was informed by the American Board of Internal Medicine that he successfully passed the certifying examination and is now certified as a Diplomate in Internal Medicine.



Iris A. Brossard, M.D.,

neurologist, and her husband, William Mulligan, recently welcomed a baby daughter on April 17. Melissa weighed in at 8 lbs. and was 21 in. long. She was welcomed home by her sister, Amanda.

Drs. John D. and Sara C. Karabasz, members of the Department of Dentistry, recently gave birth to a baby boy on April 17. Benjamin weighed 9 lbs. 1 oz., and was 21 3/4 in. long. He was welcomed home by his sister, Kate.

Mark A. Kender, M.D., general internist, and his wife, Patty, recently welcomed a baby daughter on April 21. Abigail Kelly weighed in at 8 lbs. 2 oz. and was 21 1/2 in. long. She was greeted by her two-year old brother, Christopher.

Rita M. Mest, Medical Staff Coordinator, was elected Secretary for the Pennsylvania Association for Medical Staff Services (PAMSS) at the annual meeting held recently in Strasburg, Pa.

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PAMSS is a state chapter of the National Association of Medical Staff Services (NAMSS). This organization provides support to the Medical Staff Services Professional with education regarding the ever-changing mandates imposed on Medical Staff functions by the State and Federal governments and other regulatory agencies such as JCAHO.

Mrs. Mest is also Membership Chairman of the local (Southeastern Pennsylvania) chapter of NAMSS.

Publications, Papers and Presentations

Herbert L. Hyman, M.D., gastroenterologist and senior consultant in Gastroenterology, spoke on "The Irritable Gut" at the Delaware Valley Hospital in Langhorne, Pa., on April 16.

Peter A. Keblish, M.D., orthopedic surgeon, was invited to speak in Leipzig, Germany, in early April at the Cementless Hip & Knee Replacement: Over 12 Years with AML and LCS meeting which was organized by Dr. W. Arnold, Orthopedic Clinic Director of the Karl Marx University of Leipzig, in cooperation with MEDINORM-DePuy of Germany. Dr. Keblish's talks included "Long-Term Results with the LCS Unicompartamental Device (Designs and Results)" and

"Operative Technique: Varus & Valgus Knees."

Additionally, Dr. Keblish also participated in the International Course on Primary Hip Surgery held in Turin, Italy. He spoke on "AML in Primary THA" as part of an Uncemented Prostheses symposium. He also joined in a "Stem Problems" Round Table that covered the following topics: materials, cemented/cementless, press-fit/bone ingrowth, fixation, stem types, head size and material, collar/no collar, and local complications. Dr. Keblish conducted an AML device workshop as well.

Dr. Keblish then attended Les Journees High-Tech, a one and a half day meeting held in Avignon, France. His presentations included "Problems with Long Straight Stem in Revision THA: The Case for the Solution System" and "AML TriSpikè Acetabular Component: Technique Points and Clinical Experience." He served as moderator for the scientific program on Hip Revision/Cup Systems.

UPCOMING CONFERENCES, SEMINARS AND MEETINGS

TAH--LVHC Regional Symposium Series

Contemporary Diagnosis and Management of Hypertension will be held on Saturday, June 8, from 8 a.m. to 12:30 p.m., in the Auditorium of the LVHC site. Family practitioners, general

practitioners, general internists, nurses, dietitians, and any other health care professionals interested in hypertension will benefit from the program.

At the completion of the symposium, participants will be able to state the diagnostic and therapeutic approaches to hypertension in the 90s.

For more information about the conference, please contact Human Resource Development at 776-8322.

Pediatric Conference Schedule

Ever Changing Schedule for Immunizations will be presented by Sarah Long, M.D., Chief, Section of Infectious Disease, St. Christopher's Hospital for Children, on May 31.

Toxic Shock Disease will be presented by Margaret C. Fisher, M.D., Section of Infectious Disease, St. Christopher's Hospital for Children, on June 14.

Conferences are held Fridays at noon in TAH Auditorium. For more information, contact Beverly Humphrey in the Department of Pediatrics at 778-2540.

LOST AND FOUND

FOUND - 1 Stethoscope.

Please identify and claim in Medical Affairs Office at the LVHC site. Call 776-8968.

HealthCounts News

Having a healthy mind and body is one of nearly everyone's top concerns. HealthCounts, the employee and community wellness program of The Allentown Hospital--Lehigh Valley Hospital Center, has designed a series of programs and public lectures concerning health promotion and disease prevention.

In support of the nation's Healthy People 2000 goals and the mission of our hospital to improve the health status of our community, information on a wide range of topics will be presented by physicians and other health professionals affiliated with the hospital.

