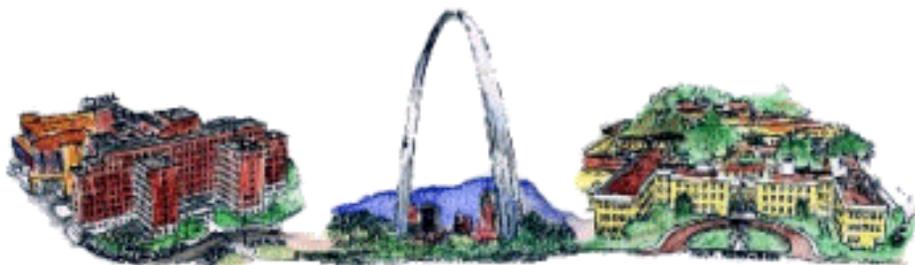


# **VA St. Louis Health Care System**



**INFECTIOUS DISEASES  
CONSULTATION SERVICE**

**REFERENCE GUIDE  
2015-2016**

# TABLE OF CONTENTS

<b>ORIENTATION</b>	<b>2</b>
<b>OBJECTIVES</b>	<b>4</b>
<b>TEACHING METHODS</b>	<b>6</b>
<b>THE CONSULT PROCESS</b>	<b>7</b>
<b>VA ID CONFERENCES</b>	<b>9</b>
<b>VA ID OUTPATIENT CLINIC</b>	<b>10</b>
<b>ID STAFF CONTACT INFORMATION</b>	<b>12</b>
<b>ENTERING NOTES AND ENCOUNTERS IN CPRS</b>	<b>13</b>
<b>ACCESSING CONSULTS IN VISTA</b>	<b>17</b>
<b>HOW TO ENTER HOME IV ANTIBIOTIC REFERRAL</b>	<b>18</b>
<b>OUTPATIENT IV ANTIBIOTIC MONITORING GUIDELINES</b>	<b>20</b>
<b>PARKING</b>	<b>21</b>
<b>VA SURVIVAL TIPS</b>	<b>23</b>
<b>WEB RESOURCES</b>	<b>23</b>
<b>APPENDIX</b>	<b>25</b>

## ORIENTATION

Welcome to the Infectious Diseases Department at VA St Louis Health Care System. In this manual are the objectives of the rotation and useful information relevant to organization and day-to-day functioning of the VA ID consultation service.

The ID Fellow's office is located on the 5<sup>th</sup> floor, Room A507. The fellow should obtain the key and ID pager from the outgoing fellow. After VA orientation, residents should contact the fellow at extension 5- 4958 or on the Fellow's beeper: dial 5-PAGE (5-7243) and input pager number 1577.

Education of residents and fellows during the VAMC Infectious Diseases rotation will occur through direct patient evaluation on both outpatient and inpatient basis, formulation of differential diagnoses and management; participating in daily inpatient ID rounds; attending conferences and teaching sessions; independent reading; utilizing the microbiology laboratory; and participating in didactic sessions.

Fellows and residents will be expected to focus the major part of their study time researching topics relevant to cases followed by the team in general and their own patients in particular. It is strongly recommended that the resident and fellow cover one objective as a reading assignment several nights per week. The resident may choose to use a major medical textbook such as Cecil's or Harrison's as a source. The fellow should utilize an infectious diseases textbook such as Mandell to broaden the scope of their reading. All individuals on the infectious diseases rotation are strongly recommended to do literature searches in order to obtain the most current information whenever pertinent to a particular case.

When possible, the resident or fellow will see new and ongoing cases before the Infectious Diseases faculty attending. At times, it may be beneficial for the attending physician and the team to see the patient together, or the attending physician may prefer to see the patient first, but every attempt will be made for the fellow or resident to see the patient independently initially.

Rounds will be made on each patient each day unless otherwise determined by the Infectious Diseases attending physician. The Infectious Diseases attending physician will be asked whether or not the patient should be discharged from the consult service. A progress note is necessary daily on most patients. All relevant information and recommendations must be noted in the chart. If new recommendations are made to change patient care or order new studies, the ID team member assigned to the patient must notify the house staff caring for that patient.

The VA ID noon conference will be held monthly at 12:00 pm in the 6<sup>th</sup> floor conference room 636 of building 1 (see specific schedule in the appendix). Residents from both academic institutions will attend these conferences. The WU ID fellow will present several cases with bullet teaching points.

Residents must attend their general medicine clinic during the month on Infectious Diseases rotation, and fellows attend their own WU ID clinic as well as the VA ID clinic, held on Wednesday afternoons on 8-North. It is the responsibility of the resident to round on their ID patients and sign out to the fellow prior leaving for clinic.

It is recommended that generic drug names be used whenever possible instead of trade names when discussing medications, especially antibiotics (e.g. daptomycin instead of Cubicin).

## OBJECTIVES

The main objective for the Infectious Diseases Inpatient Consultation Service is to understand the basic principles of the etiology, pathophysiology, clinical manifestations, epidemiology, diagnosis, complications, and therapy of infectious diseases in the context of the Veteran patient population and integrated healthcare system environment.

### 1. PATIENT CARE:

- a. Gather accurate information about patients, including performing a thorough history and physical examination
- b. Synthesize data into a prioritized problem list and differential diagnosis, then formulate diagnostic and therapeutic plans
- c. Monitor and follow up patients appropriately
- d. Prioritize each day's work (for self and entire team)
- e. Communicate plan to referring physicians

### 2. MEDICAL KNOWLEDGE

- a. General Infectious Diseases
  - i. Know the common etiologies, clinical manifestations, complications, diagnosis and therapy of infections of bone and joint, skin and soft tissue, respiratory tract, central nervous system, cardiovascular system, gastrointestinal tract, and genitourinary tract, particularly in the setting of the VA population.
  - ii. Be aware of the pathogenesis, etiologies and workup of fever of unknown origin (FUO) in the VA setting.
  - iii. Understand the common etiologies, clinical manifestations, diagnostic approach and treatment principles of infection in the immunocompromised host.
  - iv. Appreciate the ways in which multiple chronic diseases influence the host response to infectious disease processes.
  - v. Know how to recognize, diagnose and manage endovascular infection, endemic and opportunistic mycoses, and infection in the immunocompromised host.
  - vi. Become familiar with the use of antimicrobials and aware of their adverse effects and complications.
  - vii. Understand the development of resistance to antimicrobial agents.
  - viii. Appreciate the principles of infection control and hospital epidemiology.
  - ix. Be familiar with the presentation and be able to recognize bioterrorism-related diseases.
  - x. Learn to evaluate the primary clinical infectious diseases literature and utilize this literature to implement effective therapeutic measures.
- b. HIV/AIDS Care
  - i. Understand the pathogenesis of HIV and its relation to the principles of antiretroviral therapy and long-term outcomes.
  - ii. Know the currently approved antiretroviral drugs and how we use them. Be able to recognize and manage antiretroviral adverse effects.
  - iii. Learn the most frequent forms of presentation of opportunistic infections and neoplasia that affect HIV positive patients.
  - iv. Understand the principles of antiretroviral prophylaxis after exposure to needle stick injuries.
  - v. Assess and encourage adherence to antiretroviral therapy.

