

Kadlec Medical Center

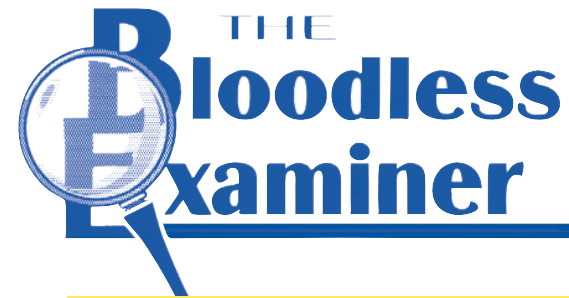
Bloodless Medicine & Surgery Program
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Bloodless Medicine and Surgery Program
Kadlec Medical Center

Fall/Winter 2006

Glancing Back & Looking Forward

Grand Rounds

Grand Rounds is an educational provision that is facilitated by a Physician Education Committee. The committee makes recommendations for topics each month. This summer, one of the topics was presented by Timothy Hannon, MD, MBA. Dr. Hannon is a board certified anesthesiologist and serves as medical director of the blood management program at St. Vincent Hospital, Indianapolis. Dr. Hannon is nationally recognized as a thought leader in blood management, and his ability to engage physicians, nurses, and hospital administrators has made him highly sought as a lecturer and consultant.

Some of the goals discussed were based on Woody Allen's Law "—90 percent of success is showing up." Nothing will happen, or come



to mind, if you are not around to observe or experience it. If a proactive approach is applied to avoid and minimize anemia, transfusions can be minimized and even avoided.

"I believe in the old and sound rule that an ounce of sweat will save a gallon of blood"

— General George S. Patton

Heart Program Going to the Next Level

Kadlec Medical Center is pleased to welcome two new cardiovascular surgeons – John Blizzard, MD, and Angelo Vlessis, MD – to its medical staff. Both physicians have been practicing at St. Charles medical Center in Bend, Oregon, a hospital which has built a heart services program repeatedly rated "among the best in the nation" by a major health care



John Blizzard, MD



Angelo Vlessis, MD

report card organization.

"It is clear they really work to achieve the very best outcomes for their patients using evidence-based medicine", said Rand Wortman, Kadlec president and chief executive officer.

"They are a wonderful addition to the community and will take our heart program to the next level".

NEED A PHYSICIAN?

If you need a physician referral, please call the program coordinator, Johnean Hansen at (509) 942-2817 or 1-800-780-6067 ext. 2817.

If you are looking for the Bloodless Medicine program office, it is located at the Kadlec Medical Center campus, second floor of the new North Addition in Quality Care Management.

Next Issue:
**AMAZING
LYMPHOCYTES**

Find us on the web: kadlecmed.org

Amazing Cell Salvage

Perioperative Autologous Cell Salvage (PACS), also known as intraoperative cell salvage or cell saver, is recognized as an effective transfusion option for many surgical patients.

Cell salvage technology has been developed to make the best use of blood shed during major surgery. Most commonly known as a “cell-saver”, the intraoperative cell salvage machine recovers blood lost from the operative area, spins it, washes it, filters it, and returns the patient’s own red blood cells back to his or her body. The machine is used mostly in major surgeries such as hip and knee replacements, large gynecological surgery, prostate surgery, and vascular surgery.



over receiving donor blood. First of all, the blood that is recycled is fresh and has not been stored. In addition, there is no risk of contracting outside diseases from the salvaged blood, as there is with donor blood. Another great advantage is that it can be used for planned as well as emergency operations and there is no limit to the amount of blood that can be given back.

For many individuals with religious or personal objections to receiving transfusions, the “cell-saver” is a viable choice for alternative non-blood medical management. At Kadlec Medical Center there is a specific protocol that ensures that the patient’s blood is kept in a non-blood primed, continuous, closed system with the body.

There is no blood like your own blood!

The “cell-saver” offers some important advantages

Something More than a Durable Power of Attorney for Healthcare

In Washington State, the Department of Social and Health Services interpreted the Advance Directive statute in a way that prohibited surrogate decision-makers from making DNR (Do Not Resuscitate) choices for patients even if that was clearly the patient’s stated preference, except under imminent death conditions. The ‘Natural Death Act,’ ‘Informed Consent,’ and the ‘Durable Power of Attorney’ statutes are primary laws that allow patients, surrogates, and health care providers to use the POLST form. POLST stands for Physician Orders for Life-Sustaining Treatment. The form is a significant improvement to the old DNR form.

It accomplishes two things: It is portable from one care setting to another and it translates the wishes of an individual into actual physician orders. These orders for medical treatment would include the site of an emergency, an emergency room, an acute care hospital, or a long-term facility. The form reduces the need for repetitive end-of- life discussions and reassures that the patient’s best interest is being protected. The patient can revoke or change this form and it in no way

diminishes the quality of care.

The POLST form should be completed by the attending physician after discussion with the patient or surrogate decision-maker regarding patient preferences. The physician must sign the form and assume full responsibility for the form. Since it is a physician form it was agreed upon that the Washington State Medical Association oversees and facilitates the task force that reviews and evaluates the use of the form. Physicians can obtain the form from the Washington State Medical Association. Other states have also implemented the POLST form. Oregon State also recognizes the POLST form. More information on your state and the POLST form can be found on www.POLST.org “Our goal is to effectively communicate the wishes of seriously ill patients to have or to limit medical treatment as they move from one care setting to another.”



An Invisible Poison That Affects Your Hemoglobin

WINTER



Carbon monoxide is a colorless, odorless gas. In the United States, carbon monoxide (CO) is responsible for more morbidity and mortality than any other single poison. The most common sources of exposure are faulty gas furnaces and automobiles. CO poisoning is more common

during the winter months, although it can occur any time. Carbon monoxide causes toxicity by displacing oxygen from hemoglobin’s binding sites. Hemoglobin’s affinity for carbon monoxide is about 250 times greater than that for oxygen. In addition, the presence of carbon monoxide reduces the ability of hemoglobin to release oxygen to tissue. The result is tissue hypoxia and possible organ injury, especially brain and heart.

The clinical symptoms of carbon monoxide depend on severity of the exposure. The cardiovascular and

the central nervous systems are the most sensitive because they have the highest oxygen demand. There is not a good correlation between the severity of symptoms and carboxyhemoglobin levels. The severity of carbon monoxide toxicity is reflected in cardiac, neurological, and metabolic findings.

- Minimal to mild symptoms include: headache, nausea, and dizziness
- Moderate to severe symptoms include: confusion, syncope, vomiting, shortness of breath, seizures, and unconsciousness.

Certain populations are more susceptible to the effects of carbon monoxide exposures. Younger children have a higher respiratory rate than adults and will breathe in more CO than an adult in the same environment. Older people with pre-existing medical conditions, such as coronary artery disease, cerebral artery disease and COPD, are also at higher risk for toxicity.

A special population that is important to recognize are pregnant patients. The fetus can be greatly affected by CO exposure because fetal hemoglobin has an even higher affinity for CO than adult hemoglobin.



Advance Directive Workshop

When: **Saturday, February 24, 2007**
 Where: **Kadlec Medical Center
 888 Swift Blvd. Richland
 Columbia Rooms
 North Wing, Third Floor**
 Time: **6:00-8:00 p.m.**



Call: **800-780-6067, ext. 2817
 or 942-2817**

Reservations required -
 Class size limited to 50 people.
 *Light meal provided

