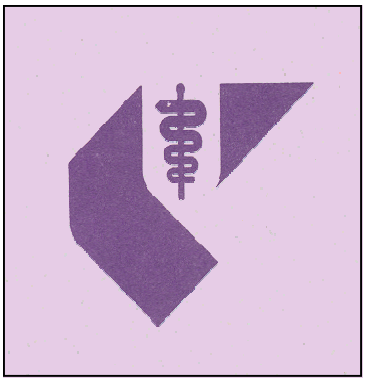
# THE STANDARD

The College of Physicians & Surgeons of Manitoba

June 2008

To:Standard Committee Chairs

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## POISONING RELATED HOSPITALIZATION AMONG MANITOBA CHILDREN

Leading Causes of Serious Toxicity and Compliance with Treatment Guidelines

The Child Health Standards Committee recently conducted an audit of poisoning-related hospitalization of all children less than 6 years of age admitted to a Manitoba hospital with unintentional poisoning between 2001 and 2006. A total of 300 hospitalizations were identified by Manitoba Health, with 205 cases meeting the audit criteria (out of province residents, nursing station visits, duplicate cases, and non-poisoning discharge diagnoses excluded).

In 147 cases (72%) the ingestion was toxic by history and in 99 cases (48%) the child was symptomatic. Clonidine and glyburide were the leading causes of symptomatic ingestions (21%). Seventy-five percent of children admitted had no symptoms or mild transient symptoms; however, 13% were admitted to ICU (26% due to clonidine).

Compliance with current guidelines was 68% for decontamination (noncompliance included incorrect doses, timing, and treatments no longer recommended, such as gastric lavage and ipecac), 85% for investigations, and 80% for treatment. Admission was not indicated in 20% of cases. The triage level assigned was correct in only 63% of cases, with all errors being "under-triaging" (e.g. Level 2 triage acuity triaged as Level 3). In 18 cases (9%) there was no triage level assigned. The child's weight was not recorded in 12% of admissions, and in 13 cases no vital signs were done until the child was admitted to the ward. Only 35% of facilities documented calling the Poison Control Centre.

The management of unintentional poisoning in children could be improved by consulting the Poison Control Centre (available 24/7 at 204-787-2591) regarding decontamination, investigation, and treatment of individual cases. Facilities should ensure that current triage guidelines are being followed, and that all children treated or observed are weighed (kg).

Look for the 2003-2004 Maternal and Perinatal Health Standards Committee Report on CPSM website @ www.cpsm.mb.ca

**PLEASE FEEL FREE TO DISTRIBUTE THIS NEWSLETTER WIDELY!!**

PHYSICIANS ARE INVITED TO SUBMIT "CLINICAL NUGGETS" TO SHARE WITH COLLEAGUES. THESE COULD BE TACTICS TO USE WHEN APPROACHING MAKING A DIAGNOSIS OR DETERMINING THERAPIES. ALSO, IF YOU HAVE QUESTIONS THAT YOU WOULD LIKE TO POSE TO YOUR COLLEAGUES AND INVITE THEIR RESPONSE, PLEASE FORWARD THE QUESTION TO THE STANDARDS STAFF FOR INCLUSION IN THE NEXT ISSUE OF "THE STANDARD" NEWSLETTER.

# PHYSICIAN HEALTH PROGRAM

The Physician Health Program (PHP) is a program of The College of Physicians & Surgeons of Manitoba providing support to physicians who encounter a "mental or physical disorder or illness" which includes substance use, mental illness, and/or physical illness. Goals of the program include:

- Promoting early identification, treatment, documentation and monitoring of physician mental or physical disorder or illness before patient care is adversely impacted.
- Provided it is appropriate to do so, work in cooperation with any physician who is suffering from a mental or physical disorder or illness to such an extent that his or her fitness to practise may be affected
    i. to protect the public from undue risk of harm,
    ii. to ensure the physician obtains appropriate treatment, and
    iii. to permit the physician to work in a safe and supportive practice environment
- Monitor physicians who have provided commitments to the College based upon concerns that the physician's health may impair his or her ability to practise medicine safely unless specified requirements are met.

The physician health program is intended to be remedial in nature and in 2007, became a Standards program. The Chair of the CPSM Central Standards Committee, with assistance from the Deputy Registrar, oversees the program. Its success for any individual physician is dependent upon that physician being cooperative in the process, having insight into the physician's own health status and being compliant with treatment and rehabilitation.

Physicians are referred to the PHP by the Registrar when they self-report through registration renewal disclosure or other means. Typically, physicians participating in the PHP have a commitment with the College that outlines required behaviors and reporting expectations. Issues can be quite complex so each physician is considered individually.

If a physician is non-cooperative, violates their commitment, is non-compliant with treatment or rehabilitation, or if intervention is indicated for any other reason, the Standards Chair has the authority to refer this immediately to the Investigation Chair for discipline (including possible suspension).

Physicians or other health care providers who have questions about the Physician Health Program or any aspect of the processes are welcome to call the Standards Department.

