Lakewood Ranch Medical Center

# Physician Newsletter

VOL. 10, ISSUE 3

SEPTEMBER 2024

## Announcement: Leadership Transition

After 8 years of dedicated service, Andy Guz has accepted the role of CEO at Manatee Memorial Hospital.

Andy Guz has been an exceptional leader during his time with us, demonstrating unwavering commitment to our hospital. He has expressed deep gratitude for the support, camaraderie, and inspiration he has experienced working alongside each of you. Andy's leadership has been instrumental in the growth and success of our hospital, and his presence will be greatly missed.

As Andy embarks on this new chapter, please be assured that the transition process is underway. We are committed to ensuring continuity and stability during this time. Our COO, Philip Reber, will serve as interim CEO while we search for a permanent replacement.

We wish Andy all the best in his new role and are confident he will bring the same dedication and excellence to Manatee Memorial Hospital.

Thank you for your continued commitment to our patients and community.

## Save the Dates!

**MCMS Gala: An Evening of Masquerade, Saturday, September 14 (6:00 pm)**

**SCMS White Coats Off Wednesday, October 16 (6:00 pm) @ Sarasota Yacht Club**

**2024 Medical Staff Meeting Thursday, November 14 (5:30 pm) @ Gold Coast Eagle Distributing**

## Important Notice: Dragon Mics Usage

Please remember not to remove Dragon Mics from the computers they are attached to. These mics are specifically configured for their respective machines and will not function properly on other computers.
If you experience issues with a Dragon Mic or believe an additional mic is needed at another workstation, please contact the Help Desk at 57363 for assistance.
Thank you for your cooperation!

**Prescription Drug Monitoring Program**

## New Surgical Prophylactic Antibiotic Protocol

**Pharmacy Procedure:**

Preoperative antibiotics will be selected based on the surgical procedure, MRSA history, renal function, weight, and antibiotic allergies.

Vancomycin Usage:

Routine use of Vancomycin is not recommended. Reserve for:

- Positive MRSA screen or infection within 30 days
- History of MRSA with unavailable or non-negative screening
- Severe PCN or beta-lactam allergy (e.g., hives, anaphylaxis)

Allergy Assessment:

- Essential for all pre-op patients.
- Beta-lactams are preferred; cephalosporins have low cross-reactivity with penicillin (<2%).
- Severe allergies include anaphylaxis, hives, angioedema, and shortness of breath.
- Patients with non-severe or no penicillin reaction can safely receive cephalosporins; alternatives should be used for severe reactions.

## NEW Policies and Procedures

- LWRMC Medical Equipment Management Plan
- LWRMC Utilization Review Plan
- MRI Site Access Restriction
- Noninvasive Positive Pressure Ventilation/BIPAP Therapy
- X-Ray Machine Inspection, Use, and Registration

## REVISED Policies and Procedures

- Emergent MRI Indicators
- Hypoglycemia in the Newborn
- MRI Patient Communication within Zone IV
- MRI Safety
- MRI Safety Guidelines (MRMD Designee)
- Organ, Tissue, and Eye Donation
- Pre-Anesthesia Testing (PAT) Scheduling and Assessment
- Pregnancy Screening and Consent Prior to Imaging
- Prevention of Retained Surgical Items
- Radiation Protection Program Provisions
- Radiation Safety Program
- Restraint and Seclusion
- Surgical Services Scheduling Guidelines
- Telemetry Monitoring
- VTE Prophylaxis Protocol for Adults

**Prescription Drug Monitoring Program**

A prescription drug monitoring program (PDMP) is an electronic database that tracks controlled substance prescriptions. Information from PDMPs can help clinicians identify patients who may be at risk for overdose and provide potentially lifesaving information and interventions. PDMP data also can be helpful when patient medication history is unavailable and when care transitions to a new clinician.

**Checking the PDMP is an important step to improve opioid prescribing practices.**

Check the PDMP:

- When **initiating opioid therapy** for acute, subacute, or chronic pain.
- Every 3 months or more frequently when **continuing opioid therapy**.

Ideally, PDMP data should be reviewed before every opioid prescription for acute, subacute, or chronic pain.

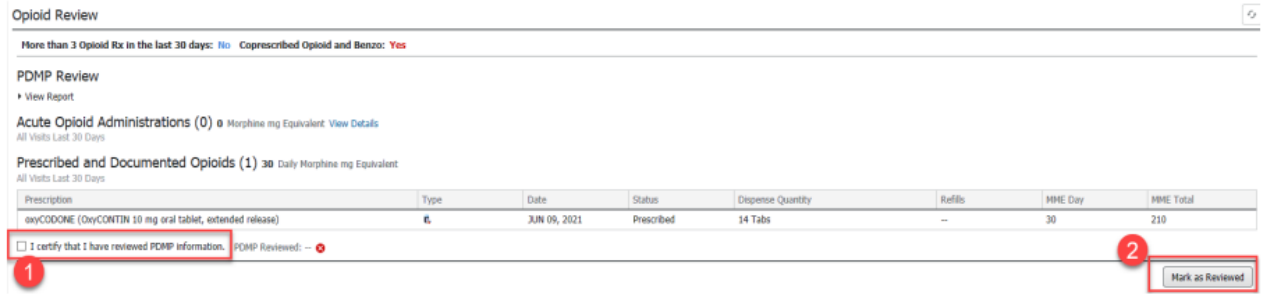
Clinicians who are prescribing initial opioid therapy should first review a patient's history of controlled substance prescriptions using a state PDMP.

