MARCH / APRIL 1992

ROUNDS

A BIMONTHLY NEWSLETTER FOR THE MEDICAL STAFF OF MERCED COMMUNITY MEDICAL CENTER

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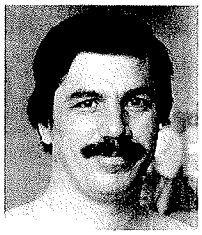

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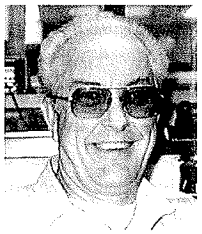

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MERCED COMMUNITY MEDICAL CENTER

INTRODUCING . . .

The new physician newsletter **Rounds**, produced bimonthly for the medical staff of Merced Community Medical Center. 1992 issues will be distributed in April, May, July, September and November. If you have any questions or suggestions regarding **Rounds**, call the Department of Marketing and Public Relations at 385-7733.

Drug Reviews

TRANSDERMAL NICOTINE SYSTEMS

TRADE NAMES: Habitrol (Basel/Ciba-Geigy)
Nicoderm (Marion Merrell Dow)
Nicolan (Warner Lambert)

SIMILAR DRUG: Nicotine chewing gum (Nicorette)

INDICATIONS: Relief of nicotine withdrawal symptoms as part of a comprehensive behavioral smoking-cessation program.

DOSING: The dose is dependent on the release characteristics of a specific patch, thus making it product specific.

Nicotine patches should be applied once daily to a non-hairy, clean, dry area on the trunk or upper arm. After 24 hours the patch should be removed and a new one applied to an alternate skin site. Sites should not be reused for at least one week.

Initial therapy is 21 mg/day patch for 4-6 weeks, then taper to the 14 mg/day patch for 2-4 weeks, then the 7 mg/day patch for 2-4 weeks. Patients with coronary artery disease, those who weigh less than 100 pounds and patients who smoke less than ½ pack per day should start on the 14 mg/day patch and wean to the 7 mg/day patch after 4-6 weeks. The entire course of therapy should not last longer than 8-12 weeks.

Nicotine patch therapy should be discontinued after one month if the patient has not been able to stop smoking.

EFFICACY: Transdermal nicotine appears as effective as nicotine chewing gum. These products have no effect on the patients' psychological dependence. Direct comparison of transdermal nicotine with nicotine chewing gum, clonidine therapy or other transdermal nicotine products has not been performed.

CONCLUSION: Transdermal nicotine offers an alternative to nicotine chewing gum as an aid in smoking cessation. Advantages over gum include ease of use and compliance, however, side effects at the application site do occur in a significant number of patients.

Nicotine patches as well as gum offer relief of withdrawal symptoms and can be an adjunct to motivational therapy. When used alone without concurrent behavioral modification therapy, relapse rates are high.

Initiation of nicotine containing products should be reserved for the outpatient setting as the medications are not reimbursed by MAP, Medi-Cal, or Medicare when used in the hospital setting.

Table I COST COMPARISON AWP*

Habitrol (price per patch)	$3.31 7mg	$3.50 14mg	$3.68 21mg
Nicoderm (price per patch)	$3.17 7 mg	$3.43 14mg	$3.73 21mg
Nicorette Gum	$.33 per piece	$1.66-$3.31 per day (5-10 pieces)	

*Average wholesale price

Clinical Pharmacy Notes

NEW SERVICE OFFERED

A new computerized database program for dosing adjustments in renal failure is now on-line in the pharmacy. The department has begun screening patients with elevated serum creatinine levels (> 2 mg/dl). If review of the patients medication profile with the estimated creatinine clearance indicates a dosing adjustment is warranted, a pharmacist will notify the primary physician. Notification will be either verbally or by a communication form left on the patient's chart. "Our goal is to assist the physician in giving optimal medical care to patients at MCMC", stated Marilyn Borges, Pharm.D., Assistant Director of Pharmacy. For more information about the pharmacy on-line system, contact Marilyn Borges at 385-7092.

CQI Spotlight

Continuous Quality Improvement is a hospital-wide goal for 1992. A major focus area is the reduction of medication errors.

The symbol to the left doesn't stand for "no U-turn" the international "prohibited" sign superimposed on the letter U is a reminder to spell out the word units when writing insulin or heparin orders, as the U can be interpreted as a zero thus causing a ten-fold overdose.

Use of a decimal point in dosage writing is another common source of medication errors. The potential for misinterpretation of the decimal point is increased when the pharmacy fills and dispenses from a copy of the physicians' order as is done at MCMC.

