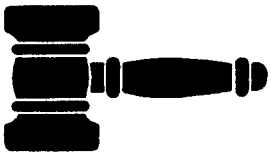
LEHIGH VALLEY
HOSPITAL

Medical Staff Progress Notes

Volume 6, Number 11
November, 1994

In This Issue...



From the President

Previously, we reported to you on the Critical Care structure at Lehigh Valley Hospital. As you know, a Medical Staff committee was formed and diligently met on a weekly basis to develop some structure which resulted in the development of Medical Directors responsible and accountable for their units. Medical Executive Committee discussed their report, then forwarded it to Senior Management Council for discussion and decision. Critical Care will now be structured within the hospital as separate divisions within the Department of Medicine and the Department of Surgery. The Director of Medical Critical Care will be Richard H. Snyder, M.D., and the Director of Surgical Critical Care will be Michael Rhodes, M.D. Medical critical care units will include Medical Intensive Care Unit (formerly GICU-W), Special Care Unit, Acute Coronary Care Unit, Progressive Coronary Care Unit, and Transitional Open Heart Unit. Surgical critical care units will include Surgical Intensive Care Unit (formerly GICU-E), Shock/Trauma Unit, Burn Center, and Open Heart Unit. Pulmonary Associates has been contracted to provide voluntary intensive care consultative support as well as the medical directorship of the Medical Intensive Care Unit and the Special Care Unit. Pulmonary Associates will be available for voluntary consultation and will provide 24-hour a day coverage with 15-hour a day in-house coverage. This new critical care structure will begin December 1, 1994.

I appreciate the enthusiastic response to our Medical Staff questionnaire. To those who have not yet completed the questionnaire, please return them ASAP.

On Thursday, November 10, we had our first Administrative/Medical Staff Exchange Session. I feel this is an important forum to discuss mutual concerns in a collegial atmosphere. The next one is scheduled for January 19, 1995. Stay tuned for more details.

On Tuesday, November 29, Ross E. Stromberg will be offering a program from 5 to 9 p.m., on Integrated Delivery Systems and Practice Models. I believe this is a very timely topic of importance to our Medical Staff. You should have received an invitation in the mail to attend this important session.

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I am pleased to report that Robert J. Laskowski, M.D., has been appointed Senior Vice President for Clinical Services. Dr. Laskowski was interviewed by members of our Medical Staff, Administration, Board of Trustees, and members of Penn State-Hershey. He was highly considered by all those who met and talked with him. He will be joining us in January, 1995. His duties will include medical education, quality assurance, and coordinating activities of the hospital/clinical departments. Dr. Laskowski is a Board Certified General Internist with additional certification in Geriatric Medicine. He was previously Group Medical Director and President of Northeast Permanente Medical Group in Farmington, Conn., and Clinical Assistant Professor of Medicine at the University of Connecticut.

Happy Thanksgiving to all.

Sincerely,

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

Lehigh Valley Hospital Plays Major Role in International Study

Lehigh Valley Hospital (LVH) played a major role in an international study that recently found surgery superior to aspirin in preventing death and disability from stroke in thousands of adults with severely blocked carotid arteries and no symptoms.

Funded by the National Institutes of Health, the Asymptomatic Carotid Atherosclerosis Study (ACAS) followed 1,662 patients between 1988 and 1992. A little more than half of those patients, 834, took an aspirin a day to prevent stroke, while 828 underwent surgery. All of the patients reduced their stroke risk factors, which included smoking, eating fatty foods, and having high blood pressure.

The results of the study showed that surgery beat aspirin two to one in preventing strokes among patients who had no symptoms of disease but a severely clogged carotid artery.

According to John E. Castaldo, M.D., neurologist and one of the principal investigators in the study, "This is one of the greatest projects in stroke in my lifetime. It will never have to be repeated."

Previous studies showed that surgery was the better option for patients with stroke symptoms as well as blockages of 70 percent or more. But, until several weeks ago, doctors had no scientific proof that surgery was better for patients without symptoms.

LVH enrolled the first and the most patients, with 142, and also took the lead over other medical centers for its number of qualified surgeons. Seven of the hospital's vascular surgeons met the study's stringent requirements for quality of care: Alan Berger, M.D., Victor J. Celani, M.D., James J. Goodreau, M.D., James L. McCullough, M.D., Kenneth M. McDonald, M.D., Gary G. Nicholas, M.D. (Dr. Castaldo's co-investigator), and James C. Rex, M.D., who has since retired.

Other LVH health care professionals involved in the study included Joan Longenecker, nurse program coordinator; Donna Jenny and Nancy Eckert, nurse assistants; Zwu S. Lin, M.D., neuroradiologist; William Gee, M.D., and Alice Madden, ultrasonographers; and James F. Reed III, Ph.D., Director of Research.

Site and Facilities Update

Cedar Crest & I-78

New Offices Under Construction

Volunteers, clinical nutrition personnel, and the patient representative will relocate to new offices on the first floor of the Anderson Wing pending completion in mid-November. A work area for social work personnel is also under construction at this location, which was previously occupied by Risk Management and Human Resource Development.

