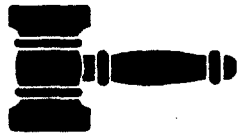
LEHIGH VALLEY
HOSPITAL

Medical Staff Progress Notes

Volume 5, Number 7
July, 1993



From the President

Our Managed Care Committee has reviewed the IPA and PHA Bylaws and is now finalizing these documents. We plan to begin the review of the participation agreement for physicians and hospital within the next two weeks. This will, hopefully, be finalized and a solicitation plan will be forthcoming in August. We hope to finalize all documents during the month of August and also to finalize the capitalization budget and the solicitation plan.

Interviews are progressing well in our search for the CEO. Several excellent candidates have been interviewed, including two physicians. I have been impressed by the diligence which this committee, made up of Board members and physicians, has cooperatively worked to interview and review each applicant. The quality of the applicants has also been impressive. I shall keep you informed of further progress.

We welcome Bob Murphy, Randy Rosen, Norm Sarachek, and Geary Yeisley to the Medical Executive Committee and anticipate their contributions to our deliberations. A special **Thank You** should be expressed to Bob Oriel, Lynn Morris, Vic Celani, and Buck Buchanan for their significant contributions as outgoing members of Medical Executive Committee.

I hope everyone is having an enjoyable summer!

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

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Chiefs/Directors Handy Reference

For your information, a copy of the 1993-1994 Division and Section Chiefs and Unit/Lab Medical Directors is attached to this newsletter on pages 17 to 23. Please remove the pages and place in a handy location for future reference.

Welcome, Dr. Chang!

Chris Chang, M.D., pediatric surgery, was recently appointed to the Medical Staff in the Department of Surgery, Division of General Surgery, Section of Pediatric Surgery.

Dr. Chang comes to the Lehigh Valley to provide specialized surgery so children will no longer have to leave the area for this care. Although many local general surgeons routinely perform surgery on children, some procedures, such as those involving small babies and some congenital problems, must be done by pediatric surgeons. Dr. Chang will provide specialized surgery in collaboration with the patients' attending physicians. In addition to his surgery schedule, Dr. Chang will teach pediatric surgery to general surgery residents at Lehigh Valley Hospital, who now go to Hershey Medical Center for this training.

Dr. Chang was recruited by a joint search committee which included the Chairmen of the Departments of Surgery and Pediatrics at Lehigh Valley Hospital and St. Luke's Hospital in Bethlehem. The joint search committee was formed to find a pediatric surgeon who would serve the entire Lehigh Valley rather than any one hospital's pediatric service. The committee felt that a unified search effort would best represent the community's need, as well as obtain the support of local physicians.

Dr. Chang has maintained a private solo practice in pediatric surgery in Harrisburg since 1978. He is board certified in General Surgery and Pediatric Surgery. He earned his medical degree from Taiwan University, Taipei, completed a residency in General Surgery at Albert Einstein Medical Center, Philadelphia, and completed a Pediatric fellowship at St. Christopher's Hospital for Children, Philadelphia.

Dr. Chang's office will be located in The Allentown Medical Center, 401 N. 17th Street, Suite 206, Allentown. His telephone number is 402-7999.

Med Exec Committee At-Large Members Elected

At the General Medical Staff meeting on Monday, June 14, four members of the Medical Staff were elected to serve on the Medical Executive Committee as At-Large Members.

Those elected to serve a three-year term from July 1, 1993 through June 30, 1996 include **Robert X. Murphy, Jr., M.D.**, plastic and reconstructive surgeon; **Randy A. Rosen, M.D.**, nephrologist; **Norman S. Sarachek, M.D.**, cardiologist; and **Geary L. Yeisley, M.D.**, chief, cardio-thoracic surgery. Congratulations!

A special ***thank you*** to **Harry W. Buchanan IV, M.D.**, chief, ophthalmology; **Victor J. Celani, M.D.**, associate chief, vascular surgery; **D. Lynn Morris, M.D.**, chief, cardiology; and **Robert J. Oriel, M.D.**, cardiologist, who completed their terms on June 30.

