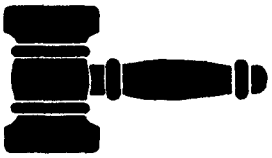
LEHIGH VALLEY HOSPITAL

Medical Staff Progress Notes

Volume 5, Number 11
November, 1993

In This Issue...



From the President

A big **Thank You** to all members of the Medical Staff who attended the information sessions regarding the PHO. Much useful information was raised and important suggestions were discussed. Information will be distributed to the Medical Staff regarding deliberations and results of the PHO board meeting which was held on November 15.

At the November 8 meeting of the Hospital's Board of Trustees, Sam Bub, M.D., was nominated to serve as a trustee on the Hospital's Board. Ratification of Dr. Bub to this seat will occur at the Annual Board Meeting on December 1.

Happy Thanksgiving to all!

Best regards,

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

Meeting Notice

A meeting of the General Medical Staff will be held on Monday, December 13, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

All members of the Medical Staff are urged to attend.

HAPPY THANKSGIVING

John and Dorothy Morgan Cancer Center Opening

The John and Dorothy Morgan Cancer Center will be open for patient care in December, 1993. Upon opening, all outpatient cancer chemotherapy and blood components will be administered at the John and Dorothy Morgan Cancer Center. Additional procedures for cancer patients which will be performed at the John and Dorothy Morgan Cancer Center include spinal taps, intrathecal administration of chemotherapy, bone marrow aspiration, bone marrow biopsy, thoracocentesis, paracentesis, IV antibiotics, IV hydration, and pain control blocks. To schedule a patient for any of these procedures, please call 402-0539.

Some radiation therapy services will be available at the Cancer Center sometime in mid-December. One of the linear accelerators will be available for patient care. Two additional linear accelerators are in the process of being installed and will be available for patient care sometime in January or February, 1994. The telephone number for Radiation Therapy Services at the John and Dorothy Morgan Cancer Center is 402-0700.

Until all radiation therapy services are transferred to the John and Dorothy Morgan Cancer Center, the radiation therapy unit at 17th & Chew will continue to care for patients. That telephone number is 402-2283.

If there are any additional procedures or services that you would like to have performed at the John and Dorothy Morgan Cancer Center, please contact David Prager, M.D., Director, John and Dorothy Morgan Cancer Center, through the Department of Medicine at 402-8200.

To mark the opening of the John and Dorothy Morgan Cancer Center, a full schedule of special events has been planned as follows:

- **Building Dedication** - Monday, November 29, 7 to 9 p.m.

This special, invitation-only event is designed to show appreciation to those who were instrumental in the development of the Cancer Center, including the Board of Trustees, medical and hospital leadership, donors, and community leaders. It will include the building dedication, buffet-style dining and facility tours. The program will feature remarks by Pennsylvania's Acting Governor, The Honorable Mark S. Singel.

- **Hospital Family Open House** - Tuesday, November 30, 6:30 to 8:30 p.m.

Members of the Medical Staff, employees, volunteers, auxilians, and associates are invited to this festive party. They will enjoy light refreshments and facility tours as they learn about the services in the new cancer center.

- **Grand Opening** - Wednesday, December 1, 6:30 to 8:30 p.m.

A ribbon cutting, dedication of the Pave the Way for Life Patio, and educational activities will be the highlights of this major event, open to the general public. There will be refreshments and tours of the facility.

The Lehigh Valley Hospital Annual Meeting will immediately precede the Cancer Center Grand Opening on Wednesday, December 1. The Annual Meeting will begin at 4:30 p.m., in the Auditorium at Cedar Crest & I-78. Traditionally, a reception follows the annual meeting; however, this year all participants will be invited to join the Open House at the Cancer Center.

Mobile Lithotripsy Service

On November 9, the Department of Urology, in conjunction with Boyce Lithotripsy Services, began offering treatment of urinary tract stones using Extracorporeal Shock Wave Lithotripsy. This is a non-invasive procedure that is based on the idea of exerting high-energy pressure waves on a kidney stone, which crumbles the stone into sand-grain sized particles and allows the patient to pass these particles spontaneously.

The mobile unit will arrive at Cedar Crest & I-78 the evening prior to service dates. It will be parked on a cement pad located on the service road adjacent to the Shock/Trauma Unit. This was formerly the location of the Shock/Trauma trailer. Services will be scheduled four days per month.

For patient safety and comfort, there will be no smoking permitted in this area. There is a oxygen and a halon fire alarm system on the unit.

This is an outpatient service which will enable patients from the Lehigh Valley to receive treatment in their own community. Hospitalization is usually not necessary.

If you have any questions regarding this procedure, please contact Richard M. Lieberman, M.D., Chief, Division of Urology, at 770-9700.

Telemetry on Medical/Surgical Areas

A proposal to provide telemetry on select medical/surgical areas has been recently approved by the Special Care Committee and endorsed by Senior Management. The medical/surgical units 4A, 4C, and 7B will have the capability to accept four telemetry patients on each unit with the monitoring of those patients occurring in the central station of PCCU (for 4A and 4C) and SCU (for 7B). In addition, 6C has already been accepting chemotherapy patients needing telemetry with the actual monitoring of the patients occurring on SCU.

In order to transition this new system, 4C began accepting telemetry patients who meet the medical/surgical criteria on Tuesday, November 9. After piloting and working out operational issues, 4A and 7B will follow on Tuesday, November 30.

If you have any questions or need more information, please contact Terry A. Capuano, Administrator, Patient Care Services, at 402-8250.

You are cordially invited to the Annual Meeting of the Board of Trustees of Lehigh Valley Hospital on Wednesday, December 1, 1993 at 4:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Transitional Trauma Unit

On November 14, the Transitional Trauma Unit returned to its newly renovated home on the fifth floor, A wing, at Cedar Crest & I-78.

If you have any questions, please contact Lois Zellner, Director, Patient Care Services, Transitional Trauma Unit, at 402-8765.

Neonatal Hip Ultrasound Now Available

Over the past few months, members of the Department of Radiology/ Diagnostic Medical Imaging have accumulated extensive experience in neonatal hip ultrasound. This experience has involved scanning many normal and abnormal patients who were referred to the Department by pediatricians and orthopedic surgeons.