Roadwork Continues on Cedar Crest

Contractors have completed Phase 3 and are proceeding with Phase 4 of a six-part project to ease the flow of traffic and improve automotive safety along Cedar Crest Boulevard and the hospital's main access road.

During Phase 3, which was completed October 30, the intersection of the hospital's main entry drive and Cedar Crest Boulevard was widened to facilitate traffic flow into and out of the hospital campus. Meanwhile, the inbound and outbound main and south access roads to the hospital are being widened during Phase 4.

Upon completion of Phase 4, Phase 5 will begin and include the installation of a median in the center of the hospital's main access road along with two islands to ease traffic in and out of the hospital. The project will be suspended during the winter months and resume in April 1995 for the sixth and final phase when the Cedar Crest Boulevard southbound left-turn lane will be extended.

Research Department Relocates

The Research Department has relocated from the General Services Building to Suite 407 on the fourth floor of the John and Dorothy Morgan Cancer Center. The staff, along with their telephone numbers, include:

James F. Reed III, Ph.D., Director - 402-8889
Thomas E. Wasser, Epidemiologist - 402-8889
Kathleen Moser, Senior Research Assistant - 402-8747
Lori Fink, Research Assistant - 402-8892
Pamela Robson, Research Assistant - 402-8889

Construction to Begin on GI Lab

The construction of the new GI Lab began recently in space previously occupied by Conference Rooms 5 and 6 and the area that housed the former management and nursing administration offices, located off the main lobby.

Pastoral Care Associate Director Relocates

The Rev. Emily Jean Gilbert, Associate Director of Pastoral Care, has relocated to Cedar Crest & I-78. She can now be reached at 402-8470, via E-mail, beeper 1227, or by calling the main office at 402-8465.

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17th & Chew

OB Faculty Waiting Area Completed

The OB Faculty waiting area has been completed. The south corridor of the first floor Schaeffer Wing, which had been restricted during construction, has reopened to pedestrian traffic.

Access to Schaeffer Wing Restricted

As renovation to the new Ambulatory Surgery Unit continue, the OR area, PACU, GI Lab, and Pediatrics Clinic on the second floor of the Schaeffer Wing will only be accessible via the green elevator. Egress changes and evacuation plans have been posted at the construction partitions. The project will proceed through early December.

Transitional Skilled Unit Update

Contractors are in the process of gutting 5T, the future site of the Lehigh Valley Transitional Skilled Unit. The unit will serve medically stable patients who no longer require acute hospital care but are not well enough to be discharged home or transferred to a traditional nursing home. Scheduled for occupancy in early 1995, the unit will provide nursing and rehabilitative services for predominantly elderly and disabled patients. Transitional skilled care is a cost-effective alternative to inpatient care since the intensity of around-the-clock care is less than in an inpatient setting.

Research Advisory Committee - Request for Proposals

The Research Advisory Committee (RAC) meets bimonthly to review clinical/epidemiological research proposals (requests for funding) submitted by the Medical and Professional staff of Lehigh Valley Hospital. All proposals must be submitted to the Research Department for review three weeks before the next scheduled RAC meeting.

The next meeting of the RAC is **Wednesday, December 21.** All proposals submitted by **December 1** will be reviewed by the Research Department before being placed on the RAC agenda. Further information and proposal guidelines may be obtained by contacting James F. Reed III, Ph.D., Director of Research, or by calling the Research Department at 402-8889.

A meeting of the General Medical Staff will be held on Monday, December 12, beginning at 6 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

All members of the Medical Staff are encouraged to attend.

Library News

The Health Sciences Library, Cedar Crest & I-78, has a copy of the complete set of standards published by the Agency for Health Care Policy and Research (AHCPR). The standards are often quoted by the news media. Each topic contains a Quick Reference Guide for Clinicians, A Consumer or Patient Guide, and the full Clinical Practice Guideline. Single copies of the following standards are available free from the AHCPR Clearinghouse (1-800-358-9295).

- Acute Pain Management, 1992
- Urinary Incontinence in Adults, 1992
- Pressure Ulcers in Adults, 1992
- Cataracts in Adults, 1993
- Depression in Primary Care, 1993
- Sickle Cell Disease: Screening, Dx, Management and Counseling in Newborns/Infants
- Managing Early HIV Infection, 1994
- Benign Prostatic Hyperplasia: Dx & Rx, 1994
- Managing Cancer Pain, 1994
- Managing Unstable Angina, 1994
- Heart Failure: Management of Patients with Left-Ventricular Systolic Dysfunction, 1994
- Managing Otitis Media with Infusion in Young Children, 1994

A goal of AHCPR is to provide the full text of the above guidelines in a database accessible over the Internet at no charge. Several of these are already available over the Internet. For more information about Internet access, contact Barbara Iobst in the Library at 402-8408, or access the bulletin board on Internet Services through the hospital's E-mail system.

