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Dangerous Spring and Summer Allergies

Allergic reactions can span a wide spectrum of clinical presentation from the minor irritant of hay fever to the dramatic systemic disruption known as anaphylaxis. Recognizing allergic phenomena can be a challenge. While urticaria represents an obvious hypersensitivity reaction, distinguishing an allergic etiology of syncope or chest pain is more difficult. Many serious allergic reactions present with atypical symptoms, making immediate diagnosis difficult. This article will focus on these more serious allergic reactions.

Bees, wasps and ants are stinging insects belonging to the order Hymenoptera. Hymenoptera stings cause a wide spectrum of illness. Their venoms contain peptide antigens that may trigger allergic reactions. Immediate hypersensitivity or Type I anaphylaxis is mediated by immunoglobulin E antibodies. Symptoms include hives, pruritis, dyspnea, hypotension, palpitations and loss of consciousness. Symptoms begin within 15 minutes of exposure, but may be delayed up to 6 hours. Anaphylaxis to Hymenoptera species affects up to 0.5% of the U.S. population and is responsible for more than 40 deaths per year in the U.S. Children are frequent victims. Very young children are at increased risk from significant toxicity due to their inability to escape from multiple envenomations and increased venom delivered per kilogram.

Current recommendations require epinephrine be given in any case of anaphylaxis. The typical IM or SQ dose is 0.2mg to 0.5mg of a 1:1000 dilution. Weight-based IM/SQ pediatric dosing is 0.01 mg/kg up to a maximum of 0.3mg. In the decompensating adult patient, epinephrine can be given IV in a dose of 100mcg over 5-10 minutes by using a solution of 10ml of a 1:100,000 epinephrine solution. H1 antihistamines have a relatively slow rate of action compared to epinephrine. Diphenhydramine can be given 25-50-mg IV for adults or 1 mg/kg (up to 50mg) for children. Oral preparations can be given for milder allergic symptoms. The newer second-generation H1 antagonists such as cetirizine, fexofenadine and loratidine are highly selective and well tolerated. Combinations of H1 and H2 antihistamines may be more effective than either treatment alone. Ranitidine has fewer potential drug reactions (such as p450 effects) than cimetidine. The effects of systemic steroids are delayed 4-6 hours. Based on their known benefits in treating asthma and other allergic disease, they may be useful in preventing recurrent or protracted anaphylaxis.

Angioedema is a non-IgE immunologically mediated edema that is generally re-

stricted to the soft tissues of the head and neck. It may be an inherited or allergic condition. Symptoms include swelling, pain and sometime itching. More severe cases may include abdominal cramping, swelling of the eyes and mouth and difficulty breathing. Treatment is similar to anaphylaxis with special attention to maintaining the airway. If the offending agent is identified it should be immediately removed. But in many cases the cause is never found. Allergy pearls and pitfalls are numerous. Hoarseness or stridor should immediately raise suspicion for anaphylaxis. In treating shock from anaphylaxis, SQ epinephrine is inadequate. Large volume fluid resuscitation is often necessary. Voice change and dyspnea may suggest the need for airway management. Patients who are on beta-blockers may not respond to standard therapy. For these patients, glucagon in a dose of 1-2 mg IV can be given every 5 minutes titrated to clinical improvement. Inhalational ipatropium may be helpful in these patients as well. Epinephrine in self-injectable syringes should be prescribed to all patients with serious allergic reactions. The patient should have several stored at home, in the car, at work, and so on. Patients who think they cannot be allergic to something because they have taken it before or had prior exposure without problems (such as a sting) may be making a fatal mistake. Allergy is an acquired disorder. Be suspicious.

Patrick Birrer, MD, Member at Large, NKMS

President's Report

Since we last spoke Obama has signed the Healthcare Bill. Most of us are very anxious about what this means for our patients and our futures. We are fortunate to have many local activists in our area. But they can't do it without us. In order for us to make a difference the politicians making the decisions must hear from us.

The easiest and most effective way to contact your legislator is to use Kentucky's Toll Free Legislative Message Line (1-800-372-

7181). An operator will ask your name, address and phone number and ask whom you would like to leave a message for and what the message is. You can get talking points and links to your legislators by visiting the KMA website at <https://www.kyma.org>. If needed, they will help you with who to call and what to say.

Each phone call generates a 'Green Message', which makes a significant impression on your legislator. If the attorneys generate 5,000 Green Sheets and we only

generate 100, they will assume we aren't interested. It is all about the numbers. So the next time an important issue is before us I urge you to make the call. If you are not already getting updates from the KMA please call or visit their website to update your email address. Together we will make a difference.