Port-A-Cul for Transport of Anaerobic Fluid Specimens

Effective July 6, Port-A-Cul vials will be stocked in the clean utility room of each nursing unit and in SPD. These vials are to be used to transport fluid specimens for microbiology (i.e., joint fluids, abscesses, pleural fluids, etc.). Port-A-Cul vials are to be used **INSTEAD** of the red top vacutainer tubes since they provide a better anaerobic environment due to the reducing agents present in the agar. Fluid specimens are **NOT** to be placed in Culturettes or in the B-D Anaerobic Specimen Collector tubes.

To use vials:

- remove the green cap to expose the rubber stopper
- swab the rubber stopper with alcohol
- obtain the specimen with a syringe, expel the excess air from the syringe
- push the needle of the syringe through the rubber stopper and **SLOWLY** inject the specimen on top of the agar in the vial
- hand deliver the transport slip and the vial containing the specimen to Microbiology

New BacT/Alert System Installed

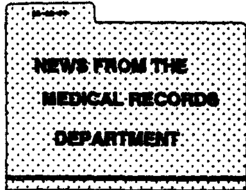
On July 8, the Microbiology Department began using the Organon Teknika BacT/Alert Microbial Detection System -- a totally closed, automated system capable of incubating and monitoring blood culture specimens for the presence of bacteria.

The BacT/Alert System utilizes a colorimetric sensor inserted in the bottom of each bottle and reflected light to monitor the presence and production of carbon dioxide dissolved in the culture medium. If bacteria are present, CO_2 will be produced which will change the color of the internal colorimetric sensor from green to yellow. The instrument scans the bottles every 10 minutes using solid-state reflectometers and registers increases in CO_2 production.

The main advantage of the BacT/Alert System is its continuous monitoring feature. The instrument which has been used for the past eight years monitored the bottles only twice daily for the first 48 hours and then once a day until they were reported as negative at seven days. The BacT/Alert System should decrease the time to detection of most bacteremias and subsequently decrease the time in reporting the identification of the causative agent with accompanying sensitivities.

There will be a brief period of transition until the new BacT/Alert bottles are distributed to all nursing units and ancillary departments. During this time, both Bactec and BacT/Alert bottles will be available for use. ISOLATOR tubes will still be utilized for fungal, TB, atypical mycobacteria (MAI) and pediatric requests.

If you have any questions regarding either of these issues, please contact Georgia G. Colasante, Supervisor, Microbiology/Virology, at 402-8190.



• Discharge instructions must be documented on all inpatient and outpatient records. Discharge instructions can be documented in the Discharge Summary, the last progress note, or pre-printed discharge instruction sheet. The Outpatient Department achieved 100% compliance in a May Focus Review.

• Ambulatory and inpatient surgical cases must contain patient identification by the surgeon, whereby he/she signs the Surgery Record. Compliance threshold is 100%.

• Except for 100% compliance in documenting discharge instructions for ambulatory patients, Focus Reviews in these areas were less than satisfactory.

Since these areas were cited by the JCAHO at its last survey, compliance is **ESSENTIAL.** In the near future, the JCAHO may be performing a "drop-in" site visit on areas which were cited during its last survey. Your cooperation in proper documentation is required.

• All entries in the medical record must be dated and authenticated. H&Ps which are dictated from the physician offices must include the date the history and physical was performed. If the H&P is not dated, the Medical Record Department will flag as a deficiency. Effective August 1, 1993, failure to comply with this JCAHO requirement could ultimately result in suspension of privileges.

News from Biomedical Photography

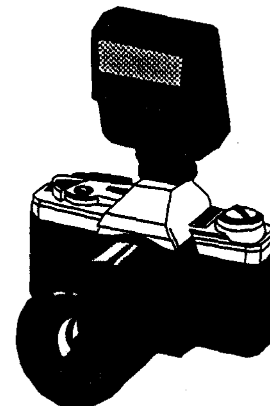
As you may know, Jack Dittbrenner, Director of Biomedical Photography for the past 33 years, has taken his retirement from the hospital. His official last day in the department was July 9.