Programs for May include:

The Cornea--Window of the Eye will be presented on Monday, May 20, from 7 to 9 p.m., in the Auditorium of TAH site, by Harry W. Buchanan IV, M.D., ophthalmologist. Learn how eye trauma and contact lens-related cornea ulcers may lead to the need for a cornea transplant. The transplant procedure will also be discussed.

The following two lectures will focus on issues and choices pertaining to tough decisions at critical times that patients and families of the terminally ill must face. To receive the best possible healthcare, understanding and communication between the medical community, the patient, and their family is vital.

Both lectures will be held from 7 to 9 p.m. in the Auditorium at the LVHC site. Joseph E. Vincent, M.D., pulmonologist and critical care director of TAH--LVHC, will be the speaker.

What Choices Do You Have? will be presented on Wednesday, May 22. What risks are you willing to take for what benefit? Would you want to be resuscitated from cardiac arrest if you had a terminal illness? Would you want to be fed artificially if you were in a permanent coma? This lecture will focus on withholding/withdrawing, "do not resuscitate," and brain death.

Who Chooses When You Can't? will be presented on Wednesday, May 29. Do you know what your wishes are medically and, if so, does anyone else? Find out about living wills, durable powers of attorney, and organ donation.

For more information on these lectures, contact HealthCounts at 821-2150.

Our Quality Policy

Our commitment is to quality in everything we do. This can only be achieved if we provide services that conform to clearly understood requirements. We are dedicated to continuous improvements in our work processes. Our approach is based on "Prevention" and the concept of "Do it right the first time."

**Equal Opportunity Employer
MIF/HHV**

QUOTE OF THE MONTH

The race is not always to the swift but to those who keep on running.

PHYSICIAN PRACTICE OPPORTUNITIES

* Monday and Wednesday morning slots are currently available for the Brown Bag suite at Kutztown Professional Center.

* Kutztown Professional Center is planning a 5,500 square feet addition for Fall, 1991. Office suites available will include medical, dental, legal, and professional.

For more information on these practice opportunities, contact John W. Hart, Vice President, at 776-8968.

* Specialty practice time-share space available in a comprehensive health care facility. Riverside Professional Center, 4019 Wynnewood Drive, Laurys Station. Half- or full-day slots immediately available.

* Office space available at 1111 N. 19th Street, Allentown. 1,080 square feet.

* Temporary office space available on first floor of Fairgrounds Medical Center, 400 N. 17th Street, Allentown. 380 square feet for one- or two-year lease. Private entrance.

For more information, contact Joe Pilla, POPS Representative, at 776-8225.

WHO'S NEW

The Who's New section of **Medical Staff Progress Notes** contains an update of new appointments, address changes, newly approved privileges, etc.

Please remember that each department or unit is responsible for updating its directory, rolodexes, and approved privilege rosters.

Medical Staff

Change of Status

Thomas O. Burkholder, MD
Department of Surgery
Division of Ophthalmology
From Active to Courtesy

Mark A. Staffaroni, MD
Department of Surgery
Division of Ophthalmology
From Active to Courtesy

Additional Privileges

Family Practice Physicians with Pediatric Privileges

Judith N. Barrett, MD
Neal J. Berkowitz, MD
Charles T. Bonos III, MD
Sam Bub, MD
Ronald J. Buckley, MD
Michael V. Buenaflor, MD
Todd A. Cassel, MD
James R. Clifford, MD
Theodore W. Eastland, MD
Bruce A. Ellsweig, MD
Steven Farbowitz, MD
Michael S. Hortner, MD
Alan W. Johnson, MD
John R. Lapp, MD

Fred Laufer, MD
Henry E. Lehrich, MD
Jack A. Lenhart, MD
Paul J. Lynott, MD
Dennis M. McGorry, DO
Lisa H. Medina, MD
Peter H. Neumann, MD
Harvey B. Passman, DO
Richard C. Pearce, MD
George L. Provost, MD
Fred H. Roland, MD
Wendy J. Rush Spinosa, MD
Kenneth G. Ryder, Jr., MD
Howard A. Silverman, MD
Daniel M. Spatz, Jr., MD
David W. Whitson, MD
Brian D. Wilson, MD
John F. Wolf, MD

Internal Medicine Physicians with Pediatric Privileges

Mark A. Kender, MD

Family Practice Physicians with Privileges to Attend Deliveries and C-Sections

Neal J. Berkowitz, MD
Todd A. Cassel, MD
Bruce A. Ellsweig, MD
Steven Farbowitz, MD
Wendy J. Rush Spinosa, MD
Kenneth G. Ryder, Jr., MD
John F. Wolf, MD