### **3. PRACTICE-BASED LEARNING AND IMPROVEMENT**

- a. Understand the limitations of one's knowledge and judgment; ask for help when needed; be self-motivated to acquire knowledge
- b. Accept feedback, learn from own errors and develop self-improvement plans
- c. Use information technology to manage information and access on-line medical information
- d. Learn how to apply knowledge of study designs and statistical methods to the critical appraisal of clinical studies and to the care of patients
- e. Learn how to effectively find and incorporate up-to-date literature for the management of patients.

### **4. INTERPERSONAL AND COMMUNICATION SKILLS**

- a. Demonstrate caring and respectful behaviors with patients, families, including those who are angry and frustrated; and all members of the health care team.
- b. Counsel and educate patients and their families.
- c. Sensitively discuss new HIV diagnoses, encourage partner notification, and respect patient wishes about disclosure of their diagnosis
- d. Facilitate the learning of students and other health care professionals
- e. Demonstrate ability to convey clinical information accurately and concisely in oral presentation and in CPRS notes
- f. Communicate with referring physicians regularly

### **5. PROFESSIONALISM**

- a. Demonstrate respect, compassion, and integrity
- b. Demonstrate a commitment to excellence and on-going professional development
- c. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and other aspects of clinical care
- d. Develop an appreciation for the ethical, cultural and socioeconomic dimensions of illness, demonstrating sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- e. Display initiative and leadership; be able to delegate responsibility appropriately

### **6. SYSTEM-BASED PRACTICE**

- a. Work effectively with others (such as nurses, secretaries, social workers, nutritionist, physical and occupational therapists, technicians) as a member of a health care team
- b. Work closely with the microbiology laboratory, pathology and pharmacy to facilitate consultations
- c. Advocate for quality patient care and assist patients in dealing with system complexities
- d. Understand and appreciate the importance of contacting the patient's referring physician as soon as possible
- e. Develop proficiency in organizing and managing consultative care
- f. Learn the cost-effective use of diagnostic and therapeutic technology

## TEACHING METHODS

1. Progressive, graduated responsibility for performance of the initial history and physical examination, formulation of diagnostic and therapeutic plans, writing of orders, continued inpatient care under the supervision of attending physicians
2. Daily bedside teaching rounds
3. VA ID-Microbiology Conference (monthly - currently on hiatus pending appointment of new chief of microbiology)
4. VA one-on-one conferences with ID Pharmacist
5. Attendance of VA noon conferences applicable to ID (conference schedule is available in 6<sup>th</sup> floor medicine service office)

Fellows are expected to continue to attend educational activities at WUSM during their time at the VA, unless these conflict with VA patient care or educational responsibilities.

**The mix of diseases, patient characteristics, and types of clinical encounters, procedures, and services:** Consultations encompass a broad mix of acute infectious disease problems requiring hospitalization, including Veterans of both sexes and a wide range of ages

Suggested Reading lists and Web-based Resources: see attached bibliography and web links for selected readings in both General Infectious Diseases and HIV/AIDS care.

Methods of evaluation of fellow performance:

1. Fellow evaluation are completed electronically by attending physician with verbal feedback to the fellows at the end of the rotation
2. Evaluation by attending at bedside.
3. The use of the mini-CEX (clinical evaluation exercise) is encouraged

Level of supervision of fellows and residents by faculty members in patient care activities:

1. The attending physician will see all patients on daily rounds.
2. The attending physician will observe the fellows and residents performing specific tasks of patient management such as the interview and physical examination, choice of diagnostic studies, formulation of differential diagnosis or problem lists, development of plans for short-term and long-term medical management, communication of treatment plans, and discharge planning.
3. Feed back to fellows and residents regarding quality of consultation notes.

Interaction with residents on consultation services:

1. Fellows will function as team leaders, teachers and mentors for residents rotating through the ID consult services
2. Fellows will discuss the case with residents prior to presentation at attending rounds.

## THE CONSULT PROCESS

In general, the ID Fellow handles the inpatient consults, phone consults, and outpatient consults received. The Physician Assistant receives the outpatient HIV consults.

### Inpatient Consults

Once inpatient consults are submitted they will be forwarded to the fellow electronically via CPRS. Check VISTA also because sometimes consults show up there before they find their way to CPRS. (See "Accessing consults from VISTA", below.) Inpatient consults should ideally be addressed the same day received, but definitely within 24 hours of the consult being placed. Once the patient has been seen he/she should be staffed with the ID attending that is covering the service for the month. Don't forget to complete the consult in CPRS. ID fellows are responsible for updating a daily patient list found by going to "run" then typing `\\r02stlhsm2\stl$\SL\Medicine\Infectious Diseases\ID daily lists` (this is the shared VA ID drive). This list should be updated daily and printed out for the rounding ID attending. Upon discharge from the hospital, it may be necessary for the patient to be scheduled for a clinic follow-up appointment. For scheduling clinic follow-ups for inpatients being discharged, ask ID Division MSA to schedule ID clinic appointment prior to discharge by adding as a cosigner to a CPRS note).

If you receive a call from an ER physician or triage regarding a patient, discuss the case and determine if the patient should be evaluated by the ID service as an inpatient after he/she is admitted, or if arrangements should be made to see the patient in the outpatient clinic same day.

For patients at Jefferson Barracks (JB), consults can either be done as a "Chart consult" (E-consult) or the patient can be brought to outpatient clinic for consultation. When a consult at JB is requested, the fellow should ask the consulting provider which method is preferred. If an outpatient consult in clinic is preferred, the provider may need to re-enter the consult as an outpatient consult. JBI SCI patients are typically assessed via telemedicine consult by an ID attending. The telemedicine equipment is located in Dr McDonald's office and on 8N.

