



Progress Notes

MEDICAL STAFF

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FROM THE PRESIDENT

Mark your calendars for two very important Medical Staff events coming up in April. On Saturday, April 6, we are very fortunate to have John-Henry Pfifferling, Ph.D., scheduled to be here to present a seminar on Physician Wellness. The morning session will include discussions on wellness and practice stress, followed by an afternoon session which will be aimed at developing an ongoing physician support group at our hospital. More information about the program can be found on page 7 in the newsletter.

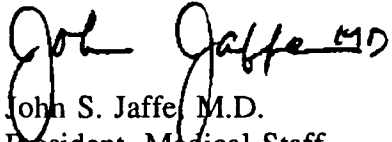
The much-discussed issue of Medical Staff mission/vision will be addressed the weekend of April 20-21 during a special retreat specifically designed to examine this topic. An expert on mission/vision development, George E. Linney, Jr., M.D., has been retained to facilitate the process.

If you are interested in attending either of these programs, please contact Janet M. Laudenslager in Medical Affairs at 778-2780.

We have also begun to develop plans for the first Physician Recognition Dinner to honor present and past staff physicians. As the exact format has not yet been decided, your input and suggestions are welcome.

The recent General Medical Staff meeting seemed to provide a productive discussion of the current controversy regarding the position of Senior Vice President for Medical and Academic Affairs. We appreciated the support for the position taken by the Medical Staff leadership and plan to continue a strong effort to represent our concerns to the Board and Administration in this regard.

Sincerely,

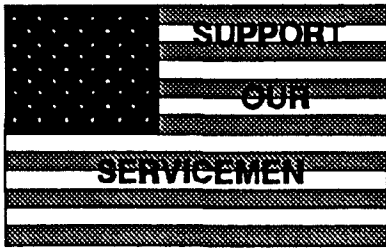

John S. Jaffe, M.D.
President, Medical Staff



The Allentown
Hospital—
Lehigh Valley
Hospital Center

A HealthEast Hospital

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MARCH, 1991



Although Operation Desert Storm has officially ended, three members of the Medical Staff -- **David J. Barillo, M.D.**, plastic surgeon, **Kenneth M. McDonald, M.D.**, vascular surgeon, and **Charles W. "Pete" Reninger, M.D.**, obstetrician/gynecologist -- remain in active duty.

Why not let them know you are thinking about them and drop them a line. Their addresses are:

Major David J. Barillo, M.D.
 Brook Army Medical Center
 USA-ISR
 Fort Sam Houston, TX 78234

Capt. Kenneth M. McDonald MC USN
 116263714
 Department of Surgery
 Fleet Hospital #15
 F.P.O. San Francisco, CA 96608-9602

Capt. Charles W. Reninger, Jr.
 208225112
 Fleet Hospital #15

I.
 M.E.F.
 F.P.O. San Francisco, CA 96608-5409



POLICY ON HEALTH OFFICE VISITS TO T A H - - L V H C EMERGENCY ROOMS APPROVED

At times it is necessary for a physician to evaluate a private patient in an Emergency Room of TAH--LVHC for a non-emergency, non-life threatening problem. In order to accommodate these hopefully infrequent occurrences, the following policy, which was approved at the Medical Executive Committee meeting on February 5, 1991, is to be followed:

A Health Office Visit (HVO) will not be billed as a regular Emergency Room (ER) patient if:

- * the patient identifies himself/herself as a HVO patient of a specific staff physician, and
- * the private physician has called the ER and advised the ER staff that the patient is coming to the ER as a HVO.

A record will be generated for every HVO patient but will be marked as a "Health Office" patient.

An area in each ER (the eye room at LVHC and the First Aid room at TAH) will be utilized for these patients and will be stocked with a blood pressure cuff, thermometer, tongue depressors, and an otoscope/ophthalmoscope.

If several HVO patients arrive, they will be seen in order of registration.