As a result of this experience, the Department of Radiology/Diagnostic Imaging now offers this service at 17th & Chew. To schedule an appointment, please call 402-2450.

If you have any questions regarding this service, please contact Lisa Exten, Administrator, Diagnostic Imaging, at 402-8088.

Diabetes Education Consults at 17th & Chew

Beginning December 1, Diabetes Education consults will be handled by Debra McGeehin, R.N., M.S.N., and Deborah Swavely, R.N., M.S.N., Diabetes Education Specialists, instead of the Helwig Diabetes Center. The Helwig Diabetes Center, however, will continue to handle consults for pediatric and obstetric patients.

If you have any questions regarding this issue, please contact Debra McGeehin, R.N., M.S.N., or Deborah Swavely, R.N., M.S.N., at 402-8775.

Laboratory Update

Interim "Pending" Test Reports

Health Network Laboratories has recently reviewed the options the Laboratory Information System offers related to notification of **pending** results. Currently, an interim **pending** report is issued whenever new activity occurs. Occasionally, this results in the lab sending reports that only contain tests for which no results are complete and all tests listed are pending.

In response to numerous recommendations by physicians to discontinue the practice of printing **pending** test results, the Laboratory/Physician Advisory Committee made the decision to discontinue this practice. In those rare cases where it might be necessary to know the status of a specific test, several options exist to determine if a specific test is pending and include inquiry into the PHAMIS Lastword System or calling the laboratory. Effective October 25, interim lab reports will contain all new activity related to **completed** test results only. Interim reports will contain the notation:

*** Interim Report ***: Test Results Pending/Final Report to Follow

This decision should in no way compromise patient care; however, and it will eliminate little utilized reports sent to offices and save the costs of generating and reporting these results.

If you have any questions or concerns about this issue, please contact David G. Beckwith, Ph.D., Administrator and Clinical Director, Health Network Laboratories, at 402-8150 or beeper 1627.

Change to Microbiology Order Screens in PHAMIS

In order to make them easier to understand and use, Microbiology has changed the **microbiology order** screens in PHAMIS. A sample of the screens is included on page 17 of this newsletter for your information. Please use the wording on these two screens when writing orders to further assist the nursing staff and unit clerks know which tests to choose. If there are any special organisms you are looking for, please list them under the **special request** section.

If you have any questions or comments, please call Georgia G. Colasante, Supervisor, Microbiology, at 402-8190.

Addition to Antibiotic Susceptibility Reports

Antibiotic susceptibility reports will now contain a relative estimate of acquisition cost per daily dosage.

The scale is derived using a single $ to equal a daily dosage expense of $0-10. Multiples of that unit for each antibiotic follow the drug name on the report and range from $ to $$$$$. The dollar ranges are:

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$ = $0-10/per day
$$ = $11-30/per day
$$$ = $31-60/per day
$$$$ = $61-100/per day
$$$$$ = more than $100/per day

Although cost is only one variable in the choice of an appropriate antibiotic agent, it is hoped this information will assist you in making appropriate and cost effective choices when selecting antibiotics. If you have any questions, please contact Barbara Leri, Pharm.D., at 402-8880.

Respiratory Virus Surveillance Program

The Microbiology/Virology Department is beginning its Respiratory Virus Surveillance Program for the flu season. The value of the surveillance program is to alert the Medical Staff and other physicians which viruses are circulating within the community in order to ensure appropriate immunization of their patients and to activate preventive measures to protect those for whom respiratory viral infections may be life threatening.

It has been predicted that this will be an early season and there have already been three outbreaks reported in Louisiana in which Influenza A-Beijing was isolated. The vaccine this year contains A-Beijing, A-Texas, and also B-Panama.

Microbiology/Virology will supply specimen collection kits consisting of a sterile container with phosphate buffer saline to gargle, a tube of viral transport media, case history form, and a clinical laboratory requisition form.

To collect the specimen:

1) The specimen should be collected within two days and no later than three days from the onset of respiratory or flu-like symptoms.

2) Gargle with sterile saline in the container.

3) Spit saline back into container.

4) Pour saline throat washing directly into the tube of pink fluid.

5) Label tube with patient's name, date, and location, and place on wet ice.

6) Complete Virology History form included in plastic pouch.

7) Complete the Clinical Laboratory Requisition form for each patient's specimen for outside accounts. Specimens from patients seen in the Emergency Department will be ordered through PHAMIS with the test code INFL for an Influenza A/B screen or RVCU for a complete Respiratory Virus study. (Outside accounts, please specify if just an influenza screen is wanted.) The cost of an Influenza Screen is $80, and the cost for a full respiratory virus workup is $1

8) Specimens from the Emerge
should be hand delivered to M
wet ice. Specimens from outside a
should be refrigerated until courier pic
should be transported on wet ice.

Once the specimen is received in the laboratory, it will be tested for Influenza A and B (and other viruses requested). Positive results will be telephoned. Final reports will be issued as soon as the isolate is identified or when the spec determined to be negative. for Influenza Screen, two weeks for complete respiratory virus culture.)

If you have any questions or need collection kits for your office, please contact Georgia Colasante, Supervisor, Microbiology, at 402-8190.

Library News

In anticipation of the installation of the Library's new computerized card catalog, and the increased training and data entry requirements at this time, new requests for remote access to MEDLINE have been temporarily put on hold.

Recent acquisitions at Cedar Crest & I-78 include:

- Taylor. **Family Medicine.** 4th ed. Springer, 1993
- Travell. **Myofascial Pain & Dysfunctions: The Trigger Point Manual, Vol. 2: Lower Extremities.** Williams & Wilkins, 1993
- Sleisenger. **Gastrointestinal Diseases.** 5th ed. Saunders, 1993

New additions to 17th & Chew include:

- Zambito. **Immunology and Infectious Diseases of the Mouth, Head, and Neck.** Mosby-Year Book, 1991
- Avery. **Neonatology: Pathophysiology and Management of the Newborn.** 4th ed. Lippincott, 1994
- Lazarus. **Acute Renal Failure.** 3rd ed. Churchill Livingstone 1993

New Infection Control Policy Approved

The Infection Control Committee and the Medical Executive Committee recently approved a new policy regarding **Protective Attire During Procedures.** This policy describes dress and prep requirements for certain procedures performed on patients. These procedures include a variety of line insertions, as well as operative-type procedures performed at the bedside.