Computer News

ILIAD software from Applied Informatics has been installed on a DOS PC in the front of the Library at Cedar Crest & I-78. ILIAD is an expert system, decision support and teaching tool for medical students and practitioners in Internal Medicine. ILIAD's knowledge base is created by medical experts who use information from their extensive clinical experience and from the current literature. ILIAD can be used as an expert decision support tool in consultative, critiquing, browsing, and simulation modes. The software is scheduled to be installed on more systems at both locations in the near future.

Written discharge instructions are required on all patients discharged from the Emergency Department. This is a requirement of both KEYPRO and the Emergency Department. A graph will be posted in the Medical Staff lounge at each site showing monthly compliance by physicians.

On November 10, the name for General Intensive Care Unit-West was changed to Medical Intensive Care Unit (MICU). The telephone number remains 402-8715. The name for General Intensive Care Unit-East was changed to Surgical Intensive Care Unit (SICU). The telephone number remains the same -- 402-8710. Medical director of MICU is Jay H. Kaufman, M.D. Medical Director of SICU is Michael D. Pasquale, M.D.

Congratulations!

Thomas G. Brandecker, M.D., general internist, was recently elected to the position of Treasurer of the Pennsylvania Society of Internal Medicine.

Samuel W. Criswell, M.D., family practitioner, successfully completed the American Board of Family Practice Geriatric Medicine Examination and thereby awarded a Certificate of Added Qualifications in Geriatric Medicine.

Robert M. DeDio, M.D., otolaryngologist, was recently awarded Fellowship in the American College of Surgeons.

Paul Guillard, M.D., general internist, was recently informed by the American Board of Internal Medicine that he passed the Geriatric Medicine examination and has been awarded a Certificate of Added Qualifications in Geriatric Medicine.

Barry A. Ruht, M.D., orthopedic surgeon, was recently awarded Fellowship in the American College of Surgeons.

Physicians and hospital employees are requested to refrain from using the waiting room of the Lehigh Magnetic Imaging Center as a thoroughfare. Your cooperation is appreciated.

Publications, Papers and Presentations

Thomas G. Brandecker, M.D., general internist, took part as a delegate to the 38th Annual Meeting of the American Society of Internal Medicine held recently in Dallas, Texas.

John E. Castaldo, M.D., neurologist, was a participant in the 80th Clinical Congress of the American College of Surgeons held recently in San Francisco, Calif. As a member of a panel, he gave a presentation on **The Medical Management of Asymptomatic Carotid Occlusive Disease.**

In addition, Dr. Castaldo co-authored an article, **Accurate Measurement of Carotid Stenosis: Chaos in Methodology**, which was published in the October 1994 ***Journal of Neuroimaging***.

Jane Dorval, M.D., chief, Division of Physical Medicine and Rehabilitation, attended the Annual Meeting of the American Academy of Physical Medicine and Rehabilitation in Anaheim, Calif. She was chosen to be one of the reactors for a panel discussion following the keynote speaker's address. She also presented two courses on **Transition to Adulthood in Developmental Disabilities.**

Houshang G. Hamadani, M.D., psychiatrist, presented a paper, **Socio Cultural Factors Effecting the Use of Psychiatric Services for the Adolescent**, during the Annual Meeting of the Society for Cultural Psychiatric held recently in Monterey, Calif.

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James W. Jaffe, M.D., chief, Section of Cardiovascular/Interventional Radiology, was a guest speaker at Syracuse University School of Medicine in Syracuse, N.Y., where he spoke on **Deep Venous Thrombosis.** He was also a guest speaker at Moses Taylor Hospital in Scranton, Pa., where he presented **Team Approach to Vascular Occlusions.**

In addition, two articles which were co-authored by Dr. Jaffe have been accepted for publication. **Iliac Compression Syndrome Treated with Transcatheter Fibrinolytic Therapy, Balloon Angioplasty and Stent Placement**, co-authored with **Alan Berger, M.D.**, chief, Division of Vascular Surgery, was accepted for publication in the ***Journal of Vascular and Interventional Radiology***. **Low Dose Intra-Arterial Recombinant Tissue Plasminogen Activator (r-TPA) for Limb Ischemia**, which was written in conjunction with members of the Hershey Medical Center, was accepted for publication in the ***Journal of Vascular and Interventional Radiology***.

Indru T. Khubchandani, M.D., colon rectal surgeon, gave the keynote **Daher Cutait Oration** at the 43rd Annual Congress of Brazilian Society of Colon and Rectal Surgeons. His subject was **Recurrent Colon and Rectal Cancer.** The Brazilian Society has over 1,100 members, and 700 attended the conference in Recife.

Dr. Khubchandani also gave lectures on inflammatory bowel disease and staging of rectal cancer. He acted as a quiz master for a panel of international university professors on management of complicated problems in colon and rectal surgery.

Residency Data Collection, Do the Numbers Add Up, an article written by **Robert V. Cummings, M.D.**, Chairperson, Department of Obstetrics and Gynecology, **Larry R. Glazerman, M.D.**, Department of Obstetrics and Gynecology, and **Stephen K. Klasko, M.D.**, Vice Chairperson and OB/GYN Residency Program Director, has been accepted for publication in the ***American Journal of Obstetrics and Gynecology***.