To aid in error reduction, instead of 2.0 mg write 2 mg, ii mg or two mg. When writing a fraction place a zero in front of the decimal, i.e., 0.5 mg rather than .5 mg.

P & T Corner

Phase II of the MCMC Medication Formulary went into effect February 10th. Medication categories included in Phase II are:

antineoplastics, autonomic agents, blood derivatives, blood formation and coagulation agents, cardiovascular drugs and central nervous system agents.

Phase I consisting of antihistamine and antiinfective agents was implemented July 1, 1991.

Bound copies of the MCMC Medication Formulary are kept on each nursing unit as well as the emergency and recovery rooms.

Nonformulary medication will not be stocked in the pharmacy. Requests for non-formulary medications can be made by completing the Formulary Addition Request Form which is available from the pharmacy. Completed forms should be returned to the pharmacy, which will present the requests to the Pharmacy and Therapeutics Committee.

Ace Inhibitor Comparison Chart

AGENT (trade)	BENAZEPRIL (lotensin)	CAPTOPRIL* (capoten)	ENALAPRIL* (vasotec)	FOSINOPRIL (monopril)	LISINOPRIL* (prinivil)	QUINAPRIL (accupril)	RAMIPRIL (altace)
PRODRUG metabolite	Y benazeprilat	N	Y enalaprilat	Y fosinoprilat	N	Y quinaprilat	Y ramiprilat
T1/2 (hrs)	0.6	< 2	1.3	12	12	0.6 - 0.9	1.1 - 18
T1/2 IRF (hrs)	PROLONGED	3.5 - 32	PROLONGED	PROLONGED	PROLONGED	PROLONGED	PROLONGED
FDA INDICATIONS							
HTN	Y	Y	Y	Y	Y	Y	Y
CHF	N	Y	Y	N	N	N	N
DOSE (MG/DAY)	5 - 40	25 - 300	2.5 - 40	10 - 80	5 - 40	5 - 80	1.25 - 20
FREQUENCY	QD - BID	BID - TID	QD - BID	QD	QD - BID	QD - BID	QD - BID
COST PER DAY	$ .48 - $ .96	$ .92 - $15.27	$ .55 - $5.85	$ .59 - $2.54	$ .55 - $1.77	$ .64 - $5.13	$ .51 - $3.70

*Available on MCMC Medication Formulary

News Capsule

AN OUNCE OF PREVENTION . . .

Surgical prophylaxis has become one of the most frequent uses of antibiotics in hospitals. While this practice can decrease the incidence of infection it must outweigh the risks of emergence of resistant bacteria and superinfection.

To follow the dictum "an ounce of prevention is worth a pound of cure" appears to present a catch-22, but the answer is relatively simple, a matter of when, how much and what agent.

WHEN: Classen, et al (NEJM 1992; 326:281-6) proved that "the timing of antibiotic administration is critical in preventing surgical wound infections". Figure One indicates the optimal administration time being less than two hours before the incision.

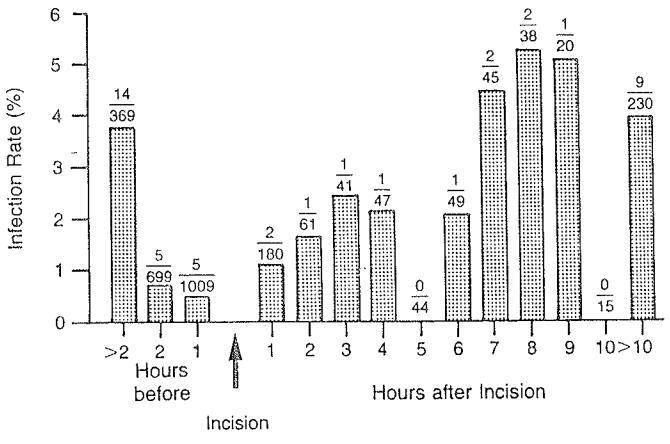

Figure 1. Rates of Surgical-Wound Infection Corresponding to the Temporal Relation between Antibiotic Administration and the Start of Surgery.

HOW MUCH: Studies have shown that prophylactic agents should not be prescribed for more than 48 hours.