The requirements of this policy are in keeping with the requirements of aseptic practice and OSHA's Bloodborne Pathogen Standard, i.e. protective attire to avoid exposure to bloodborne pathogens.

For your information, a copy of this new policy may be found on pages 18-21 of this newsletter.

A Day With a Doctor

Once again, Lehigh County Medical Society is sponsoring **A Day With a Doctor** during which members of the community are invited to join a physician during a typical work day. This year, the event will occur on Wednesday, December 8, and it is expected to be even more successful than last year.

In order to notify the nursing units and procedure areas of the individuals participating, Medical Staff members are requested to contact Medical Staff Services at 402-9850 prior to December 3 of their intended participation and the names of any individuals who will be joining them. Medical Staff Services will then notify the appropriate areas.

Legal Briefings

With almost two decades of risk management experience and data in hospitals, a number of concepts underlining the management of risk for physicians are now supportable through an analysis of malpractice claims experience nationally and a large volume of anecdotal information. Of these concepts, the significance of effective communication as a claims prevention tool emerges consistently at the top of the list.

A Detroit physician analyzed tapes of 74 visits to seven doctors and found that only 16 patients were allowed to explain the problem fully. Doctors interrupted 52 patients before they ever completed their first statement. The patients had an average of about 18 seconds before they were cut off by the doctor. No matter how good the clinical care, patients place great importance on how the interaction occurs.

One of the most common ways a physician communicates with a patient is by the telephone. It is important to orient office staff to the significance of telephone conversations with patients. The comments made by office staff to patients and the manner in which the comments are made may lay the foundation for a negative relationship between the physician and the patient.

The physician may be a very caring, sensitive and compassionate person, but if that attitude is not carried out and conveyed by the representatives of the physician, the patient and/or the patient's family may react accordingly. If the patient telephoning must be placed on hold by the office staff, this should be done only with the patient's permission and an apology is helpful if the patient was required to wait. All staff, upon hiring, should be oriented to the telephone etiquette of the physician and of the office.

Liability cases have been filed because of inappropriate triage in the doctor's office. Both professional and non-professional staff should be carefully oriented and monitored occasionally by the physician as to the appropriateness of triaging telephone calls from patients and families. An office policy identifying the issues related to telephone communication may be helpful in providing consistency from one staff person to another. Such a policy may include issues related to triaging, communication, and documentation of telephone calls as well as issues related to the manner of communication expected by the physician.

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

Clinical Nutrition News

Nutrition Label Countdown

by Elizabeth Martin, R.D.

New nutrition labeling will be mandatory by May 1994. Of particular interest to health professionals are the regulations concerning food label health claims. Since it is established that diet is one of a number of factors that may lower the risk of certain diseases, seven food-health relationships have been approved: sodium and hypertension; fat and cancer; fruits, vegetables and grain products that contain fiber and coronary heart disease; saturated fat and cholesterol and coronary heart disease; fruits and vegetables and cancer; fiber containing grain products, fruit, vegetables and cancer; calcium and osteoporosis.

Food processors may use the health claims if the product meets all three of the following guidelines:

1. Maximum nutrient levels per standardized serving:

	Food Product	Main Dish Product	Meal Product
Total fat	13 g	19.5 g	26 g
Saturated fat	4 g	6 g	8 g
Cholesterol	60 mg	90 mg	120 mg
Sodium	480 mg	720 mg	960 mg

2. Specific nutrient requirements for each of the seven health claims, i.e.: calcium and osteoporosis health claim - food must have "high" (20% or more of Daily Value) level of calcium. Calcium must be assimilable and phosphorus levels may not be higher than the calcium.

3. Food must contain at least 10% of the Daily Value of one or more of these nutrient: protein, dietary fiber, vitamin A, vitamin C, calcium or iron, i.e., fruits and vegetables and cancer health claim food must be "good" (10 to 19% of the Daily Value) source of dietary fiber vitamin A and vitamin C.

These health claims may help consumers make better food selections.

For more information regarding nutrition labeling, contact Clinical Nutrition at 402-2200 (17th & Chew) or 402-8313 (Cedar Crest & I-78).

References: **Food Labeling**, Dr. J. Lynn Brown, 1993; **Food Label Series**, National Food Processors Association, 1993.

News from Research

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

- The American Society for Plastic and Reconstructive Surgery for the 63rd Annual Meeting to be held on September 24, 1994 in San Diego, Calif. Submission due date is February 15, 1994.

- The American Diabetes Association for the 54th Scientific Sessions to be held on June 11, 1994 in New Orleans, La. Submission due date is January 7, 1994.

- The Society for Academic Emergency Medicine for the 1994 Annual Meeting to be held on May 9, 1994 in Washington, D.C. Submission due date is January 14, 1994.

- The Society for Clinical Trials for the 15th Annual Meeting to be held on May 8, 1994 in Houston, Texas. Submission due date is December 17, 1993.

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

Congratulations!

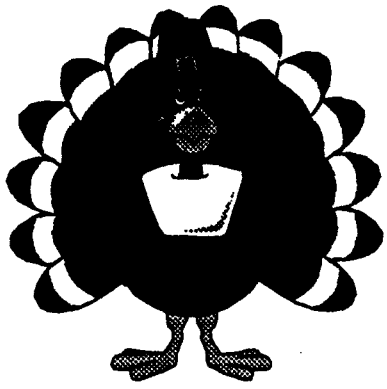
Alan B. Leahey, M.D., ophthalmologist, was recently informed that he successfully passed the Oral Examination of the Board Certification Process and is now a Diplomate of the American Board of Ophthalmology.

Brian W. Little, M.D., Ph.D., Director of Education, was recently appointed to membership of the Subcommittee on Continuing Medical Education of the Pennsylvania Medical Society for the 1993-94 term.

William M. Markson, M.D., cardiologist, and his wife, Jane, welcomed a baby daughter on October 15. Elizabeth Grace weighed 6 lbs., 5 oz., and was 20 inches long. She was welcomed home by her brother and sister, Jonathan and Rebecca.

