LEHIGH VALLEY
HOSPITAL

Medical Staff Progress Notes

Volume 5, Number 2
February, 1993

From the President

We continue to proceed in an accelerated mode to develop our managed care structure. As you are all aware, the General Medical Staff, at a special meeting on January 18, unanimously approved development of a business plan. I have been in contact with Dan Grauman, our Raleigh Consultant, and a work plan is being developed. I plan to discuss this with him in the next week and, hopefully, soon thereafter call a meeting of our Strategic Development Committee to continue work on our business plan.

We have attempted to improve our committee structure for the Medical Staff. Specifically, Allied Health has been deleted and its function will be taken over by the Credentials Committee. The Credentials Committee itself has been restructured and will now be chaired by the immediate Past President of the Medical Staff enabling direct feedback to the Medical Executive Committee and the Board of Trustees. Also, the Clinical Chairmen will be voting members of the Credentials Committee. Seven at-large members from the Medical Staff will serve on this committee.

The Quality Assurance Committee has also been empowered to address our quality concerns and bring us to a level of true quality rather than meeting minimal standards. The Occurrence Analysis Committee, Procedural Case Review Committee, Transfusion Committee, and Utilization Review Committee now all report to the Quality Assurance Committee of the Medical Staff. The Continuing Medical Education Committee has been asked to develop educational programs tied directly to quality assurance problems. Graduate Medical Education and the Nutrition Committee are now hospital committees.

At the Medical Executive Committee meeting in February, Richard Fleming, member of the Board of Trustees, presented the Ad Hoc Committee report of the Board on the Clinical Department Chairperson Review Panel. The Medical Executive Committee will be reviewing this and providing follow-up to the Board of Trustees via its leadership. Any interested members of the Medical Staff may review the report which is available in the Medical Staff Services Office. Your comments will be appreciated and they can be forwarded to me, John Castaldo, M.D., or John Jaffe, M.D.

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Next month, Rev. Dr. Grant Harrity, member of the Board of Trustees, will attend the Medical Executive Committee to discuss the Ad Hoc Board report on Education.

A Search Committee for the Chief of Clinical Services has met, and a consultant, Dr. Joseph Lindner (former Chief of Medicine at St. Barnabus), has been hired to facilitate the search process. Applications will be accepted from outside the organization as well as internally. Applications, along with current resumes, should be forwarded to the Office of the President, Attention: Gina Jones.

With Mr. Huston's resignation as President and CEO, we, the members of the Medical Staff, must accept an even greater responsibility to provide clinical leadership to insure uninterrupted high quality medical care for our patients. I look forward to your suggestions and assistance as we continue to move forward.

Joseph A. Candio, M.D.
President, Medical Staff

Outpatient Rehabilitation Services Update

Outpatient Rehabilitation Services, located in Suite 307 of 1251 S. Cedar Crest Boulevard, has added a new modality in their clinic. The modality, called Iontophoresis, is a non-invasive treatment alternative to molecular Cortisone injections for the reduction of soft tissue inflammation. The modality is indicated in the treatment of acute tissue inflammation including rotator cuff tendinitis, subacromial bursitis, biceps tendinitis, medial and lateral epicondylitis, pes anserinus bursitis, plantar fascitis, etc.

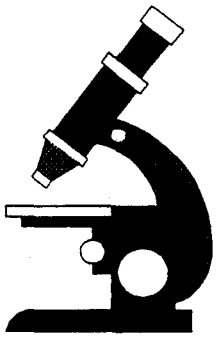
The modality utilizes the characteristics of direct electrical current (DC) to ionically drive negatively or positively charged medications into the area of inflammation. The new Iontophoresis system offers specialized one time use buffered electrodes to reduce the incidence of burns and increase patient comfort.

Treatments are typically performed every other day to minimize skin irritation from the direct current and to take advantage of the carry-over effect of the medication from the previous treatment. For acute inflammation, a typical protocol would consist of four to six treatment sessions.

The outpatient clinic currently stocks .4% Dexamethasone sodium phosphate. When ordering this modality, the referring physician should indicate on the prescription "Iontophoresis .4% Dexamethasone."

Please refer any questions regarding this modality to Sharon Hix Duvall, P.T., M.S., Director, Outpatient Rehabilitation Services, at 402-1080.