Effective July 10, Darla Molnar has been named Director of Biomedical Photography. Darla has been a member of the department since 1985, serving in the position of Photographer/Graphics Specialist. She also worked in the department as a Photographer from 1977 to 1982.

In addition to a new Director, the Department of Biomedical Photography will undergo some renovations and repairs during the week of July 19-23.

During this time, services within the department will be unavailable, however, **URGENT** requests for the operating room will be accommodated, when possible.

If you have any questions or concerns, please contact Darla Molnar, Director, Biomedical Photography, at 402-8511.



Endocrine Testing Station Services

The Endocrine Testing Station now offers 65 different metabolic, endocrine, and renal protocols. Hours of service have been expanded to Monday through Friday, 7:30 a.m. to 4 p.m.

Outpatients are currently testing at the 17th & Chew site. Inpatients at both sites can be scheduled by setting up an appointment with the Endocrine Testing Station nurses.

New order forms are now available to order these services and can be obtained by calling the Endocrine Testing Station. These must be completed by the physician.

For more information regarding services or to order forms, contact the Endocrine Testing Station at 402-2690.

Bedside Blood Glucose Monitoring Flow Sheets

In order to ensure a consistent location of the Bedside Blood Glucose Monitoring Flow Sheets, they will be kept on a clipboard attached to the foot of the patient's bed. Once the glucose monitoring is discontinued, the flow sheet will be returned to the chart in the appropriate chart order.

This change was implemented on all medical/surgical, critical care, and maternal-child units. The psychiatric units are the only exceptions.

If you have any questions or concerns, please contact Mary Agnes Fox, Administrator, Patient Care Services, at 402-2285.

Relocation of GYN Examination Room

The gyn examination room previously located on 7B at Cedar Crest & I-78 has recently been relocated to 5B. The exam room was relocated to accommodate the decentralized physical therapy room requirement on 7B.

The process for scheduling gyn exams in the new location on 5B remains unchanged. The telephone number to schedule room available is 402-8770.

If you have any questions regarding this issue, please contact Ginger Holko, Director, Patient Care Services, 5B, at 402-8770.

Legal Briefings

Frequently, the Department of Legal Services/Risk Management receives telephone requests for advice/counsel regarding the situation where the patient has an adverse outcome related to the care provided by the physician rather than by a hospital employee. Physicians have requested assistance in these difficult situations hundreds of times during the last 15 years since the inception of the department. Over that time, the following suggestions have been offered:

What the physician should do for the patient:

- Meet soon and often with the patient and the family after the event has occurred.
- Give full disclosure as soon as possible.
- Consider appropriate write-offs after discussion with Risk Management. Risk Management will assist with hospital bills where appropriate. Financial write-offs are <u>not</u> an admission of liability in Pennsylvania.
- Provide excellent follow-up over and above what might be considered routine.
- Watch for danger signals of patient dissatisfaction (non-shows for appointments, switching physicians, arguments about fees, lack of response to warmth or humor).

What the physician should do for himself/herself:

- Meet the problem directly; do not avoid the patient and his or her family.
- Visit more often, not less often.
- If at all possible, do not terminate relationship with patient.
- Notify insurance carrier and the hospital risk manager of the event.
- Prepare a confidential objective narrative summary of the event.
- Find ways to deal with the immediate stress of the incident: talk, take time off, engage in hobbies, and so on.
- Contact the President of Medical Staff and access the Physician Well-Being Group.

If you have any questions regarding this or other legal issues, please contact the Department of Legal Services/Risk Management at 402-8201.