Surgeons and staff members of Lehigh Valley Hospital recently had their article published in the September 1994 edition of the ***Journal of the American College of Surgeons***. The article, **Laparoscopic Versus Conventional Appendectomy**, was authored by **Fernando Bonanni, M.D.**, surgical resident; **Richard C. Boorse, M.D.**, general surgeon; **Andrew Cole**, research intern; **Mark A. Gittleman, M.D.**, general surgeon; **George W. Hartzell, M.D.**, general surgeon; **James F. Reed III, Ph.D.**, Director of Research; and **Douglas R. Trostle, M.D.**, general surgeon.

Job Posting Service - In response to requests from office managers, Physician Relations now offers a Job Posting Service which allows offices to have their job openings posted by Human Resources in locations throughout the hospital. The service is free and exclusive to Medical Staff members. If you have any questions regarding the service, please contact Maria Kammetler, Physician Relations, at 402-9857.

Upcoming Seminars, Conferences and Meetings

Regional Symposium Series VI

Update on Lower Extremity and Lumbar Spine Problems: A Primary Care Approach will be held on Saturday, December 3, from 7:30 a.m. to 1 p.m., in the Auditorium of Lehigh Valley Hospital, Cedar Crest & I-78.

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

At the completion of this program, participants should be able to describe the symptoms, diagnosis, and treatment of hip, knee, ankle, foot, and lumbar spine problems in the general population.

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.

For more information regarding these programs, please contact Human Resource Development at 402-1210.

Medical Grand Rounds

Keeping Up With Medical Literature will be presented by Robert Fletcher, M.D., Professor, Harvard Medical School, Boston, Mass., on Tuesday, November 22.

Pulmonary Embolus will be presented by Arthur P. Wheeler, M.D., Assistant Professor of Medicine, Vanderbilt University School of Medicine, Nashville, Tenn., on Tuesday, November 29.

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

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Department of Pediatrics

Mitigating Pediatric Procedural Pain will be presented by Paul Martin, M.D., Ph.D., Bowman Gray School of Medicine, on Friday, December 2.

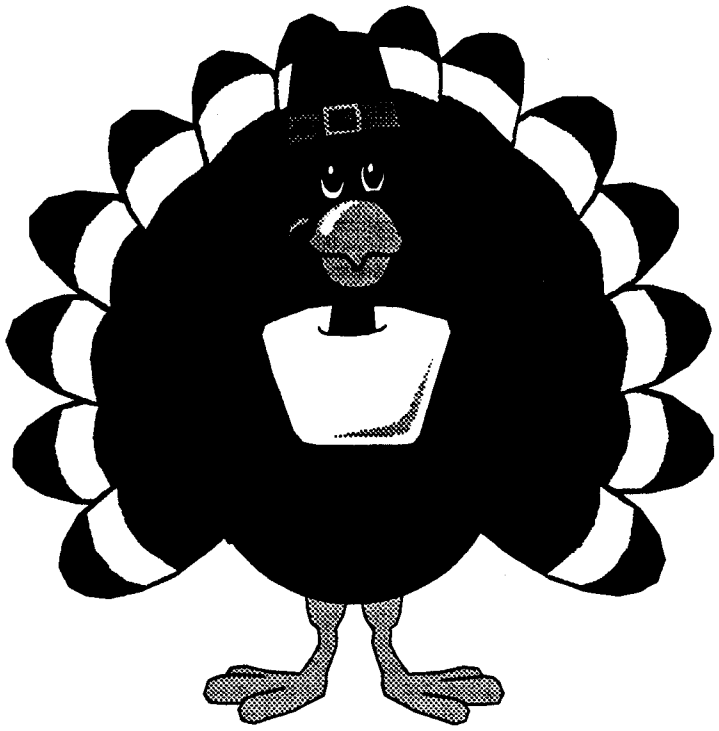
Otitis Media will be presented by Samuel McLinn, M.D., Good Samaritan Medical Center, Scottsdale, Ariz., on Friday, December 16.

Both conferences will begin at noon in the Auditorium at 17th & Chew. For more information, contact Beverly Humphrey in the Pediatrics Department at 402-2410.

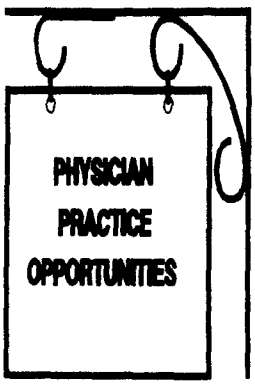
Psychiatry Grand Rounds

The SAEB System and Symptom Induction in the Short-Term Treatment of Panic Disorders will be presented by Frank M. Dattilio, Ph.D., Clinical Psychologist, Faculty in Psychiatry, University of Pennsylvania School of Medicine, Hospital of the University of Pennsylvania, on Thursday, December 15, from noon to 1 p.m., in the Auditorium of Lehigh Valley Hospital, 17th & Chew.

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



Happy Turkey Day!



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

• For Sale -- Office building at Northeast corner of 19th and Turner Streets in Allentown. Upper level - 2,400+ sq. ft., large waiting room, two large consult 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 -- Large, newly remodeled, completely furnished medical office space available for subleasing/time share at Cedar Crest Professional Park. Top of the line telephone system. Transcription and computer system with electronic billing available.