## REPORTING CHILD AND MATERNAL CASES

The College of Physicians and Surgeons of Manitoba has two Standards Committees with specific review criteria for obstetrics and pediatrics. The Maternal and Perinatal Health Standards Committee reviews all stillbirths, all neonatal deaths (to 29 days of age), all maternal deaths, and maternal and neonatal morbidities as identified below:

**perinatal morbidity ( ≥ 1000grams) specifically:**

- Five minutes Apgar score ≤ 5
- Seizures
- Meconium aspiration with low Apgars ( ≤7)
- Significant birth trauma
- Baby transfer to ICU except for the following:
  - For observation when no observation unit is available
  - TTN
  - Congenital Anomalies (if certain only reason for admission)
  - Hypoglycemia
  - Psychosocial

**maternal morbidity**

- Uterine rupture
- Caesarean or peripartum hysterectomy
- Fistula involving the female genital tract
- Admit to Intensive Care Unit
- Thrombo-embolic
- Eclampsia

The Child Health Standards Committee reviews the deaths of all children between the ages of 29 days and 18 years. Additionally, there are selected topic audits of pediatric care provided throughout the province.

Rural Standards Committees are asked to be alert to these categories of cases and to refer them to the appropriate CPSM Standards Committee for review. This will help the committees to carry out timely reviews of care.

## REPROCESSING OF VAGINAL SPECULUMS

Vaginal speculums are considered semi-critical devices as they touch mucous membranes. The minimum acceptable method of re-processing a semi-critical item is by high level disinfection between every patient use. Items must be cleaned to remove all visible soiling then disinfected, using chemical disinfectants such as gluteraldehyde, hydrogen peroxide, peracetic acid with hydrogen perox-ide, or chlorine, which are approved for such use. The exposure times vary by product from 10 - 45 minutes at 20 - 25 degrees C. These items should then be rinsed with sterile or filtered water. After rinsing, items should be dried and stored in a manner that pro-tects them from damage and maintains the state of disinfection until use.

When a disinfectant is selected for use with a patient care item, the chemical compatibility with the items to be disinfected must be considered. Depending on the disinfectant used, there may be Workplace Safety and Health concerns relating to use, such as wear-ing personal protective apparel and adequate ventilation. Concentration of the products must be maintained and tested as required.

For ease of use and to eliminate the need to meet requirements for reprocessing, many physicians are using single use disposable speculums in their offices. Where sterilizers are not available this may be the chosen method due to ease of use and is acceptable.

***Submitted by: Ilana Warner, RN, BGS, CIC, Infection Prevention & Control Practitioner***

## VITAMIN K INJECTIONS FOR THE NEWBORN INFANT

There has recently been a case reviewed by the CPSM Maternal and Perinatal Health Standards Committee where parents refused a Vitamin K injection for their newborn infant. This resulted in serious sequelae to the baby. Vitamin K deficiency in a neonate may cause severe bleeding, (hemorrhagic disease of the newborn) in the first 2 or 3 days of life.

Hemorrhagic disease of the newborn is entirely preventable with a single dose of Vitamin K given IM within 6 hours of birth.

- **0.5 milligrams for birth weight ≤ 1500 grams**.
- **1.0 milligrams for birth weight > 1500 grams**.

The intramuscular route is preferred as it provides a depot of Vitamin K.

The only source of Vitamin K in newborns is food and as the newborn's bowel is sterile, there is no synthesis of Vitamin K by bacterial flora. Breast milk contains less Vitamin K than formula or cow's milk and the risk of Vitamin K deficiency is greatest for breastfed in-fants. The oral route for Vitamin K is not recommended because its efficacy is undetermined. If however, IM Vitamin K is refused, 3 oral doses can be administered but absorption is uncertain.

# The Standard

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## COMMUNICATION FROM WINNIPEG HOSPITALS TO RURAL FACILITIES

There have been many concerns raised about difficulties referring physicians have in obtaining information about their patients from Winnipeg hospitals.

Dr. Brock Wright, CMO for WRHA has indicated that:

1) " Referring physicians are always entitled to receive information about their patient's stay in the receiving hospital. However, if the doctor dictating the discharge summary does not request a copy be sent to the referring physician, then this will not be done. However, if the referring physician later requests a copy it will be provided without the need for patient consent.

2) A referring hospital (as opposed to a referring physician) can request information about a patient without patient consent if it is for review by a standards committee.

3) If a test result, like Pathology, comes in after the discharge summary is sent ... a referring physician can request a copy and it will be provided without patient consent.

4) Finally, with changes to PHIA legislation expected shortly [WRHA] will likely be launching new educational sessions for our staff. This will provide an opportunity to clear up any misunderstandings staff may have about PHIA. PHIA should not (and is not) an impediment to *the* ability to provide information to referring physicians. "

The CPSM reminds physicians that when dictating discharge summaries, to request a copy of the discharge summary be sent to the referring physician and/or referring hospital. Standards Committees may, through their hospital's Medical Records Department, request information about a patient so that a review of patient care can be completed. Standards Committees are advised to refer to CPSM Central Standards when there are concerns about care provided in facilities elsewhere.

If physicians are having difficulty getting the information they need about their referred patients, they are asked first to seek assistance from the site Health Information Services Directors who are also PHIA Privacy Officers for their sites.

If for whatever reason, resolution with the site contact is not forthcoming, you are advised to contact :

**Winnipg Regional Health Authority**—Contact Evelyn Fondse, Regional Director, Health Information Services
Ph: 204-926-7832 Fax: 204-947-9964

*We're on the web*

## EMERGENCY PHYSICIANS AND ACLS

The Code of Conduct of the College of Physicians and Surgeons of Manitoba requires physicians to maintain and improve professional knowledge and skills. The Central Standards Committee has identified ACLS ( Advanced Cardiac Life Support ) and ATLS ( Advanced Trauma Life Support) as providing appropriate professional knowledge and skills to physicians who provide services in an Emergency. Therefore, physicians working in an Emergency Department are strongly encouraged to acquire and maintain certification in ACLS and ATLS.