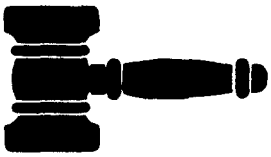
LEHIGH VALLEY HOSPITAL

# Medical Staff Progress Notes

Volume 6, Number 12
December, 1994

## In This Issue...





## *From the President*

We were hoping to have the survey results available for this issue of the newsletter. Unfortunately, the final summary findings have not been completed. Preliminarily, I can report that the overall response rate was approximately 20% with most characterizing their relationships favorably. A good working relationship was characterized as physicians and hospital working in a cooperative way to achieve mutual goals with honest and open two-way communication and mutual trust and respect. The themes of open communication and reward and recognition of physicians' efforts and contributions were at least part of the answers to many of the questions in the survey. We hope by the next newsletter to have a more formal report for you.

I wish to express my sincere thanks to all of you for the opportunity to serve in this position. With the high caliber physicians on our medical staff being given opportunities to maximize their potential, I believe we will continue to grow and function as professionals in the highest sense of that term. John Castaldo represents us well in this sense of professionalism as we continue to strive to offer the best possible healthcare for our community.

Happy Holidays to All. Best Wishes for the New Year.

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

# *Happy Holidays!*

## *Plastic and Reconstructive Surgeon to Serve as President-Elect*

**Robert X. Murphy, Jr., M.D.,** plastic and reconstructive surgeon, was recently nominated and elected to serve as Medical Staff President-elect for a two-year term beginning January 1, 1995.

Dr. Murphy joined the Medical Staff in 1989, and is a member of the Department of Surgery, Division of Plastic and Reconstructive Surgery/Trauma, Section of Burns.

A graduate of New York University, New York, N.Y., Dr. Murphy completed a general surgery internship followed by a two-year general surgery junior residency at Beth Israel Hospital, Boston, Mass. He then completed one year of general surgery training at Morristown Memorial Hospital, Morristown, N.J. Dr. Murphy then completed a two-year plastic and reconstructive surgery residency at Montefiore Medical Center and Albert Einstein College of Medicine, Bronx, N.Y., followed by a clinical fellowship in hand surgery at Bellevue Hospital and New York University Medical Center, New York, N.Y.

Dr. Murphy is certified by the American Board of Plastic Surgery with certification of Added Qualification in Surgery of the Hand.

Dr. Murphy is a member of Plastic Surgeons Professional Group, Inc., located at 1230 S. Cedar Crest Boulevard, Allentown.

## *At-Large Member Needed for Medical Executive Committee*

As a result of the election of Robert X. Murphy, M.D., as President-elect of the Medical Staff, an at-large seat has become vacant on the Medical Executive Committee.

Nominations to fill this seat (with a term from March, 1995 through June 30, 1996) should be submitted in writing to John E. Castaldo, M.D., Chairman of the Nominating Committee, via the Medical Staff Services Office, Cedar Crest & I-78, or verbally to Joseph A. Candio, M.D., Medical Staff President; or John W. Hart, Vice President. All nominations must be submitted prior to March 1, 1995.

If you have any questions regarding this issue, please contact Dr. Castaldo or Mr. Hart at 402-8900.

**Mark your calendar!** The next Physician Recognition Dinner will be held on Saturday, April 1, 1995, at the Holiday Inn Conference Center in Fogelsville. More info to come.

# *New Ambulatory Surgery Unit to Open at 17th & Chew*

Following over a year of planning and construction, the hospital's new Ambulatory Surgery Unit is scheduled to open on January 9, 1995 at 17th & Chew.

The Lehigh Valley Hospital Ambulatory Surgery Unit, which will be located on the second floor, is dedicated to providing cost-efficient, patient focused care, and will include the following areas:

- A decentralized registration area to expedite patient registration.

- A unit specific centralized documentation processing area to assure chart document preparation and processing.

- Pre-admission testing, which is currently located in Suite 111 of 401 N. 17th Street, will move adjacent to the unit. This will offer expanded appointment scheduling which will be completed at the time of OR scheduling. Pre-admission processing visits will be scheduled for all ambulatory surgery patients to provide the time for an anesthesia visit and avoid delay on the day of procedure. For the convenience of your patients, unscheduled visits to pre-admission processing will be accommodated by contacting the scheduling department.

- Staging and recovery areas (24) for pre- and post-procedure care of patients.

- Pediatric staging and recovery areas. (Pediatric outpatients scheduled for ambulatory surgery will continue to be staged pre- and post-procedure in the pediatric unit on the 5th floor.)

- Operating room suite consisting of eight operating rooms and a urodynamics suite.

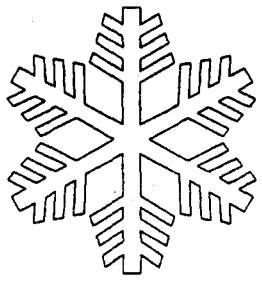
- Two minor procedure rooms.

- A 13-bay Post Anesthesia Care Area.

Packets including information about the new Ambulatory Surgery Unit will be distributed to physicians' offices prior to the opening of the new unit.

PLEASE NOTE: Outpatient G.I. lab procedures, myelograms, arteriograms, and lithotripsy procedures will continue to be performed at Cedar Crest & I-78. These cases will be scheduled through centralized scheduling, and the patient will be staged pre- and post-procedure through 4B and 5B, respectively.

If you have any questions regarding the new Ambulatory Surgery Unit, please contact Barbara Frantz, Director, Ambulatory Surgery Unit Staging/ PAP/PACU, at 402-8599 or Virginia Kovalovich, Director, Ambulatory Surgery Unit OR, at beeper 1052.



## *Senior Vice President of Clinical Services Announced*

Robert J. Laskowski, M.D., formerly of Farmington, Conn., has been named Senior Vice President of Clinical Services, a new position at Lehigh Valley Hospital, effective January 1995. In his position, Dr. Laskowski will coordinate the activities of the hospital's clinical departments, assure the delivery of medical services follows established procedures, and oversee medical education and quality assurance programs.

Dr. Laskowski was previously group medical director and president, Northeast Permanente Medical Group, Farmington, and a member of the medical faculty at the University of Connecticut. He had also served as the group's associate regional medical director and vice president.

Dr. Laskowski earned his bachelor's degree, summa cum laude, medical degree, and M.B.A. from the University of Pennsylvania. He completed an Internal Medicine residency at the University of Chicago Hospitals and Clinics, and a fellowship in General Internal Medicine at the Hospital of the University of Pennsylvania. He was a Robert Wood Johnson Foundation Clinical Scholar at the University of Pennsylvania, 1981 to 1983.

Dr. Laskowski is certified in Internal Medicine with added qualifications in Geriatric Medicine by the American Board of Internal Medicine. He is a member of the American College of Physicians, the American Medical Association, the Society for General Internal Medicine, the American Geriatrics Society, the Gerontological Society of America, the American College of Physician Executives, and the American Public Health Association.

## *Administrator for Skilled Nursing Facility Named*

Terry C. Tressler, of Sewell, N.J., has been named administrator for Lehigh Valley Hospital's skilled nursing unit at 17th & Chew. In this newly created position, he will be responsible for managing all of the activities of the new 52-bed sub-acute care facility. The unit will give short-term care to patients who are medically stable but not well enough to be discharged or transferred to another facility. The hospital received approval for the project this past summer and plans to begin operations in February, 1995.

Since 1979, Mr. Tressler has served in administrative positions at nursing and retirement centers in Philadelphia and southern New Jersey. Most recently, he was administrator of Bala Nursing and Retirement Center, a 180-bed facility in Philadelphia.