LIFESAVERS

by Kenneth Miller, R.R.T., Clinical Manager, Respiratory Care

End-Tidal Carbon Dioxide Monitoring During Cardiopulmonary Resuscitation

Capnometers measure carbon dioxide in expired air and provide clinicians with a non-invasive assessment of CO_2 elimination. **End-tidal CO_2** levels are dependent on CO_2 production, alveolar ventilation, and pulmonary perfusion.

End-tidal CO_2 measurement has been advocated as a method to ensure proper endotracheal tube placement during intubation.

A secondary function of End-tidal CO_2 measurement is the monitoring of lung perfusion during closed chest cardiac massage. End-tidal CO_2 concentration has been found to correlate with cardiac output. A fall in End-tidal CO_2 may indicate decreased lung perfusion and a reduced cardiac output. End-tidal CO_2 monitoring has been demonstrated to be useful in tracking hemodynamic status during cardiac resuscitation and provide clinical information that can be utilized to guide therapy during CPR.

At the onset of cardiac arrest, End-tidal CO_2 drops to zero; once there is initiation of chest compressions, the End-tidal CO_2 begins to rise. An abrupt increase in the End-tidal CO2 has been cited as an early indicator of the return of spontaneous circulation and successful resuscitation. Also End-tidal CO_2 can be used as a guide to measure the efficacy of cardiac massage.

Data indicates that as a resuscitator tires, End-tidal CO_2 decreases (cardiac output drops) and increases when a fresh resuscitator takes over cardiac compressions.

The Respiratory Care department utilizes the **Fenom** litmus disc to monitor End-tidal CO_2 during resuscitation. The litmus disc is placed between the endotracheal tube and the resuscitation bag to first verify proper tube placement and then is left in place to help monitor cardiac output. The **Fenom** disc contains a chemically treated membrane sensitive to PH changes that result from exposure to CO_2. The transparent dome turns **yellow** when exposed to CO_2. If the dome remains purple, indicative of lack of CO_2, in the expired air, endotracheal tube placement and chest compression technique should be re-evaluated.

End-tidal CO_2 monitoring can provide invaluable information that helps monitor the effectiveness of CPR.

To Supplement or Not to Supplement: That is the Question

by Rose Burcin, C.N.S.D., R.D.

Clinical Nutrition News

Growing up in an Italian/Slovak household, the overwhelming themes at mealtime were "Eat" and "Finish everything that's on your plate." Unfortunately we are unable to threaten patients with no dessert, no car privileges or grounding if they eat poorly. And rightly so because the patient is far from a rebellious teen unwilling to eat hot sausage or kielbasa; he or she is out of the familiar home environment, feels terrible, has a loud roommate and is just plain not hungry.

We can be sympathetic to their situation, but if they don't eat they don't heal. Before the tube threat there is a way to maximize a patients intake with p.o. nutritional supplements. The key is to recognize poor intake, start calorie counts and supplement the diet. This can, in most cases, help patients to meet their nutritional needs, promote healing and prevent extended hospital stays due to weight loss and complications from compromised nutritional status.

But how and what to supplement these patients is a true challenge. There have been near death threats from Ensure overload in some cases; and taste is subjective, so what works for one patient may not succeed for another. The patient on a regular diet can be supplemented in a completely different way that the patient on a diabetic or prudent diet. But there are supplements for most everyone, including the use of regular food as between meal snacks to increase the protein and calorie intake of a patient.

So, if Mr. Jones is unable to eat enough, refuses to eat, or is having problems with the diet regimen ordered, there is a need for nutritional supplementation. The Lehigh Valley Hospital enteral formulary includes modular supplements (liquid Kcals, protein powder), milkshakes, predigested beverages for GI patients, puddings and of course Ensure. The key is early intervention.

Our suggestions include the following:

- Act on staff comments such as "he's just not eating"; immediately - get a calorie count to see exactly what the patient is eating: general comments don't help.

- Consider a nutrition assessment to initiate supplementation.

- Refrain from across the board Ensure QID orders as most patients have difficulty with the quantity of supplements in addition to pushed p.o. feedings.

