Lakewood Ranch Medical Center

PHYSICIAN NEWSLETTER

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Safe. Trusted. Ready.

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2021 Medical Executive Committee Effective January 1, 2021

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Physician Communication with Patients & Families:

Because visiting hours are limited, we've experienced some provider/patient/family communication challenges, as family members are often not present during provider rounds. Please have a discussion with the patient to determine if they would like communication to their significant other or family member. You can even have the patient call their family member during your daily rounding so no additional time will be needed for this communication. Being proactive with patient/family communication will improve the patient's perception of care, help avoid downstream adverse consequences and misunderstandings and will save you additional phone calls later.

Physician Communication Regarding Discharge:

Often when patients hear from one provider that they are ready for discharge, they expect that discharge to happen immediately. If there are multiple specialties on the case and the patient's discharge is dependent on another specialty, please be clear with the patient that they are ready for discharge from your standpoint but that (whatever specialty(s)) also needs to be in agreement prior to the actual patient discharge.

Ordering Bamlanivimab

Lakewood Ranch Medical Center is pleased to offer the monoclonal antibody infusion therapy, Bamlanivimab, an investigational medicine used for the treatment of COVID-19 in non-hospitalized adults and adolescents 12 and older (≥88 lbs) with mild to moderate symptoms and who are at high risk for developing severe COVID-19 symptoms or the need for hospitalization. Bamlanivimab has been authorized by the FDA under an Emergency Use Authorization (EUA).

Bamlanivimab is being allocated in small batches so these infusions must be scheduled as an outpatient scheduled procedure to ensure infusions are available. Infusions will be scheduled Monday - Friday at 8AM, 11AM and 2PM when the infusion is available.

To order and schedule a Bamlanivimab infusion.

- Determine if patient meets criteria (request from LWRMC Pharmacy 941-782-2330)
- Provider calls (941) 378-7500 and requests to schedule a Bamlanivimad infusion
- Provider office faxes the following items to (941) 378-7556:

Completed criteria form (attached)	Physician order
Copy of positive COVID-19 test result	Copy of insurance card
Copy of identification if available	Patient's contact information

**Infusion cannot be scheduled without ALL of this information*

- Date and time of appointment will be provided
- Provider's office will be responsible for notifying the patient of the following:

Appointment date and time	Location & address for infusion appointment
No visitors are allowed	Patient must wear a mask at all times

Registration will be calling the patient to register them in hospital system

Infusion process will take 2-3 hours for infusion and post infusion observation period

Patient must call (941) 378-7500 upon arrival so RN can meet them outside

If appointment needs to be cancelled or rescheduled, patient must call (941) 378-7500

- Requests, included faxed documentation, must be received by 2pm the day prior to infusion date.

P & T Committee Update

THERAPEUTIC INTERCHANGES

- LWRMC reviewed the bile acid sequestrants class of medications and developed an automatic therapeutic interchange policy to Cholestyramine based on therapeutic dosing, safety and efficacy. As a result, colestipol and colesevelam will be removed form formulary. These changes were approved as presented.
- Updates to the LWRMC automatic Therapeutic Interchange Protocol (TIPS) can be found in the LWRMC view —> Medication Resources —> Medication Interchanges

FORMULARY RESTRICTIONS

LWRMC reviewed the current formulary restrictions placed on tranexamic acid IV administration in orthopedic surgeries. Prior to November 2020, topical tranexamic acid was the route of choice for orthopedic surgeries at LWRMC. Studies have proven that IV tranexamic acid is as effective as topical with minimal VTE events during surgery. The restriction for only topical route of administration for orthopedic surgeries was removed. Surgeons may now use either the IV or topical route for orthopedic surgeries. IV administration will require a completed contraindication checklist prior to use.

FORMULARY DELETIONS

- LWRMC reviewed the use of procalamine for TPN administration as it will be removed from the market. Procalamine provides a physiological ratio of biologically utilizable essential and nonessential amino acids, a nonprotein energy source, and maintenance electrolytes.
- Procalamine will be removed from the formulary. Instead, LWRMC will use D10W as a source for short term peripheral parental nutrition.

Revised Medical Staff Policy Updates

NEW

- Annual Review of Utilization Review Plan
- Annual Review of Scope of Services

REVISED

- Caring for Patients Recovering from Anesthesia
- Emergent Override Medications
- Formulary Development & Maintenance
- Look Alike / Sound Alike Medications
- Organ, Tissue and Eye Donation
- Stroke Alert—Patient Care Management
- Pain Assessment & Management for Hospital Patient
- Tube Feeding Implementation & Enteral Nutrition Formulary
- Management of Psychiatric and/or Baker/Marchman Act Patient
- Provision of Hemodialysis & Peritoneal Dialysis
- Annual Compliance Review
- Critical Results Reporting
- Determination of Brain Death
- Diet Manual and Approval
- Direct Admissions
- Disclosure of Unanticipated Outcomes
- Patient Expiration & Terminal Care

RETIRED

- Admission / Transfer of Psychiatric Patients
- Automated Dispensing Request to Add Change Override List

Sepsis Clinical Documentation—The 3rd International Consensus Definition

Sepsis should be defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. Severe Sepsis should be documented when the patient displays:

- Organ dysfunction that is represented by an **acute** change in the Sequential Organ Failure Assessment (SOFA) of 2 or more points that are **due to the infectious process.**

Septic shock should be defined as a subset of sepsis in which particularly profound circulatory, cellular, and metabolic abnormalities are associated with a greater risk of mortality than with sepsis alone.

Septic shock should be documented when a patient displays:

- Vasopressor requirement to maintain a mean arterial pressure of 65 mm Hg or greater **AND**
- Serum lactate level greater than 2 mmol/L (>18 mg/dL) in the absence of hypovolemia.

Table 1. Sequential [Sepsis-Related] Organ Failure Assessment Score[a]

System	Score 0	1	2	3	4
Respiration					
Pao_2/Fio_2, mm Hg (kPa)	≥400 (53.3)	<400 (53.3)	<300 (40)	<200 (26.7) with respiratory support	<100 (13.3) with respiratory support
Coagulation					
Platelets, $\times 10^3/\mu L$	≥150	<150	<100	<50	<20
Liver					
Bilirubin, mg/dL (μmol/L)	<1.2 (20)	1.2-1.9 (20-32)	2.0-5.9 (33-101)	6.0-11.9 (102-204)	>12.0 (204)
Cardiovascular	MAP ≥70 mm Hg	MAP <70 mm Hg	Dopamine <5 or dobutamine (any dose)[b]	Dopamine 5.1-15 or epinephrine ≤0.1 or norepinephrine ≤0.1[b]	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1[b]
Central nervous system					
Glasgow Coma Scale score[c]	15	13-14	10-12	6-9	<6
Renal					
Creatinine, mg/dL (μmol/L)	<1.2 (110)	1.2-1.9 (110-170)	2.0-3.4 (171-299)	3.5-4.9 (300-440)	>5.0 (440)
Urine output, mL/d				<500	<200

Abbreviations: Fio_2, fraction of inspired oxygen; MAP, mean arterial pressure; Pao_2, partial pressure of oxygen.

[a] Adapted from Vincent et al.[27]

[b] Catecholamine doses are given as μg/kg/min for at least 1 hour.

[c] Glasgow Coma Scale scores range from 3-15; higher score indicates better neurological function.

Join us as we celebrate DOCTORS' DAY

Tuesday, March 30th
Made-to-order Breakfast 7am - 9:30am
Lunch 11am - 1:30pm
in the Physicians' Lounge