Mr. Tressler earned a law degree from Temple University School of Law. He received a master's in public administration and a bachelor's in health planning and administration from Pennsylvania State University.

## *Vice President of Public Affairs Named*

Mary Alice Czerwonka, former director of Corporate Communications for the Fairview Health System, Minneapolis, Minn., was recently named Vice President of Public Affairs at Lehigh Valley Hospital.

In this position, Mrs. Czerwonka will be responsible for planning and overseeing the implementation the hospital's internal and external public relations strategies.

Prior to her position with the Fairview Health System, Mrs. Czerwonka held public relations management posts at the Ramsey Clinic/St. Paul Ramsey Medical Center, St. Paul. She also served as a reporter and editor for **The Times**, Hammond, Ind.

Mrs. Czerwonka earned a bachelor's degree in journalism from Indiana University, Bloomington, Ind. She was a board member of the American Society for Health Care Marketing and Public Relations and is an Accredited Business Communicator and member of the Accreditation Board of the International Association of Business Communicators.

## *ABC News' 20/20 Films Stroke Surgery Story at Lehigh Valley Hospital*

National network television recently turned its spotlight on Lehigh Valley Hospital. ABC News' **20/20 Magazine** program chose the hospital as the focus of a story about the results of a national research study. The trial found that surgery is the best medicine for preventing strokes in persons who have blocked carotid arteries but no related symptoms.

During five days of filming at the hospital, nearly 15 hours of interviews, surgeries, patient exams, and diagnostic tests were captured on video tape. Often starting before sunrise and lasting until after dark, a cameraman, sound technician, and two producers from 20/20's medical branch pursued doctors, patients, nurses, and other professionals in search of yet another image or sound bite to take back to the editing room in Boston where the segment will be assembled.

According to producer, Roger Sergel, the story will be aired in early January in 20/20's regular Friday night slot, 10 to 11 p.m. About 85 percent of the 10 to 12 minute piece will feature scenes shot at Lehigh Valley Hospital.

Lehigh Valley Hospital was chosen as the site for filming because of its strong track record in recruiting patients for the Asymptomatic Carotid Atherosclerosis Study (ACAS). This study compared surgery with medicine in treating persons with major carotid artery blockage.

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Lehigh Valley Hospital recruited more patients -- 142 -- than any of the other 39 participating hospitals, and the efforts of the hospital's principal investigator, John E. Castaldo, M.D., stood above those of the rest throughout the United States and Canada.

Highlighting the filming was an hour-long interview between Dr. Timothy Johnson, 20/20's easy-to-spot medical editor/host, and Dr. Castaldo.

## *Medical Staff/Administrative Exchange Sessions*

On November 10, the first Medical Staff/Administrative Exchange Session was held in an attempt to encourage the mutual exchange of information between members of the Medical Staff and senior management in an informal, relaxed atmosphere.

Due to the apparent success of the first session, beginning in January, Medical Staff/Administrative Exchange Sessions will be held on a regular basis. Listed below are the dates for the Exchange Sessions for 1995:

**January 19, February 16, March 16, April 20, May 18, June 15, July 20, August 17, September 21, October 19, November 16, and December 21.**

All sessions will be held in Conference Room 1, Side B of the John and Dorothy Morgan Cancer Center, from 5:30 to 7:30 p.m. As space is limited to 40 people, registration will be taken on a first-come, first-serve basis.

Part of each session will be dedicated to answering questions. In order to have an opportunity to thoroughly research questions, we ask that they be submitted in advance.

For more information or to register for any of the above sessions, please contact Janet M. Seifert in Physician Relations at 402-9853.

## *TV Remote Control Units Installed at Cedar Crest*

New televisions with remote control units have been installed in patient rooms at Cedar Crest & I-78. The remote is cable mounted to the wall at the head end of the patient's bed.

On several occasions, hazardous conditions have occurred as a result of melted remotes being placed on the overbed light fixture. As a safety reminder, please remember that these light fixtures get extremely hot and that nothing is to be placed on them.

Your attention to this matter is appreciated.

## *Cancer Staging Forms*

During the last year, the Cancer Committee has worked with the Medical Records Department to develop a process that will ensure the accrual staging of cancer. Staging forms along with the proper usage of these forms was developed and approved by the Cancer Committee, Medical Records Committee, and Medical Executive Committee.

The process will be implemented on January 9, 1995, and will be managed in the following way:

- Pathology will attach the site specific staging form to the positive pathology report.

- A pathologist will check/complete and sign the histopathologic classification form.

- The attending physician will check/complete and sign the clinical classification and staging form.

- Medical Records Department, during post discharge chart analysis, will verify the presence of a staging form on charts containing a cancer diagnosis and/or positive pathology report.

- Missing forms will be placed on the chart by a Tumor Registrar.

- Charts with missing staging forms will be flagged as deficient and managed by the Medical Records Department as other deficiencies.

By managing the staging of cancer in this manner, Lehigh Valley Hospital will be able to compare its experience to that of other facilities, be prepared for a soon-to-be implemented JCAHO requirement, and most importantly, enhance the care and treatment of the patient with cancer.

If you have any questions about this issue, please contact Sue Cassium in the Medical Records Department at 402-4451, or Andrea Geshan, Tumor Registry, and 402-0526.

## *Neutropenic Patient Accommodations*

Patient care accommodations for the neutropenic/immunosuppressed patient were recently evaluated by David Prager, M.D., chief, Division of Hematology/Medical Oncology, Luther V. Rhodes III, M.D., chief, Division of Infectious Diseases, and Irene Ehrgott, Oncology Clinical Nurse Specialist. In the past, the practice at Lehigh Valley Hospital was to place the immunosuppressed and/or neutropenic patient in a semi-private room without a roommate. Concern for appropriate bed utilization prompted a survey of 10 of the 50 leading cancer centers to determine alternate standards of care for the immunosuppressed patient.

As a result of the benchmarking survey, literature review and physician input, the following changes to our patient accommodations were initiated as of October 21, 1994:

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The immunosuppressed and/or neutropenic patient may be placed in a semi-private room with a roommate. Recommendations for the care of the immunosuppressed/neutropenic patient are as follows:

- Roommates of neutropenic patients will be screened daily by the nursing staff for:
    - Open draining wounds not covered by dressing due to wound size or location.
    - Contagious infectious diseases such as disseminated varicella zoster, herpes simplex, tuberculosis, measles, mumps, influenza, infectious diarrhea (only if patient has poor hygiene or is confused), pneumonia (only if due to TB or staph aureus).
    - **Live** viral vaccines for measles, mumps, rubella or oral polio vaccine given within two months.
- Both staff and visitors must wash their hands using disinfectant soap upon entering and leaving the patient's room.
- Visitors will be screened the same as patient's roommates.
- Visiting guidelines will be emphasized and discussed with **ALL PATIENTS**, including family. Limit 2-3 visitors at a time.

The following outcomes will be monitored for one year:

- Increase or decrease of infection rate for the immunosuppressed and/or neutropenic patient.
- Compliance of handwashing for staff and visitors.
- Compliance with requirements of screening for roommates and visitors.
- Bed utilization.
- Fiscal aspects.

Visitors will also be provided with guidelines regarding precautions for patients with low white blood cell counts.

If you have questions or need additional information, please contact Dr. Rhodes at 402-8438, or Mrs. Ehrgott at beeper 1500.