Internal Medicine Physicians with Privileges to Attend Deliveries and C-Sections

Mark A. Kender, MD

Solo Practice

(no longer associated with Ronald C DiLeo, DDS)

Dieter W. Leipert, DDS
7540 Windsor Drive
Suite 100
Allentown, PA 18195
(215) 481-9928

Allied Health Professionals

Appointments

Carl J. Cuvo, PA-C
Physician Extender
Physician Assistant
Lehigh Valley Orthopedics

Patti Ann Hutchinson, RN
Physician Extender
Professional Category - RN
Concepcion T. Yen, MD

Resignations

Mark W. Boyer, RN
Physician Extender
Professional Category - RN
John J. Cassel, MD

Change of Supervising Physician

John M. Holley, RN
Physician Extender
Professional Category - RN
From Lehigh Valley Orthopedics to
George A. Arangio, MD, PC

Medical Staff Progress Notes is published monthly to inform TAH-LVHC Medical Staff and employees of important issues concerning the Medical Staff. Articles should be submitted to Janet M. Laudenslager, Coordinator, Physician Office Practice Services, Medical Affairs/POPS Office, TAH site, by the first of each month. Articles may also be faxed to her at 778-2867. If you have any questions regarding the newsletter, please call Ms. Laudenslager at 778-2780.



DRUG INFORMATION BULLETIN

THE ALLENTOWN HOSPITAL--LEHIGH VALLEY HOSPITAL CENTER
PHARMACY DEPARTMENT

April, 1991

Editors: Cheng-Pei L. Goldman, R.Ph., M.S. & Richard M. Attilio, R.Ph., M.S.

Adverse Drug Reactions : Reactions to Reporting

Through a retrospective review of the spontaneous reporting of Adverse Drug Reactions at our institution, the Pharmacy Department identified a deficiency in our current reporting system. For this reason, we surveyed nursing, pharmacy, the medical and surgical house staffs, and attending physicians for their perceptions of ADR reporting. 164 surveys were completed and returned.

What is a Reportable ADR Anyway?

Our first discovery was an inconsistency in the perceived definition of a reportable Adverse Drug Reaction. This lack of a consistent definition may be a source of confusion in regard to whether or not a reaction should be reported.

Better Patient Care or More Paper Work?

Our second discovery was that 80% of the people surveyed believe that there is a purpose for ADR reporting. Of this 80%, about one half report for a reason ultimately related to patient care. Unfortunately, the other half of the hospital personnel report ADR's because they are mandated to do so. Until we make patient care our primary purpose for reporting, this motivational factor will also contribute to the under reporting of adverse drug reactions.

How Do We report ADRs?

Our third inquiry was into the methods currently being utilized for ADR reporting. We discovered that more than 50% are reporting through the PERTS form alone, 40% report through both the PERTS and HIS computer system, and approximately 10% use another method of reporting. Among the other methods mentioned was the use of an ADR report form, which our hospital does not yet have. Therefore, a lack of awareness of our current ADR system exists.

P.E.R.T.S. form Facts:

We assessed the usefulness and appropriateness of the PERTS form in the area of ADR reporting. We discovered that the PERTS form presents a liability fear, a negativity associated with error, a long turnaround time between ADR occurrence and the initiation of follow-up, and a format not specific to ADR's. Therefore, it does not extract the relevant information needed for effective follow up.

91% of the surveyed personnel indicated that the implementation of a specific ADR form is strongly recommended. The survey also indicated the need for a common adverse drug reaction definition on the ADR form for those who are unsure when to report, and the provision of inservices to ensure complete knowledge of the adverse drug reaction reporting system by all hospital personnel. Currently, development of an Adverse Reaction Report form is being explored in conjunction with a number of other departments. Stay tuned for more on this important clinical issue. *Mary Bradley, R.Ph., Resident*

Metamucil! Metamucil! How much should I write for:

Metamucil, a bulk-producing laxative, is commercially available as a regular or sugar-free formulation with various flavors in a bulk powder or a pre-measured packet form. The recommended normal adult dose is 3.4 Gm of psyllium hydrophyllic mucilloid, the active ingredient of metamucil. The volume of powder containing that dose i.e. 1 tablespoon or 1 teaspoon, however, is dependent on the formulation or the flavor. Pharmacy presently only stocks the metamucil packets. Regardless the types of formulation or flavor, each packet contains 3.4 Gm of active ingredient. Therefore, in order to alleviate confusion and waste, Physicians are requested to write for metamucil as packets rather than as teaspoons or tablespoons. *Mary F. Johnstone, R.Ph.*