Please contact the clinical dietitian responsible for your patient if there is any question about the adequacy of your patient's p.o. intake or other mode of nutritional support.

It is clear that nutrition plays an important role in overall patient outcome during times of physiological stress.

Smoke-Free Lehigh Valley Project Receives $150,000 Grant

The Dorothy Rider Pool Health Care Trust recently committed $150,000 to support continuation of the Smoke-Free Lehigh Valley Year 2000 project.

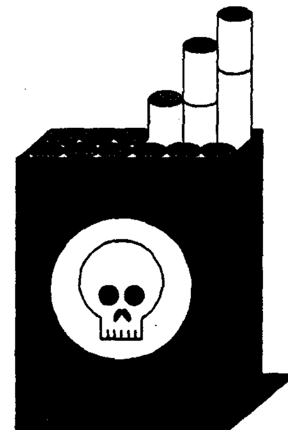
The Smoke-Free project is a smoking prevention and cessation program established in 1988. Envisioned as a 12-year project, Smoke-Free has a goal of reducing the percentage of Lehigh Valley adults who smoke to 5% by the year 2000. A survey conducted by Smoke-Free in 1990 found an adult smoking prevalence rate of 22.3%.

The $150,000 Pool Trust commitment will support the next two years, or Phase II, of Smoke-Free. Specifically, the money will be used to: enhance school- and community-based smoking prevention and cessation programs for youth; increase the number of public and private work places with smoke-free policies and smoking cessation opportunities for employees; increase the number of health care providers integrating smoking cessation counseling into their practices; and conduct a study to assess the project's effectiveness.

During its first four and one-half years, Smoke-Free established a broad-based coalition of more than 100 businesses, work sites, health care providers, and schools. In addition, more than 200 health care providers were trained in cessation counseling; hundreds of businesses established policies restricting or banning smoking; nearly all Lehigh Valley school districts became smoke-free, as did three major municipalities and their vehicles, Northampton County government buildings and vehicles and the Allentown-Bethlehem-Easton Airport; and media support for Smoke-Free increased at least 12-fold.

In 1988, the Pool Trust provided $480,049 and was able to leverage an additional $393,917 from the Henry J. Kaiser Family Foundation to establish the Smoke-Free project. Lehigh Valley Hospital contributed an additional $94,419 toward Phase I, and has committed $55,000 for the period of July 1, 1993 through June 30, 1994. The project has also received in-kind support from the National Cancer Institute and local United Way agencies.

Anyone interested in becoming involved with Smoke-Free's efforts should contact Alice J. Dalla Palu, Executive Director, Coalition for a Smoke-Free Valley, at 402-7460.



Congratulations!

George F. Carr, D.M.D., prosthodontist, was elected Vice President of the Pennsylvania Prosthodontic Association at its annual meeting held June 4 and 5 in State College, Pa.

Wayne E. Dubov, M.D., physiatrist, was recently notified that he successfully passed Part II of certification examination and is now certified by the American Board of Physician Medicine and Rehabilitation.

Houshang G. Hamadani, M.D., psychiatrist, was notified by the American Psychiatric Association that he was appointed as Assembly Liaison to the Committee on International Education under the Council on International Affairs.

Thomas D. Meade, M.D., orthopedic surgeon, and **Charles C. Norelli, M.D.**, physiatrist, were members of the relay team that won first place at the Multi-Sport Weekend at Evergreen Lake on June 20.

Publications, Papers and Presentations

George F. Carr, D.M.D., prosthodontist, presented **Creating the Third Dentition** to the University of Pittsburgh Off-Campus Continuing Program in Bradford on March 11.

Dr. Carr also presented **Oral Maintenance of Dental Implants** to the Lehigh Valley Implant Study Club on May 13.

Houshang G. Hamadani, M.D., psychiatrist, presented two papers during the 9th World Congress of Psychiatry in Rio de Janiero. The papers included **Children's Parital Hospital at Summer Camp** and **Follow-up of Children on Ritalin from Childhood to Adolescents.**

Herbert L. Hyman, M.D., gastroenterologist, recently spoke to the members of the Gynecology Department of Reading Hospital on **Female Abdominal Affairs.** In addition, Dr. Hyman presented a forum on **Faith and Health** to members of the Cathedral Church of the Nativity.