David M. Stein, D.O., general internist, was recently approved for certification in Internal Medicine by the American Osteopathic Board of Internal Medicine.

Marijo A. Zelinka, M.D., neonatologist, was recently informed by the American Board of Pediatrics that she successfully completed the 1993 Certifying Examination in Neonatal-Perinatal Medicine.



Publications, Papers and Presentations

Henry H. Fetterman, M.D., gynecologist, was a guest speaker at the District III Annual Meeting of the American College of Obstetricians and Gynecologists and the New Jersey Obstetrical and Gynecological Society held in Atlantic City, N.J., September 26-29. Dr. Fetterman's topic was **Cesarean Section and Litigation: The Pennsylvania Experience.**

Herbert L. Hyman, M.D., gastroenterologist, was a recent guest speaker at the VA Medical Center, Wilkes-Barre, Pa., where he presented **Irritable Bowel Update with Bio-Psycho Social Approach.**

Peter A. Keblish, M.D., chief, Division of Orthopedic Surgery, was an invited lecturer for the Second International Course of the C.I.P., which was held at the Rizzoli Institute, Bologna, Italy, from October 6-10. His lecture topic was **Moveable Bearing Ankle Prosthesis.**

In addition, Dr. Keblish presented a scientific paper at the Pennsylvania Orthopaedic Society 1993 Fall Meeting in Philadelphia on November 4. The paper is titled **Abnormal PCL Kinematics in TKA: Tibial Platform Selection.**

Indru T. Khubchandani, M.D., colon-rectal surgeon, moderated a panel on inflammatory bowel disease at the Tripartite meeting in Sydney, Australia, on October 19. The International Meeting was jointly held by the Australian Society of Coloproctology/Royal College of Surgeons, British Association of Coloproctology/Royal Society of Medicine, and the American Society of Colon and Rectal Surgeons. Approximately 300 registrants, including several renowned invited speakers, participated.

Dr. Khubchandani later site visited Singapore, where he will be the Program Chairman for the 15th Biennial Congress of International Society of University Colon and Rectal Surgeons to be held from July 2-4, 1994.

Alan B. Leahey, M.D., ophthalmologist, authored a paper titled **Suture Abscesses After Penetrating Keratoplasty** which was published in the journal, ***Cornea***, Volume 12, Number 6, 1993. The article deals with the risks of leaving sutures in corneal transplant wounds for long periods of time. It also deals with corneal ulcers and the coexistent graft rejection and how to manage these patients.

Thomas D. Meade, M.D., orthopedic surgeon, and the Allentown Sports Medicine Center have been selected as the outpatient sports medicine rotation for the Sacred Heart Family Practice Program.

Dr. Meade was also an invited lecturer at the **Lunch & Learn Program** at PP&L Nuclear Division where he presented **Employee Fitness.**

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Larry N. Merkle, M.D., chief of the Division of Endocrinology/Metabolism, co-authored an article, **Flexible Insulin Infusion Protocol for Use in Critical Care**, which was published in the October, 1993 issue of ***Pennsylvania Medicine***.

Alexander D. Rae-Grant, M.D., neurologist, co-authored an article, **Type III Intermittency: A Nonlinear Dynamic Model of EEG Burst Suppression**, which was accepted for publication in ***Electroencephalography and Clinical Neurophysiology***.

Bruce I. Rose, M.D., reproductive endocrinologist, authored a manuscript, **Sperm Motility, Morphology, Hyperactivation and Ionophore Induced Acrosome Reactions After Overnight Incubation with Mycoplasma Species**, which has been accepted for publication in ***Fertility and Sterility***.

Lester Rosen, M.D., colon-rectal surgeon and Program Director of the Colon/Rectal Residency Program, was invited to present **Are Simple Anal Fistula Simple?** at the 79th Annual Clinical Congress of the American College of Surgeons in San Francisco, Calif. A study of 461 cases of "simple" anal fistula treated by the Division of Colon/Rectal Surgery between 1985 and 1991 was presented. A favorable outcome (no recurrence of fistula) was obtained in 94% of the cases reviewed. An article on this study has been accepted for publication in ***Diseases of the Colon & Rectum***.

In addition, Dr. Rosen was invited by Dr. Bernard Fisher, Chairman of the National Surgical Adjuvant Breast and Bowel Project (NSABP) to present **Issues in Laparoscopic Surgery for Colon/Rectal Cancer** to the NSABP session in Chicago on October 31. The presentation was based on the philosophy that all these cases should be on standardized protocols with careful evaluation. Dr. Fisher asked Dr. Rosen to serve as liaison to the American Society of Colon and Rectal Surgeons in initiating the new NSABP protocols for rectal cancer.

Howard S. Selden, D.D.S., endodontist, authored a paper titled **Patient Empowerment -- A Strategy for Pain Control in Endodontics** which appeared in the October, 1993 issue of ***Journal of Endodontics***.

Upcoming Seminars, Conferences, and Meetings

Medical Grand Rounds

Migraines will be presented by Nathan Blank, M.D., Associate Professor of Neurology and Pathology; Program Director, Neurology Residency; and Chief, Division of Clinical Neurology, The Medical College of Pennsylvania, Philadelphia, Pa., on Tuesday, November 23.

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Medication Error will be presented by Michael Cohen, R.Ph., F.A.S.H.P., Hospital Central Services, Allentown, Pa., on Tuesday, November 30.

Medical Grand Rounds are held at Noon in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78. For more information, contact the Department of Medicine at 402-8200.

Department of Pediatrics

Common Urological Problems in Pediatrics will be presented by Richard E. Caesar, M.D., Section of Urology, St. Christopher's Hospital for Children, Philadelphia, on Friday, December 3.

Common Problems in Pediatric Radiology will be presented by Eric Faerber, M.D., Director, Department of Radiology, St. Christopher's Hospital for Children, on Friday, December 17.

The above programs will be held in the Auditorium of Lehigh Valley Hospital, 17th & Chew, beginning at Noon. For more information, contact Beverly Humphrey in the Department of Pediatrics at 402-2410.