It is very important to correctly complete the "Encounter" forms in CPRS for each inpatient consult. Encounters are the VA equivalent of billing. See instructions below.

### Outpatient Consults

Some of the outpatient consults could be completed by phone, as some providers are just asking for ID recommendations. Once the call is placed the phone consult should be staffed with an attending, an E-consult note placed in CPRS, and the consult completed in CPRS. Other consults you receive will basically require you to triage the consult and decide when the patient should be scheduled to come to clinic. Once you determine when the patient should be seen, place your appointment request to 8North clinic via CPRS or over the phone. In these instances, the consult is only completed in CPRS once the patient comes to clinic. However, it is required that all consults that are outpatient be scheduled within 3 workdays of submission, and be seen in clinic within 30 days (keep this in mind when deciding when the patient should be seen). For new outpatient consult requests or clinic appointments (for example, add-ons based on acute needs, phone calls, etc), add Sherry Stevenson as the cosigner to your consult comment section.

Occasionally in order to accommodate a patient's need you may be asked to evaluate a patient in the clinic on a non-clinic day. The patient should be staffed with your attending and a note should be placed in CPRS. Common outpatient consults include questions from attendings or residents at Jefferson Barracks (JB), the rehab hospital associated with the VA. These can often be answered over

the phone and may require an appointment in our clinic. Direct communication to the JB attending may also be advisable. In any case you should enter E-consult in CPRS, and it should be cosigned by attending. You may also receive consults through CPRS or VISTA from the Popular Bluff (PB) VA or other facilities in our network. These should be discussed with your attending and again a short E-consult note should be placed in the chart and cosigned.

### **Home IV Antibiotic Patients**

Some patients will go home on extended IV antibiotic therapy. These patients are set up by community health nurses, and followed by pharmacy residents supervised by Ryan Moenster, PharmD, the ID pharmacist. Weekly labs are sent to the pharmacist for review. If there are issues such as abnormal labs or antibiotic levels, the pharmacist will alert the ID Fellow for recommendations and discussion of the problem. The pharmacist will coordinate and initiate treatment changes with the Community Health Nurse, Home Health Agency, Pharmacy, and the patient. You will be asked to review and cosign PA/pharmacy notes related to these events.

Before patients are discharged, a Home IV Antibiotic Form will be submitted to the ID Fellow electronically through CPRS. When you receive an ID pharmacy home IV consult through CPRS, you will need to go to the consult, choose the "Action" menu and choose "consult tracking" then "add comment". You should write a short paragraph containing diagnosis, home antibiotics, duration with start date and home lab monitoring (see "Outpatient IV antibiotic screening guidelines", below). You will also receive a "ID home IV abx" consult from the primary team. Your daily note should be created under this heading and should include final home abx recommendations as part of your assessment and plan. This note should be cc'd to the ID attending, ID pharmacist Ryan Moenster and home health coordinators. Before signing off on the form, the Fellow should review the patient's chart, review cultures, ensure proper antibiotic selection, and determine length of IV antibiotic treatment.

Occasionally, VA home IV antibiotics could be set up for the patients at an outside hospital without a transfer to the VA. Cases should be thoroughly reviewed on an individual basis for adequacy of the treatment plan and prior work-up. If there is insufficient information, a direct provider communication is recommended; in cases where information is lacking the referrals can be declined. In order to set up these services, you will need to fill out a GEC note and write a note with details of the plan of care (please see appendix for instructions).

### **Antibiotic approvals**

The ID fellow screens and grants/denies requests for antibiotic approvals. Antibiotic approval requests may come to the ID fellow as telephone calls or electronically through CPRS. The fellow should complete approval requests in a timely manner to ensure that patients get the antibiotics that they need.

When a request is received, the fellow should collect the necessary information through chart review. In some cases it may be necessary to speak to providers and/or see the patient. The fellow then completes the electronic request in CPRS by using the "add comment" function in CPRS to provide a brief statement of approval or disapproval, as well as dose and duration if this is a non-formulary request.

In some cases antibiotic approval requests will lead to identification of patients who may benefit from full ID consult, and in these cases the ID fellow should contact the providers and explore this option.

## **Inpatient HIV Patients**

HIV patients will be admitted under the Medicine Service. Please take a moment to review their inpatient record; especially if patient is on routine HAART (errors with inpatient HAART prescriptions are common). If you identify new HIV patients in the hospital, provide them with contact information and clinic follow-up before they are discharged.

## **Weekend Schedule**

On most weekends, fellow on VA ID service will round on Saturday and see new patients. The WUSM weekend on call fellow will answer calls from 8:00 am Sunday until 8:00 am Monday. The VA attending may choose to staff weekend patients with the fellow, or separately.

If a VA fellow has a “Golden Weekend” while on the VA rotation, the WUSM weekend on call fellow will answer calls from 8am Saturday through 8am Monday. The VA attending will round on existing patients as necessary, and will staff new patients.

When the VA fellow is off and the on call fellow is answering VA calls, the on call fellow should, whenever possible, see new VA consults when they cannot safely be delayed until the return of the VA fellow. If a new consult that cannot safely be deferred cannot be seen by the on call fellow, the on call fellow must call the VA attending on call and inform him or her that the fellow cannot safely leave WUSM duties to see the VA patient.

## **VA ID CONFERENCES**

These conferences comprise the formal didactic educational component of the Infectious Disease Fellows rotation at the John Cochran VA Medical Center. Fellows are required to attend these conferences and to fill out evaluations of these conferences.

### **1. One-on-one conference with ID pharmacist**

Once during each fellow rotation, the ID fellow will meet with ID Pharmacist for a didactic teaching session, at a time of mutual convenience. The pharmacist will present topics related to antibiotic use and infectious diseases. Examples of topics include pharmacokinetic/pharmacodynamic dose optimization of antibiotics and discussions of new antibiotics. Objectives: The goal of this conference is to deepen the Fellow’s understanding of the proper use of antimicrobials in the practice of Infectious Diseases.

**2. VA ID-Microbiology Conference** (monthly - currently on hiatus pending appointment of new chief of microbiology)

### **3. VA ID Noon Conference**

The fellow and resident are expected to attend and participate in the monthly ID/Medicine noon conference which is combined SLU/Wash U resident conference. The fellow will present interesting ID cases with brief evidence based discussion.

Objectives: To participate in the discussions of ID topics and cases in a general medical forum, and to learn how to educate general internists in ID related topics of importance to them.