Laboratory Update

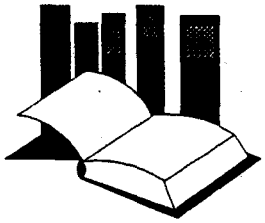


Effective immediately, please do not use the abbreviation **T3RU** for the test **Thyroid Binding Resin Uptake**. If you must use an ordering abbreviation, please use **TBI** for **Thyroid Binding Index**. Better yet, just order a **T7**, or **Thyroid Profile**, and a T4 and TBI will be done.

The problem with T3RU is that the order is misread as T3RIA (Triiodothyronine) which is expensive and does not provide the expected clinical information. To further address this problem, T3RIA is also being redefined as Total-T3. If a Triiodothyrine is referenced, please use the abbreviation **Total-T3** on your request.

These changes will be reflected in both the new Laboratory Handbook and the revised Laboratory request forms.

Library News



New book acquisitions in the Library at 17th & Chew include:

Braunwald. **Heart Disease**. 4th ed. J.B. Lippincott, 1992.

Thompson. **Telinde's Operative Gynecologic Surgery**. 7th ed. J.B. Lippincott, 1992.

Wallach. **Interpretation of Diagnostic Tests**. 5th ed. Little, Brown, 1992.

In addition, the Library at 17th & Chew subscribes to the AHA Hospital Technology Series.

New book acquisitions at Cedar Crest & I-78 include:

Raz. **Atlas of Transvaginal Surgery**. W.B. Saunders. 1992.

Dolecek. **Endocrinology of Thermal Trauma**. Lea & Febiger. 1990.

Thoene. **Physicians' Guide to Rare Diseases**. Dowden Publishing. 1992.

The Library at Cedar Crest & I-78 also subscribes to the AMA Diagnostic and Therapeutic Technology Assessment reports.

A General Medical Staff meeting will be held on Monday, March 8, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

All members of the Medical Staff are encouraged to attend.

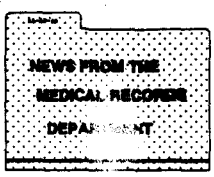


Chart Order Update

In order to provide optimum quality care to the patient and to benefit all parties handling the medical record (physicians, nursing, unit clerks, ancillary departments, Medical Record department), the following changes have been made in the chart order:

o During the period of time that the chart is on the nursing unit and active, the **Do Not Resuscitate** and **Advanced Directives** forms will be placed on the front of the Admission Section. After discharge, these forms will be incorporated into proper chart order.

o All consents will be placed in the admission section of the chart after **An Important Message from Medicare.**

o The Operative Report section will be placed in front of the Progress Note section, with all typed reports first.

o The **Initial and Signature Record** will become the first sheet in the Flow section.

If you wish a copy of the new chart order, please contact Shirley Wentzel, Coordinator, Medical Records, at 402-8330.

The Medical Record Committee also requests your attention to the following issues:

o The Emergency Department Continuity of Care Record and Trauma Resuscitation Sheet must be signed by a physician. This is a JCAHO and Pennsylvania Department of Health requirement. In addition, third party insurance companies could deny payment to the hospital if these forms are not signed. The Medical Record Department will flag these forms if not signed by the physician.

o It is the ultimate responsibility of the physician to complete and sign the Physician's section of the Patient Transfer Form. Nursing homes will return patients to the hospital if this form is incomplete.

o When handwriting a consultation, please remember to remove the physician copy and take it back to your office. This will expedite your office's billing procedure.

News from the Vascular Laboratory

Effective February 8, dictated results may be retrieved for Transcranial Dopplers through the present dictation system available through Medical Records Transcription by using two digit work type 10.

If you have any questions, please contact Alice Madden, R.N., Manager, Vascular Laboratory, at 402-8821.

New Administrative Directive Approved for Pre-Printed Doctors Orders

In December, 1992, Administrative Directive 4500.15 regarding Pre-Printed Doctors Orders became effective.

The policy, as written, states:

Pre-printed doctors orders and therapies may be developed for procedures by specific departments or sections.

Requests for pre-printed doctors orders shall be submitted for review and acceptance by the Chairman of the Department and Chief of the Division/Section. Pre-printed doctors order requests will be reviewed by the Forms Committee only after endorsement has been obtained.

Pre-printed doctors orders shall meet the requirements established by Clinical Nutrition Services, Laboratory Services, Medical Records, Nursing Services, Pharmacy, Radiology Services, and Respiratory Services/ Pulmonary Laboratory. The requirements have been accepted by the Medical Records and Medical Executive Committees.

A revised pre-printed doctors order must also be approved, and meet the established requirements.

This policy is available in its entirety in the Administrative Policy Manual which you may review in Medical Staff Services.