Psychiatric Grand Rounds

Post-Partum Psychiatric Disorders will be presented by Bryce Templeton, M.D., Vice Chairman and Director of Psychiatric Residency Training Program at Hahnemann University, Philadelphia, on Thursday, November 18, from Noon to 1 p.m., in the Auditorium of Lehigh Valley Hospital, 17th & Chew.

As lunch will be provided, pre-registration is required. For more information or to register, please contact Lisa in the Department of Psychiatry at 402-2810.

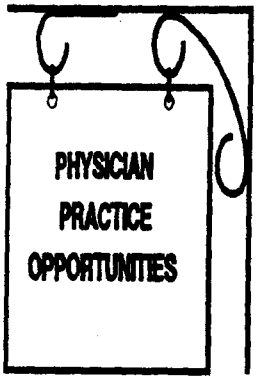
Regional Symposium Series V

Update on Upper Extremity and Cervical Spine Problems: A Primary Care Approach will be held on Saturday, December 4, from 7:30 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Orthopedic surgeons, general practitioners, physicians' assistants, physical therapists, nurses, and other health professionals interested in an update on upper extremity and cervical spine problems will benefit from this program.

At the completion of the program, participants should be able to describe the symptoms, diagnosis and treatment of shoulder, elbow, hand, and cervical spine problems in the general population.

For more information regarding this program, please call Human Resource Development at 402-4609.



- 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 Sales or Lease -- Medical/ Professional three-story office building at 1730 Chew Street, Allentown. Excellent condition with recent renovations. Approximately 6,800 sq. ft. for single or multiple specialty practice. Includes long-term parking lease at Fairgrounds. Potential telephone and dictations systems.

- 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 -- Office space in 401 N. 17th Street to sublet. Approximately 1,500 sq. ft. with three exam rooms.

- 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 -- 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 office space to sublet in MOB 1 at Lehigh Valley Hospital, Cedar Crest & I-78.

- 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 -- Professional office space available in an established psychology and psychotherapy practice at 45 North 13th Street, Allentown. Large, warm Victorian building in a relaxed atmosphere. Secretary and billing available and included in some leases. Furnished or unfurnished full offices and sublets available. Utilities included.

For more information or for assistance in finding appropriate office space to meet your needs, contact Joe Pilla, Physician Relations 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

John G. Brady, DO
(Stephen M. Purcell, DO)
2200 Hamilton Street
Suite 106
Allentown, PA 18104
(215) 770-1922
Department of Medicine
Division of Dermatology
Provisional Consulting

David Lezinsky, DO
(Gregory Lang, MD)
440 S. 15th Street
Allentown, PA 18102
(215) 437-7000
Department of Obstetrics and Gynecology
Division of Obstetrics/Gynecology
Section of Benign Gynecology
Provisional Courtesy

Daniel E. Muser, MD
(David B. Yanoff, MD, PC)
246 N. 6th Street
Lehighton, PA 18235
(215) 377-2224
Department of Surgery
Division of Orthopedic Surgery
Provisional Consulting

Carmine J. Pellosie, DO
Affinity
1243 S. Cedar Crest Blvd.
Allentown, PA 18103
(215) 402-9292
Department of Medicine
Division of Occupational Medicine
Provisional Courtesy

Address Changes

Matthew A. Kasprenski, MD
(formerly Employee Health)
1574 Duxbury Court
Allentown, PA 18104-1943
(215) 395-6445
Please note that the above doctor's son, **Matthew L. Kasprenski, M.D.**, is also a member of the Medical Staff. His address is 2416 Third Street, Whitehall, PA 18052, and remains unchanged.

Craig R. Reckard, MD
1210 S. Cedar Crest Blvd.
Suite 2800
Allentown, PA 18103

Thomas E. Young, MD
(Sam Bub, MD, PC)
619 Dalton Street
Emmaus, PA 18049
(215) 967-3646

Practice Name Change

From Pascuzzo and Shah
to Shah and Giangiulio

Continued on Page 16

Continued from Page 15

Change of Status

Fred H. Roland, MD
Department of Medicine
Division of Family Practice
From Courtesy to Emeritus Courtesy

Additional Privileges

Bryan W. Kluck, DO
Department of Medicine
Division of Cardiology
Transluminal Atherectomy Extraction

Resignation

James E. Sioma, DO
(East Penn Family Practice)
Department of Medicine
Division of Family Practice
Provisional Referring

Allied Health Professionals

Appointment

Gail K. Neff, GN
Physician Extender
Professional - GN
(Valley Sports & Arthritis Surgeons - David Sussman, MD)

210ct93 11:34am JW 2.7 ORDDMICR CC W1025 PMLW

MICROBIOLOGY ORDER SCREEN New #: 00

Order: _____

Frequency: _____ # Actions: __ Priority: _

Source: _____

Ord MD: _____

C ent: _____

Special Request: _____

Collected By: _

COLLECT D/T: _____ _____ END: _____ _____

Status: Dept:

DC/Hold: ___ Ord Loc:

udit Trail (Y): _ Pt Ord #:

NTERED: User:

HANGED: User:

MICROBIOLOGY ORDERS

1. Blood Culture
2. Blood for CMV Cult.
3. Blood Cult. Fungus
4. Blood Cult. TB/MAI
5. Bronch Specimen C&S
   Includes Gram Stain
6. C difficile
7. Catheter Tip C&S
8. Chlamydia DFA
9. CSF ORDER SET
10. Fungus Cult./Routine
11. GC Screen only
12. Genital C & S
13. Genital GpB Str only
14. Ova & Parasites
15. Spinal Fluid C & S
    Includes Gram Stain
16. Sputum/Trach C & S
    Includes Gram Stain
17. Stool Culture
18. TB/MAI/AFB Culture
19. Throat Cult GP A Str
20. Urine C & S
    NO Gram Stain Included
21. Wound or Fluid C & S
    Includes Gram Stain
22. Anaerobic Culture
    Has Gm Stain & Aerobic C&S