• For Lease -- 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

Additional Privileges

Scott J. Lipkin, DPM
Department of Surgery
Division of Orthopedic Surgery
Section of Podiatry
Active
Endoscopic Plantar Fasciotomy Surgery Privileges

Brian P. Murphy, MD
Department of Surgery
Division of Urology
Active
Collagen Implantation Privileges

Stephen T. Olex, DO
Department of Medicine
Division of Cardiology
Active
Coronary Rotoblator Privileges

Michael Rhodes, MD
Department of Surgery
Division of Trauma/Surgical Critical Care
Active
PEG/PEJ Privileges

Practice Disassociations

Monica M. Dweck, MD
no longer with Allentown Eye Associates, PC

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

Address and Telephone Number Changes

Monica M. Dweck, MD
Fairgrounds Medical Center
400 N. 17th Street
Suite 101
Allentown, PA 18104-5099
(610) 433-4625

John A. Kibelstis, MD
1251 S. Cedar Crest Blvd.
Suite 107A
Allentown, PA 18103
(610) 435-6502

Resignations

Murali Muppala, MD
(Candio, Feldman, Kovacs, Guillard, PC)
Department of Medicine
Division of General Internal Medicine
Provisional Active

Bentley A. Ogoke, MD
(Lehigh Valley Pain Management - Dr. Khan)
Department of Anesthesiology
Provisional Active

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Allied Health Professionals

Appointments

Janet Clark, RN
Physician Extender
Professional - RN
(Dr. Cassel)

Mechelle L. Hucaluk, RN
Physician Extender
Professional - RN
(Cardiology Care Specialists - Dr. Silverberg)

Anthony M. LoCiccero, PA
Physician Extender
Physician Assistant
(Emergency Care Associates - Dr. Lutz)

Corey Seyler, PA
Physician Extender
Physician Assistant
(Lehigh Valley Orthopedics - Dr. Anson)

Patricia A. Shober, PA
Physician Extender
Physician Assistant
(Emergency Care Associates - Dr. Lutz)

Change of Supervising Physician/Clinical Duties

Philip Hansell, PA
Physician Extender
Physician Assistant
(From Lehigh Valley Orthopedics to Panebianco-Yip)
(From PA Orthopedic Duties to PA Cardio-Thoracic Duties)

HEALTH NETWORK LABORATORIES

A Service of LEHIGH VALLEY HOSPITAL

Holiday Poisoning: Myths and Hazards

The winter holiday season commences with Thanksgiving and then progresses to Hanukkah and Christmas with a festive revelry at New Years. Unique to these seasons is the unfortunate downside problem of accidental and intentional poisonings. It is interesting to note that the number of poisonings (both accidental and intentional) do not increase, but rather the types of toxins dramatically change. Children have access to decorating unusual plants and pleasant tasting drinks which are temptations that surveillance by parents can only diminish. Adults are not immune from holiday hazards as the incidence of food poisoning and intoxication present diagnostic challenges and treatment. Do not forget that your Poison Control Center is an excellent resource to resolve these problems.

Plant exposure presents the fourth most common type of accidental poisoning. The much maligned poinsettia is the most commonly reported problem. There is no scientific data that substantiates claims of morbidity and mortality with exposure to any portion of this plant. The milk-like liquid that exudes from damaged leaves may produce dermal irritation while solids should be removed from the mouth and a beverage given.

Both English and American holly have stiff green leaves and bright red berries attractive to children. Holly is thought to be very toxic, but the ingestion of a limited number of red berries is unlikely to produce toxicity. At worst, if the berries are chewed, gastroenteritis may occur, and if the symptoms persist, treatment of the child with fluid and electrolyte replacement is recommended.

Mistletoe, referred to as the "Kiss of Death," will produce severe gastroenteritis with the ingestion of large quantities. Gastric decontamination may be indicated with the use of the home medicine, syrup of Ipecac. Casual ingestion of up to 3 berries is not known to produce toxicity.

Jerusalem cherry produces fruit that resembles small tomatoes and is also known as Christmas cherry or ornamental pepper. Although the fruit does contain an alkaloid capable of producing cardiovascular and gastrointestinal toxicity in animals, there is no data to suggest such a problem in humans who eat a small quantity of the plant or fruit. It is interesting to note that this species is related to potatoes, tomatoes and the infamous night shade.

Evergreen and Christmas trees present no significant concern to humans. However, the preservatives that are added to the tree stand reservoir contain a wide variety of commercial products with a potential toxicity to pets.

Decorations, which are the hallmark of the holiday season, are not without concern. Older, antique ornaments may be painted with a lead-based paint. Toddlers who exhibit excessive hand-to-mouth behavior are particularly at risk for both lead poisoning and airway obstruction. Dough ornaments containing high concentrations of salt may not be dangerous to children if ingested in limited quantities but pets again may be at increased risk. Know the contents of your commercial ornament kits.