Parenteral Antibiotic Usage Facts:

The cost of parenteral antibiotics in 1990 was approximate 1.75 million dollars at TAH--LVHC. These figures represented 30% of the total drug costs. The top five most costly and most frequently used parenteral antibiotics are listed below:

LVHC			TAH		
Rank	Cost	Use (doses)	Cost	Use (doses)	
1	Ceftazidime \$266,042	Cefazolin 56,069	Ceftazidime \$70,796	Cefazolin 14,403	
2	Cefazolin \$207,383	Vancomycin 23,645	Cefoxitin \$62,131	Ampicillin 10,351	
3	Vancomycin \$136,163	Gentamicin 17,422	Cefazolin \$50,430	Gentamicin 8,532	
4	Piperacillin \$97,378	Ceftazidime 15,231	Ceftriaxone \$45,745	Cefoxitin 5,832	
5	Ceftriaxone \$91,895	Ampicillin 9,972	Vancomycin \$43,724	Ceftazidime 5,190	



As shown in the table above, Ceftazidime was a very costly agent. It ranked as No.1 in cost and captured approximate \$337,000 of the pharmacy drug budget. It was also a commonly prescribed drug by the medical staff, ranked No.4 and No.5 of most frequently used agents at LVHC and TAH, respectively.

The fact is this phenomenon could have been avoided if the recommended usage guidelines were followed by all ceftazidime prescribers. The guidelines state that ceftazidime is indicated in suspected or documented infections caused by organisms susceptible to Ceftazidime but resistant to other less broad spectrum, less costly antibiotics or if the use of other antibiotics is contraindicated.

The frequent use of Ceftazidime can cause the emergence of ceftazidime-resistant organism strains. At LVHC, the anti-pseudomonal activity of ceftazidime is only 76% against the isolates obtained from the critical care units vs. 92% against the isolates obtained from the med-surg units. Physicians are urged to comply with the ceftazidime usage guidelines to prevent the further emergence of resistant strains. *C.P. Goldman, R.Ph., M.S.*

Cholestyramine Information Sheet -- Preventing Drug Interactions

Cholestyramine Resin (QuestranR) is a bile acid sequestering agent used in the management of hyperlipidemia. It is capable of reducing the absorption of numerous drugs by binding to the drug in the GI tract or by interfering with enterohepatic circulation. For this reason the Pharmacy Department will send a cholestyramine drug interaction sheet to the patient's nursing unit to notify nursing personnel and the physician when an interacting combination has been prescribed. Recommendations for alternative medication schedules are listed for interactions of moderate to major significance. *Richard Townsend, R.P.*

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THE ALLENTOWN HOSPITAL--LEHIGH VALLEY HOSPITAL CENTER
 DRUG INFORMATION SHEET
 Drug Interactions with Cholestyramine (Questran)

_____ has been prescribed Cholestyramine (Questran).
 (Patient name/room #)

Please consider the following drug interactions when scheduling medications. As a general rule, cholestyramine will cause a decrease in effect of the object drug.

<u>Drug</u>	<u>Mechanism</u>	<u>Recommendation</u>
<u>Acetaminophen</u>	A	Monitor for lack of acetaminophen efficacy. Schedule acetaminophen at least 1 hour before or several hours after cholestyramine to minimize interaction.*
<u>Antibiotics:</u> Cephalexin Clindamycin Metronidazole Penicillin Tetracycline Trimethoprim	A	If concomitant therapy is required, give antibiotic 1 hour before or 4-6 hours after cholestyramine.* <u>EXAMPLE:</u> If both the antibiotic and cholestyramine are to be administered multiple times daily (i.e. TID, QID, etc) simply schedule the antibiotic 1 hour before the cholestyramine. This should allow for a minimum of 3 hours between the antibiotic and the previous cholestyramine dose, even if scheduled q4h.
<u>Corticosteroids</u> Cortisone Acetate Dexamethasone Prednisone and others	A	Monitor for decreased response to corticosteroid. Schedule doses as far apart as possible.*
<u>Digitalis Glycosides</u>	A, B	Monitor for decreased response to digitalis glycosides. Schedule digitalis product at least 1-2 hours prior to cholestyramine to minimize interaction.*
<u>Folic Acid</u>	A	If concomitant therapy is required schedule doses as far apart as possible.*
<u>Methotrexate</u> (IV, PO)	A, B	Monitor for decreased response to Methotrexate. Schedule doses as far apart as possible.*
<u>Phenobarbital</u>	A	Monitor for decreased response to phenobarbital. Schedule doses as far apart as possible.*
<u>Thiazide Diuretics</u> Hydrochlorothiazide and others.	A	Monitor for decreased response to thiazide diuretic. Schedule thiazide at least 2 hours prior to cholestyramine.*
<u>Thyroid Hormones</u> Levothyroxine Liothyronine Thyroid	A	Monitor for decreased response to thyroid hormone. Schedule doses at least 4-5 hours apart.*
<u>Warfarin (IV, PO)</u>	A, B	Avoid concomitant use if possible. Monitor for altered anticoagulant response when therapy is initiated, discontinued or changed in dosage. Schedule warfarin at least 6 hours after cholestyramine to minimize interaction.*