Here are some tips on how you can check the PDMP through CERNER :

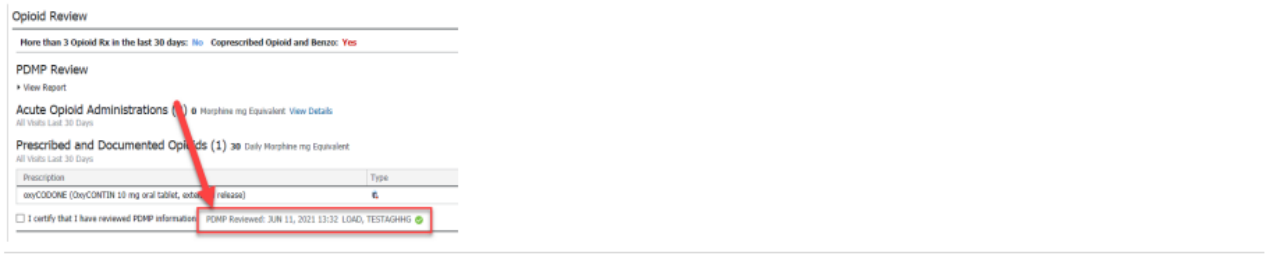
## PDMP Review Tipsheet

### *Marking the PDMP as 'Reviewed'*

Once you have finished reviewing the PDMP and any other opioid review, you can then mark it as 'reviewed'. To do this, you will check off the box next to the statement, "I certify that I have reviewed PDMP information." Then you will click on 'Mark as Reviewed'.




After you click 'Mark as Reviewed', the component will then show the date and time and the provider that reviewed the PDMP.



**Prescription Drug Monitoring Program**

# VTE Advisor Tipsheet

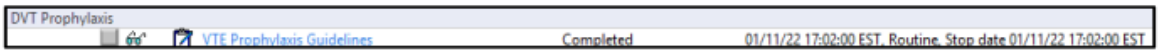
## VTE Advisor (Venous Thromboembolism)

The VTE Advisor is a clinical support tool to help prevent blood clots. It is part of all admission PowerPlans. Providers should complete the advisor within 24 hours of the patient admission. The VTE Advisor provides the ability to order delayed prophylaxis for patients with temporary contraindications, such as TPA administration. Information documented in the chart will automatically pull into the advisor.

- Address the VTE Prophylaxis Advisor that displays.

All fields designated with an asterisk * are required fields. The risk category populates in a gold box in the top right corner of the Advisor. This is based on test results and documentation completed on the patient.

1. Maximize the Advisor to ensure viewing of all fields.
2. Select the Patient Type. (For class use Medical).
3. Complete the **Risk Factors.** These will be preselected depending on prior documentation and lab results. (Acute myocardial infarction and Active Cancer)
4. Click **Select Recommendations.**
5. Complete the **appropriate sections.**
6. Complete the **Recommended Pharmacologic Therapy** if not contraindicated .
7. Select the appropriate medication if available. The icon will turn green .
8. Complete the **Recommended Mechanical Therapy** if available.
9. Click **Document and Sign. NOTE:** ***This will be greyed out if not all fields have been completed.***
10. Choose the appropriate orders from the list of suggested orders that display. Click **OK.**
11. If you have placed any orders, you will be returned to the orders screen to complete any orders.
12. Click **Sign** to sign the orders from the VTE.
13. The order will display as Completed.




Once the VTE is addressed, the system will bring the provider back to Orders for Signature. This allows them the opportunity to address any Missing Required Details and confirm any new orders.

- Complete placing the PowerPlan order.

1. Click Sign.

**Prescription Drug Monitoring Program**

- **Mission:**
- To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**Ron DeSantis**
Governor

**Joseph A. Ladapo, MD, PhD**
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

**Subject: Urgent Notice: Increased Activity of Oropouche Virus in South America and Recent Detection in Cuba**

Dear Manatee County Health Care Provider,

The Florida Department of Health is issuing an alert regarding the rising activity of Oropouche virus in South America, with a recent emergence in Cuba, where 74 confirmed cases have been reported. Oropouche virus is a vector-borne disease, similar to dengue fever, and was first identified in Trinidad and Tobago in 1955. In Brazil, it ranks as the second most common vector-borne virus after dengue. The virus primarily spreads through the bite of infected Culicoides midges, commonly known as "no-see-ums," and potentially through some mosquito species.

To date, two travel-associated cases have been identified in Florida, posing a risk of local transmission through infected vectors. The Department of Health is proactively notifying providers to ensure rapid identification and management.

Clinical Information:

- Symptoms: About 50% of infected individuals develop symptoms similar to dengue, typically appearing 4-8 days post-exposure. Symptoms include fever, headache, muscle aches, joint stiffness, nausea, vomiting, chills, and photophobia. The illness usually lasts 3-6 days and may be biphasic. Prolonged fatigue and malaise are common. Rare cases can lead to neuroinvasive disease (e.g., meningitis, encephalitis).

- Testing and Reporting: There are currently no commercial tests for Oropouche fever. Serologic testing may be coordinated through the Florida Department of Health in Manatee County for patients with dengue-like symptoms who test negative for dengue. Promptly report suspected cases to the Department at 941-725-3845, 941-348-7211, or via fax at 941-714-7164.

Your cooperation is vital in preventing the establishment of Oropouche virus in Florida. Thank you for your continued support of public health efforts.
Resources:

- Florida Department of Health Surveillance: floridahealth.vector-borne-disease-surveillance.html
- Culicoides Information: entnemdept.ufl.edu/creatures/aquatic/biting_midges.htm
- Repellent Information: epa.gov/insect-repellents
- Traveler Notice: cdc.gov/travel/notices/level1/oropouche-fever-brazil

Sincerely,
Carina Blackmore, DVM, PhD, Dipl. ACVPM
State Epidemiologist
Director