Tinsel, angel hair, artificial snow, and reusable artificial evergreens present much more of a physical hazard when ingested due to airway obstruction and only minor dermal and/or ocular irritation. Spray can propellent itself may produce intoxicating effects if used in a poorly ventilated area.

Food is the central focus of most holiday celebrations. To reduce the risk of food poisoning, food such as beef, poultry, ham, eggs, dairy products and pastries should be kept at temperatures below 40°F and above 140°F to prevent bacterial growth.

The two most common bacterial pathogens are Staphylococcus aureus and Salmonella. Staphylococcus aureus produces symptoms within six hours which last a day. In contrast, Salmonella of the non-Typhoidal variety produces gastrointestinal symptoms in 8-24 hours which may persist for 2-5 days. Either problem is medically treatable with supportive therapy of fluids with electrolytes being recommended.

Often flavoring agents used in cooking or with heat to produce a fragrant aroma contain ingredients not perceived to be dangerous. For example 1 ml of oil of wintergreen contains 1.4 grams of aspirin. A 5 ml bottle, if ingested by a child, would be equivalent to swallowing 25 aspirin tablets. This is easily a fatal dose for a 20-25 lb. child. The holiday season is also the time for sulfite sensitive people to be aware of its expanded use in holiday buffets. Common symptoms by sulfite sensitive persons are flushing, bronchospasm and urticaria.

Finally, no summary of holiday toxins would be complete without a discussion of **alcohol**. Although adults imbibe most frequently, children are susceptible due to their consumption of drinks left in the aftermath of a party. Ethanol is an inhibitor of gluconeogenesis which can promote hypoglycemia in children at levels lower than recognized as legal intoxication in adults. Remember time is the only antidote for alcohol ingestion. Coffee or other liquids exhibit no lowering of blood alcohol levels (BAL). Eating while drinking (especially fatty type foods) delay absorption of the alcohol with the net result being a lower BAL spread out over a longer time. The body's liver metabolizes 0.5 drinks per hour at a constant rate. Therefore, for a 150 lb. person, 5 drinks over a 1-2 hours period will produce a BAL greater than 0.1%, the legal limit for operating a motor vehicle. Based on this brief summary of alcohol consumption and metabolism do not be misled as there is significant literature documentation that suggests that alcohol impairment begins at levels of 0.05% or below. A drink is defined as a beer, glass of wine or highball.

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

P & T HIGHLIGHTS

The following action were taken at the October 10, 1994 Pharmacy and Therapeutics Committee Meeting - James A. Giardina, Director of Pharmacy

FORMULARY ADDITIONS AND DELETIONS

Oxycodone 5mg (Not Branded) is the narcotic component of Oxycodone/ Acetaminophen (Percocet, Dupont). Plain Oxycodone was added to the formulary to give physicians an alternative to this heavily used combination product and to reduce the likelihood of Acetaminophen (APAP) accumulation from the use of multiple products frequently prescribed for pain/temperature control. See Table 1 for a list of commonly prescribed agents and their APAP content. The maximum recommended dose of APAP is 4Gm/day.

Oxycodone/Aspirin (Percodan, Dupont) was deleted from the formulary due to its lack of use and need given the addition of plain oxycodone.

Table 1:
Commonly used agents containing APAP

Brand Name	APAP Content per Tablet/Capsule
Darvocet N 100	**650mg**
Fioricet	325mg
Percocet	325mg
Tylenol with Codeine	300mg
Tylenol	325mg
Tylenol Extra Strength	500mg

FORMULARY UPDATE

The 1994 edition of the formulary was approved and will be available on all patient care areas, The formulary contains the following key information:

- Formulary Information and Regulations
- Formulary items by therapeutic category
- Formulary items listing - alphabetical by generic name
- Appendices

I. Medication Administration Time Schedules
II. Adverse Reaction Reporting System
III. Antacid Product Comparison Chart
IV. Code Blue Cart Medication List (Adult/Pediatric)
V. Conversion Chart (Weight, Volume, Temperature)
VI. Corticosteroid Comparison Chart
VII. DO NOT CRUSH List for Formulary Items
VIII. Immune Globulin - IV Administration Guidelines
IX. Insulin Comparison Chart
X. Intermittent Infusion Dilution Chart
XI. Narcotic Analgesic Comparison Chart
XII. Parenteral Antibiotic Order Sheet Description
XIII. Parenteral Solution Comparison List
XIV. Potassium Chloride Infusion Schedule
XV. Standard Continuous and Bolus Infusions
XVI. Stop Order Policy
XVII. Therapeutic Equivalent Substitutions List
XVIII. Vitamin Comparison Chart
XIX. Intermittent Infusion Flush Chart
XX. Phlebetogenic Medications (Non-Chemo)

- Parenteral Nutrition Order Guidelines

DRUG USE EVALUATION (DUE) CORNER

Target Antibiotic Report

Ceftazidime, IV Ciprofloxacin, and Ampicillin/Sulbactam use report was

reviewed for July/August 94.Average empiric length of therapy of all three antibiotics was 3-5 days - slightly prolonged from the recommended 3 day length of empiric therapy. An increase in Ampicillin/Sulbactam use was noted including increased use as surgical prophylaxis. During the month of August, four patients with penicillin allergies had Ampicillin/Sulbactam ordered requiring intervention by the pharmacy department.