**Lehigh Valley Hospital is participating in a multicenter placebo-controlled double blinded trial of Sabril (vigabatrin), a novel antiepileptic agent which has had extensive use in Europe and in clinical trials. Patients with complex partial seizures over the age of 18 who are on carbamazepine (Tegretol) monotherapy are eligible for this study.**

**For more information about the study, please contact Joan Longenecker at 402-9830 or Alex Rae-Grant, M.D., at 402-8420.**

## *Laboratory Update*

The Microbiology/Virology Department has begun its Respiratory Virus Surveillance program for the 1994-1995 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 measure to protect those for whom respiratory viral infections may be life threatening.

Last year's predominate isolate was A-Beijing. This year's vaccine contains B-Panama, A-Texas, and A-Shangdong. No isolates have been recovered in Pennsylvania to date.

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:

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

- Gargle with sterile saline into container.

- Spit saline back into container.

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

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

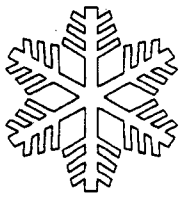
- Complete Virology History form which is included in plastic pouch.

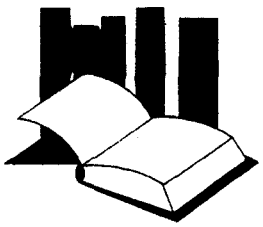
- Complete the Clinical Laboratory Requisition Form for each patient's specimen for outside accounts. Specimens from patients seen in the Emergency Departments will be ordered through Phamis with the test code "INFL" for an Influenza A/B screen or "RVCU" for a complete Respiratory Virus study. (Outside accounts, please specify if just an influenza screen is wanted.) The cost of an Influenza Screen is $50, and the cost for a full respiratory virus workup is $85.

- Specimens from the Emergency Departments should be hand delivered to Microbiology on wet ice. Specimens from outside accounts should be refrigerated until courier pick-up and 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 phoned. Final reports will be issued as soon as the isolate is identified or when the specimen is determined to be negative. (Five days for Influenza Screen, two weeks for complete respiratory virus culture.)

For more information or to obtain collection kits, please contact Microbiology at 402-8190.





## *Library News*

- ***What's New at 17th & Chew***

Gompel. **Pathology in Gynecology and Obstetrics.** 4th ed. Lippincott, 1994.

Piper. **Motor Assessment of the Developing Infant.** Saunders, 1994.

Aquilera. **Crisis Intervention.** 7th ed. Mosby, 1993.

Okeson. **Management of Temporomandibular Disorders and Occlusion.** 3rd ed. Mosby, 1993.

Donnez. **Atlas of Laser Operative Laparoscopy and Hysteroscopy.** Parthenon, 1994.

- ***What's New at Cedar Crest & I-78***

**The Official ABMS Directory of Board Certified Medical Specialists.** 27th ed. Marquis Who's Who, 1995.

Fogelman. **An Atlas of Clinical Nuclear Medicine.** 2d ed. Mosby, 1993.

**Socioeconomic Characteristics of Medical Practice.** AMA, 1994 (1982-1993 data)

Froelicher. **Manual of Exercise Testing.** 2d ed. Mosby, 1994.

- ***Library Trivia***

Most/lease expensive books purchased during 1994:

Haubrich. **Bockus-Gastroenterology.** 5th ed. Saunders, 1995. 4 vol. set - $635.00.
Conover. **Pocketguide to Electrocardiography.** 3rd ed. Mosby, 1994. $19.95.

## *News from Research*

A call for abstracts has been issued by the following organizations:

The American College of Surgeons 80th Annual Clinical Congress to be held in New Orleans, La., on October 22, 1995. Submission due date is March 31.

The American Diabetes Association 55th Annual Meeting Scientific Sessions to be held in Atlanta, Ga., on June 10, 1995. Submission due date is January 6.

The American Psychiatric Association Annual Meeting to be held in Miami Beach, Fla., on May 20, 1995. Submission due date is January 15.

The American Society of Plastic and Reconstructive Surgery Annual Meeting to be held in Montreal, Canada, on October 7, 1995. Submission due date is February 22.

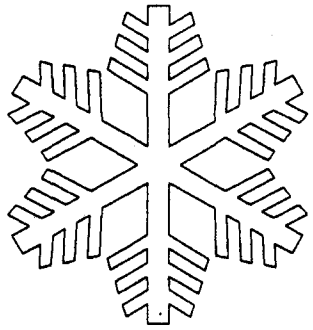
The Society for Pediatric Research Annual Meeting to be held in San Diego, Calif. on May 8, 1995. Submission due date is January 4.

The Society of Nuclear Medicine Annual Meeting to be held in Minneapolis, Minn., on June 12, 1995. Submission due date is January 4.

For instructions, forms, and further information, please contact Kathleen Moser in the Research Department at 402-8747.

## *Congratulations!*

**Bruce R. Ganey, D.P.M.**, podiatrist, was recently notified by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine that he successfully completed the certification examination and is now a Diplomate of the Board in that section.



## *Papers, Publications and Presentations*

Members of the hospital's staff recently presented a poster, **Microalbuminuria: A Positive Predictive Value for Coronary Heart Disease?**, at the American Society of Nephrologists National Meeting held in Orlando, Fla. Those involved in the poster presentation included: **David del Rosario, M.D.**, medical resident; **Mary Ann Gergits, R.N.**, research nurse; **Nelson P. Kopyt, D.O.**, nephrologist; **Carolyn Peters, R.N.**, 3C; and **James F. Reed, Ph.D.**, Director of Research.

**James W. Jaffe, M.D.**, chief, Section of Cardiovascular/Interventional Radiology, will present two papers at the Annual Meeting of the Society of Cardiovascular and Interventional Radiology to be held on March 27, 1995 in Ft. Lauderdale, Fla. The papers are titled **Treatment of Symptomatic Lower Extremity Deep Venous Thrombosis with Retrograde Catheter Placement and Urokinase Infusion** and **Assessment of Venous Valvular Damage after Retrograde Venous Passage of a Catheter-Guidewire Infusion System.**

**Peter A. Keblish, M.D.**, chief, Division of Orthopedic Surgery, was a member of the faculty in a recent symposium, **Revision Hip and Knee Surgery: The Cost Equation**, held in Scottsdale, Ariz. Dr. Keblish presented papers on three topics, namely, **Surgical Approaches for the Stiff Knee in Revision Total Knee Arthroplasty**, **Bone Graft Options**, and **Treatment of the Infected Total Knee Arthroplasty**. He also served on the discussion panels and directed a workshop on **Revision Total Knee Replacement**. The symposium was directed at both the academic and economic ramifications of the costly subject of Total Joint Revisions.

**Stephen K. Klasko, M.D.**, vice chair and residency program director, Department of Obstetrics and Gynecology, was recently informed that his abstract, **Psychologic Effects of Hysterectomy -- Development of a Biopsychosocial Model**, has been accepted for poster presentation at the 23rd Annual Meeting of the American Society for Psychosomatic Obstetrics and Gynecology to be held February 23-25, 1995 in Virginia.

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**Yasin Khan, M.D.**, anesthesiologist, presented four poster abstracts at the American Pain Society Annual Meeting held recently in Miami, Fla.

The poster abstracts included: **Trial Percutaneous Peripheral Nerve Stimulation (PNS): A Technique to Determine Efficacy Prior to Implant; Is Percutaneous Spinal Cord Stimulation Cost Effective for the Treatment of Pain Dysfunctional Syndrome Compared to Epidural Infusions?; Spinal Cord Stimulation for Atypical Facial Pain and Trigeminal Neuralgia**; and **Use of Spinal Cord Stimulator for Chronic Pancreatitis.**

**Steven J. Lawrence, M.D.**, orthopedic surgeon, recently authored an article, **The Sural Nerve in the Foot and Ankle: An Anatomic Study with Clinical Surgical Implications.** The article was published in the September, 1994 edition of ***Foot & Ankle International.***

**Thomas D. Meade, M.D.**, orthopedic surgeon, moderated the Healthy Heart program at Muhlenberg College on November 14.

# *Upcoming Seminars, Conferences and Meetings*

## Regional Symposium Series VI

**Endocrinology Update** will be held on Saturday, January 14, 1995, from 7:30 a.m. to 12:30 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, and other health professionals interested in an update in endocrinology will benefit from this program.