Use <MENU> for more Micro studies

Select #: __ __ __ __ __

190ct93 9:20am JW 1.1 MNMICRAA CC W2227 PMLW

M I C R O B I O L O G Y O R D E R M E N U

\BA
Blood for CMV Cult.
Blood Culture
Blood Cult. Fungus
Blood Cult. TB/MAI
Bordatella Culture
Bronch Specimen C&S
Includes Gram Stain
Burn Wound Culture
Catheter Tip C&S
Chlamydia Culture
Chlamydia DFA
C difficile
13. CMV Culture
    Non-blood specimens
14. CAPD Fluid C & S
    Has Gm Stain & Anaerobic C&S
15. CSF ORDER SET
16. Fungus Cult./Routine
17. Fungus hair/nail/skn
18. Gastric Culture
    Includes Gram Stain
19. Giardia Ag Screen
20. GC Screen only
21. Genital C & S
22. Genital GpB Str only
23. Herpes Simp. Virus C
24. Influenza A/B Screen
    Ages 13 to Adult
25. Legionella Culture
    Not urine
26. Ova & Parasites
27. Pneumocystis DFA(PCP
28. RSV DFA
29. Spinal Fluid C & S
    Includes Gram Stain
30. Sputum/Trach C & S
    Includes Gram Stain
31. Stool Culture
32. Stool for WBC's
33. TB/MAI/AFB Culture
34. Throat Cult GP A Str
35. Urine C & S
    NO Gram Stain Included
36. Virus Nonrespiratory
37. Virus Respiratory
38. Wound Fld. - Aerobic
    Includes Gram Stain
39. Wound Fld. - Anaerob
    Has Gm Stain & Aerobic C&S
40. Blood Parasites
41. Gram Stain
42. India Ink
43. KOH Preparation

Select Order(s): __ __ __ __ __

POLICY NO: IC

SUBJECT: Protective Attire During Procedures

EFFECTIVE DATE:

AREAS AFFECTED:

I. **POLICY**

To provide a safe environment for patients and staff, standards of dress must be followed when procedures are performed (outside of an Operating Room Suite).

II. **SCOPE**

All personnel.

III. **DEFINITIONS**

Category A Procedures - Insertions of PEG Tubes (Bedside or GI Lab)
Insertion of Peritoneal Dialysis Catheters
Insertion of IABP via Cutdown
Tracheostomy (Bedside)
Bronchoscopy (Bedside)
Any Procedure Normally Performed in the OR

Category B Procedures - Insertion of SG Catheter
Insertion of all Centrally Placed Venous Catheters
Insertion of Guidewires
Insertion of Arterial Lines
Insertion of Cutdowns
Insertion of Percutaneous IABP
Insertion of Chest Tubes
Insertion of Intracranial Pressure Monitoring Device

Category C Procedures - Lumbar Puncture
Insertion of Urinary Catheter (straight or indwelling)

Category D Procedures - Venipuncture
Insertion of Peripheral IV
Any Direct Manipulation of Tubing to Central or Arterial Catheter Junction or Stopcocks (i.e. tubing change, collection of blood specimens).

IV. **PROCEDURE**

Action	Responsibility
A. Category A Procedures	
1. Don face protection (mask with eyewear or mask with face shield).	Physician Medical Student Assistants in Immediate Vicinity
2. Don hair cover.	Physician Medical Student Assistants in Immediate Vicinity
3. Perform surgical scrub.	Physician Medical Student
a. Wash hands with antiseptic soap.	Assistants
4. Don sterile gown and sterile gloves.	Physician Medical Student
5. Use sterile drapes to maintain sterile field.	Physician Medical Student
B. Category B Procedures	
1. Don face protection (mask with eyewear or mask with face shield).	Physician Medical Student Assistants in Immediate Vicinity
2. Don hair cover.	Physician Medical Student Assistants in Immediate Vicinity
3. Wash hands with antiseptic soap.	Physician Medical Student Assistants in Immediate Vicinity
4. Don gown and sterile gloves.	Physician Medical Student
a. Don sterile gown and sterile gloves for all Category B Procedures performed on patients in STU or BU.	Physician Medical Student
5. Use sterile drapes to maintain sterile field.	Physician Medical Student

Action	Responsibility
C. Category C Procedures	
1. Don face protection (mask with eyewear or face shield) if increased pressure is suspected.	All Personnel
2. Wash hands with antiseptic soap.	All Personnel
3. Don sterile gloves.	All Personnel
4. Use sterile drapes to maintain sterile field.	All Personnel
D. Category D Procedures	
1. Wash hands with antiseptic soap.	All Personnel
2. Don clean gloves.	All Personnel
3. Use antiseptic swab to prepare insertion site or to disinfect catheter/tubing junction.	All Personnel
a. Allow for at least 30 seconds of contact time before initiating procedure.	

V. **ATTACHMENTS**

None

VI. **DISTRIBUTION**

Infection Control Manual

VII. **APPROVAL**

Signature	Chairman Infection Control Committee	Date

Date: July 26, 1993
Infection Control Committee Approval

Date: September 7, 1993
Medical Executive Committee Approval

VIII. **POLICY RESPONSIBILITY**

Infection Control Department

IN COORDINATION WITH:

IX. **REFERENCES**

Precautions Necessary with Central Venous Catheters. FDA Bulletin. July, 1989, Volume 19, Number 2.

Bloodborne Pathogen Standard. Occupational Safety and Health Administration. March 1992.

X. **REVISIONS**

Hospital reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice.

XI. **OTHERS**

N/A

XII. **DATES**

Origination: 7/84 Last Review: 7/93 Next Review: 7/95

P & T Highlights

The following action were
taken at the October 13, 1993
Pharmacy and Therapeutics
Committee Meeting
James A. Giardina,
Director of Pharmacy

FORMULARY ADDITION REQUEST

"Primacor or Inocor"

Milrinone lactate (Primacor®, Sanofi-Winthrop) - is a more potent derivative of amrinone indicated for the short-term therapy of CHF. Like amrinone, milrinone has also been used in the treatment of low cardiac output following cardiac surgery. Milrinone exhibits inotropic and vasodilatory effects by blocking phosphodiesterase in cardiac and vascular muscle. This results in improvement in cardiac output, pulmonary capillary wedge pressure, and peripheral vascular resistance. Milrinone is primarily excreted unchanged in the urine (83%) and because of this, patients with severe renal failure will have an extended half life from 2.3 hr to 3.24 hr and may require lower infusion rates. The most common adverse reactions are ventricular arrhythmias, hypotension and headache. Less common side effects include angina, hypokalemia, tremor, fever, bronchospasm and thrombocytopenia. Milrinone's reported risk of thrombocytopenia is less than that of amrinone, 0.4% compared to 2.4%, respectively. Milrinone is physically incompatible with furosemide (Lasix), therefore furosemide injection should not be given through an IV line containing milrinone. Milrinone is compatible with Dextrose (unlike amrinone). Cardiac function, renal function, fluid status and electrolytes, especially potassium, should be monitored. Dosage adjustments should be made on the basis of cardiac function studies.