In extreme circumstances, a HVO may be asked to wait if ER resources are overtaxed.

Orders for outpatient laboratory or x-ray tests can be given directly to the patient. If ER personnel are involved in triage (because no advance notice was given by the physician), or for procedures for laboratory work, the HVO designation will not apply and a bill for these services will be generated.

It was noted that abuse of this policy is a quality assurance issue and physicians who abuse this privilege will be subject to counseling.

RENAL TRANSPLANT PROGRAM APPROVED

After two and one-half years of hard work, the Renal Transplant Program recently received approval from the United Network for Organ Sharing (UNOS), the HCFA-designated organization for Renal Transplant Program approval. Additionally, the program also received Medicare approval which was accomplished through a site visit by a local Department of Health surveyor.

KEPRO KORNER

Several physicians have inquired about KePRO Generic Quality Screens which are listed below for your information. They should not be interpreted as absolute requirements prior to discharge. However, if these criteria are not met, the Discharge Summary should address a plan for outpatient management.

PRO Generic Quality Screens

Adequacy of discharge planning

- No intervention by hospital personnel before discharge
- No documented plan for appropriate follow up

Medical stability of patient at discharge

- Systolic blood pressure less than 85 mm Hg or greater than 175 mm Hg
- Diastolic blood pressure less than 50 mm HG or greater than 110 mm Hg
- Temperature on day before or day of discharge greater than 101°F orally (102°F rectally)
- Pulse on day before or after discharge less than 50 beats per minute or greater than 110 beats per minute
- Unaddressed abnormal diagnostic services
- IV fluids or drugs on day of discharge
- Abnormal wound drainage on day of discharge

Deaths

- During or following surgery
- Following return to or within 24 hours of being transferred from an intensive care area
- Within 24 hours of admission via emergency department
- Any unexpected death

Nosocomial infections

Unscheduled return to surgery

- Within same admission for same condition as previous surgery

Trauma

- Unplanned removal of or damage to an organ
- Falls
- Other physical injury

The above information was taken from the Hospital Quality Assurance Manual. If you have any questions, please contact William Frailey, M.D., Vice President, Medical Affairs, at 778-2970, or Susan Lawrence, Director, Quality Assurance, at 778-2293.

SECURE-ITY BLANKET PROGRAM IMPLEMENTED

Effective March 4, tightened security and new access patterns were implemented for the Pediatric and Obstetrics units at TAH site. The two floors are now locked off through numbered keypads, with combinations allowed only to unit personnel and medical staff appropriate for the units. Access to the units will be by the center court elevators -- numbers 8 and 9 -- only and any and all visitors must first obtain a pass from a security officer in the hospital lobby. Once they arrive on the unit, visitors will be checked for passes at the nurses station.

If you have any questions regarding this new program, please contact Bonnie M. Smith, Administrator, Women & Infants/Pediatric SSU, at 778-2536.

HAPPY DOCTOR'S DAY March 30

In honor of Doctors' Day, members of the Medical Staff are invited to stop by the Medical Staff Lounge at either site on Wednesday, March 27, to celebrate!

NURSING BRIEF - RESTRAINTS

The use of locked/leather restraints and posey sleeved jackets requires a written physician's order which is time limited and does not exceed 24 hours. PRN orders are not acceptable to authorize restraints. This policy statement reflects the revised JCAHO standards on restraints which apply to **all** areas where restraints are used.

If you need to remove restraints when examining a patient, please notify the nurse immediately upon completion so the restraint can be reapplied correctly in a timely manner. It is extremely important that our method of restraining patients complies with our hospital/nursing standard.

If you have any questions regarding this issue, please call Candace Rakow, Administrator, at 776-8210.

Your continued cooperation is appreciated.

ATTENTION MEMBERS OF THE DEPARTMENT OF DENTISTRY

Please remember that the deadline for returning the renewal for your Pennsylvania license is March 31. Severe fines can be imposed for practicing without a license.