At the completion of this program, the participant should be able to:
- clinically differentiate and institute initial workup for androgen problems
- select an appropriate treatment program for a specified type of osteoporosis
- explain the presence of several thyroiditis conditions and describe their long term clinical course
- discuss the current theory of insulin resistance and how it relates to disease states and treatment
- describe those patients with hypertension who may have a remediable endocrine cause.

**Sixth Annual Symposium in Geriatrics** will be held on Saturday, January 28, from 8 a.m. to 3 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

Physicians, nurses, medical residents, pharmacists, social workers, and other health professionals interested in an update in geriatrics will benefit from the program.

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At the completion of this program, participants should be able to:

- identify current approaches to the care of the elderly including treatment for osteoporosis and benefits of geriatric research
- identify the impact of pharmacokinetic and pharmacodynamic changes in the elderly on drug therapy compliance and apply strategies to prevent or minimize adverse treatment outcomes
- identify and incorporate a variety of community resources and placement options for elderly patients and their caregivers
- describe the changes in the eye which occur with aging and differentiate normal changes from disease process
- identify common causes of urinary incontinence, describe factors affecting continence, and identify three approaches to the management of urinary incontinence in the elderly.

For more information on the above programs, please contact Human Resource Development at 402-1210.

## Primary Care Seminar

**Otitis Media** will be presented by Charles F. Smith, M.D., on Wednesday, December 21, from 10 a.m. to noon, in the Auditorium at 17th & Chew.

For more information, contact Karen Nodoline in the Department of Family Practice at 402-4950.

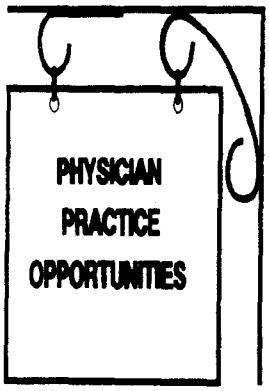
## Psychiatry Grand Rounds

**Rochester Capitation Program for the Mentally Ill** will be presented by Sylvia K. Reed, Ph.D., Project Director, Management Information Systems, Department of Psychiatry, University of Rochester Medical Center, and Ethel Davis Jackson, Associate Commissioner for Adult Services, New York State Office of Mental Health, on Thursday, January 19, from noon to 1 p.m., in the Auditorium at 17th & Chew.

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

The 1995 meeting schedule for the Physician Well-Being Group is attached to the newsletter on page 33 for your information.

For more information about the Physician Well-Being Group, contact John C. Turoczi, Ed.D., group facilitator, at 481-9161.




• Wanted -- Medical Director, Skilled Nursing Facility, Lehigh Valley Hospital, 17th & Chew -- Primary care physician sought as Medical Director for Lehigh Valley Hospital's hospital-based, interim care skilled nursing facility. Will oversee operations of new 52-bed unit and participate in medical management of patients. Board certification required. Experience working in skilled nursing facility preferred. Position is part-time (.25 FTE). Interested candidates please send CV, in confidence, to Francis Salerno, M.D., Chair, Search Committee, c/o Carol Voorhees, Physician Recruitment Department, 1243 S. Cedar Crest Boulevard, Allentown, PA 18103, 402-3090, fax - 402-9858.

• For Sale or Lease -- Springhouse Professional Center, 1575 Pond Road. Ideal for physician's office. Approximately 2,500 sq. ft.

• 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 Sale -- Medical office suite in the 1230 S. Cedar Crest Boulevard Medical Office Building. 1,225 sq. ft.

• For Lease -- Office to sublet on Monday, Tuesday, Thursday, and Friday. 950 sq. ft. Common waiting area. Lakeside Professional Building, Quakertown.

• For Lease -- Slots are currently available for the Brown Bag suite at Kutztown Professional Center. Ideal for satellite location.

• For Lease -- Several time slots are available in the medical office building on the campus of Gnaden Huetten Memorial Hospital in Lehighton.

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

• For Lease -- Medical office space located in 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 -- 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 N. 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 Janet M. Seifert, Physician Relations Rep, at 402-9853.

# *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

**Robert H. Schmidt, DO**
(solo)
1227 Liberty Street
Suite 303
Allentown, PA 18102-2606
(610) 437-1959
Department of Family Practice
Provisional Referring

**Christopher J. Stille, MD**
(Children's HealthCare - Dr. Toff)
Children's HealthCare
Children's HealthCare Center
1517 Pond Road
Allentown, PA 18104-2250
(610) 395-4444
Department of Pediatrics
Division of General Pediatrics
Provisional Active

### Additional Privileges

**Victor J. Celani, MD**
Department of Surgery
Division of Vascular Surgery
Active
Placement of Transluminal Peripheral Arterial Stents

**D. Lynn Morris, MD**
Department of Medicine
Division of Cardiology
Coronary Rotoblator Privileges
Active

### Change of Status

**James R. Clifford, MD**
Department of Family Practice
From Courtesy to Emeritus Courtesy

**LeRoy B. Gerchman, MD**
Department of Family Practice
From Courtesy to Referring

**Michael J. Kareha, DMD**
Department of Dentistry
Division of Periodontics
From Consulting to Referring

**Laura Kramer, DO**
Department of Medicine
Division of General Internal Medicine
From Consulting to Referring

**John J. Mecca, MD**
Division of Family Practice
From Courtesy to Referring

**Lisa H. Medina, MD**
Department of Family Practice
From Courtesy to Provisional Active

**Howard S. Selden, DDS**
Department of Dentistry
Division of Endodontics
From Courtesy to Emeritus Referring

**Kenneth D. Truscott, MD**
Department of Family Practice
From Courtesy to Referring

**Continued on Page 16**

Continued from Page 15

### Practice Disassociation

**John A. Kibelstis, MD** no longer associated with Pulmonary Associates, PC

**M. Bruce Viechnicki, MD** no longer associated with College Heights OBGYN Associates, PC

### Address and Telephone Number Changes

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(610) 435-6502

**Edward A. Schwartz, DPM**
Coordinated Health Systems
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Bethlehem, PA 18017
(610) 861-8080, Ext. 250
FAX: (610) 861-0258

**M. Bruce Viechnicki, MD**
M. Bruce Viechnicki, MD &
Associates PC
3131 College Heights Blvd.
Allentown, PA 18104
(610) 366-7000

### Resignations

**Iain F. Black, MD**
Department of Pediatrics
Division of Cardiology
Consulting

**Norman C. Kramer, MD**
Department of Medicine
Division of General Internal Medicine
Emeritus Consulting

### Death

**George E. Moerkirk, MD**
Department of Emergency Medicine
Division of Pre-hospital Emergency
Medical Services
Emeritus Active

## Allied Health Professionals

### Appointment

**Deborah R. Miller, PNP**
Physician Extender
Professional - RN
(ABC Pediatrics - Dr. Levick)

### Address Change

**Elizabeth M. DelPezzo, PhD**
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Allentown, PA 18104-6382

HEALTH NETWORK LABORATORIES

A Service of LEHIGH VALLEY HOSPITAL

# Autoimmune Thyroid Disease: Highly Sensitive Assays for Thyroid Auto-Antibodies

Thyroglobulin (Tg) is a very large molecule produced by the thyroid cells and stored in the thyroid colloid. Thyroid hormones are synthesized on Tg which therefore forms the nidus on which the synthesis of T4 and T3 takes place. The enzyme which allows for the formation of T4 and T3 is thyroid peroxidase (TPO). This has recently been verified on the microsomal antigen in chronic thyroiditis.