Milrinone is given as a loading dose of 50mcg/Kg infused slowly over 10 minutes followed by a maintenance infusion of 0.375 to 0.75mcg/Kg/min. Table 1 shows delivery rates in ml/Kg/hr for various concentrations and infusion rates. Table 2 shows dosage adjustments for decreasing creatinine clearances. Milrinone appears to offer advantages over amrinone in its side effect profile (thrombocytopenia) and cost $144-384/day (Milrinone) vs $263-482/day (Amrinone). Milrinone was added for a 6 month therapeutic evaluation with the intent of stocking only one agent at the conclusion of the trial.

TABLE 1: Delivery Rates in Normal Renal Function

Milrinone Rates of Infusion			
Infusion Delivery Rate[1]			
Milrinone (mcg/kg/min)	100mcg/ml[2] (ml/kg/hr)	150mcg/ml[3] (ml/kg/hr)	200mcg/ml[4] (ml/kg/hr)
0.375	0.22	0.15	0.11
0.4	0.24	0.16	0.12
0.5	0.3	0.2	0.15
0.6	0.36	0.24	0.18
0.7	0.42	0.28	0.21
0.75	0.45	0.3	0.22

1 In order to calculate flow rate (ml/hr), multiply infusion delivery rate times patient weight (in kg).
2 Prepare by adding 180ml diluent per 20mg vial (20ml).
3 Prepare by adding 113ml diluent per 20mg vial (20ml).
4 Prepare by adding 80ml diluent per 20mg vial (20ml).

Diluents which may be used to prepare dilutions of milrinone for IV infusion are 0.45% or 0.9% Sodium Chloride Injection, USP or 5% Dextrose Injection, USP.

TABLE 2: Infusion Rates in Renal Impairment

Milrinone Infusion Rate in Impaired Renal Function	
Creatinine clearance (ml/min/1.73 m^2)	Infusion rate (mcg/kg/min)
5	0.2
10	0.23
20	0.28
30	0.33
40	0.38
50	0.43

Cisapride (Propulsid[R], Janssen) - is a prokinetic agent structurally and pharmacologically dissimilar to metoclopramide. Like metoclopramide, it is indicated for the symptomatic treatment of patients with nocturnal heartburn due to GERD. Cisapride works as an indirect cholinergic agent on the GI tract. Unlike metoclopramide, cisapride has no effect on dopaminergic receptors. Cisapride is rapidly absorbed following oral administration with an absolute bioavailability of 35-40%. It has a half-life of 6-12 hours and is extensively metabolized prior to elimination. Cisapride exhibits some accumulation in hepatic or renal impaired patients as well as elderly patients, as compared to young healthy volunteers, but the differences are inconsistent and dosage adjustment is not recommended.

In several comparative trials in the treatment of GERD, Cisapride appeared to show similar efficacy to metoclopramide and comparable efficacy and side effects to H2 Receptor Antagonists.

Cisapride is initiated in adults at 10mg four times daily given at least 15 minutes before meals and at bedtime. Some patients may require 20mg QID to obtain satisfactory results. The most common adverse effects include dizziness, vomiting, chest pain, fatigue, pharyngitis, back pain, depression, dehydration, and myalgia. Gastrointestinal side effects occur more frequently at the 20mg dose vs the 10mg dose. Cisapride has fewer CNS side effects than metoclopramide ***(as well as no antiemetic effect)***. Cisapride was added to the formulary for patients who are unable to tolerate, or who are at greater risk for, the extrapyramidal side effects associated with metoclopramide therapy. Cisapride costs $2.00/patient day (10mg QID) vs $0.04/patient day (10mg QID) for metoclopramide. Cisapride could affect the rate of absorption of other agents, due to increased gastric emptying. Patients receiving agents with narrow therapeutic indices should be monitored closely. Coagulation times have been increased in patients on oral anti-coagulant therapy, therefore INR and/or PT's should be done one week after the start and discontinuation of cisapride.

SAY NO TO CIPRO (Eye Drops, that is)

Ciprofloxacin Ophthalmic Solution (Ciloxan, Alcon) - is a topical antimicrobial agent indicated to treat conjunctivitis and corneal ulceration caused by susceptible organisms. Ciprofloxacin was rejected due to other formulary agents which adequately cover the most commonly seen pathogens. See Table 3.

TABLE 3: Spectrum of Antimicrobial Activity for Formulary Ophthalmic Agents and Ciprofloxacin

	Bacitracin $	Ciprofloxacin $$$	Gentamicin $	Neosporin® $	Polytrim® $$$	Tobramycin $$	Chloramphenicol $$
GRAM-POSITIVE							
Strep. pneumoniae	+	±	±	+	0	±	+
Staph. aureus(MSSA)	+	+	±	+	0	±	+
Staph. epidermidis	+	+	0	+	0	0	
Beta-hemolytic strep	+		±			±	+
GRAM-NEGATIVE							
N.gonorrhoea	+	+	0		0	0	
N.menigitidis	+	+					+
M.catarrhalis		+	+	+			
H.influenzae		+	+	+	+	+	+
E.coli		+	+	+	+	+	+
Klebsiella sp.		+	+		+	+	+
Enterobacter sp.		+	+		+	+	+
Serratia sp.		+	+	+		+	
Ps.aeruginosa		+		+	+	+	+
MISC							
Chlamydia sp.		+					

1. McDonnell PJ. and WR Green. Eye Infections. In Mandell GL, ed. Principles and Practice of Infectious Diseases. 3rd ed. New York: Churchill Livingstone; 1990.
2. Sanford JP. Guide to Antimicrobial Therapy: 1993.
3. Facts and Comparisons. St. Louis: 1993.