Overall $114,771 and $122,022 was spent in July and August respectively on parenteral antibiotics with a cost per patient day of $7.23 and $7.43, respectively. The cost per patient day have increased by 4.8% and 7.7% in each month when compared to the 6 month calendar year average.

LESS CAN BE BETTER THAN MORE

In a related matter, the committee approved two additional chart forms aimed at further reducing antibiotic expense. One form for Ceftazidime encourages the use of 1Gm where 2Gm doses are prescribed for non CNS, non-vitreal and non pseudomonas infections. In these types of infections bactericidal activity is sufficient with 1Gm doses. Ceftazidime and all B-Lactam antibiotics exhibit their greatest bactericidal activity when drug concentrations are above the minimum inhibitory concentration (MIC) for the suspected pathogen independent of how much above the MIC they are. This is referred to as time dependent or concentration independent killing. In other words, killing power is not increased with increased concentrations. The following graph depicts this concept. For a Q8H dosing interval, the 2Gm dose costs approximately $30.00 more then the 1Gm dose.

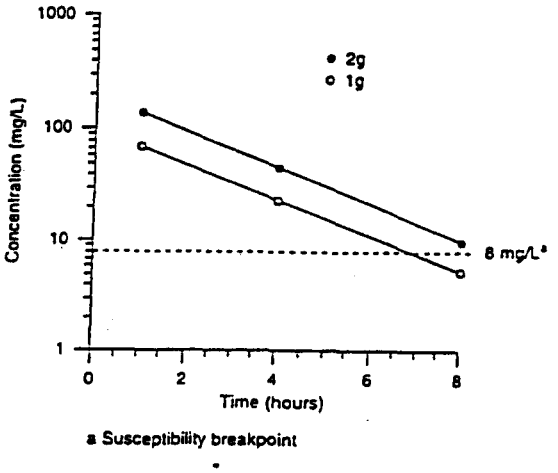

Fig 1. Relationship between dosage of ceftazidime and length of time above the susceptibility breakpoint.

WHEN THE GUT WORKS, STILL HOLDS

The second chart note deals with fluconazole injection. Fluconazole is rapidly and completly absorbed from the GI tract. No activity is lost if crushing is required for patient convenience or feeding tube administration. Given this complete absorption, the oral dose is equivalent to the IV dose. The costs are however not equal. A 200mg IV costs $66.00 while the tablet form costs $9.00. Both sheets will be utilized to remind physicians of this information.

"PATCHING THE PAIN" AN EVALUATION OF ITS USE

The committee reviewed the results of a 20 patient study of transdermal fentanyl use. Key findings were:

1. 14/20 (70%) patients met criteria for justification for treatment of chronic pain[1]. 6/20 patients were able to tolerate oral therapy.

2. 15/20 (75%) patients were dosed appropriately based on previous pain medication.

3. 6/9 (67%) patients had dosage increased on days 1 or 2 rather than day 3.

4. 14/20 (70%) patients received continual supplemental analgesia.

5. 1/20 (5%) patient was a pediatric patient (13 yrs. old weighing 45lbs)

6. 7/20 (35%) patients experienced complications including nausea, vomiting, sedation and confusion. All patients received concommittant agents which may have contributed to the complications.

7. 4/20 (20%) patients had documented pain relief as a result of patch. This result is confounded due to concomitant analgesics.

1. Chronic pain is defined as pain which is continuous and cannot be managed by lesser means (acetaminophen-opioidcombinations, non-steroidal analgesics, or PRN dosing with short-acting opioids) and requires continuous opioid administration.

Based on the evaluation, improvements could be seen on the identification of patients diagnosed with chronic vs acute pain. Dosing adjustments should be delayed to 48-72 hours and increased based on supplemental analgesia.

Pediatric dosing should be strongly discouraged due to greater risk to the patients of adverse effects. Finally, accurate documentation of pain relief as a result of transdermal fentanyl need to occur to assess the efficacy of the patch.

"PEPCID PATROL" - H2RA IV TO PO EVALUATION

The latest seven months worth of data were presented to the committee. Key findings were:

Indicators	#	%
# of IV orders for period reviewed	507	-
# applicable for oral conversion	323	
# changed to oral Nizatidine by physician	180	56%
# discontinued after note	19	6%
# changed by automatic substitution	23	7%
# changed by physician to other PO H2RA	54	18%

PARALYSIS FOR SAFETY OR FLYING PARALYZED

The Committee approved a policy for University Med Evac use of Vecuronium (Norcuron, Organon) for neuromuscular blockade (NMB) in hemodynamically stable, intubated patients who meet certain indication/contraindication criteria.
The current hospital policy required that initial doses of NMB (outside of Anesthesia use) be given in the presence of and under direct supervision of the ordering physician.

ADVERSE DRUG REACTION (ADR) REPORT

The Committee reviewed the latest ADR report covering the period of December/93 to July/94. 114 suspected reactions were reported with the following categories.