The measurement of thyroid peroxidase (TPO) auto-antibodies used with the thyroglobulin antibody (TgAb) test can be of considerable value in the diagnosis of thyroid diseases such as Autoimmune Chronic Thyroiditis (Hashimoto's Disease). Complement fixing immunoglobulin G polyclonal autoantibodies directed against a thyroid specific cell surface antigen TPO are capable of destroying follicular cells. The prevalence of TPO antibodies among adults, especially women, is approximately 10%. Some studies of pregnant women have reported an incidence of positivity as high as 20%. Because of this high prevalence for thyroid antibodies, this test has been promoted as a primary screening test for autoimmune hypothyroidism. Since thyroid antibodies are detectable years before serum TSH levels become elevated, the screening with TPO and TgAb may identify a subgroup whose TSH levels may require monitoring on a yearly basis. Epidemiologic data suggests that patients with an increased TSH level and normal T4 will progress to overt thyroid failure at a rate of 5% per year if they also have increased titer of anti-TPO autoantibodies.

A particular group that would especially benefit from the detection of thyroid autoantibodies by means of these highly sensitive assays are pregnant women. During pregnancy the presence of thyroid antibodies has been correlated with an increased rate of miscarriage.

Following delivery, postpartum thyroiditis is a fairly common event which causes symptoms in women because of hypothyroidism. Studies have demonstrated that the prevalence of post partum thyroid disease (PPTD) is about 8-10% in the US population in the 4-8 month post delivery period. Furthermore, almost all such patients have anti TPO antibodies detectable early in pregnancy and with a post partum rise. More than 33% of such

anti TPO positive patients develop some form of PPTD, in particular those patients with the highest levels of thyroid antibodies.

The indications for ordering these two tests anti-TPO autoantibodies and anti-thyroglobulin antibodies (TgAb) are summarized as follows:

1) TSH elevation of unknown etiology.

2) Goiter of unknown etiology.

3) Screening for risk of postpartum thyroiditis (during pregnancy and after delivery.

4) Familial evaluation for establish cause of genetic thyroid disease.

5) Risk assessment for the development of thyroid dysfunction during drug treatment (lithium, interferon, cytokines).

6) Evaluation of suspected polyglandular autoimmune diseases such as pernicious anemia, Addison's disease, vitiligo, Type I diabetes mellitus, and certain hepatic disorders as chronic active hepatitis and hepatitis C.

Although somewhat redundant, the ordering of both tests is suggested as TPO is more sensitive but less specific than TgAb.

Alternatively, Autoimmune thyroid disease is also associated with stimulating antibodies such as thyroid stimulating Immunoglobulin (TSI). Studies have shown that TSI is present in 80-90% of patients with active Grave's disease and absent in patients with remission. Measuring TSI is helpful in monitoring Grave's disease during pregnancy, in post pregnancy management and in neonatal Grave's disease.

Gerald E. Clement, Ph.D.
Technical Director
Clinical Laboratories

Larry N. Merkle, M.D.
Chief, Endocrinology

TRANSFUSION *ALERT*

# Indications for the Use of Red Blood Cells, Platelets, and Fresh Frozen Plasma

## Rationale for Component Use

***Blood transfusion can be lifesaving therapy for patients with a variety of medical and surgical conditions. Advances in the use of blood components have made whole blood transfusions rarely necessary. Blood component therapy provides better treatment for the patient by giving only the specific component needed. Such therapy helps to conserve blood resources because components from 1 unit of blood can be used to treat several patients.***

## Red Blood Cell Transfusion

Red blood cell (RBC) transfusions increase oxygen-carrying capacity in anemic patients. Transfusing 1 unit of RBC's will usually increase the hemoglobin by about 1 g/dL and the hematocrit by 2-3 percentage points in the average 70 kg adult.

In deciding whether to transfuse a specific patient, the physician should consider the age of the person; the etiology, degree, and time course of the anemia; hemodynamic stability; and the presence of coexisting cardiac, pulmonary, or vascular conditions. There is no across-the-board threshold or "trigger." Both undertransfusion and overtransfusion should be avoided.

When a treatable cause of anemia can be identified and time permits, specific therapy (e.g., vitamin $B_{12}$, iron, folate) should be used in preference to transfusion. If volume expanders are indicated, fluids such as crystalloid or nonblood colloid solutions should be administered.

**Transfuse Red Blood Cells:**

- **Only to increase oxygen-carrying capacity in anemic patients.**

**Do Not Transfuse Red Blood Cells:**

- **For volume expansion only**
- **In place of a hematinic**
- **To enhance wound healing**
- **To improve general "well-being."**

## Platelet Transfusion

Platelet transfusions are administered to control or prevent bleeding associated with deficiencies in platelet number or function. One unit of platelet concentrate should increase the platelet count in the average adult recipient by at least 5,000 platelets/μL.

Prophylactic platelet transfusion may be indicated to prevent bleeding in patients with severe thrombocytopenia. For the clinically stable patient with an intact vascular system and normal platelet function, prophylactic platelet transfusions may be indicated for platelet counts of <10,000-20,000/μL. A patient undergoing an operation or other invasive procedure is unlikely to benefit from prophylactic platelet transfusions if the platelet count is 50,000/μL or more and thrombocytopenia is the sole abnormality. Platelet transfusions at higher platelet counts may be required for patients with systemic bleeding and for patients at higher risk of bleeding because of additional coagulation defects, sepsis, or platelet dysfunction related to medication or disease.

**Transfuse Platelets:**

- **To control or prevent bleeding associated with deficiencies in platelet number or function.**

**Do Not Transfuse Platelets:**

- **To patients with immune or thrombotic thrombocytopenic purpura (ITP or TTP), unless there is clinically significant bleeding**
- **Prophylactically with massive blood transfusion**
- **Prophylactically following cardiopulmonary bypass.**

# Fresh Frozen Plasma Transfusion

**Transfuse Fresh Frozen Plasma:**

- **To increase the level of clotting factors in patients with a demonstrated deficiency.**

**Do Not Transfuse Fresh Frozen Plasma:**

- **For volume expansion**
- **As a nutritional supplement**
- **Prophylactically with massive blood transfusion**
- **Prophylactically following cardiopulmonary bypass.**

Fresh frozen plasma (FFP) transfusions should be administered only to increase the level of clotting factors in patients with a demonstrated deficiency. Laboratory tests should be used to monitor the patient with a suspected clotting disorder. If prothrombin time (PT) and partial thromboplastin time (PTT) are <1.5 times normal, FFP transfusion is rarely indicated.

Patients who have been given the anticoagulant warfarin sodium become deficient in vitamin K-dependent coagulation factors II, VII, IX, and X. If these patients are bleeding or require emergency surgery, they may be candidates for FFP transfusion to achieve immediate hemostasis when time does not permit warfarin reversal by stopping the drug and, when necessary, administering vitamin K.

Patients with thrombotic thrombocytopenic purpura (TTP) or hemolytic uremic syndrome (HUS) may benefit from FFP transfusion.

# Risks Common to All Blood Components

Infection and alloimmunization are the major complications associated with transfusion of blood components. There is a relationship between these risks and the number of donor exposures. The risk of infection is geographically variable. Risks listed below are per unit transfused.