PILOT PROGRAM FOR FALL PREVENTION

Effective March 5, 4T at TAH site and 7B at the LVHC site became involved in a pilot program to identify patients at high risk for falls.

These patients will be identified by a lavender dot on their name band and one on the binder portion of the chart. If these patients are in your care, please be aware that they are at high risk for falling.

STANDARDIZATION COMMITTEE APPROVES NEW MATTRESS

Dynamic Floatation System (DFS) mattresses have been successfully evaluated at both sites and approved for patient use by the hospital Standardization Committee. These mattresses are supplied by The Mediscus Group, our specialty bed vendor. They are less costly than some low air loss beds and have proven effective in the evaluations. When indicated, this product may be ordered in the same manner as low air loss beds.

For additional information, contact Richard Benjamin, Director of Purchasing, at 776-8550.



LABORATORY UPDATE

BLOOD BANK UPDATE

In addition to other transfusion transmitted diseases such as hepatitis, HIV, and HTLV-1, CMV in neonates, the Blood Bank should also be notified if bacterial contamination of the transfused component is suspected. This last condition should be suspected if the patient experiences chills, high fever, or hypotension during or immediately after the transfusion, and these changes cannot be explained on the basis of the patient's underlying clinical condition.

As these reactions may be life-threatening, their management must be immediate and aggressive. After collection of recipient blood samples for culturing, and notification of Blood Bank, the patient should be treated with broad spectrum antibiotics, fluids and vasopressors to maintain blood pressure, electrolyte balance, and adequate urinary flow.

All fatal reactions related to transfusion must be reported to the Food and Drug Administration by the Blood Bank within 24 hours.

The number for the Blood Bank at the LVHC site is 776-8181; at TAH site, the number is 778-2370.

ANTI-HEPATITIS C VIRUS TEST RESULTS

The following caveats should be considered when ordering the Hepatitis C Virus (HCV) Antibody Test:

- 1) Reactive test results indicate that the patient has been infected with HCV, may harbor infectious HCV, and may be capable of transmitting the virus. False positive reactions may occur and to date, approved confirmatory tests are not available to support the initial screening ELISA test.
- 2) Non-reactive test results do not rule-out HCV infection since antibodies may not be detected for up to one year after infection. This window-period may lead to false-negative test results. Repeat testing is recommended if HCV is strongly suspected.

Currently, serum or plasma specimens are sent to Miller Memorial Blood Center for HCV antibody screening. For further information, please contact Diane C. Halstead, Ph.D., Director, Microbiology/Virology/Immunology, at 776-8150.

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CHANGE IN LYME DISEASE AND MYCOPLASMA PNEUMONIAE ANTIBODY TESTS

Effective immediately, the Immunology Division of HealthEast Laboratories will be utilizing the following tests:

Elisa test to detect IgM specific AND total antibodies (G+A+M) to M.pneumoniae. Benefits of this change in methodology will include:

- increased specificity in detecting M.pneumoniae antibodies;
- decreased turnaround time to document a current M.pneumoniae infection; and
- obviate need to test for nonspecific cold agglutinins.

NOTE: Cold agglutinins usually appear during the second week of illness, peak one to two weeks later, in only Ca. 70% of cases.

Historically, two serum samples collected three weeks apart and tested in parallel were required to detect a four-fold or greater rise in antibody titer in order to establish a laboratory diagnosis, since one specimen, even if positive for antibodies, was insufficient to document a M.pneumoniae infection. The new procedure will, in the majority of cases, establish a lab diagnosis by detecting IgM antibodies from one

serum specimen collected four to seven days after onset of illness.

Lyme Disease Antibody Screen

A FIAX fluorometric procedure will now be used to detect IgM/IgG (total) antibodies to Borrelia burgdorferi. This change occurs as a result of a three-month pilot study (see memo dated August 22, 1990) which demonstrated a lack of clinical utility in providing an ELISA Screen for specific IgM and IgG antibodies.