WHAT AGENT: *The Medical Letter* on drugs and therapeutics (vol. 34 issue 862 January 24, 1992) states:

"An effective prophylactic regimen should be directed against the most likely infecting organism, but need not eradicate every potential pathogen; rather, the goal is to decrease their numbers below the critical level necessary to cause infection. For most procedures, cefazolin (*Ancef*; and others), which has a moderately long serum half-life, has been effective. For colorectal surgery and appendectomy, Medical Letter consultants prefer cefoxitin (*Mefoxin*) because it is more active against bowel anaerobes, including *B. fragilis*. For other abdominal and pelvic procedures, including obstetrical and gynecological operations, cefazolin has been equally effective and is less expensive. **Third-generation cephalosporins -- cefotaxime (*Claforan*), moxalactam (*Moxam*), ceftriaxone (*Rocephin*), cefoperazone (*Cefobid*), ceftazidime (*Fortaz; Tazicef; Tazidime; Ceptaz*), or ceftizoxime (*Cefizox*) -- should not be used for surgical prophylaxis. They are expensive, their activity against staphylococci is often less than that of cefazolin, their spectrum of activity against aerobic gram-negative bacilli includes organisms rarely encountered in elective surgery, and their widespread use for prophylaxis may promote emergence of resistance to these potentially valuable drugs.**"

Table I Cephalosporin Cost Comparison

Drug	Dose	Cost per Dose
Cefazolin	1 gm Q8H	$ 3.29
Cefoxitin	1 gm Q6H	$ 7.61
Ceftazidime	1 gm Q8H	$12.61
Ceftriaxone	1 gm Q24H	$26.01
Ceftizoxime	1 gm Q8H	$ 8.54

Please turn the page for news about your Pharmacy!

BiblioMed

Introducing BiblioMed, a new compact disc technology that allows you to access over 300,000 abstracts and citations covering 500 top medical and nursing journals and three years of the latest MEDLINE files, without leaving your office!

Merced Community Medical Center is making it possible for you to have unlimited search access to medical literature and journals. It's easy, accessible through your office or home computer, and once you purchase an inexpensive communication program, there are no further charges! The user friendly searching mode allows you to search any topic, any time you need it by dialing in from your office or home computer by modem.

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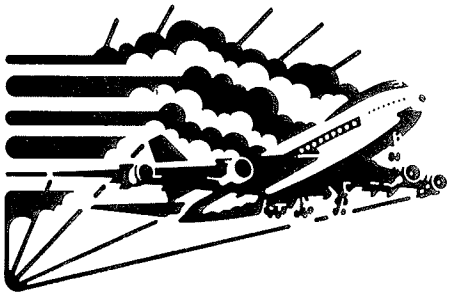
- CURRENT. The information is updated quarterly.

For more information about BiblioMed, contact MCMC's Medical Library at 385-7058.



Nursing Recruits From Abroad

In an effort to provide consistent and adequate Registered Nurse coverage for Nursing Services at MCMC, Pat Brown, Director of Nursing Services, went to New York in February to interview prospective candidates from Great Britain.

These nurses were in New York to take the State Board examinations for licensing. They have been trained in the British system, which is a three-year diploma program and have 2-10 years of experience.

Many nurses voiced a sincere interest in Merced, due to the size of our community and proximity to Yosemite and the Bay Area. In April, when the New York State Board scores are released, MCMC will determine our needs and make a final selection.

O'Grady Peyton-International is the company providing these nurses to us on a one-year contract and they will ensure reciprocity of California licenses, visas, etc. At the end of the contract, we are free to hire any nurses who wish to stay as a part of our staff.

We expect the nurses to arrive in July. So, if you should encounter some nurses with a hint of a brogue, please give them a hearty welcome!

Medical Records Corner

ATTENTION PHYSICIANS

When sending your patient to our laboratory or x-ray department, please help MCMC secure reimbursement for ancillary lab and x-ray tests by documenting on the requisition slip the patient's **signs or symptoms**. Do not use "rule out, possible or suspected". Example: Lab exam - Urinalysis. Do not use "rule out UTI" as it is not an established condition. Use "burning on urination, polyuria, etc." Your assistance is greatly appreciated.

Note: Look for this column for further tips that may help your office increase reimbursement for coding.

Meet Your Pharmacy

Front Row L-R: Allen Shek, RPh; Bill Cornelison, RPh; Sheila Pietro, Tech. 2nd Row L-R: Neil Okamoto, RPh; Michelle Carr, Tech; Marilyn Borges, RPh; Alice Ammerman, Tech. Back Row L-R: Dan Brown RPh; Jannine Amato, Tech; Benny Ciriaco, Tech; Bob Pittman, RPh; Maynard Lutts, RPh.
Not pictured: Bob Lopez, RPh; Les Botill, RPh; Jenny Fan, Tech; John Reed, Tech; Krista Martin-Panarra, Tech.

Editorial Comments are Welcomed

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