Pancrelipase (Pancrease MT, J & J) - is a micro tablet formulation of digestive enzymes and is indicated for patients with exocrine pancreatic deficiency, i.e. cystic fibrosis, chronic pancreatitis, etc. The MT formulation comes in 4 strengths with the number, following the "MT", indicating the amount of lipase activity per capsule. The MT formulation allows for dosage adjustment while maintaining the same number of capsules per dose. Pancrelipase is given with meals and snacks and the dose should be adjusted according to patient response. Common adverse reactions are generally gastrointestinal, with nausea, abdominal cramping and diarrhea being most common. Pancrease MT is indicated in children over 1 year and adults. Because of the formulation, Pancrease MT should not be crushed. For patients unable to swallow the capsules whole, the capsules may be opened, sprinkled on soft food which doesn't require chewing and taken immediately. Prolonged contact with foods with pH greater than 6 can dissolve the coating.

DRUG USE EVALUATION CORNER

Ceftazidime - 66 patients on ceftazidime were reviewed in August (increased from 54 in July). 54 (81.8%) received ceftazidime empirically with an average length of therapy of 3.7 days. 3 (4.5%) received on call doses for surgical burn debridement. Ceftazidime to piperacillin chart memos were placed on 7 charts with 2 changed to piperacillin within 2 days, 3 with antibiotic therapy D/C'd, and 2 changed to cefazolin. The total number of patients treated with piperacillin in August was 69 (decreased from 91 courses in July).

Piperacilin is the preferred agent for aerobic gram negative bacilli resistant to Cefazolin, in non-penicillin allergic patients. For suspected Pseudomonal infections, Piperacillin 5Gm Q8H is recommended.

IV Ciprofloxacin - 33 patients receiving IV ciprofloxacin were reviewed in August (increased from 29 in July). 20 (64.5%) of the ciprofloxacin use was empiric in patients with either a penicillin allergy or recent failure to piperacillin or ceftazidime. The average length of empiric therapy was 3.6 days. 3 (9.7%) UTI's were treated for an average of 1.7 days. 8 patients applicable for oral therapy had PO chart memos placed with 5 changed to PO on day 2-5. 1 patient continued on IV therapy and 2 patients had antibiotic therapy D/C'd.

Ciprofloxacin should be reserved for aerobic gram negative bacilli (i.e. Pseudomonas, Enterobacter, Serratia) resistant to standard therapy. With a working GI tract, the oral formulation is equally bioavailable at 1/6 the cost ($8.00/day vs $50.00/day for 750mg PO and 400mg IV BID, respectively).

Ampicillin/Sulbactam - Due to increasing usage at LVH, ampicillin/SB was chosen for monthly review. 63 patients receiving ampicillin/SB were reviewed in August only. 13 (20.6%) fell into the mixed infection category. One single pathogen infection (enterococcal bacteremia) was also included in this group. 43 (68.3%) were treated empirically with an average length of therapy of 3.9 days. 7 (11.1%) cases of surgical prophylaxis utilized ampicillin/SB x 12-72 hours.

Ampicillin/Sulbactam is best used in mixed infections with S. Aureus or Enterococcus and difficult anaerobic bacteria i.e. Bacteroides species.

The Committee questioned how the data can be better utilized to effect prescribing changes. The Committee suggested that the Clinical Pharmacists begin making suggestions to Prescribers who appear to overprescribe broad spectrum and/or expensive agents when a more focused therapy would be indicated based on culture and suspectibility results and the clinical situation.

It was also noted that further cost awareness efforts will be made by adding a cost scale (multiple $ signs) to the Computer Susceptibility screens together with the addition of cost data to the actual antibiotic order sheet.

KCL MINI-INFUSIONS

The Committee expanded the standardization of diluents for Potassium Chloride mini-infusions by accepting the recommendation that all "bolus doses" will be given in sterile water as opposed to custom dilutions. This change will further reduce the amount of KCl vials on patient care areas and the potential for serious medication errors through misadministration. Dilution in sterile water also offers the advantage of providing the dose with the lowest osmolarity which lessens the potential for venous irritation. Prior to this change, KCl orders in D5W were substituted. Orders in NSS are now included. To get a diluent other than water, the Committee agreed that the Prescriber must state that the diluent is medically necessary.

RESPIRATORY CARE POLICY REVISION

The Committee approved revisions to the Respiratory Care Policy on Medications for Bronchodilator Therapy. The revised policy states that, if indications are not met on assessment, therapy will not be given and the Physician (or office staff) notified. In addition, a sticker (See Table 4) will be placed in the Progress Notes. Approximately 20% of nebulized bronchodilator therapy does not meet indications. Physicians must write a specific order to override this action.

TABLE 4: Respiratory Care Evaluation for Approved Medication Protocol

RESPIRATORY CARE EVALUATION FOR
APPROVED MEDICATION PROTOCOL

DATE: _____
ORDER: _____
RX: _____
DX: _____
Progress notes reviewed Y N
Consults reviewed Y N
Nursing admission assessment reviewed Y N

Bronchodilator Standards

1. Asthma/reactive airways disease	Y	N
2. COPD-Bronchitis & Emphysema	Y	N
3. Bronchiectasis	Y	N
4. Wheeze unchanged by cough	Y	N
5. Improved spirometry or Raw on Vent	Y	N
6. Cystic Fibrosis	Y	N
7. Inhalation Burn/chemical trauma	Y	N
8. Inspissated Secretions (Mucomyst)	Y	N
9. For sputum induction	Y	N

At this time your patient does not meet the above standards.
Resp RX has been D/C'd
ORDERING PHYSICIAN: _____ R.C.P: _____

Physician office notified of D/C less than 24 Hrs. of initial order.
Notified: Date: _____ Time: _____

Patient Evaluation Sticker which will be placed in the Progress Notes.

LEHIGH VALLEY
HOSPITAL

Cedar Crest & I-78
P.O. Box 689
Allentown, PA 18105-1556

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