## **VA OUTPATIENT INFECTIOUS DISEASES WEDNESDAY AFTERNOON 8 NORTH CLINIC**

### **Educational goal and description of the rotation:**

This rotation provides an opportunity to gain experience in diagnosis and management of patients who have been referred for subspecialty consultation and follow-up care in the VA infectious diseases clinic with a special emphasis on HIV/AIDS.

### **Logistics:**

The VA ID clinic is on the 8 North floor of the VA Hospital, starting at 1:00 pm Wednesdays. Fellows and Residents will evaluate patients independently and formulate a plan, and then present the patient to the ID clinic attending of the day or any other available attending. ID clinic attending schedule is posted in clinic. Attendance of the current service fellow and elective fellow (including Bone & Joint Service) is expected at the VA ID clinic at all times. If the elective fellow is taking time off during that rotation he/she should inform ID section of this adjustment at least 12 weeks prior to the anticipated leave. Please email Dr. McDonald and Dr. Kirmani regarding the changes.

Please remember to fill out electronic encounter forms for all of your outpatient visits. These are equally important in the clinic setting.

### **Educational purpose (curriculum):**

All of the Competency Milestones are pertinent to this rotation. Areas of special focus are noted below. Residents should be able to develop a basic level of competence in the skills listed. Fellows should be able to perform the skills with greater independence and at a more advanced level (e.g., elicit subtle findings, suggest advanced therapeutic courses), in a greater number of patients per clinic shift.

### **Patient care:**

1. Gather accurate information about patients, including performing a thorough history and physical examination.
2. Synthesize data into a prioritized problem list and differential diagnosis, and then formulate diagnostic and therapeutic plans.
3. Monitor and follow up patients appropriately.
4. Communicate plan to referring physicians.

### **Medical knowledge:**

#### **A. HIV/AIDS Care**

1. Understand and appreciate the impact of HIV and AIDS on human health.
2. Know the principles of primary care of the HIV infected patient in the VA setting.
3. Understand the pathogenesis of the HIV infection and its relation to the principles of antiretroviral therapy.
4. Know the currently approved antiretroviral drugs and how we use them.
5. Learn the most frequent forms of presentation of opportunistic infections and neoplasia that affect HIV positive patients in the VA setting. Learn their treatment and prophylaxis.
6. Understand the importance of adherence to antiretroviral treatment and how to improve it.
7. Understand the principles of antiretroviral prophylaxis after exposure to needle sticks.

## **B. General Infectious Diseases**

1. Know the clinical manifestations, complications and therapy of bone and joint infection.
2. Be aware of the pathogenesis, etiologies and workup of fever of unknown origin in the VA community setting.
3. Become familiar with the outpatient use of antimicrobials and aware of their adverse effects and complications.
4. Know how to diagnose and manage endovascular infection, endemic and opportunistic mycoses, and infection in the immunocompromised host.

### **Practice-based learning and improvement:**

1. Understand the limitations of one's knowledge and judgment, ask for help when needed, and be self-motivated to acquire knowledge.
2. Accept feedback, learn from own errors and develop self-improvement plans.
3. Use information technology to manage information and access on-line medical information.
4. Learn how to use knowledge of study designs and statistical methods to the critical appraisal of clinical studies and apply to the care of patients.
5. Learn how to effectively find and incorporate up-to-date literature for the management of the patients.

### **Interpersonal and communication skills:**

1. Demonstrate caring and respectful behaviors with patients, families, including those who are angry and frustrated, and all members of the health care team.
2. Counsel and educate patients and their families.
3. Sensitively discuss new HIV diagnoses, encourage partner notification, and respect patient wishes about disclosure of their diagnosis.
4. Conduct supportive and respectful discussions of code status and advance directives for patients for whom they are primary care givers.
5. Demonstrate ability to convey clinical information accurately and concisely in oral presentation and in chart notes.
6. Communicate with referring physicians regularly.

### **Professionalism:**

1. Demonstrate respect, compassion, and integrity.
2. Demonstrate a commitment to excellence and on-going professional development.
3. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and other aspects of clinical care.
4. Develop an appreciation for the ethical, cultural and socioeconomic dimensions of illness, demonstrating sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
5. Display initiative and leadership.
6. Be able to delegate responsibility appropriately.

### **Systems-based practice:**

1. Work effectively with others (such as nurses, secretaries, social workers, nutritionist, physical and occupational therapists, technicians) as a member of a health care team.
2. Work closely with the microbiology laboratory, pathology and pharmacy to facilitate consultations.
3. Advocate for quality patient care and assist patients in dealing with system complexities.
4. Understand and appreciate the importance or contacting the patient's referring physician as soon as possible.

5. Develop proficiency in organizing and managing consultative care.
6. Learn the cost-effective use of diagnostic and therapeutic technology

**Teaching Methods:**

1. Resident presentation to the attending infectious disease physician with immediate feedback and examination room/bedside teaching.
2. ID Grand Rounds
3. ID Fellows Curriculum
4. ID Journal Club
5. Research Conference
6. VA ID-Microbiology Conference
7. VA ID Pharmacist didactic teaching

**The mix of diseases, patient characteristics, and types of clinical encounters, procedures, and services:** Patients seen will have a wide range of acute and chronic infections with a heavy emphasis on HIV/AIDS, including indigent and insured patients, of both sexes and a wide range of ages.

**INFECTIOUS DISEASES STAFF**

<b>Name</b>	<b>Title</b>	<b>Pager</b>	<b>Ext.</b>
Dr. Rodney Lusk	ID Attending	419-2275	5-4039
Dr. Geoffrey Gorse	ID Attending	419-5773	5-4862
Dr. Sarah George	ID Attending	419-2489	977-9035 (SLU)
Dr. Diana Nurutdinova	ID Attending	905-0228	5-4419
Dr. Jay McDonald	ID Attending	905-3466	5-5538
Dr. James Fleckenstein	ID Attending	905-0171	
ID Fellow	ID Fellow	5PAGE 1577	54958
Kathe Ward	Community Health Coordinator (JC)		5-7014
Linda Balentine-Smith	Community Health Coordinator (JC)		5-7025
IV Pharmacy at JC			56339
Pharmacy Residents Office	ID Pharmacy residents		54499 54059
Ryan Moenster	ID Pharmacist		54861
Infection Prevention			5-7689
Mail Code			111-JC
FAX NUMBER			314-289-6389