Lyme Disease Supplemental Antibody Test

A Western Blot will be performed on all screen positive serum specimens in order to establish the presence of specific IgM and IgG antibodies to Borrelia burgdorferi.

If you have any questions regarding these changes, please contact Dr. Halstead at 776-8150.

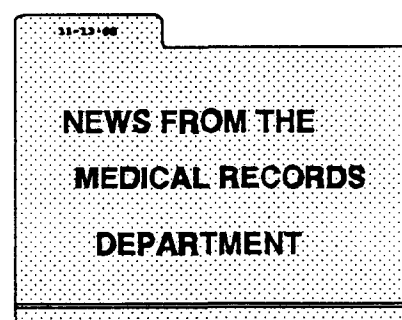
MICROBIOLOGY REQUESTS

Effective immediately, all requests for collecting blood for culture from patients on antimicrobial therapy will now be inoculated into two resin bottles, i.e., both an aerobic 16A (green label) and an anaerobic 17A (orange label) resin bottle (3-5 ml. blood/bottle).

Also, for rapid turnaround time and cost containment, specimens collected to rule out oral thrush (yeast) can be submitted for gram stain only. Cultures are not required to document these presence of yeast in a properly collected specimen from oral

plaques. Like other special situations, consultation with the microbiology laboratory staff may be required.

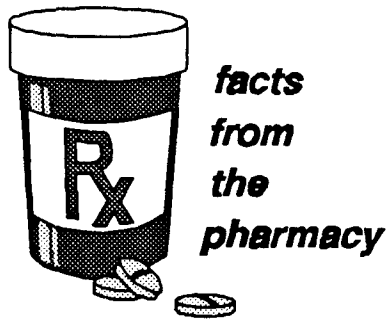
If you have any questions regarding this change in protocol, please call Georgia Colasante, Microbiology Supervisor, or Dr. Halstead at 776-8190.



At the February Medical Record Committee meeting, a recommendation was made that the Medical Staff be commended on their acceptance, cooperation, and compliance to the new Incomplete Chart Tracking System. Statistics show that the number of incomplete charts is decreasing steadily.

Congratulations!





PNEUMOCOCCAL VACCINE SUPPLY

Although notification was distributed several weeks ago regarding the extreme short supply of the pneumococcal vaccine, the hospital has received a supply since then which should meet our needs for some time. It is important, however, to continue prudent usage of all medications in order to assure an adequate supply for all patients.

Your continued cooperation is very much appreciated.

PHARMACY AND THERAPEUTIC HIGHLIGHTS

The Pharmacy and Therapeutic (P & T) Highlights, the monthly overview of the P & T meeting, will be attached to Medical Staff Progress Notes beginning this month.

CONGRATULATIONS!

Vera J. Krisukas, M.D., family practitioner, was one of six Lehigh Valley women to receive the Allentown YWCA's Women's Leadership Award recently. Dr. Krisukas, who began her career in medicine over 40 years ago, has

spent a lifetime working for the betterment of her community and the medical profession.

She has been active in the Medical Women of Lehigh Valley since its inception in the 1970s and was present of the organization from 1988 to 1990. Her community activities include the Girl Scouts and Planned Parenthood.

The Leadership Awards were established in 1984 to honor distinguished women in many fields including education, medicine, social service, government, volunteer services, and the arts.

BREAST CANCER CONSULTATIVE SERVICE

Do you have a patient who has been diagnosed with breast cancer? If so, the Breast Cancer Consultative Service can help.

This new service, available to women who have been diagnosed with breast cancer, provides patients with a thorough explanation of their treatment options and recommendations regarding the best treatment course.

For more information, call the Breast Cancer Consultative Service at 778-2415.