Brian W. Little, M.D., Ph.D., neuropathologist, gave a poster presentation at the 69th Annual Meeting of the American Association of Neuropathologists held in Salt Lake City, Utah, from June 10 to 13. The poster, **Similar Bilateral Middle Cerebral Artery Distribution Porencephaly in Twins**, was co-authored by **Isidore Mihalakis, M.D.**, pathologist, and Dr. Little.

Martha A. Lusser, M.D., neurologist, was a recent guest speaker at Tripler Army Medical Center in Honolulu, Hawaii, where she presented **Normal and Abnormal Development of the Nervous System.**

News from Research

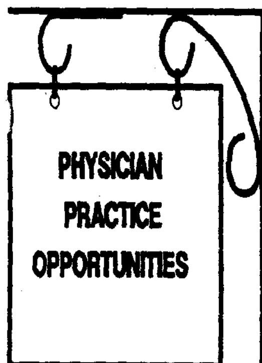
A call for abstracts has been issued by a number of organizations as follows:

- The American Society of Colon and Rectal Surgeons (ASCRS) for the ASCRS Annual Meeting to be held on May 8, 1994 in Orlando, Fla. Submission due date is November 1, 1993.

- The American College of Cardiology for the 43rd Annual Scientific Session to be held on March 13, 1994 in Atlanta, Ga. Submission due date is September 10, 1993.

- The Institute of Applied Physiology and Medicine for the 8th Symposium on Cerebral Hemodynamics to be held on February 15, 1994 in La Jolla, Calif. Submission due date is September 10, 1993.

For instructions, forms, and further information, please contact Kathleen Moser in the Research Department at 402-8889.



* 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 office space located in Southeast Allentown near Mountainville Shopping Center.

* For Lease -- Medical office space located in Peachtree Office Plaza in Whitehall. One suite with 1,500 sq. ft. (unfinished - allowance available), and one 1,000 sq. ft. finished suite.

* 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 -- Large, newly remodeled, completely furnished medical office space available for subleasing/time share at Cedar Crest Professional Park. Top of the line telephone system. Transcription and computer system with electronic billing available.

* 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 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

Appointments

Claire E. Bolon, MD
Director, Inpatient Pediatric Unit
Lehigh Valley Hospital
17th & Chew
Allentown, PA 18105-7017
(215) 402-2550
Department of Pediatrics
Division of General Pediatrics
Provisional Active

Rafael I. Colon, MD
(Allentown Pediatrics Association - Ramos)
1728 Jonathan Street
Suite 200
Allentown, PA 18104
(215) 776-4141
Department of Pediatrics
Division of General Pediatrics
Provisional Courtesy

Renee D. Morrow-Connelly, DO
(Family Pediatricians - Kean)
Allentown Medical Center
401 N. 17th Street, #109
Allentown, PA 18104
(215) 435-6352
Department of Pediatrics
Division of General Pediatrics
Provisional Active

Harry Z. Suprun, MD
(Lehigh Valley Pathology Associates - Shane)
Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556
(215) 402-8152
Department of Pathology
Provisional Active

Practice Disassociations

Stephen K. Klasko, MD
(no longer associated with Valley OB-GYN Associates, Ltd. - Glazerman)

Charles F. Smith, MD
(no longer associated with Family Pediatricians, Inc. - Kean)

Margaret S. Tretter, DO
(no longer associated with Riverside Medical Associates - Harakal)

New Associations

Stephen K. Klasko, MD
Vice Chairperson, Education/Residency
Department of Obstetrics and Gynecology
Lehigh Valley Hospital
17th & Chew
Allentown, PA 18105-7017
(215) 402-2890