## How to enter a note and the encounters in the CPRS.

VistaA CPRS in use by: Nurutdinova, Diana (10.123.139.121)

File Edit View Tools Help

ZZZZ (OUTPATIENT) Visit Not Selected Primary Care Team Unassigned  
 000-00-2522 Mar 12, 1952 (63) Provider: NURUTDINOVA, DIANA

Flag VistalWeb Postings  
 Remote Data WAD

**Active Problems**

- Htn (ICD-9-CM 401.9)
- Cad (ICD-9-CM 414.9)
- Dementia Of The Alzheimer's Type
- Colon Carcinoma (ICD-9-CM 153.9)
- Observation Of Other Suspected Me Copd (ICD-9-CM 496.)
- Obstructive Sleep Apnea (ICD-9-CM 84.22)

**Allergies / Adverse Reactions**

- Sinvastatin
- Latex
- Dust
- Pickles
- Lisinopril
- Pollen

**Postings**

- Allergies
- Consent For Long-Term Opioids For Pain

**Active Medications**

- Multivitamin/Minerals Prenatal Cap/Tab Hold
- Non-Va Ibuprofen 600mg Tab Active
- Non-Va Clopidogrel Bisulfate 75mg Tab Active
- Non-Va Aspirin 81mg Ec Tab Active
- Non-Va Insulin Glargine Human 100 Unit/Ml Inj Active
- Non-Va Lisinopril 40mg Tab Active

**Clinical Reminders**

Reminder	Due Date
Prior Approval/Non-formulary Drug	DUE NOW
CURRENT TOBACCO USER	DUE NOW
HIV Screening (Routine)	DUE NOW
Pneumococcal Immunization	DUE NOW
Seasonal Influenza Immunization	DUE NOW
*PPD	DUE NOW
*Hgb A1C 7 or >	DUE NOW
*Tobacco Use Screen /1st Counseling	Dec 03,14

**#1 Choose location: JC- Infectious Diseases Inpt Visit (note, that this step is not needed for a scheduled outpatient clinic visit)**

**Recent Lab Results**  
No Orders Found.

**Vitals**

Param	Value	Date	Time	Location
T	98.9 F	Feb 10, 2015	13:43	(37.2 C) ORAL
P	52	Feb 10, 2015	13:43	RADIALLY LYING, PALPATED, LEFT LYING AT REST
BP	180/90	Feb 10, 2015	13:43	L ARM, LYING, CUFF, AUTOMATED, LG ADULT CL
HT	67 in	Feb 03, 2015	11:42	(170.18 cm)
WT	240 lb	Feb 03, 2015	11:42	(108.86 kg)
PN	4	Feb 10, 2015	13:43	
PDX	88	Feb 10, 2015	13:43	NASAL CANNULA 2.0 l/min
CG	29 in	Sep 11, 2012	14:26	(73.7 cm) UPPER ARM
BMI	37.67	Feb 03, 2015	11:42	

**Appointments/Visits/Admissions**

Date	Time	Location	Status
Mar 05, 2015	08:30	Jc-Dental Kadosh-Am	Cancelled By Clinic
Mar 02, 2015	08:00	Zzc-Podiatry Con Fisher	Cancelled By Clinic
Jan 14, 2015	17:21	Jc-Dental Hobaugh Pm	Checked Out

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

**Provider & Location for Current Activities**

Encounter Provider  
 Nurutdinova,Diana - PHYSICIAN (STAFF)

Encounter Location  
 JC-PACT ID INPT-X Jun 02,15 16:26

Clinic Appointments | Hospital Admissions | **New Visit**

Visit Location  
 JC-PACT ID INPT-X  
 JC-PACT H BH PCP  
 JC-PACT H BH PSI  
 JC-PACT H BH PSD  
 JC-PACT H BH RN-X  
 JC-PACT ID 8 NORTH  
 JC-PACT ID E-CONSULT  
 JC-PACT ID INPT-X

Date/Time of Visit  
 NOW

Historical Visit: a visit that occurred at some time in the past or at some other location (possibly non-VA) but is not used for workload credit

OK  
 Cancel

**#2 Choose relevant visit location:  
 JC-PACT ID INPT-X or  
 JC-PACT ID E-consult**

Choose Infectious Disease STL for a daily note or Infectious Disease Consult STL for the initial consult

**#3 Create a new note in the Notes tab using Action menu**

**Your name should be listed as Author**

Progress Note Properties

Progress Note Title: INFECTIOUS <INFECTIOUS DISEASE CONSULT STL>

INFECTIOUS <INFECTIOUS DISEASE CONSULT RESULTS MA>

INFECTIOUS DISEASE CONSULT STL>

INFECTIOUS DISEASE STL>

MD INFECTIOUS DISEASE F/U NOTE MA>

SEASE CONSULT RESULTS MA

SEASE CONSULT STL

SEASE STL

Date/Time of Note: Jun 20,2008@12:19 ...

Author: Nurutdinova,Diana - PHYSICIAN (STAFF)

OK

Cancel

This progress note title must be associated with a consult request.  
The following consults are currently awaiting resolution:

Consult Request Date	Service	Procedure	Status	# Notes
----------------------	---------	-----------	--------	---------

**#4 Before signing the note click on the Encounter tab and fill out both the Visit Type and the Diagnoses Tab**

Encounter Form for JC-INFECTIOUS DISEASES INPT VISIT (Jun 20,2008@12:11)

Visit Type Diagnoses Procedures Vitals Immunizations Skin Tests Patient Ed Health Factors Exams

INPATIENT/SIIRSFQIF

Service Connection & Rated Disabilities

Service Connected: 0%

DERMATOPHYTOSIS (0% SC)

Visit Related To

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Service Connected Condition
<input type="checkbox"/>	<input type="checkbox"/>	Combat Vet (Combat Related)
<input type="checkbox"/>	<input type="checkbox"/>	Agent Orange Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Ionizing Radiation Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Southwest Asia Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Shipboard Hazard and Defense
<input type="checkbox"/>	<input type="checkbox"/>	MST
<input type="checkbox"/>	<input type="checkbox"/>	Head and/or Neck Cancer

Available providers

Nurutdinova,Diana - Physician (staff)

Nurutdinova,Diana - Physician (staff)

Nutty,Brenda L - Head Nurse/Supervisor

Nygaard,Mary L - Rn - Registered Nurse

O'day,Michael J - Physician (staff)

O'keefe,Amy J - Pharmacist

O'mahar,Shannon - Physician (resident)