Physician Volunteer Effort

A special **Thank You** to the physicians who volunteered to serve on the phone banks at public television stations across the state during the January broadcasts of ***Breaking the Cycle of Domestic Violence***.

The one-hour special was supported by the Pennsylvania Medical Society, its Auxiliary, and the Educational and Scientific Trust, as well as the Pennsylvania Bar Association and related organizations.

Physician volunteers from Lehigh Valley Hospital included **Ronald A. Lutz, M.D.**, Chairman, Department of Emergency Medicine; **Oscar A. Morffi, M.D.**, pediatrician; and **Raymond P. Seckinger, M.D.**, psychiatrist.

MARK YOUR CALENDAR!

This year's Housestaff Appreciation Dinner will be held on Friday, June 18, at the Holiday Inn, Fogelsville. Please mark your calendar. More details to follow!

Congratulations!

Sheldon H. Linn, M.D., obstetrician/gynecologist, was recently named a Fellow of the American College of Obstetricians and Gynecologists.

Michael Rhodes, M.D., chief of the Division of Trauma, was recently elected President of the Eastern Association for the Surgery of Trauma. This organization of approximately 500 trauma surgeons throughout the Eastern United States was designed to furnish leadership and foster advances in the surgery of trauma and to afford a forum for the exchange of knowledge pertaining to injury control, research, practice and training in prevention, care and rehabilitation of injury. The ***Journal of Trauma*** is the official publication of the Association.

Kamalesh T. Shah, M.D., general/trauma surgeon, and his wife, Sunita, recently welcomed their third son. Aanand was born on January 6 and weighed 4 lbs., 6 oz. He has two brothers, Aakash and Aashay.

Publications, Papers and Presentations

Scott A. Gradwell, D.M.D., periodontist, was a guest speaker at a meeting of the Northampton Community College Dental Alumni Association on January 26. His topics included **PSR as Set Forth by the ADA, Curettage, Root Planning, Implants . Tissue Guidance.**

Robert Kricun, M.D., radiologist, and **Lawrence P. Levitt, M.D.,** neurologist, co-authored a paper titled **Tortuous Vertebral Artery Shown by MR and CT.** The article was published in the September, 1992 issue of the ***American Journal of Roentgenology***. It describes the unusual MR and CT findings of a tortuous vertebral artery that was causing pain in the neck and retroauricular area.

Shantha V. Mathews, M.D., neonatologist, co-authored an article titled **Effect of Intrauterine Exposure to Cocaine on Acetylcholinesterase in Primary Cultures of Fetal Mouse Brain Cells.** The article was published in Volume 14 of ***Neurotoxicology and Teratology***.

Glen L. Oliver, M.D., ophthalmologist, attended the Atlantic Coast Retina Club meeting at Wills Eye Hospital on January 8, and presented a paper titled **Congenital Choroid Artery Hypoplasia associated with Pseudoxanthoma Elasticum.**

A Conservative, Low-Cost Superovulation Regimen, an article written by **Bruce I. Rose, Ph.D., M.D.,** reproductive endocrinologist and infertility specialist, was published in the November/December 1992 issue of the ***International Journal of Fertility***, Volume 37, No. 6.

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A paper reporting on the incidence of hemorrhage following colonoscopic polypectomy at Lehigh Valley Hospital was recently accepted for publication by the journal, ***Diseases of the Colon & Rectum***. The study was authored by **Lester Rosen, M.D.**, colon-rectal surgeon; **James Reed III, Ph.D.**, Director of the Department of Research; **Susan Nastasee**, Surgical Editor, Department of Surgery; and **David Bub**, medical student from New York University.

This institutional study analyzed 4,721 patients who underwent colonoscopy and polypectomy from 1987 to 1991 at Lehigh Valley Hospital and revealed a significantly low hemorrhage rate of .4%. These results compared favorably to 15 published studies that reported rates ranging from .3% to 6.1% with an average of 1.9%.

PHYSICIAN OFFICE PRACTICE SERVICES UPDATE

Physician Office Practice Services (POPS) currently has several services available to physicians and their office staffs.

If you are interested in learning more about the Applicant Referral Service or Temporary Employment Services, contact Maria Kammetler, POPS Representative, at 402-9857.

If you are interested in learning more about how to create documentation required by OSHA or the Infectious Waste Disposal Program, please contact Joe Pilla, POPS Representative, at 402-9856.

The POPS Office welcomes any questions or comments concerning these services or other services that may benefit your practice. Please call the POPS Office at 402-9853.