NOTE: Only drug interactions of moderate to major significance are listed. Cholestyramine has the potential to interact with many other medications. Consult the Clinical Pharmacy Service (LVHC-8884, TAH-2797) if further information is desired.

A - Decreased or delayed absorption of object drug.

B - Impairment of enterohepatic circulation.

* - If separating dosage schedule time does not achieve the desired response, dosage adjustment may be necessary.

This information is to be placed in the patient's chart with the chronological list of medications for use by Nursing & Medical Personnel. It is not a permanent part of the medical record and should be removed when the patient is discharged. For assistance with dose scheduling, contact the Pharmacy Department.



P & T HIGHLIGHTS

The Allentown Hospital - Lehigh Valley Hospital Center PHARMACY DEPARTMENT

James Giardina, R.Ph., M.S. - Editor

Actions Taken at the April 11, 1991 P&T Committee Meeting

INFORMATION, INFORMATION, INFORMATION

The Committee reviewed and approved patient education medication information sheets on Metronidazole, Narcotic Analgesics, Phenytoin, Beta Blockers, Lovastatin and General Reminders for Patients on Psychiatric Medicines.

Formulary Additions/Rejections

The Committee approved the addition of **Caffeine and Sodium Benzoate Injection** to the formulary. This agent was requested for the unlabeled use of increasing seizure duration during Electroconvulsive Therapy (ECT). The mechanism of action may be related to an inhibiting effect of caffeine on adenosine receptors, receptors which have been associated with anticonvulsant activity. The doses employed in ECT range from 250-1000mg given IV push over 30 seconds.

The Committee discussed the addition of **Filgrastim (Neupogen, Amgen)** most commonly known as G-CSF (Granulocyte - Colony Stimulating Factor). Filgrastim specifically stimulates neutrophil granulocyte proliferation, migration and maturation in neutropenic patients. It is indicated to decrease the incidence of infection in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer agents associated with a significant incidence of severe neutropenia with fever. The recommended starting dose is 5mcg/Kg/day given subcutaneously or intravenously as a single injection. Treatment is started no sooner than 24 hours after cytotoxic chemotherapy. Therapy should continue for up to two weeks or until the absolute neutrophil count exceeds 10,000/ mm^3 . The most common adverse reactions are bone pain (prophylaxed with acetaminophen), elevated LDH, alkaline phosphate and uric acid levels. Specific usage criteria are being sought from Hematology/Medical Oncology prior to a formulary decision.

Ondansetron (Zofran, Glaxo) is a 5-hydroxytryptamine³ receptor antagonist which blocks vagal afferent nerve stimulation of the vomiting center. It is indicated for the prevention of nausea and vomiting associated with emetogenic cancer chemotherapy. Ondansetron is metabolized by the cytochrome P-450 system and, as such, inducers or inhibitors of this system may alter its clearance or half life. Common side effects include headache, diarrhea and constipation. Unlike metoclopramide and prochlorperazine, there are no reports of extrapyramidal side effects or tardive dyskinesias. The recommended IV dose is 0.15mg/Kg given over 15 minutes beginning 30 minutes prior to chemotherapy; subsequent doses should be given at 4 & 8 hours after the first dose. Ondansetron costs \$170.00/40mg compared to \$56.00 for a comparable metoclopramide regimen.

Dopamine for Renal Perfusion

The committee approved the use of low dose ($\leq 3\text{mcg/Kg/min}$) fixed rates continuous infusions of dopamine in patients on unmonitored units to maintain renal perfusion. This therapy had been limited to areas caring for dialysis patients; however, it will be expanded to several other patient types who can benefit from this therapy. Dopamine should be ordered as Dopamine for Renal Perfusion. It will be dispensed only as 200mg in 250cc fluid.

Additions to Nursing IV Guidelines

Cyclosporine - okay to give by infusion over 2-6 hours in all areas
Azathioprine - IV push over 5 minutes or infuse over 30-60 minutes in all areas.
Erythropoetin - IV push in all areas (SQ adm. doses may have a longer duration).