O'neill,Brian - Physician (resident)

Oak,John B Md - Physician (fee)

Add

Remove

Primary

Current providers for this encounter

NURUTDINOVA,DIANA

OK

Cancel

Sign the note by clicking on Action tab or right click and select "Sign note now"

The screenshot shows a medical software interface with a 'Sign Note' dialog box overlaid on a note. The dialog box has a blue title bar and contains the following text:

Jun 20, 08 INFECTIOUS DISEASE STL, JC-INFECTIOUS DISEASES INPT VISIT, DIANA NURUTDINOVA,MD

Signature Code

OK Cancel

The background interface shows a patient record for ZWEDHU ZDJELHA, INFDIN Jun 20, 08 12:11. The note content includes:

Visit: 06/20/08 INFECTIOUS DISEASE STL, JC-INFECTIOUS DISEASES INPT VISIT, DIANA NURUTDINOVA,MD (Jun 20, 08)

LOCAL TITLE: INFECTIOUS DISEASE STL

DATE OF NOTE: JUN 20, 2008@12:19 ENTRY DATE: JUN 20, 2008@12:23:38

AUTHOR: NURUTDINOVA,DIANA EXP COSIGNER:

URGENCY: STATUS: UNSIGNED

06/20/08 12:11

1) Hearing Loss, Sensorineural, Unspecified

Active Outpatient Medications (including Supplies):

No Medications Found

CV:

Abdomen:

Ext:

LAES:

CBC

BAO#:	0.02	(02/21/07 14:22)
BAO%:	0.4	(02/21/07 14:22)
EO#:	0.06	(02/21/07 14:22)
EO%:	1.2	(02/21/07 14:22)
HCT:	39.4	(02/21/07 14:22)
HGB:	13.2	(02/21/07 14:22)
LYMPH#:	2.17	(02/21/07 14:22)
LYMPH%:	44.7	(02/21/07 14:22)
MCH:	30.3	(02/21/07 14:22)

At the bottom, there are tabs for Cover Sheet, Problems, Meds, Orders, Notes, Consults, Surgery, D/C Summ, Labs, and Reports.

## Accessing Consult Requests through VISTA:

This interface uses typed commands for each step:

Double click on Vista icon on your desktop

The system will prompt you to put in

Access code and Verify code (use same as in CPRS)

Go to consults menu

Select Consult Service Tracking

Then select "PC" - Service Consults pending resolution

You will be asked to choose specialty - type "ID"

4 options will appear:

```
resolution
Select Service/Specialty: ID
  1  ID HIV POSITIVE JC
  2  ID HOME IV ANTIBIOTIC THERAPY APPROVAL JC
  3  ID INPT JC
  4  ID OTHER PROBLEM JC
CHOOSE 1-4: 3  ID INPT JC
List From Starting Date: ALL DATES//
```

Select the appropriate option: inpatient consult – 3; home IV antibiotics - 2

Select date 1-2 days prior to the current date

End date – enter T (today)

This will generate a list of current consults completed and pending.



Non VA Care (Fee Basis) Done

\*\*\*\*\* OUTPATIENT \*\*\*\*\*

**NON VA CARE DIAGNOSTIC IMAGING**  
 Non VA Care CT Scan Outpatient STL  
 Non VA Care MRI Outpatient STL  
 Non VA Care PET Scan Outpatient STL  
 Non VA Care Radiation Therapy Outpatient STL  
 Non VA Care Radiology General Outpatient STL  
 Non VA Care Radiology Vascular Outpatient STL  
 Non VA Care Ultrasound Outpatient STL

**NON VA CARE NUCLEAR MEDICINE**  
 Non VA Care Nuclear Medicine Outpatient STL

**NON VA CARE EXTENDED CARE AND REHAB**  
**NON VA CARE GEC**  
 Non VA Care GEC Adult Day Care Outpatient STL  
 Non VA Care GEC Community Nursing Home Outpt STL  
[Non VA Care GEC Home IV Therapy Outpt STL](#) ←  
 Non VA Care GEC Hospice Home Outpatient STL  
 Non VA Care GEC Nonskilled Homemaker Outpatient STL  
 Non VA Care GEC Respite Home Outpatient STL  
 Non VA Care GEC Skilled Home Health Care Outpatient STL  
 Non VA Care GEC Veteran Directed Outpt STL

**NON VA CARE REHAB**  
 Non VA Care Low Vision Outpatient STL  
 Non VA Care Rehab Occupational Therapy Outpt STL  
 Non VA Care Rehab Physical Therapy Outpatient STL

**NON VA CARE LAB AND PATH**  
 Non VA Care Anatomic Path Outpt STL  
 Non VA Care Laboratory and Pathology Outpatient STL

**NON VA CARE MEDICINE**  
 Non VA Care Allergy Outpatient STL  
 Non VA Care Cardiology Outpatient STL  
 Non VA Care Hemodialysis Assoc Procedures Outpt STL  
 Non VA Care Hemodialysis Outpatient STL  
 Non VA Care Neurology Outpatient STL  
 Non VA Care Oncology Outpatient STL  
 Non VA Care Pulmonary Outpatient STL  
 Non VA Care Rheumatology Outpatient STL

\*\*\*\*\* INPATIENT \*\*\*\*\*  
 \*\*\*\*\*Only to be used if service(s) will be provided in an Inpatient setting\*\*\*\*\*

**NON VA CARE DIAGNOSTIC IMAGING**  
 Non VA Care Radiology Interventional Inpatient STL

**NON VA CARE EXTENDED CARE AND REHAB**  
**NON VA CARE GEC**  
 Non VA Care GEC Comm Nursing Home Emergent Hosp Inpt STL  
 Non VA Care GEC Community Nursing Home Inpatient STL  
 Non VA Care GEC Hospice Inpatient STL  
 Non VA Care GEC Palliative Inpatient STL

This selection will generate referrals to Pharmacy, ID and IV therapy. Please complete all the referrals.