Charles F. Smith, MD
Medical Director, Pediatric Ambulatory Services
Lehigh Valley Hospital
17th & Chew
Allentown, PA 18105-7017
(215) 402-2550

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Margaret S. Tretter, DO
(joined Lehigh Valley Medical Associates - McNelis)
1255 S. Cedar Crest Blvd.
Suite 2200
Allentown, PA 18103
(215) 437-9006

Change of Status

Joseph Kavchok, Jr., MD
Department of Surgery
Division of Ophthalmology
From Referring to Provisional Active

Alan B. Leahey, MD
Department of Surgery
Division of Ophthalmology
From Provisional Courtesy to Provisional Active

David M. Perry, MD
Department of Medicine
Division of Family Practice
From Provisional Courtesy to Provisional Active

Daniel I. Ross, MD
Department of Surgery
Division of Ophthalmology
From Courtesy to Provisional Active

Margaret S. Tretter, DO
Department of Medicine
Division of General Internal Medicine
From Courtesy to Provisional Active

Addition of Video Assisted Thoracoscopy Privileges

David A. Gordon, MD
Department of Surgery
Division of Cardio-thoracic Surgery

Nercy Jafari, MD
Department of Surgery
Division of Cardio-thoracic Surgery

Antonio C. Panebianco, MD
Department of Surgery
Division of Cardio-thoracic Surgery

Theodore G. Phillips, MD
Department of Surgery
Division of Cardio-thoracic Surgery

Farrokh S. Sadr, MD
Department of Surgery
Division of Cardio-thoracic Surgery

Michael C. Sinclair, MD
Department of Surgery
Division of Cardio-thoracic Surgery

Luke C. Yip, MD
Department of Surgery
Division of Cardio-thoracic Surgery

Allied Health Professionals

Appointment

Victoria C. LaPorte, RN
Physician Extender Professional
RN - First Assistant
(LVH)

Voluntary Reduction of Privilege

Mae L. Uttard, CRNA
Physician Extender Professional - CRNA
(Ramon J. Deeb, MD)
A-line Placement Training

LEHIGH VALLEY
HOSPITAL

P&T Highlights

The following actions were taken at the June 14, 1993 Pharmacy and Therapeutics Committee Meeting
James A. Giardina, Director of Pharmacy

Pepcid/Zantac get "AXID"

The Committee approved the therapeutic interchange of Nizatidine capsules (*Axid, Lilly*) for all ORAL H2 Receptor Antagonists (*Famotidine, Ranitidine and Cimetidine*). This substitution was based on the conclusion that Nizatidine is as safe and effective as the other agents and a contract price which will reduce expense by at least $100,000 over the next year. A separate letter containing prescribing and comparative information of the various agents was sent to all Prescribers and Nurse Managers. Contract negotiations included discussions with Merck and Glaxo prior to the final contract with Lilly. For more information, contact Clinical Pharmacy Services at Ext. 8880 or 2797.

Formulary Addition Requests

EMLA (Astra) - EMLA, an acronym for eutectic mixture of lidocaine and prilocaine, is a topical anesthetic for use on normal, intact skin particularly in pediatric patients. EMLA is recommended for application at least 60 minutes prior to procedure (i.e. IV line placement, etc.). It provides anesthesia to a depth of 5mm following a 2 hour application time. Side effects are mostly dermal and include mild local skin reactions such as occasional itching and transient blanching. The most significant potential side effect is methemoglobinemia. Application to large areas, for longer times than recommended (> 4 hours), to patients with congenital or idiopathic methemoglobinemia or to patients taking drugs which can induce methemoglobinemia (sulfa, phenytoin, phenobarbital, acetaminophen, etc.) should either be avoided or used with great caution.

EMLA should not be given to patients < 1 month of age or to patients receiving class 1 antiarrythimic agents. EMLA is applied by squeezing 1/2 tube (2.5 Gm) directly onto intact skin in a dollop. It is then covered with an occlusive dressing (provided) and labeled with the application time. Immediately before the procedure, remove the dressing and cream and clean the area as usual.