PUBLICATIONS, PAPERS AND PRESENTATIONS

George A. Arangio, M.D., orthopedic surgeon, recently presented a lecture to the pre-med students at Muhlenberg College for their Clinical Research Methods Seminar. The topic of his lecture was "The Science of Anterior Cruciate Ligament Injuries."

Joel M. Glickman, D.M.D., endodontist, was a guest speaker at the Liberty Dental Conference held recently in Philadelphia. His topic was "Endodontic Pharmaceuticals."

Dr. Glickman is presently the President of the Louis I. Grossman Endodontic Study Club, Philadelphia, and is the Secretary/Treasurer of the Pennsylvania Association of Endodontists.

Glen L. Oliver, M.D., ophthalmologist, recently presented a paper at the East Coast Fluorescein Society Conference held at the Wills Eye Hospital. The title of the paper was "Optic Nerve Head Involvement in the White Dot Syndrome" and was accompanied by a case presentation and discussion.

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Daniel A. Kaczor, Supervisor, Coagulation, and **Nancy N. Bickford**, Education/Safety Coordinator, HealthEast Laboratories, were featured in the coagulation section of the March, 1991 edition of the American Journal of Clinical Pathology. Their article was titled "Evaluation of Different Mixing Study Reagents and Dilution Effect in Lupus Anticoagulant Testing."

UPCOMING CONFERENCES, SEMINARS AND MEETINGS

TAH--LVHC Medical Staff Sponsors Conference on Professional Well-Being

It's About Time: Recharging the Physician's Battery, a Conference on Professional Well-Being, will be held on Saturday, April 6, 1991, in the Auditorium of the LVHC site. Physicians and residents who wish to maximize their personal well-being and maintain or recapture the joy of professional life are invited to attend.

Goals of the program are to promote the personal satisfaction and well-being of professionals by presenting ways to reduce stress, prevent malpractice, reduce interpersonal and family conflicts, and improve communications and relationship skills, and to promote networking and sharing of ideas and expertise by bringing together professionals to explore the latest research on well-being and the best techniques to achieve it.

The speaker for the conference will be John-Henry Pfifferling, Ph.D., Director of the Center for Professional Well-Being, Durham, N.C. Dr. Pfifferling offers an extensive background in medical anthropology, health education, counseling and advocacy for troubled professionals. As an educator, he teaches how to transfer what we know in the science of well-being to reduce needless distress.

He completed his undergraduate education at City University of New York, with a Master's from Hunter College and a doctorate from Pennsylvania State University. His post-doctorate studies on the culture of medicine were completed at Duke Medical Center.

Although there is no fee for the conference, pre-registration is requested to guarantee conference materials for all participants. To register, please call Janet M. Laudenslager, Coordinator, Physician Office Practice Services, on or before Wednesday, April 3, at 778-2780.

Medication Error Prevention

The Pharmacy and Nursing Departments will sponsor two lectures on Medication Error Prevention on Wednesday, March 20, 1991. The first lecture will be held from 10 to 11:30 a.m., in Room 900 of TAH School of Nursing. The lecture will be repeated from 1 to 2:30 p.m. in the LVHC Auditorium.

The program is intended for all professionals involved in the

process of medication selection, ordering, transcribing, dispensing, and administration.

The speaker will be Michael R. Cohen, M.S., Director of Pharmacy/IV Therapy, Quakertown Community Hospital. In addition to his duties as Director, Mr. Cohen is the Assistant Editor of Lippincott's Hospital Pharmacy, a columnist and clinical advisor to Nursing 91, a co-founder of the Institute for Safe Medication Practice, and a frequent lecturer to medical, nursing, and pharmacy groups on safe medication practices.

No advance registration or fee is required for the program which is supported by an educational grant from Merck, Sharp & Dohme.

TAH--LVHC Regional Symposium Series

Second Annual Digestive Sciences Symposium: Hepatitis Update will be held on Saturday, March 23, from 7:45 a.m. to 12:30 p.m., in the Auditorium of the LVHC site. Physicians and allied healthcare personnel interested in hepatitis will benefit from the program.