Non VA Care Neurology Inpatient STL  
 Non VA Care Oncology Inpatient STL

**NON VA CARE GASTROENTEROLOGY**  
 Non VA Care GI General Inpatient STL  
 Non VA Care GI Surgical Inpatient STL

**NON VA CARE MENTAL HEALTH**  
 Non VA Care BH Military Sexual Trauma Inpatient STL

**NON VA CARE PRIMARY CARE**  
 Non VA Care Gynecology Inpatient STL  
 Non VA Care Maternity Inpatient STL  
 Non VA Care Optometry Routine Eye Exam Inpatient

**NON VA CARE SURGERY**  
 Non VA Care Cardiac Surgery Inpatient STL  
 Non VA Care ENT Surgery Inpatient STL  
 Non VA Care General Surgery Inpatient STL  
 Non VA Care Neurosurgery Inpatient STL  
 Non VA Care Ophthalmology Disease Management Inpatient STL  
 Non VA Care Ophthalmology Surgical Inpatient STL  
 Non VA Care Orthopedics Surgical Inpatient STL

## Outpatient IV Antibiotics Screening Guidelines

<i>Antimicrobial Agent</i>	<b>Frequency of Laboratory Testing per Week</b>			<i>Other screening</i>
	<i>CBC</i>	<i>BMP</i>	<i>CMP</i>	
<b>Beta-lactams</b>				
Oxacillin, Nafcillin	Once		Once	
Ampicillin/Sulbactam	Once	Once		
Piperacillin/Tazobactam	Once		Once	
Cefazolin	Once	Once		
Ceftriaxone	Once		Once	
Cefepime	Once	Once		
Carbapenems	Once		Once	
Aztreonam	Once	Once		
<b>Miscellaneous</b>				
Aminoglycosides	Once	Twice		Trough twice weekly; peaks PRN; consider audiology screening if > 2 weeks therapy
high-dose TMP/SMZ	Once		Once	
Vancomycin	Once	Once/ Twice		Vanc trough once/twice weekly (based on target levels, renal function etc)
Linezolid	Once		Once	Screen for risk of serotonin syndrome (co-administration with SSRI's)
Clindamycin	Once		Once	
Daptomycin	Once		Once	CPK once weekly
Tigecycline	Once		Once	
<b>Quinolones</b>				
Ciprofloxacin			Once	
Moxifloxacin			Once	Monitor QT if co-administered with antiarrhythmics
<b>Antifungals</b>				
Amphotericin	Once	Twice	Once	Mag and Phos levels twice weekly
Echinocandins	Once		Once	
Azole antifungals	Once		Once	
<b>Antivirals</b>				
Acyclovir	Once	Once		Magnesium once weekly
Ganciclovir	Twice	Once		
Foscarnet	Once	Twice	Once	Magnesium and calcium twice weekly
Cidofovir	Once	Once		Urinalysis once weekly

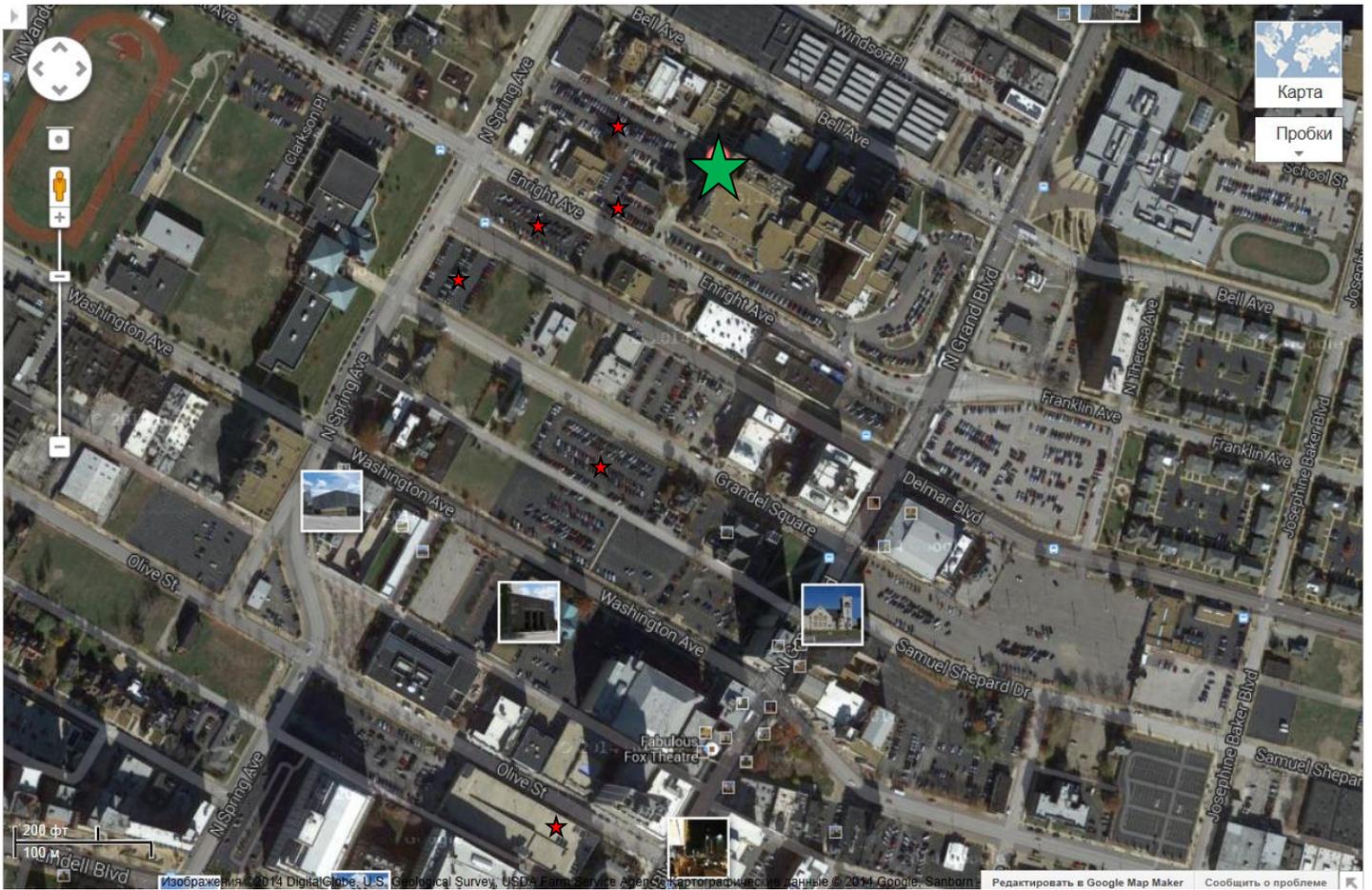
### References:

Tice et al: Practice Guidelines for Outpatient Parenteral Antibiotic Therapy. CID 2004; 38:1651-1672.  
 BJH Tool Book 2014