- *Hepatitis C virus* can be transmitted by blood transfusion. With the introduction of a screening test to detect anti-HCV in donated blood, and the discarding of positive units, the estimated risk of transfusion-related hepatitis C has been decreased to approximately 1:3,300.
- *Human immunodeficiency virus(es)* presently poses a relatively small hazard. The wide range of estimated risk (1:40,000 to 1:225,000) reflects geographic variance.
- *Other infectious diseases or agents* may be transmitted via transfusion (e.g., hepatitis B [1:200,000], HTLV-I/II [1:50,000], cytomegalovirus, and those causing malaria and other rare diseases [less than 1:1 million]).
- *Fatal hemolytic transfusion reactions* can occur (approximately 1:600,000). They are caused by an ABO incompatibility primarily due to errors in patient identification at the bedside.
- Recipients of any blood component may produce antibodies against donor antigens, i.e., *alloimmunization*. This condition can result in an inadequate response to transfusion.
- *Allergic reactions, febrile reactions, and circulatory overload* may also occur.

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**National Blood Resource Education Program Expert Panel on the Indications for the Use of Red Blood Cells, Platelets, and Fresh Frozen Plasma**

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*Gerald S. Moss, M.D.*
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*Sherrill J. Slichter, M.D.*
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

National Blood Resource Education Program
Office of Prevention, Education, and Control
National Heart, Lung, and Blood Institute

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# P & T HIGHLIGHTS

The following action were taken at the November 12, 1994 Pharmacy and Therapeutics Committee Meeting - Maria Barr, Pharm.D., Barbara Leri, Pharm.D., Richard Townsend, R.Ph.

## *FORMULARY ADDITIONS*

***Venlafaxine (Effexor, Wyeth-Ayerst)*** was approved for addition to the formulary. Venlafaxine is a bicyclic antidepressant that inhibits reuptake of serotonin, norepinephrine, and to a lesser extent, dopamine. Unlike the tricyclic antidepressants, the drug does not possess anticholinergic activity. Venlafaxine appears to have a more rapid onset of action than the antidepressants currently available. However, direct comparisons with other agents are lacking and the data is limited.

The recommended dose of Venlafaxine is 75mg/day initially, in 2 or 3 divided doses. Titration in increments of 75mg/day at 4 day intervals to a total of 225mg/day is recommended. Patients with severe depression may require up to 375mg/day in 3 divided doses. The dose should be reduced 50% in patients with hepatic impairment. Dosage adjustments may be required in patients with renal impairment. For patients in hemodialysis, the dose should be decreased 50% and administered post-dialysis.

Adverse reactions are similar to other selective serotonin reuptake inhibitors. Nausea, headache, anxiety, anorexia, vomiting, somnolence, sweating, dizziness, blurred vision, and sexual dysfunction are the most common during treatment with venlafaxine. Regular blood pressure monitoring is recommended for all patients. Dosage reduction or discontinuation of therapy should be considered in patients with a sustained increase in blood pressure. Venlafaxine should not be used in combination with monoamine oxidase inhibitors (MAOI) or within 14 days of discontinuing MAOI therapy.

## *STOP ..... THE BLEEDING!*

***Aprotinin (Trasylol$^R$)*** was added to the formulary in May, 1994 for a 3 month evaluation. Aprotinin, a bovine derived protein, is approved for use in cardiothoracic patients who are at high risk of bleeding during their procedure. Approval of Aprotinin occurred following development of specific criteria for use by the cardiothoracic division. An evaluation was conducted reviewing all patients who received Aprotinin through 8/94. Additionally, a historical control group was selected for comparison to the Aprotinin patients. A total of 39 Aprotinin patients were compared to 18 controls. The controls were selected by the perfusion department based on type of procedure and surgeon. The results of the preliminary evaluation are listed in Table 1 on the next page:

Table 1: APROTININ - PRELIMINARY EVALUATION RESULTS

| | Control (18) | ≤ 2 units PRBC (10) | > 2 units PRBC (8) | | Study (38)* | ≤ 2 units PRBC (19) | > 2 units PRBC but ≤ 8 units PRBC (13) |
|---|---|---|---|---|---|---|---|
| Ave LOS | 16 | 15.2 | 17.3 | | 14 | 13.8 | 15.7 |
| Ave OHU LOS | 4 | 2.7 | 4.5 | | 5 | 2.8 | 7.4 |
| Ave hrs until CT d/c'd | 46 | 46.4 | 45.8 | | 45 | 43.6 | 44.2 |
| Ave total CT drainage post-op (ml) | 1046 | 840 | 1303 | | 1222 | 635 | 978 |
| Total blood loss (ml) | 1228 | 790 | 1700 | | 1054 | 810 | 988 |
| Ave CPB (min) | 168 | 119 | 213 | | 185 | 166 | 170 |
| Ave time of procedure (min) | 326 | 292 | 368 | | 399 | 353 | 385 |
| Ave PRBC (units) | 4 | | | | 5 | | |
| Ave units | 11 | | | | 10 | | |
| Ave cost of Aprotinin ($) | N/A | N/A | N/A | | 1504 | 1524 | 1494 |
| Ave cost of blood products ($) | 834 | 82 | 1725 | | 959 | 232 | 1061 |

* 1 patient was not able to be assessed; expired prior to surgery. 5 patients received > 8 units PRBC.
A total of 5 patients expired who received Aprotinin during this evaluation period.

No conclusions can be drawn based on the preliminary data due to the small sample size of both groups as well as problems identified in matching the two groups. Trends towards shorter total lengths of stay, a decrease in total blood loss and possible or decrease in total blood products used seems to be evident on initial evaluation. The data is being forwarded to the CT division for review and comment. Further evaluation may be warranted encompassing the CT division's input and utilizing a more accurate method of matching control patients.

## *THE LINES OF COMMUNICATION ARE OPEN!*

Aprotinin (Trasylol$^{R}$), a medication approved for use in high-risk cardiothoracic surgery, is a bovine protein which may cause an antigen-antibody reaction. Anaphylaxis may result with repeat exposure and possibly even with initial exposure. Due to the risk of anaphylaxis, an extensive campaign has been instituted to prevent any serious adverse events specifically related to the allergic potential of this medication.

Aprotinin is being addressed specifically for a variety of reasons. First, many health care professionals may be unaware of Aprotinin administration since it is utilized principally in the operating room. Secondly, the patient may not be aware they received Aprotinin during surgery. Finally, though only approved for CT surgery presently, the potential for use of Aprotinin in other high risk procedures exists. This may place the patient at risk without proper education and communication of Aprotinin use.

Several mechanisms of documentation have been initiated. The surgeon will document Aprotinin's use in both post-operative note as well as in the operative summary. The attending physician will be documenting

Aprotinin in the discharge summary. This will assure other institutions who care for the patient and receive a copy of the discharge summary will be made aware of Aprotinin administration. Anesthesia will be placing bright colored stickers on the front of the chart and in the progress notes to assure other staff members are informed of Aprotinin administration. (The stickers are not yet available). Once an order for Aprotinin is received, the pharmacy department will enter Aprotinin in the allergy section of PHAMIS. This will assure that if Aprotinin is ordered a second time or on a subsequent admission, the pharmacist will be alerted to inform the physician of previous exposure. As a method of insuring the patient is educated, a patient education sheet will be reviewed with the patient by the discharge nurse or physician. Following discharge, the patient will receive a wallet card stating Aprotinin was given to them during CT surgery with a cover letter to explain its purpose. Allergy identification information will also be provided to the patient.

## *MED ERROR PREVENTION*

A medication error quality review form (MEQRF) is a multidisciplinary document developed to gather information on medication errors and to identify areas for future prevention. The pilot period has been completed and the form is ready for housewide use. The MEQRF is intended to be used by all disciplines.