Susan Bushelman, MD,
President, NKMS

Kentucky's
Toll Free
Legislative
Message Line
(800) 372-7181

Northern
Kentucky
Physician
Family Outing

Upcoming
Events

Alliance Report

Mark your calendars! The annual Northern Kentucky Physician Family Outing will be held on Sunday, August 15, at the Florence Freedom Park (7950 Freedom Way, Florence, KY).

The gates open at 5:05 PM. Dinner will be served from 5:05 PM–6:35 PM and will include: hot dogs, hamburgers, pulled pork, cole-

slaw, potato salad and assorted desserts. Soft drinks will be served with dinner and free of charge between 5:05 PM–6:35 PM.

The game starts at 6:05 PM- Florence Freedom vs. Windy City Thunderbolts.

There will be a limit of four free tickets per family. Additional tickets can be purchased for \$22.00 a ticket.

Invitations will be mailed in July. Make plans to attend this year's Northern Kentucky Physician Family Outing.

For additional information contact the Northern Kentucky Medical Society, Karla Kennedy at (859) 496-6567.

Calendar of Events

- | | |
|-----------|------------------------------|
| May 6 | General Membership Meeting |
| May 18 | NKMS Executive Board Meeting |
| June 15 | NKMS Executive Board Meeting |
| July 20 | NKMS Executive Board Meeting |
| August 15 | NKY Family Physician Outing |

Bridge the Gap to EMR

Moving from a paper-based office to an electronic (paperless) office can be a daunting task. But even more challenging is trying to live in both worlds simultaneously.

One of the most overlooked problems in EMR implementations is what to do with your old paper charts. This can be a significant and often painful barrier to a successful implementation of a new EMR system. Many practitioners will

have trouble working between two worlds, the old paper chart and the new electronic one.

You can minimize the frustration of moving from paper to electronic charts by outsourcing this function to a vendor who can quickly and accurately convert paper files to electronic images that are integrated with EMR systems. You may also want to consider getting outsourcing assistance for data entry, or pre-loading, some of

your key data into the EMR.

Outsourcing these functions can often cost about 1/3 as much as trying to struggle through these tasks with your existing staff. To save money, time, and frustration, consider getting a document specialist involved early in your EMR planning.

By Ruth Sara Hart Schneider, SALIX Medical Document Solutions

NKMS

Wishes Success to the Graduating Residents

Practice Update

The Northern Kentucky Medical Society would like to wish success to the graduating residents from the St. Elizabeth Family Practice Center. The following is a list of the 2010 graduates and the practices they will join.

Oliver Benes, M.D.

Elizabeth Fischer-Velazquez, M.D.

Suzanne Kress, M.D.

Bethany Lucas, M.D.

Melonie Proctor, D.O.

Kevin Sellers, M.D.

Heidi Sharp, M.D.

Monica Sullivan, M.D.

Angel Velazquez, M.D.

OB Fellowship at St. Elizabeth FPC

Patient First-Florence

Patient First-Cold Spring

Undecided

Patient First-Burlington

Pickaway Health Services-Circleville, Ohio

Patient First-Cold Spring

OB Fellowship at St. Elizabeth FPC

Sports Medicine Fellowship at Bethesda

General Membership Meeting

The General Membership Meeting will be held at the Oriental Wok, (317 Buttermilk Pike, Lakeside Park, KY) on Thursday, May 6, 2010.

The evening will begin with a cash bar at 6:30 PM and dinner will be served at 7:00 PM.

Choice of entrée will include the following: Filet Mignon, Sesame Chicken or Shrimp and Tilapia.

Dinner for NKMS Physician members and their spouse/guest will be \$15 per person and dinner for non-member Physicians and their spouse/guest will be \$30 per person.

Dinner is sponsored in part by Hospice of the Bluegrass, NKY.

Keynote Speaker for the evening: Todd R. Coté, MD, Chief Medical

Officer, Hospice of the Bluegrass.

Topic of Discussion: "Effective End of Life (EOL) Communication: Supporting Patients and Families as They Make Difficult Decisions."

Make plans to attend this year's General Membership Meeting. Please RSVP to the Northern Kentucky Medical Society, Karla Kennedy, at (859) 496-6567.



**Northern Kentucky
Medical Society**

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Northern Kentucky's
Physician Network

Address Correction Requested

Bridge the Gap Between Your Paper Charts and EMR



Whether you are just now contemplating Electronic Medical Records (EMR) or you have already implemented a system, we can help. Our document scanning solutions and experienced staff will get your existing records organized and into an electronic format in a cost effective manner. SALIX will address the most overlooked and under appreciated component of a comprehensive EMR solution - the paper charts.

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