EMLA was added to the formulary.

Can it last?

Bitolterol (Tornalate, Dura) - is a B2 selective adrenergic agent indicated in the treatment of obstructive airway disease. It is a prodrug, which is hydrolyzed in vivo to its active form (Colterol). Bitolterol has prolonged activity which appears to be due to several structural moieties which decrease its degradation. Comparative trials show efficacy and safety similar to that of albuterol and metaproterenol. Although its cost is higher than albuterol and metaproterenol, its advantage of a longer duration of action should allow for less frequent dosing and consequently lower costs. Bitolterol is available as a 0.2% solution for nebulization. The usual dose is 1 - 1.5mg every eight hours. Limited data is available regarding bitolterol's use in children between 4-12 years of age. Bitolterol's usage will be studied to see if it is, in fact, dosed less frequently than albuterol and thereby advantageous.

Formulary Rejections

Two other agents presented for formulary consideration were rejected at this time pending sufficient data from the literature to prove advantages over the current formulary agents. Rejected were:

- *Loratadine (Claritin, Schering)* - another long acting, non-sedating antihistamine (similar to astemizole and terfenadine).

- ***Pravastatin (Pravachol, Squibb)*** - another HMG-CoA inhibitor, which touts a cost savings at maximal doses, but appears to be comparably priced at doses employed in our patients.

These agents may be revisited as usage, efficacy and safety profiles become more clear.

Drug Usage Evaluation Corner

Target Antibiotics - Empiric use of IV Ceftazidime and Ciprofloxacin continued to be monitored. Length of empiric therapies were 5.3 and 4.75 days, respectively. Several cases of multi drug resistent Pseudomonas Aeruginosa may have contributed to high use.

Surgical Prophylaxis - Criteria for surgical prophylaxis in Vascular and OB/GYN procedures were approved. Cefazolin (preferred) or Vancomycin (allergy to penicillin) are the recommended agents with a maximum of three doses recommended for prophylaxis. Usage data will be collected and discussed at a future meeting.

Therapeutic Evaluation

Finasteride (Proscar, Merck) - was initially added to the formulary in the category of therapeutic evaluation in October, 1992. Usage has been low but steady with a recent increase. The committee approved extending the therapeutic evaluation for an additional six months to again review usage and determine if this agent should be added to the formulary.

Drug Unavailability Update

The committee was updated on the latest unavailable products.

Item	Problem	Expected Release
Acetazolamide inj (Diamox)	Production	July, 1993
Lithium Carbonate SR 300mg (Lithobid 300mg, Ciba)	Production	None; removed from market
Paraldehyde	FDA compliance with expiration date labeling.	Unknown

Adverse Drug Reaction Report

During the previous eight month period of September, 1992 thorugh April, 1993, 220 Adverse Drug Reactions (ADR) were reported. Six reactions were severe, and when rated for probability, three drugs were rated as possible causes and three rated as probable causes for the reactions.

Serious Drug Reactions

Suspected Agent	Reaction Description	Type of Reaction	Probability Rating
Lorazepam (Ativan®)	Patient became unresponsive with labored respirations. Required Transfer to monitored unit.	Type A Augmented Pharmacologic Action	7 (Probable)
Phenytoin (Dilantin®)	Cellulitis at phenytoin infusion site.	Type B Idiosyncratic	7 (Probable)
Oxytocin (Pitocin®)	Anaphylaxis	Type B Idiosyncratic	6 (Probable)
Dimercapto-succinic acid (Succimer)	11 mo. old with decreased p.o. intake, decreased urine output, vomiting and diarrhea.	Type B Idiosyncratic	4 (Possible)
Othoclone CD3 (OKT3®)	Encephalopathy	Type B Idiosyncratic	2 (Possible)
Meperdine/Promethazine/Atropine	Rapid heart rate, increased blood pressure and labored respirations	Type A Augmented Pharmacologic Action	4 (Possible)

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1993-1994

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