## *UNIT BASED PHARMACIST - PATIENT FOCUSED CARE*

The seventh floor has had a pilot project over the past few months of having a pharmacist on the units to perform order entry, drug information consults, patient interviews and consults, and nursing inservices to name a few. Positive outcomes of the project included a decrease in turn around time, increased nursing satisfaction and acceptance of pharmacy intervention/ recommendations by the attending physicians. Results of the project was presented to JCAHO during the Performance Improvement Session. Keep up the good work!

## *ALCOHOL - METRONIDAZOLE INTERACTION*

Disulfiram reactions (characterized as flushing, nausea, and vomiting) may occur when metronidazole is given concurrently with alcohol or alcohol-containing medications. This is a dose-related reaction with the incidence reported to be anywhere from 2% to 24%.

Many oral elixirs and solutions contain a certain percentage of alcohol. Many health care providers may not be aware of parenteral products that also contain alcohol. (See Table 2 on the next page).

Alcohol-free and acceptable alternative agents can be provided for those patients on metronidazole experiencing a disulfiram like reaction.

Table 2: ALCOHOL CONTENT OF PARENTERAL FORMULARY MEDICATIONS

| PARENTERAL PRODUCT | ETOH CONTENT |
|---|---|
| IV TMP-Sulfa (Bactrim$^{R}$) | 10% |
| IV Nitroglycerin, Abbott | 8.4% |
| IV Phenytoin (Dilantin$^{R}$) | 10% |
| IV Diazepam (Valium$^{R}$) | 10% |
| IV Pentobarbitol . | 10% |
| IV Ketorolac (Toradol$^{R}$) | 10% |
| IV Cyclosporin | 32.9% |

## *CO$T CORRECTIONS ON THE REVISED ANTIBIOGRAM*

It has been brought to the pharmacy's attention that a few daily antibiotic acquisition costs listed on the revised antibiogram had omission errors. We apologize for this error and would like to provide the corrections at this time. The following antibiotic costs should have been reported with ranges as follows:

| | |
|---|---|
| Ampicillin/Sulbactam | $20.00-$40.00 |
| Ceftazidime | $33.30-$66.60 |
| Cefuroxime | $15.90-$31.65 |

Please note that the Parenteral Antibiotic Order Sheet contains the correct daily acquisition costs for parenteral formulary antimicrobial agents.

## *PEDIATRIC ANTIBIOTIC ORDER FORM*

The committee approved a form for use in prescribing antibiotics for pediatric patients.

The form includes an area for documentation of the patient's weight and pediatric dosage guidelines for formulary drugs. Guidelines for commonly prescribed antibiotics are on the back of the page. Development of the form was a multidisciplinary effort involving the departments of Pharmacy, Pediatrics, and Infectious Disease. The form will be made available on all units where care for pediatric patients is provided. Indication and dosing guidelines are attached.

# *Parenteral Antibiotic Guidelines for Pediatric Patients***

| DRUG | AGE | INDICATION | DOSAGE (Maximum Dose) |
|---|---|---|---|
| Acyclovir<br>(Zovirax) | | Cutaneous HSV<br>HSV Encephalitis. Varicella | 5 mg/kg IV q8h, infuse over 1 hour<br>10 mg/kg IV q8h, infuse over 1 hour<br>**(45 mg/kg/day)** |
| Ampicillin<br>(Omnipen) | 0-7 days<br><br>>7 days | Meningitis<br>Other<br>Meningitis<br>Other | 50 mg/kg IV q8h<br>50 mg/kg IV or IM q12h<br>50 mg/kg IV q6h<br>25 mg/kg IV or IM q6h<br>**(400 mg/kg/day or 12 grams)** |
| Cefazolin<br>(Ancef) | 0-7 days<br>>7 days | | 20 mg/kg IV or IM q12h<br>25 mg/kg IV or IM q8h<br>**(100 mg/kg/day or 6 grams)** |
| Cefotaxime<br>(Claforan) | 0-7 days<br>8-30 days<br>>30 days | Meningitis<br>Meningitis<br>Meningitis | 50 mg/kg IV or IM q12h<br>50 mg/kg IV or IM q8h<br>50 mg/kg IV or IM q6h<br>**(300 mg/kg/day or 12 grams)** |
| Ceftriaxone<br>(Rocephin) | | Meningitis<br>Other | 100 mg/kg IV or IM q24h<br>50 mg/kg IV or IM q24h<br>**(100 mg/kg/day or 4 grams)** |
| Cefuroxime<br>(Zinacef) | | | 25-50 mg/kg IV or IM q8h<br>**(300 mg/kg/day or 9 grams)** |
| Clindamycin<br>(Cleocin) | 0-7 days<br>8-30 days<br>>30 days | | 5 mg/kg IV or IM q8h<br>7 mg/kg IV or IM q8h<br>10 mg/kg IV or IM q8h<br>**(40 mg/kg/day)** |
| Erythromycin<br>(Erythrocin) | 0-7 days<br>8-30 days<br>>30 days | | 10 mg/kg IV q12h<br>10 mg/kg IV q8h<br>10 mg/kg IV q6h<br>**( 50 mg/kg/day or 4 grams)** |
| Gentamicin<br>(Garamycin) | 0-7 days<br>>7 days | | 2.5 mg/kg IV or IM q12h<br>2.5 mg/kg IV or IM q8h<br>**(Based on serum levels)** |
| Nafcillin<br>(Unipen) | 0-7 days<br><br>>7 days | Meningitis<br>Other<br>Meningitis<br>Other | 50 mg/kg IV or IM q8h<br>25 mg/kg IV or IM q8h<br>50 mg/kg IV or IM q6h<br>25 mg/kg IV or IM q6h<br>**(200 mg/kg/day or 12 grams)** |
| Penicillin G<br>(Pfizerpen) | 0-7 days<br><br>>7 days<br><br>>1 year | Meningitis<br>Other<br>Meningitis<br>Other<br>Meningitis<br>Other | 50,000 units/kg IV q8h<br>25,000 units/kg IV q8h<br>50,000 units/kg IV q6h<br>25,000 units/kg IV q6h<br>66,500 units/kg IV q4h<br>50,000 units/kg IV q6h<br>**(500,000 units/kg/day or 24 million units/day)** |
| Vancomycin<br>(Vancocin) | 0-7 days<br>8-30 days<br>>30 days | <br><br>Meningitis<br>Other | 15 mg/kg IV q12h<br>15 mg/kg IV q8h<br>15 mg/kg IV q6h<br>10 mg/kg IV q6h<br>**(60 mg/kg/day)** |

** General dosage guidelines for pediatric patients are listed. Drug therapy should be tailored to meet the needs of the patient. In special circumstances such as premature infants or patients with renal or hepatic impairment, consult the appropriate literature or call Clinical Pharmacy Services (17-#2797, CC-8884) for additional information.