Table 1 Adverse Drug Reactions by Reporter

Reporter	Reports
Pharmacist	50
X-Ray Technician	35
Nurse	28
Physician	1

Table 2 Adverse Drug Reactions by Drug Category

Drug Category	# Reports	% Reports
Contrast Media	38	33
Antibiotics	24	21
Thrombolytics(TPA)	9	8
CaChannel Blockers	8	7
Opiates	8	7
H2RA(Famotidine)	3	3

Table 3 Probability of Drug-Related Reactions

Probability	# Reports	% Reports
Doubtful	4	3
Possible	35	31
Probable	74	65
Highly Probable	1	1

Table 4 Adverse Reaction Severity

Classification	# Reports	% Reports
Mild	40	35
Moderate	66	58
Severe	8	7

3 of the eight serious reactions were in patients who received tPA and were reviewed previously. The other five were:

Agent	Rx Description	Outcome	Type	Probability
Divalproex	↓ platelets	Resolved	Idiosyncratic	Probable
Morphine PCA	Respiratory arrest	Resolved	Augmented	Probable
Diltiazem	Rash	Resolved	Idiosyncratic	Probable
Dipyridamole	Cardiac Arrest/ Acute Pulmonary Edema	Death	Idiosyncratic	Possible
Phenytoin	Stevens-Johnson Syndrome (SJS)	Death	Idiosyncratic	Possible

a minute for the medical staff

ICD-9-CM codes updated for use October 1

Every year, the federal government updates the diagnosis and procedure codes that make up the ICD-9-CM. The changes include new codes that describe details of diagnoses or procedures, deleted codes that are no longer relevant, and revised codes that are more clinically appropriate.

This issue of *A Minute for the Medical Staff* summarizes the coding changes for fiscal year 1995. The new and revised codes are in effect for hospitals and physicians' offices as of October 1.

More numbers, more detail

Most years, the revisions focus on adding greater specificity to existing codes. Last year, for example, the government added digits to anaphylactic shock codes; the additional digits described the food responsible for the shock.

This year, the government's changes generally make codes more detailed by adding a fifth digit. Here are a few examples:

- A new fifth digit separates acute and chronic viral hepatitis.
- Fifth digits in the 342, 344.3, and 344.4 series allow codes to show whether hemiplegia and monoplegia affected the patient's dominant or nondominant side or whether the side was not affected.
- New fifth digits in the 414 series show whether coronary atherosclerosis occurred in a native coronary vessel, an autologous vein bypass graft, or a nonautologous biological graft. Fifth digits also make a similar distinction for atherosclerosis of veins in the extremities.
- The government added many new digits to codes for abdominal pain, swelling, rigidity, and tenderness. The new digits specify site of the complaint—unspecified, right or left upper quadrant, right or left lower quadrant, periumbilic, epigastric, generalized, other specified site.

AIDS codes go the other way

The biggest change, however, is a movement away from specificity. The various codes for human immunodeficiency virus (HIV) infection, developed in 1988, are lumped into one code—042. That one code will include AIDS and all synonymous terms, including AIDS-like syndrome and AIDS-related complex.

Because so many diagnoses are encompassed in that single code, the 11 codes shown in Figure 1 are now invalid. (See other side.)

Three new procedure codes

Three new procedure codes have been added as well. They are as follows:

- 34.05—creation of pleuroperitoneal shunt,
- 41.04—autologous hematopoietic stem cell transplant, and
- 99.28—injection of infusion of biological response modifier as an antineoplastic agent.

All three procedure codes represent expensive or invasive procedures. The government created the new codes to collect data on the frequency and costs of the procedures.

E code brings controversy

One code that's not even required by Medicare brought the most controversy. The new code is E869.4 for accidental poisoning by secondhand tobacco smoke.

The Centers for Disease Control and Prevention suggested the new code be created because of growing concern about the effects of secondhand smoke. But according to a government source, the very mention of the new code brought tobacco companies to Capitol Hill to fight its creation.

E codes cover the external causes of injury and poisoning; there are E codes that cover, for example, accidents involving watercraft, farm machinery, and trains. Although Medicare doesn't expect hospitals to submit E codes, a growing number of states require hospitals to use them.

Invalid AIDS-related codes

Because so many diagnoses are now covered in a single code—042—the following codes are now invalid:

- 042.0—human immunodeficiency virus infection with specified infections
- 042.1—human immunodeficiency virus infection causing other specified infections
- 042.2—human immunodeficiency virus infection with specified malignant neoplasms
- 042.9—human immunodeficiency virus infection with acquired immunodeficiency syndrome, unspecified
- 043.0—human immunodeficiency virus infection causing lymphadenopathy
- 043.1—human immunodeficiency virus infection causing specified diseases of the central nervous system
- 043.2—human immunodeficiency virus infection causing other disorders involving the immune mechanism
- 043.3—human immunodeficiency virus infection causing other specified conditions
- 043.9—human immunodeficiency virus infection causing acquired immunodeficiency syndrome–related complex, unspecified
- 044.4—human immunodeficiency virus infection causing specified acute infections
- 044.9—human immunodeficiency virus infection, unspecified

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