Upcoming Seminars, Conferences, and Meetings

Medical Grand Rounds

Updates in Systemic Lupus Erythematosus will be presented by Steven Berney, M.D., Professor of Medicine, Department of Rheumatology, Temple University, on Tuesday, February 16.

New Controversies of Beta-Agonists and Use of Anti-inflammatory Asthma Drugs will be presented by Howard Israel, M.D., Division of Allergy, Lehigh Valley Hospital, on Tuesday, February 23.

Medical Grand Rounds are held on Tuesday of each week beginning at noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

For more information, contact the Department of Medicine at 402-8200.

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Health Care in the Second Millennium

The first Stahler-Rex Health Care Symposium, **Health Care in the Second Millennium**, will be held on Saturday, March 20, from 8:30 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. The symposium invites members of the community concerned with the quality and delivery of cost-effective health care to patients in our region.

Speakers will include Thomas W. Langfitt, M.D., President of the Glenmede Trust Company and the Pew Charitable Trusts; Joshua M. Wiener, Ph.D., Senior Fellow at the Brookings Institution; and John Collins Harvey, M.D., Ph.D., Senior Research Scholar at the Center for Clinical Bioethics, and Professor of Medicine, Emeritus, Georgetown University. Their respective topics are health professions education reform, health care rationing, and medical care in a technological age.

The program is sponsored by the Dr. John E. Stahler and the Dr. James C. Rex Endowment Fund in Support of Surgical Education, Research, and Development. For more information, contact the Department of Surgery at 402-1296.

Oncology Programs

The Advanced Oncology Core Course will be held on March 17, 24, and 31, from 8 a.m. to 4 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

This course will be an intensive educational program designed as a follow-up to the fundamental oncolog core course. It will include oncology treatment modalities on the horizon, cutting edge technologies and communication strategies as applied to nursing practice. This multi-disciplinary approach will include topics of upcoming interest to nurses who work in acute care hospitals, home health agencies, extended care facilities, private agencies, and physicians offices.

Coping With Change...Living With Loss will be held on March 31 from 7:30 a.m. to 3:45 p.m., at the Days Inn Conference Center, Routes 22 & 309, Allentown.

This program will explore issues related to coping and loss. The crisis of change will allow you to conduct a personal assessment of your attitudes and beliefs about change and loss. Sessions on creative coping will promote self care by exposing you to strategies for coping with daily issues. The afternoon session will focus on loss as it relates to children and families.

This program will be of interest to every level of healthcare worker and human service provider. Social workers, nurses, administrators, therapists, pastoral visitors, nurses' aides, patient representatives, psychologists, physicians and interested others are invited to attend.

For more information on either of these two programs, please call the Cancer Center at 402-2582.

Health Promotion Program News

The Health Promotion Program of Lehigh Valley Hospital will present a number of free public lectures over the next few months. Sponsored by the Chronic Disease Education Committee of Lehigh Valley Hospital, the lectures include:

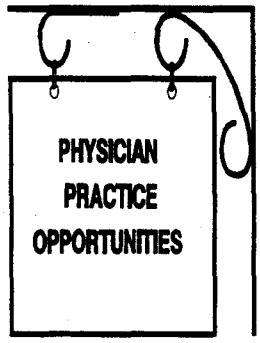
Carpal Tunnel Syndrome will be presented by Michael A. Chernofsky, M.D., plastic and reconstructive surgeon, on Wednesday, February 17, from 7 to 8:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

The incidence of Carpal Tunnel Syndrome has reached epidemic proportions in recent years. The personal economic impact of this condition upon society is profound. Dr. Chernofsky will discuss all aspects of Carpal Tunnel Syndrome, with particular emphasis on cause, prevention, and treatment. The latest endoscopic techniques will be presented.

Eat Right America, a special program to celebrate National Nutrition month, will be presented on Wednesday, March 10, from 7 to 8:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Jane Ziegler, M.S., R.D., Director, Clinical Nutrition Services, will explain the new **Food Guide Pyramid** and how everyone can incorporate healthy food choices into their lifestyle.

The Health Promotion Program also offers numerous other classes and programs for weight control, stress management, and smoking cessation which may benefit your patients. For more information, please call 821-2150.



