

2010 Board

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# NKMS Society

## Rounds

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## Community-Acquired Pneumonia

The Infectious Disease Society of America (IDSA) defines community-acquired pneumonia (CAP) as an infection of the pulmonary parenchyma associated with symptoms of acute infection as well as an infiltrate on CXR or auscultatory findings. The patient cannot have been hospitalized or treated in a nursing home for 14 days prior; otherwise the pneumonia is considered nosocomial. There are 12 cases of CAP per 1000 adults annually resulting in more than one million hospital admissions. It is the 6th leading cause of death at an annual cost of more than \$8 billion.

There are many pitfalls regarding CAP. Atypical and typical pneumonias are not easily differentiated. Etiologies for CAP include Mycoplasma, S. pneumoniae, Chlamydia, PCP, Mycobacterium, Legionella, MRSA, viral, and SARS. Atypical bacteriology is far more common in patients who are subsequently admitted. Mortality is reduced if therapy covers atypicals. One cannot predict with any certainty etiology based on history, physical or CXR findings. In fact, no etiology is determined in 40-

60%. A sputum culture generally does not change the clinical course or therapy. Use sputum cultures when the patient has HIV or you suspect TB. Blood cultures have proven to be of benefit only in complicated cases. Drug-resistant pneumococcus should be suspected in the following: recent antibiotic use, age>65, alcoholics, immunosuppression, comorbidities or childcare settings. Consider enteric gram-negative infections in patients with these risk factors: skilled nursing facilities, multiple comorbidities, recent antibiotics, lung disease, or dialysis. Patients with an interstitial infiltrate that are HIV+ and have CD4<200 are at risk for PCP. Their Rx should include Bactrim, and steroids if they are hypoxic.

Criteria for admission from the emergency room are not firm. A patient <age 50 without high-risk factors or physical findings and a good pulse oximetry can be treated at home. Uncomplicated, outpatient CAP can be treated with doxycycline or azithromycin. An outpatient with cardiovascular disease or S. pneumoniae risk should be treated with a beta-lactam

plus doxycycline or a macrolide, or an anti-pneumococcal fluoroquinolone alone. Comorbidities including abnormal physical findings, unstable vital signs, and abnormal labs should be considered in deciding whom to admit. Neoplasm, altered mental status, respiratory rates >35, multilobar involvement and bilateral pleural effusions are predictors of respiratory failure. MRSA pneumonia has a mortality over 60%. Most had a documented or suspected influenza (such as H1N1) prior with a symptom onset to time of death of 3.5 days. MRSA pneumonia risk factors include recent inpatient stay, recent antibiotics, wound care, family members ill with a multidrug-resistant pathogen and health-care employees. Vancomycin or Linezolid should be given. The hospitals have antibiotic treatment plans for inpatients with CAP. A preprinted order sheet prompts the physician to be compliant. Sir William Osler called pneumonia "the captain of the men of death." This stark reflection holds true in 2010.

Patrick Birrer, MD, Member at Large, NKMS

Comments  
From the  
NKMS  
President

## President's Report

As we usher in a new year we face many changes in medicine both locally and nationally. Locally, I am excited to begin my term as President of the Northern Kentucky Medical Society. I am a Northern Kentucky native and believe there is no better place to live and work. It has been an honor to serve with the dedicated members of the Society over these last few years and I look forward to leading us into the future. Na-

tionally, healthcare faces an uncertain future. Under the stellar leadership of Past-President Steve Hiltz M.D., the Northern Kentucky Medical Society has become stronger and more organized than ever. We are positioned to face the challenges ahead of us. As congress debates the future of healthcare it is more important than ever that our voice be heard so that we can continue to provide the excellent care that our pa-

tients deserve. We want to hear from our members. If you would like to become more involved, or have a suggestion for how we can better serve the medical community please let us know, Visit us at [www.nkms.org](http://www.nkms.org). I look forward to hearing from you and wish each of you a very happy and prosperous New Year.

Susan Bushelman, MD,  
President, NKMS

Membership  
Directory

## Alliance Report

The Northern Kentucky Medical Society Alliance is in the process of updating their membership directory.

This spring the Alliance will be mailing out contact information, which will be featured in the directory, to the physicians' homes. The contact information

that will be mailed to the physicians' homes is the information that the Alliance currently has on file for their members.

When you receive the information in the mail, please take a moment to review it. If there are any corrections that need to be made, please follow the directions on the

form to return it to the Alliance. If the Alliance does not receive any corrections, they will publish the contact information that they currently have on file.

Thank you for your consideration.

Patty Heeb, President,  
NKMS Alliance

Upcoming  
Events

## Calendar of Events

February 16

NKMS Executive Board Meeting

March 16

NKMS Executive Board Meeting

April 1

Trustee Dinner

April 20

NKMS Executive Board Meeting

May 6

General Membership Meeting

## Trustee Dinner

The Kentucky Medical Association Eighth District Trustee Dinner, hosted by Theodore Miller, MD, will be held at Summit Hills Country Club, (236 Dudley Road, Crestview Hills, KY) on Thursday, April 1, 2010. The evening will begin with a cash bar at 6:30 PM and dinner will be served at 7:00 PM.

This is the chance for the KMA President, Dr. John R. White, to address the Northern Kentucky Medical Society on current KMA

issues.

The dinner menu will feature a mesclun salad with balsamic vinaigrette, surf and turf (4 oz filet mignon, and 4 oz halibut) served with a béarnaise sauce, asparagus and scalloped potatoes. For dessert, chocolate cheesecake with raspberry sauce.

For special dietary needs, a substitute entrée may be requested. Please make requests

known to Karla Kennedy (859) 496-6567.

Make plans to attend this year's District Trustee Dinner. Please RSVP on or before March 25, to the Northern Kentucky Medical Society, Karla Kennedy, at

(859) 496-6567.

Reservations will also be accepted by email: nkms@nkms.org

### NKMS

Welcomes

New

Members

## Practice Update

We want to welcome the following physicians who became members of the Northern Kentucky Medical Society in 2009.

James Baker, MD

Latonya Brown-Puryear, MD,

Danilo Calderon, MD

Michael Canos, MD

Lester Duplechan MD

Michael Dusing, MD

Bradley Eilerman, MD

Matthew Hummel, MD

Jennifer Martin, MD

Joseph Martin, MD

Oluseun Medeyiab, MD

Powlimi Nadkarni, MD

Douglas Owen, MD,

Christy Sapp, MD

## 2010 Proposed Budget

### Ordinary Income

Advertising	1,200.00
Dues-Associate	2,565.00
Dues-Active	68,175.00
Dues-Resident	120.00
Dinner Meetings	11,360.00

Total Income 83,420.00

### Expenses

Website	900.00
Dinner Meetings	23,000.00
Gift	440.00
Post Office Box	72.00

Print Advertising	310.00
Dues & Subscriptions	456.00
Insurance	2,000.00
Licenses & Permits	8.00
Postage & Printing	3,000.00
Professional Fees	3,000.00
Repairs	50.00
Telephone	864.00
Contracted Services	23,300.00
Office/Supplies	1,400.00

Total Expenses 58,800.00

Net Income 24,620.00



**Northern Kentucky  
Medical Society**

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**Contact Information**

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Web: [nkms.org](http://nkms.org)

Northern Kentucky's  
Physician Network

Address Correction Requested

## Bridge the Gap Between Your Paper Charts and EMR



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