Lakewood Ranch Medical Center

PHYSICIAN NEWSLETTER

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Let's Do Well Together

In this issue:

Happy National Doctors' Day: Thursday, March 30

Join us for events in your honor throughout the day - special made-to-order breakfast and gourmet lunch in the Physicians' Lounge, as well as an evening cocktail party at Grove. Restaurant

For more information, contact MaryEllen.Woska@lwrmc.com or call (941) 782-2181.

Physician Recruitment

If you or a colleague is interested in a new opportunity in or around Lakewood Ranch, please contact Physician Recruitment at Karen.DeSimone@uhsinc.com or (941) 961-3107.

There is a need for physicians in many different specialties in this market. And there are currently multiple outpatient Internal Medicine and Family Medicine physician opportunities available.

P&T Committee Update

Formulary Deletions

- **Ammonia Inhalant** will no longer be on the formulary. There are no commercial presentations available. At this time, the FDA has removed the medication from the market.

Ertapenem Expansion Criteria for Use

- Previous Ertapenem criteria was limited to ID prescribers for outpatient use or laboratory known non-pseudomonal ESBL producing organisms.
- The criteria have now been expanded to use for UTI with non-pseudomonal ESBL producing organisms with **no ID consult.**
- The use of broad-spectrum antibacterial agents should be limited. Based on urine culture results, de-escalation to ertapenem would be appropriate for certain patients.

MRSA Screening & Surveillance Testing Policy

- Previous policy allows pharmacist to only order nasal MRSA PCR for patients receiving vancomycin or linezolid with “Respiratory, Upper/Lower” indication.
- Additional indication of “Skin/Soft Tissue/Wound” was added to the policy, where pharmacists may automatically order a MRSA PCR. If MRSA PCR negative, the pharmacist will consult with the Licensed Practitioner to de-escalate antibiotics.

Critical Results Reporting Policy

- Most vancomycin patients are now receiving dosing based on AUC calculations managed by pharmacy. With the recent conversion to AUC dosing model for Vancomycin, the critical results policy has been updated by defining the AUC critical values. (AUC1 >50 mcg/ml and AUC2 >25 mcg/ml)
- If you receive a call from lab with a critical AUC value, notify pharmacy immediately!

Questions? Contact Jeff Cunningham, Pharm.D., CPh, Pharmacy Clinical Coordinator, at Jeff.Cunningham@lwrmc.com or 941-782-2329

Medical Staff Policy Updates

NEW

- Trial of Labor after Cesarean Section
- Identification and Management of Patients at Risk for Suicide
- Cradle to Grave Procedures for Biomedical and Hazardous Waste

REVISED

- Entering and Confirming Diet Orders
- Fetal Assessment Antepartum and Intra-partum
- Guideline Umbilical Cord Blood Gas Sampling
- Job Shadow / Observation
- Management of Hyperbilirubinemia in the Newborn 35 or more weeks of Gestation
- Management of Preterm Labor
- Maternal Hemorrhage
- Pain Assessment and Management for the Hospital Patient
- Use of a Sitter for Non-Suicidal Patients

ARCHIVED

- Probiotic Protocol
- Trial of Labor After Cesarean, Vaginal Birth After Cesarean

For questions or a copy of any Medical Staff Policy, contact Carla.Anzalone@lwrmc.com or call (941) 782-2182.

CDI Tips: NSTEMI Type 2

A Type 2 NSTEMI is secondary to ischemia from a supply-and-demand mismatch, not related to coronary artery disease (thrombosis). In diagnosing a Type 2 MI, apply "Fourth Universal Definition of Myocardial Infarction" the patient will have a clinical condition that is known to increase the oxygen demand or decrease the oxygen supply. **AND** an elevated troponin level (*with rise or fall to a level above the 99th percentile reference limit)*:

20% rise or fall of "Consecutive Critically High Troponin" **OR**

50% rise or fall of "Normal Value Troponin to Critically High Troponin Value*"*

In addition to **elevated troponin level (rise/fall),** there must be evidence of **one** of the following:

- Symptoms of myocardial ischemia (chest pain, shortness of breath, etc.)
- New ischemic ECG changes o Development of pathological Q waves
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality in a pattern consistent with an ischemic etiology

CDI TIPS:

The etiology of the Type 2 MI should be linked to the diagnosis when known:

Example: severe anemia, shock (hypovolemic/cardiogenic), respiratory failure, tachyarrhythmias, HTN emergency, pulmonary embolism or critical illness.

If the definition is not met or verbiage is not codable, a clarification query is required:

- "Type 2 event"
- "Type 2 ischemia"
- "Troponin elevation, trend flat no 20% increase or decrease. Patient without chest pain. Likely Type 2 MI demand ischemia in setting of hypertensive urgency, acute dehydration, and infection"
- "Elevated troponin, likely demand from tachycardia and infection, likely not Type 1 NSTEMI"

⇒ **CODEABLE:** "Type 2 NSTEMI" and "Type 2 MI"

References:
Coding Tip: Type 2 NSTEMI Reporting (hiacode.com)
http://www.onlinejacc.org/content/accj/early/2018/08/22/j.jacc.2018.08.1038.full.pdf
TYPE II MI (acdis.org)