Upon completion of the program, participants will be able to describe the diagnosis, management, treatment (including liver transplantation), and prevention of hepatitis.

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Assessment and Intervention Strategies for Normal and At-Risk Infants and Young Children will be held on Thursday, April 11, 1991, from 7:45 a.m. to 4:15 p.m., at the George Washington Lodge. Renowned pediatrician T. Berry Brazelton, M.D., will be one of the featured speakers.

Pediatricians, family practitioners, psychiatrists, psychologists, nurses, social workers, early intervention professionals, and other health care and education professionals interested in assessment and intervention strategies for normal and at-risk infants and young children will benefit from the program.

For more information about the conferences listed above, please call Human Resource Development at 776-8322.

"Working Together For Your Good Health", a program to kick-off National Medical Laboratory Week, will be held on Friday, April 12, 1991, at 2 p.m., in the Auditorium at TAH site. Bruce J. McCreedy, Jr., Ph.D., Associate Director of Infectious Disease, PCR-Molecular Biology Section, Roche Biomedical Laboratories, will present "Clinical Utility of Polymerase Chain Reaction." Everyone is welcome to attend.

The Second Maternal & Child Health Forum will be held on Wednesday, April 24, from 11 a.m. to 2 p.m., in Room 916, School of Nursing, at TAH site.

The forum will feature guest speakers who will address issues of interest and concern to childbirth educations and physicians' office staff. Group discussion will also provide an opportunity for a meaningful exchange of ideas.

Although there is no fee for the program, pre-registration is requested as lunch will be provided. For more information or to register, call Fran Derhammer, Maternal Childbirth Coordinator, at 778-2903.

Medical Grand Rounds

The Somatic Manifestations of Depression will be presented by Joseph Antonowicz, M.D., psychiatrist, on Tuesday, March 19.

Adjuvant Treatment of Node Positive & Negative Breast Cancer will be presented by Kevin R. Fox, M.D., Assistant Professor of Medicine, University of Pennsylvania, on Tuesday, March 26.

Medical Grand Rounds are held every Tuesday at noon in the Auditorium at the LVHC site. For more information, contact the Department of Medicine at 776-8200.

Pediatric Conference Schedule

Perinatal Neuropathology will be presented by Brian Little, M.D., Ph.D., pathologist and Director, Office of Education, TAH-LVHC, on Friday, March 22, at noon in the Auditorium at TAH site.

For more information, call Beverly Humphrey in the Department of Pediatrics at 778-2540.

QUOTE OF THE MONTH

Those who say it can't be done...are usually interrupted by others doing it.

PHYSICIAN PRACTICE OPPORTUNITIES

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

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

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

* Office space available in new medical building at 1040 Chestnut Street, Emmaus. 1,100 square feet or 1,700 square feet available.

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

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

WHO'S NEW

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

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

Medical Staff

Address Correction

Allentown Anesthesia Associates, Inc.

- Karen A. Bretz, M.D.
 - Domenico Falcone, M.D.
 - Dorothy I. Hartman, M.D.
 - Samuel M. Lerner, M.D.
 - Carmen B. Montaner, M.D.
 - Toeruna S. Widge, M.D.
 - Wen-Shiong Yang, M.D.
- 1251 S. Cedar Crest Blvd.
Suite 212C
Allentown, PA 18103

Address and Telephone Changes

Neurological Services, Inc.
Robert J. Coni, D.O.
William R. Pistone, D.O.
H. Donald Wills, M.D.
3420 Walbert Avenue
Allentown, PA 18104
(215) 366-9160

Sandra L. Weidner, M.D.
1125 Berkshire Boulevard
Wyomissing, PA 19610
(215) 376-8691

Our Quality Policy

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

*Equal Opportunity Employer
MIF/HIV*

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



P & T HIGHLIGHTS

The Allentown Hospital - Lehigh Valley Hospital Center
PHARMACY DEPARTMENT

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

The following were actions taken from the February 11, 1991 P & T meeting.