*** For Sale or Lease -- Springhouse Professional Center, 1575 Pond Road. Ideal for physician's office. Approximately 2,500 sq. ft. Will finish space to specifications.**

*** For Sale or Lease -- Medical-professional office building on South Cedar Crest Boulevard, just minutes from Cedar Crest & I-78 and 17th & Chew. 3,560 total sq. ft. Ample parking, security/fire alarms installed. Ideal for physician group.**

*** For Sale -- Office building at Northeast corner of 19th and Turner Streets in Allentown. Upper level - 2,400+ sq. ft., large waiting room, two large consultation rooms, five exam rooms, etc. Lower level - 2,300+ sq. ft. Parking lot for 16 cars.**

*** For Lease -- Medical-professional office space located on Route 222 in Wescosville. Two 1,000 sq. ft. offices available or combine to form larger suite.**

*** For Lease -- Medical office space located in Southeast Allentown near Mountainville Shopping Center.**

*** For Lease -- Slots are currently available for the Brown Bag suite at Kutztown Professional Center.**

*** For Lease -- Share large medical office near Cedar Crest & I-78. Fully furnished and staffed. Multiple line phone system. Computerized billing available.**

*** For Lease -- 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.**

*** For Lease -- Share medical office space at Riverside Professional Center in Laurys Station. Ideal for solo or small group practice.**

*** For Lease -- Share space in MOB 1 on the campus of Lehigh Valley Hospital, Cedar Crest & I-78. Approximately 1,000 sq. ft. Three exam rooms.**

For more information or for assistance in finding appropriate office space to meet your needs, contact Joe Pilla, POPS Rep, at 402-9856.

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

Appointment

Frank J. Altomare, Jr., MD
(Valley Nuclear Medicine Associates)
5940 Hamilton Blvd.
P.O. Box 3478
Allentown, PA 18106-0478
(215) 398-8141
Department of Radiology/Diagnostic Medical Imaging
Division of Nuclear Medicine
Provisional Active

Lisa G. Stettner, DO
Lehigh Valley Hospital
Pediatric Clinic
17th & Chew
Allentown, PA 18105-7017
(215) 402-2294
Department of Pediatrics
Division of General Pediatrics
Provisional Limited Duty

Additional Privileges

James Balducci, MD
Department of Obstetrics and Gynecology
Division of Obstetrics
Section of Maternal-Fetal
Additional Obstetrical Privileges

Kenneth A. Bernhard, MD
Department of Medicine
Division of Cardiology
Interventional Cardiology Privileges

Jeffrey L. Gevirtz, MD
Department of Surgery
Division of Urology
Visual Laser Ablation of the Prostate (VLAP)

John S. Jaffe, MD
Department of Surgery
Division of Urology
Visual Laser Ablation of the Prostate (VLAP)

Jenni Levy, MD
Department of Medicine
Division of General Internal Medicine
Exercise Treadmill Testing

Edward M. Mullin, Jr., MD
Department of Surgery
Division of Urology
Visual Laser Ablation of the Prostate (VLAP)

Change of Address

John J. Cassel, MD, PC
John J. Cassel, MD
Jamie D. Paranicas, MD
Jeffrey C. Snyder, MD
1255 S. Cedar Crest Blvd.
Suite 1200
Allentown, PA 18103

Donald P. Goldsmith, MD
Pediatric Rheumatology and Allergy Department
St. Christopher's Hospital for Children
Front Street at Erie Avenue
Suite 1115
Philadelphia, PA 19134-1095
(215) 427-5094
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Judith L. Ross, MD
Jefferson Medical College
1025 Walnut Street
Suite 700
Philadelphia, PA 19107-6799
(215) 455-1648

Andrea Waxman, MD
Mary T. Zygmunt, DO
1575 Pond Road
Suite 104
Allentown, PA 18104
(215) 398-7848

Practice Name Change

Charles L. Knecht III, MD
Charles L. Knecht, MD
3131 College Heights Blvd.
Allentown, PA 18104

Change of Status

Theodore L. Donmoyer, MD
Department of Medicine
Division of Cardiology
From Active to Honorary

Robert M. Jaeger, MD
Department of Surgery
Division of Neurosciences
Section of Neurotrauma
From Emeritus Active to Honorary

Louis E. Spikol, MD
Department of Medicine
Division of Family Practice
From Courtesy to Provisional Active

Appointment of Medical Directors

Yehia Y. Mishriki, MD
Chief, Division of Ambulatory Care
(Department of Medicine)

Barry H. Slaven, MD
ICU - 17th & Chew

Richard H. Snyder, MD
Acting Critical Care Director

Voluntary Relinquishment of Privileges

John A. Mannisi, MD
Department of Medicine
Division of Cardiology
Cardiac Catheterization Privileges