**PARKING**

<b>1</b>	<b>Research Service (3<sup>rd</sup> Floor)</b> 501 North Grand Blvd. <i>Big Brothers/Big Sisters Building</i>
<b>2</b>	<b>Women's Clinic (1<sup>st</sup> Floor)</b> <b>Dermatology Clinic (1<sup>st</sup> Floor)</b> 3615 Olive Blvd. <i>The Continental Life Building</i>
<b>3</b>	<b>Human Resources Service (1<sup>st</sup> Floor)</b> <b>Quality Management Service (2<sup>nd</sup> Floor)</b> 3641 Olive Blvd. <i>Blue Building</i>
	<b>John Cochran VA Medical Center</b> 915 North Grand Blvd.
	<b>VA Parking Lots</b> JC Shuttles run from 6:00am-8:30pm
	<b>St. Louis University</b>





The main parking area for house staff and fellows are two parking lots adjacent to the hospital complex. Do not park in the Employee parking spots. You may get a ticket from the VA police which is considered federal offence. If all designated physician parking areas are full, you can still find parking in the several other lots marked with stars on the map above. There is additional covered parking at the Scottish Rite Garage on the corner of Olive and Grand. To park in Scottish Rite, you will need to pull a ticket which can be validated in the police office or by the shuttle driver. There is a shuttle that circulates between the Scottish Rite garage and the hospital complex. Shuttle schedule is available on the hospital website: <http://vaww.st-louis.med.va.gov/>

#### VA SURVIVAL TIPS FROM OUTGOING FELLOWS:

- Carry sterile cotton tipped swabs and wound care supplies with you during rounds!
- Take advantage of the note templates – a bit of investment in the beginning will save you a great deal of time.
- “I found that if I introduced myself to the WashU/SLU residents at the beginning of a block they tended to be nicer to me when they consulted because they actually knew who I was.”
- The pager only has a 15 mile radius so if you try to go to the mall or other places it doesn't reach, so do a test page if you are going somewhere
- Standard method for answering consult pages at the VA:  
“Hi this is ID returning a page; what's wrong with his foot?”

#### Selected ID/HIV Web Resources:

Index of practice guidelines for infectious diseases including HIV/AIDS:  
<http://www.idsociety.org/>

Standard source for current HIV/AIDS Information for Physicians and Patients  
<http://www.aidsinfo.nih.gov/>

Clinical Infectious Diseases Home Page:  
<http://www.journals.uchicago.edu/CID/>

Emerging Infectious Diseases:  
<http://www.cdc.gov/ncidod/EID/index.htm>

Practice Guidelines from the Infectious Diseases Society of America:  
<http://www.idsociety.org/Content.aspx?id=2656>

MMWR: Morbidity and Mortality Weekly Report  
<http://www.cdc.gov/mmwr/>

Sexually Transmitted Diseases: CDC treatment guidelines:  
<http://www.cdc.gov/STD/treatment/default.htm>

St. Louis Children's Hospital Laboratory Information and Weekly Microbiology Updates:  
<http://slchlabbtestguide.bjc.org/Default.aspx>

Travelers' Health: CDC site for travelers medicine resources  
<http://www.cdc.gov/travel/default.aspx>

World Health Organization Infectious Diseases  
[http://www.who.int/topics/infectious\\_diseases/en/](http://www.who.int/topics/infectious_diseases/en/)

Medline On-line Encyclopedia:  
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>

New CDC/NIH Guideline Web Site:

<http://www.guideline.gov/>

HIV and Hepatitis site with resources for the clinician:

<http://www.hivandhepatitis.com>

Comprehensive online resource on HIV:

<http://clinicaloptions.com/HIV.aspx>

UpToDate is available via CPRS Tools menu

**Appendix**

2013 Antibiotic susceptibility Reports, full versions on

[http://yawww.st-louis.med.va.gov/infection\\_control/STL\\_InfectionCtrl\\_homepage.htm](http://yawww.st-louis.med.va.gov/infection_control/STL_InfectionCtrl_homepage.htm)

**St. Louis VAMC Housewide Gram-positive Antibiogram**

January - December 2013		Beta-lactams				Others						
		Number Tested	Penicillin	Ampicillin	Oxacillin/nafcillin	Ceftriaxone	Gent synergy	Clindamycin resistance	ClindaResistance	Trimethoprim/sulfa	Vancomycin	Moxifloxacin
<b>Staphylococci</b>												
<i>S. aureus</i>		615	9		48		96	63	13	95	100	67
<i>S. epi</i>		565	10		43		89	67	8	60	100	58
<b>Enterococci</b>												
<i>E. faecalis</i>		521	97	98			62				86	
<i>E. faecium</i>		118	7	9			87				9	
<b><i>Streptococcus pneumoniae</i></b>		22	35			91						100

Values expressed are % susceptible (except inducible clindamycin resistance).

Broth breakpoint microdilution assay used for all testing.

**St. Louis VAMC Housewide Gram-negative Antibiogram**

January - December 2013	Penicillins			Cephalosporins			Aminoglycosides			
	Number Tested	Ampicillin	Amp/Sulbactam	Pip/tazo	Cefazolin	Cefepime	Ceftriaxone	Amikacin	Gentamicin	Tobramycin
<i>Acinetobacter baumannii</i>	35					63	4	NA	83	
<i>Citrobacter freundii</i> (complex)	42	NA	NA	79	0	100	79	100	88	
<i>Citrobacter koseri</i> (diversus)	70	NA	NA	94	42	100	56	100	100	
<i>Enterobacter aerogenes</i>	40	0	0	88	0	98	83	100	88	
<i>Enterobacter cloacae</i>	98	NA	NA	84	0	99	84	100	99	
<i>Escherichia coli</i>	858	47	60	96	87	94	94	100	89	
<i>Klebsiella oxytoca</i>	79	0	66	84	52	100	99	100	100	
<i>Klebsiella pneumoniae</i>	268	0	88	96	95	98	97	100	98	
<i>Morganella morganii</i>	82	5	5	97	6	99	96	100	89	
<i>Proteus mirabilis</i>	242	77	92	100	92	98	98	100	93	
<i>Providencia stuartii</i>	23	0	0	100	0	100	100	100	0	
<i>Pseudomonas aeruginosa</i>	406			92		90		98	86	93
<i>Serratia marcescens</i>	61	NA	NA	95	0	100	93	100	100	

Values expressed are % susceptible.;