WHY, HOW AND WHEN TO CALL

The Committee reviewed and approved medication information sheets on

- Nitroglycerin Sublingual, Oral, Ointment/Patches
- Oral Hypoglycemic agents
- Metered Dose Inhalers

The information was prepared by Nursing with input from Pharmacy and Dietary. These sheets will be distributed to patients prior to discharge to assist them in learning the purpose, proper use and potential side effects of the particular medication. Supplies for office use may be obtained from Sandy Schwartz, R.N., Director of Patient Education (Ext. 8775).

TRANSPLANT PROTOCOL

- A. The committee discussed preliminary copies of the various orders to be used in the Transplant Program. Various disciplines are providing input into their development. Final copies of the orders will be presented at the March meeting.
- B. The Committee also approved the storage of non-injectable medications at the bedside for transplant patient self administration while on a Med/Surg unit. These medications must be specifically ordered for self administration. Transplant patients must become knowledgeable and active participants in their medication regimen. Hence, early supervised participation is a requirement.

FORMULARY ADDITIONS

OK for OKT3

The Committee approved the addition of Muromonab-CD3 (Orthoclone OKT, Ortho) to the formulary for transplant patient use only. Muromonab-CD3, which is also known as OKT3, is a murine monoclonal antibody to the T3 antigen of human T cells. It functions as an immunosuppressant apparently by killing cytotoxic human T cells and blocking the generation of other T cell functions. Muromonab-CD3 is indicated for the treatment of acute allograft rejection in renal transplant patients.

Muromonab-CD3, like other immunosuppressive agents, renders the patient more susceptible to infections. Two of the more common infections are Herpes simplex and Cytomegalovirus. Other common adverse effects are Pyrexia (73%), Chills (57%), Dyspnea (21%), Chest pain (14%), Nausea (11%), Vomiting (13%), Diarrhea (10-14%) and Tremor (10%).

Muromonab-CD3 is contraindicated in patients, who have displayed hypersensitivity to this or any murine derived product, as well as patients in fluid overload. Fluid status is confirmed prior to administration by chest X-ray within 24 hours of injection and weight gain evaluation over the week prior to initiation of therapy.

Muromonab-CD3 is administered as a 5mg intravenous bolus (< 1 min) daily and is given following a specific first dose protocol of methylprednisolone, hydrocortisone and acetaminophen to minimize side effects. The solution must be drawn up through a low protein binding 0.22 micron filter prior to administration. Other concurrent immunosuppressive agents are generally reduced in dosage at the time Muromonab-CD3 is initiated.

KETOROLAC (TORADOL) USAGE EVALUATION

The Clinical Pharmacy Service presented a review of 21 courses of Ketorolac therapy to the committee for review. The majority of use (62%) was in conjunction with narcotics for pain relief. Dosages employed were inconsistent with manufacturer/literature recommendations. As a reminder, the usual adult loading dose is 30 to 60mg followed by a maintenance dose of 15 to 30mg (one half of the loading dose) IM every six hours as needed for pain control. The maximum daily dose should not exceed 150mg on the first day and 120mg thereafter. Dosage reduction is recommended for patients with any of the following conditions:

- over 65 years of age
- under 50 kg in weight
- renal impairment
- concurrent prostaglandin inhibitor therapy

The committee took the following action:

1. Approved formulary addition with repeat usage review.
2. Added to automatic stop order policy in 5 day category.
3. Recommended forwarding DUE results to Surgical QA Committee.
4. Recommended discussion of DUE at division meetings with high usage.

GLYCOPYRROLATE ADDED TO IV GUIDELINES

Glycopyrrolate injection (Robinul) was added to Nursing IV Guidelines. Glycopyrrolate may be given IV push in all nursing areas.