Change of Division

Stephen L. Goldman, MD
From Family Practice to Occupational Medicine

Division Assignments in the Department of Pathology

Bala B. Carver, MD
Division of Clinical & Anatomic Pathology

Proctor L. Child, MD
Division of Clinical & Anatomic Pathology

Malcolm L. Cowen, MD
Division of Forensic Pathology

Elizabeth A. Dellers, MD
Division of Clinical & Anatomic Pathology

Ronald E. Domen, MD
Division of Clinical & Anatomic Pathology

William B. Dupree, MD
Division of Clinical & Anatomic Pathology
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Brian W. Little, MD
Division of Neurosciences

Theodore J. Matulewicz, MD
Division of Clinical & Anatomic Pathology

Isidore Mihalakis, MD
Division of Forensic Pathology

Alexander Nedwich, MD
Division of Clinical & Anatomic Pathology

Raymond A. Rachman, MD
Division of Clinical & Anatomic Pathology

Wayne K. Ross, MD
Division of Neurosciences/Forensic Pathology

Michael Scarlato, MD
Division of Clinical & Anatomic Pathology

Ralph H. Scott, MD
Division of Clinical & Anatomic Pathology

John J. Shane, MD
Division of Clinical & Anatomic Pathology

Allied Health Professionals

Appointment

John A. Abbruzzese III, PhD
Associate Scientific Psychologist
(Department of Psychiatry)

Change of Status and Additional Privileges

Debra A. Bishwaty, CRNP
Physician Extender
Professional Category - RN to CRNP
(Urologic Associates of Allentown - Mullin)

Termination

Thomas O'Brien, CRNA
Physician Extender
Professional Category - CRNA
(Allentown Anesthesia Associates - Maffeo)

LEHIGH VALLEY HOSPITAL

Drug Information Bulletin

Pharmacy Department, February, 1993

Editor: Mary Bradley, R.Ph.
Contributors:
Maria Concillo, Pharm.D.
& Barbara Petros, Pharm.D.

ADVERSE DRUG REACTIONS REVISITTED--WE NEED YOUR HELP!

The current Adverse Drug Reaction (ADR) reporting system has been in place since November 1991. Initially we observed a transient increase in the number of reported reactions, but in the past few months have again regressed to an average of 20 reports per month.

Every active ADR monitoring system can be viewed as a vital component of a national post-marketing drug surveillance system. During pre-marketing testing, the numbers and nature of exposed patients are insufficient to identify rare reactions which only occur under special circumstances. For example, as a result of post-marketing reports of ventricular arrhythmias in association with Astemizole (Hismanal®), the manufacturer added a boxed warning to their package information which specifies dose limitations, warns of use in hepatically impaired patients and points out the need to discontinue the drug in patients experiencing syncope.For this reason, then, reports of rare or unlabeled reactions are especially valuable in helping the manufacturer update and communicate important product information.

In addition to rare and unlabeled reactions, common drug reactions are important and need to be reported. Although common reactions, by definition, occur often, so much so that they are accepted as the norm, reports of these reactions may aid in their avoidance in the future. For example, through the reporting of red-man's syndrome in association with vancomycin infusion, it was possible to determine that this reaction was a direct result of infusion rate. Consequently, it is now recommended that the infusion time be at least 60 minutes. Therefore, if the system is operating effectively, it is not necessarily individual reactions which provoke further investigation, but rather it is the frequency and pattern of these kinds of events that signal the need for closer examination.

For the ADR system to function efficiently, it must be effective in data collection. (NOTE: It is not important to be convinced prior to reporting that the suspected drug was implicated in the untoward event) If reports are received in a timely manner, appropriate action can occur more quickly. Should a specific drug be implicated in producing various reactions, through the reporting process other individuals can be spared a similar fate. Since a drug's safety profile is not static, then, it is only through increased ADR reporting, that we can effectively maintain current drug information to ultimately improve patient care.

DIPYRIDAMOLE (PERSANTINE) FOR PHARMACOLOGIC STRESS TESTING

Dipyridamole (Persantine) has recently been added to the hospital formulary for use in pharmacologic stress testing. To date, adenosine (Adenocard) was the sole agent available for this use. Both agents are equally safe and effective with dipyridamole offering a two-fold cost advantage.

Mechanism of Action: Dipyridamole acts as a coronary vasodilator by blocking the transmembrane transport and reuptake of adenosine, thereby indirectly increasing the endogenous adenosine plasma levels. The result is a coronary perfusion mismatch in patients with coronary artery disease.

Dose: The standard stress testing dose of dipyridamole is 0.142 mg/kg/min given for four minutes. The onset of the drug's effect is apparent within 3-4 minutes with a duration of effect on the cardiovascular system of approximately 30 minutes.