## *FYI - ORAL FLUCONAZOLE'S NEW INDICATION*

Fluconazole (Diflucan[R]) recently received FDA approval for a new indication. Single dose therapy with 150mg oral fluconazole is indicated for the treatment of vaginal candidiasis. It has been found to be equally efficacious as 7 day therapy with intravaginal clotrimazole or miconazole. A cost comparison of the OTC and Rx available agents are listed below.

| AGENT | DOSE AND DURATION | $ PER THERAPY |
|---|---|---|
| Butoconazole Vaginal Cream 2% | 1 applicant intravaginally QHS x 3 days | $18.35 OTC |
| Clotrimazole Vaginal Cream 1% | 1 applicant intravaginally QHS x 7 days | $12.00 OTC |
| Clotrimazole Vaginal Tablet | 100mg tablet intravaginally QHS x 7 days | $12.85 OTC |
| Clotrimazole Vaginal Tablet | 500mg tablet intravaginally x once | $12.71 Rx |
| Miconazole Vaginal Cream 2% | 1 applicant intravaginally QHS x 7 days | $12.85 OTC |
| Miconazole Vaginal Suppository | 100mg suppository intravaginally QHS x 7 days | $12.85 OTC |
| Miconazole Vaginal Suppository | 200mg suppository intravaginally QHS x 3 days | $23.22 Rx |
| Nystatin Vaginal Tablet | 1 tablet intravaginally QHS x 14 days | $6.44 Rx |
| Terconazole Vaginal Cream 0.4% | 1 applicant intravaginally QHS x 7 days | $22.26 Rx |
| Terconazole Vaginal Suppository | 80mg vaginal suppository QHS x 3 days | $22.26 Rx |
| Fluconazole | 150mg single oral dose | $10.62 Rx |

Single dose oral therapy with fluconazole offers a more convenient method for treating vaginal candidiasis. Commonly reported adverse effects include nausea, vomiting, diarrhea, abdominal pain and headache. Anaphylactiod reactions have been reported with single doses. The impact of single dose fluconazole use on Candida resistance patterns is not know at this time.

pt111294.hi

## CRITERIA FOR RECOMMENDATION FOR APPOINTMENT TO THE

## PENNSYLVANIA STATE UNIVERSITY FACULTY

1. Attending and Professional staff of the Lehigh Valley Hospital (LVH) may be considered for appointment to the Pennsylvania State University (PSU) faculty.

2. Appointment to the PSU faculty will be the only university faculty appointment held by the faculty member, except for adjunct or honorary appointments at other universities.

3. Appointment Process:

    a. The appointment of *Clinical Assistant Professor* will be made by PSU upon recommendation of LVH. This will be the standard appointment for LVH attending physicians.

    b. Advanced level appointments will require review of the application by the LVH Faculty Appointments Committee and the PSU Faculty Affairs Committee.

4. Pennsylvania State University has three categories for academic rank:

    a. **Clinical [Prefixed]**: Title indicates primary involvement in patient care with teaching as a secondary commitment. The majority of affiliate hospital (LVH) appointments will be in this category.

    b. **Clinical-Educator[Suffixed Clinical]**: Title indicates evidence of scholarly productivity in addition to patient care and teaching. Some LVH appointments will be in this category.

    c. **Scientist-Educator [Unmodified]**: Title indicates involvement in scholarly patient care related activities including clinical or basic research and appropriate scholarly publications. Only a few LVH appointments will be in this category. Demonstrated academic leadership is required.

5. General Criteria for all Academic Appointments:
    Note: Not every faculty member should be expected to demonstrate excellence in each criterion. However, for all appointments, teaching ability and effectiveness at LVH will be a prime consideration.

    a. Teaching ability and effectiveness;

        i. Commitment to student teaching;

        ii. Commitment to resident teaching;

iii. Adequate student/resident evaluations of teaching;

iv. Recommendations from previous employment of teaching effectiveness;

v. Awards, prizes or certificates acknowledging teaching effectiveness, skills or innovation;

b. Research and/or creative accomplishments;

i. Publication in peer reviewed journals;

ii. Non-research publications such as book chapters, books (including editorship), computerized instruction and teaching materials related to field or specialty;

iii. Grants or awards for basic, clinical, applied or outcomes-based research;

c. Scholarship and mastery of subject matter;

i. Appropriate discipline Board diplomate;

ii. Journal reviewer or editor;

iii. Participation in regional or national organizations, including study sections;

iv. Invitation to speak at other institutions;

d. Patient Care (where applicable);

i. Member of active medical staff, without restriction;

ii. Recognition by peers of superior clinical skills;

e. Service to the Hospital and the public in the profession;

i. Participation in CME education as faculty;

ii. Service on hospital committees of appointed positions;

iii. Service in the administrative aspects of the teaching program for students or residents.

6. Criteria for Advanced Prefixed Academic Appointment:

a. Clinical Associate Professor

i. Publication in journals, books, monographs or symposia and presentation at regional or national meetings;

ii. Clinical excellence acknowledgement by peers [letters of recommendation];

iii. Regional reputation [society memberships, site reviewer or inspector for national accrediting agency, letters of recommendation];

iv. Education demonstrated commitment to teaching, curriculum planning or course leadership;

v. Service commitment as evidenced by committee membership and chairmanship, division and/or section leadership.

vi. Minimum of three years at the Assistant Professor rank, or appropriate service at another institution or university.

b. Clinical Professor

i. Publication in peer reviewed journals, books, monographs or symposia, editorship, presentation at regional and national meetings;

ii. Regional or national leadership in clinical medicine through acknowledgement by peers of clinical excellence [letters of recommendation];

iii. Membership in national societies, academic recognitions or awards;

iv. Leadership in educational activities at LVH is required; educational endeavors at the regional or national level will also be considered;

v. Commitment to hospital service functions as evidenced by committee membership and chairmanship, division and/or section chief;

vi. Minimum of three years at the Associate Professor rank, or appropriate service at another institution or university.

7. Criteria for Advanced Clinical-Educator or Scientist-Educator:

a. Clinical-Educator

i. Regular publication in peer-reviewed journals;

ii. Acknowledgement by peers of clinical excellence [letters of recommendation];

iii. Regional reputation [society membership, presentation at regional or national meetings, site reviewer or inspector for research grant or national accrediting agency, letters of recommendation];

iv. Demonstrated innovative approaches to teaching and training, curriculum planning or course leadership;

v. Minimum of four years at the next lower rank, or appropriate service at another institution or university.

b. Scientist-Educator

i. Regular publication in peer reviewed journals demonstrating continued, focused interest in one or more areas of scientific or medical interest;

ii. Evidence of recognized leadership locally, regionally, and nationally in the chosen specialty or subspecialty;

iii. Invitations to membership or fellowship in national societies, academic recognitions or awards, hospital and/or department leadership;

iv. Testimony of nationally recognized practitioners in the same field;

v. Minimum of four years at the next lower rank, or appropriate service at another institution or university.

8. Duration of Appointment:

a. Prefixed Clinical appointments will be for three years;

b. Clinical-Educator and Scientist-Educator will be for four years;

c. LVH will notify PSU should the individual terminate his/her affiliation with LVH. PSU shall have the right to review and withdraw the appointment upon this notification.

9. PSU guidelines will be used for definition and appointment for ranks of lecturer, instructor, and librarian.

psuappt.fnl
10/16/94

LEHIGH VALLEY HOSPITAL

# Physician Well-Being Group Meeting Schedule 1995

**Listed below are the dates for the Physician Well-Being Group meetings for 1995. All meetings will be held in the Cafeteria Conference Room at Lehigh Valley Hospital, Cedar Crest & I-78, from 6 to 7:30 p.m., unless otherwise noted.**

| Mondays | Wednesdays |
|---|---|
| January 23 | January 11 - Classroom 3 |
| February 20 | February 8 - Classroom 3 |
| March 20 | March 8 - Classroom 4 |
| April 17 | April 5 |
| May 15 | May 3 - Classroom 2 |
| June 12 | May 31 |
| July 10 | June 28 |
| August 7 | July 26 |
| October 2 | August 23 |
| October 30 | September 20 |
| November 27 | October 18 - Classroom 2 |
| | November 15 - Classroom 2 |
| | December 13 |

LEHIGH VALLEY
HOSPITAL

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