Adverse effects: chest pain, flushing, hypotension, headache, dizziness, nausea, and epigastric pain.

Antidote: Aminophylline may be administered to reverse adverse effects of dipyridamole. Aminophylline can be administered IV push at 50 mg aliquots over 2 minutes. The usual dosage range is 50 mg to 250 mg.

Procedure Considerations: The same patient restrictions and considerations pertain to dipyridamole as adenosine. The patient must be NPO for 4-6 hours prior to the procedure. No xanthine medications (ie. caffeine, caffeine-containing products ie. Fioricet, theophylline,or aminophylline) 36 hours prior to the test. Patients receiving oral dipyridamole (Persantine) should have all their scheduled doses held for 24 hours pre-procedure.

SUBLINGUAL NITROGLYCERIN AVAILABILITY:

Recently LVH experienced a nationwide shortage of Nitroglycerin Sublingual (Nitrostat®) 0.4mg (1/150gr). The product is again available, yet in limited supply. In the meantime, Nitroglycerin Sublingual (Nitrostat®) 0.15mg (1/400gr) has been discontinued by the manufacturer. Alternative products remaining on formulary include the alternate strenghts of Nitroglycerin S.L.(eg 0.3mg) and S.L. isosorbide dinitrate.

FORMULARY ADDITIONS:

Simvastatin (Zocor®)
Isradapine (Dynacirc®)
Intrathecal Lioresal (Baclofen®)

MOVE OVER MEVACOR, –HERE COMES ZOCOR!

Another HMG CoA reductase inhibitor is now available for treatment of primary hypercholesteremia at LVH. Simvastatin (Zocor®) by MSD has been shown to be effective in reducing total and LDL cholesterol.

COMPARATIVE EFFICACY: Structurally similar to lovastatin, this agent possesses greater potency with regard to inhibition of HMG CoA reductase production of total cholesterol, LDL, VLDL , and TG compared to cholestyramine or probucol. No direct comparative studies with lovastatin (Mevacor® - MSD) have been performed.

ADVERSE EFFECTS: Similar to those observed with lovastatin including headache, constipation, nausea, diarrhea, dizziness, angina and fatigue. Elevated LFT's from this agent warrant monitoring of liver function during therapy.

DRUG INTERACTIONS: Elevated prothrombin times have occurred with patients receiving warfarin and increases in serum digoxin levels have been observed with concomitant therapy. Rare cases of rhabdomyolysis with acute renal failure have been reported with simvastatin use when given with gemfibrozil, cyclosporine, nicotinic acid or erythromycin.

DOSING: Starting dose of simvastatin are 5-10mg once daily in the evening. The dose range is 5-40mg/day as a single dose. Dosing adjustments should be made at intervals of 4 weeks or greater. In the elderly, reduction of cholesterol may be obtained with 20mg or less.

ANOTHER CALCIUM CHANNEL BLOCKER?

Isradapine (Dynacirc®) by Sandoz has recently been added to the LVH formulary. This drug has been approved for use alone or in combination with a thiazide diuretic for treatment of hypertension.

MECHANISM OF ACTION: This dihydropyridine derivative, similar to nifedipine or nicardipine, acts as a potent calcium channel blocker with high specificity for coronary, cerebral and skeletal muscle vascular tissue. Isradapine acts on the SA node but does not affect conduction through the AV node.

COMPARATIVE EFFICACY: The proposed advantage of this agent compared to other calcium channel blockers is the lack of adverse effects on renal function in the renally impaired (ie. renal transplant patient). Isradapine appears to possess diuretic and natriuretic effects. However, there are no direct studies comparing isradapine to other calcium channel blockers with regard to these proposed renal effects.

ADVERSE EFFECTS: The adverse effect profile of isradapine is similar to other agents within the class. Most adverse effects are related to vasodilatory properties of isradapine such as headache dizziness, edema, palpitations etc. The transient increase in heart rate usually subsides within few weeks of therapy. Isradapine does not negatively affect cholesterol or triglycerides but has caused slight increases in serum glucose levels in diabetic patients.

DRUG INTERACTIONS: None of significance have been reported

DOSING: The initial dosage is 2.5mg BID alone or in combination with thiazide diuretic. Maximum response will be seen within 2-4 weeks of initiation of therapy. The dose may be increased in increments of 5mg/day to maximum daily use of 20mg. Dosage adjustment in renal failure does not seem to be necessary. Caution should be used in the elderly or in patients with hepatic dysfunction.

BACK TO BACLOFEN--(INTRATHECAL LIORESAL)

Intrathecal Baclofen has recently been approved as a muscle relaxant for the management of patients with refractory spasticity of the spinal cord and are refractory to oral therapy. This drug will have limited use due to the specific patient selection criteria and the mode of administration. An implantable intrathecal pump and catheter need to be placed for continuous infusion of this medication. The pump requires refilling every 4-12 weeks. A test dose is given followed by a titratable infusion. Patients must be monitored for signs of toxicity such as dizziness, excessive salivation, nausea, vomiting and somnolence. High doses have been associated with loss of consciousness and respiratory depression. Sudden withdrawl of Baclofen can lead to a hyperactive state with uncontrolled spasm, therefore, Baclofen must be tapered when withdrawn. This drug will not be routinely stocked in the pharmacy department due to its lack of clinical urgency.

PARENTERAL ANTIBIOTIC PRESCRIBING PRACTICES AT LVH

The cost of parenteral antibiotics in 1992 was approximately 1.57 million dollars at LVH. Ceftazidime was the number one antibiotic with respect to cost at both sites. The usage of ceftazidime also remains high with 55% to 80% of patient's receiving the drug empirically. The suggested usage guidelines for ceftazidime recommend its use for aerobic gram-negative bacilli resistant to cefazolin (ie. Enterobacter or Serratia) at dosages of 1 GM IV Q8H; and Pseudomonas aeruginosa at dosages of 2 GM IV Q8H, when piperacillin is not appropriate (allergy or resistance).

Intravenous Ciprofloxacin is another costly antibiotic with 40% to 60% of its use being empiric at LVH. It's use should be limited to resistant aerobic gram-negative bacilli (ie. Pseudomonas, Enterobacter, Serratia) based on culture and susceptibility results. Ciprofloxacin, or any quinolone, should not be used if Staph, Strep, or an anaerobic infection is suspected.

One approach to empiric therapy for a suspected gram-negative bacilli infection is to begin with piperacillin +/- an aminoglycoside. If Pseudomonas is a concern, the piperacillin dose should be 5 GM Q8H plus an aminoglycoside. If the patient is penicillin allergic, ciprofloxacin or ceftazidime (if the patient has tolerated cephalosporins by history) can be used as alternatives to piperacillin therapy.

The length of empiric therapy is also an issue of concern at LVH. On average, empiric therapy with an intravenous antibiotic ranges from 4 to 14 days. Broad-spectrum antibiotic therapy should be narrowed in 24 to 36 hours once culture and susceptibility results are available. Streamlining parenteral therapy to oral therapy when feasible is another approach to containing our parenteral antibiotic budget. This is especially true for intravenous ciprofloxacin. Ciprofloxacin is rapidly absorbed from the GI tract after oral administration. Equivalent serum and tissue concentrations are obtained with both the oral and intravenous formulations. An approximate five-fold cost advantage is apparent when using the oral over intravenous route of administration for ciprofloxacin. Cost information regarding any of the other antibiotics is available upon request from the Clinical Pharmacy Department at extension 8884.

SERTRALINE (ZOLOFT®) USAGE REVIEW

Sertraline (Zoloft® was added to the LVH Formulary at the May meeting of the Pharmacy and Therapeutics Committee with the provision that its use be reviewed in 6 months. Sertraline use was evaluated in 9 patients on the Psychiatric Unit at the 17th and Chew St. site using published criteria. The results are as follows. All patients received sertraline for the appropriate indication which is that of major depressive disorder. Non-compliance was noted regarding dosage titration and concurrent antidepressant therapy. The dosage was increased more frequently than the recommended 7 day interval in 4 patients. Three patients also received concurrent use of other antidepressants (nortriptyline, trazodone). Adverse effects were noted in 2 patients (tremor, possible exacerbation of psychotic symptoms). No drug interactions were observed and MAOI therapy was not noted to have been given within 14 days of sertraline therapy. Sertraline's usage will continue to be monitored on this unit with the focus being placed on dosing adjustments and concommitant antidepressants.

LOOK WHAT'S NEW FOR CODE BLUE

The pharmacy department will be converting six commonly used emergency medications found on the code carts to a recessed/needleless syringe in order to provide a safer means of administering drugs during codes. The five drugs include: atropine 1 mg, epinephrine 1 mg, calcium chloride 10%, lidocaine hydrochloride 100 mg, sodium bicarbonate 50mEq, and dextrose 50%. The conversion is tentatively scheduled to occur later this month. Keep your eyes open for posters to be placed on each nursing unit prior to the change.

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