An introduction to St. Luke's Hospital: Medical student and resident manual, 1980

Advocate Aurora Health
An introduction to ST. LUKE’S HOSPITAL
## TABLE OF CONTENTS

**I. INTRODUCTION** .................................................. 1

**II. ADMINISTRATIVE & PROFESSIONAL STAFF** ................. 2
   • Committees, Departments and Sections .................. 3-4

**III. THE MEDICAL TEACHING SERVICE** ......................... 5-6
   • Components of the Service .............................. 5-6
   • Roles & Responsibilities of:
     -- Private Physician ................................. 6
     -- House Staff ....................................... 6
     -- Junior & Senior Medical Students ................. 6-8
   • Admission of Patients to Teaching Service .......... 8-9
   • Responsibilities of House Staff in Emergency Care ... 9
   • Discharge Planning ................................... 9-11
   • Laboratory Stat List .................................. 12-13

**IV. GENERAL HOUSE STAFF INFORMATION** ...................... 14
   • Absence from Hospital ................................ 14
   • Articles for Photocopying ................................ 14
   • Clearance Forms ...................................... 14
   • Dress Code ............................................ 14
   • Employee Medical Care ................................ 14
   • Health Insurance ..................................... 15
   • House Staff Clinic Patients ........................... 15
   • Housing ............................................... 15
   • Laundry ............................................... 15
   • Lockers ................................................ 15
   • Mail .................................................... 15
   • Mass Casualty ........................................ 15
   • On-Call Rooms ........................................ 16
   • Pagers .................................................. 16
   • Parking ................................................ 16
   • Pay Checks ............................................ 16-17
   • Professional Insurance ................................ 17
   • Vacations .............................................. 17-18

   • GENERAL HOSPITAL POLICIES
     Smoking ................................................. 19
     Visiting Hours ....................................... 19

**V. DEPARTMENTS AND FACILITIES** ............................... 20
   • Admitting - Inpatient ................................ 20
   • Audiology .............................................. 21
   • Cardiac Stress Testing and Rehabilitation ........... 22-23
   • Cardiography Services ................................ 24
   • Dialysis Unit ......................................... 25
   • Dietary ............................................... 26-27
   • EEG ..................................................... 28
   • Emergency Room ...................................... 29
<table>
<thead>
<tr>
<th>Service</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Health</td>
<td>30</td>
</tr>
<tr>
<td>Family Practice Center</td>
<td>31–32</td>
</tr>
<tr>
<td>Hyperbaric Medicine</td>
<td>33–34</td>
</tr>
<tr>
<td>Infection Control</td>
<td>35</td>
</tr>
<tr>
<td>Mail Services</td>
<td>36</td>
</tr>
<tr>
<td>Medical Library</td>
<td>37</td>
</tr>
<tr>
<td>Medical Records</td>
<td>38–42</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>43</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>44–48</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>49–50</td>
</tr>
<tr>
<td>Operating Room and Anesthesia</td>
<td>51–53</td>
</tr>
<tr>
<td>Orthopedic Services (Cast Room)</td>
<td>54</td>
</tr>
<tr>
<td>Pastoral Care</td>
<td>55</td>
</tr>
<tr>
<td>Peripheral Vascular Laboratory (PV Lab)</td>
<td>56</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>57–63</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Psychological Services</td>
<td>64</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>65–66</td>
</tr>
<tr>
<td>Private Referral Clinic (Outpatient)</td>
<td>67</td>
</tr>
<tr>
<td>Public Relations</td>
<td>68</td>
</tr>
<tr>
<td>Pulmonary Function</td>
<td>69</td>
</tr>
<tr>
<td>Pulmonary Rehabilitation</td>
<td>70–71</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>72–73</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>74–75</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>76</td>
</tr>
<tr>
<td>Security/Safety</td>
<td>77</td>
</tr>
<tr>
<td>Social Service</td>
<td>78</td>
</tr>
<tr>
<td>Speech Pathology</td>
<td>79–80</td>
</tr>
</tbody>
</table>
The function of the Teaching Service at St. Luke's Hospital is to provide medical students and residents the opportunity to participate in the care of patients in a general community hospital and to work with physicians who are predominantly in private practice. This will provide an opportunity to acquire familiarity with the health problems commonly encountered in a private patient population and with the practices and resources used in the care of these patients.

The Administration and Professional Staff are pleased to have a role in your education and training and welcome you to St. Luke's Hospital.

We hope this manual will provide you with pertinent information which will be helpful during your tour of duty and speed your orientation to our hospital.
ADMINISTRATION

President ..................... G. Edwin Howe
Vice President ................... Susan M. Bode
Vice President ................... Daniel J. Carlton
Vice President ................... John N. Schwartz
Associate Administrator .......... William E. Byers
Associate Administrator .......... Kenneth R. Buser
Associate Administrator .......... Steven J. Fish
Assistant Administrator .......... Kenneth J. Connell
Executive Director—Foundations .. , Robert L. Radcliffe

MEDICAL STAFF DEPARTMENTS AND SECTIONS

President, Medical/Dental Staff . . . . Richard H. Strassburger, M.D.

Department of Anesthesiology, Chief .... Warren Bogle, M.D.

Department of Cardiology, Chief ....... Henry Gale, M.D.

Department of ENT & Maxillo-Facial Surgery, 
   Chief . . Thomas Kidder, M.D.

Department of Family Practice, Chief . . Gojko Stula, M.D.
   Academic Chairman . Herbert Laufenburg, M.D.

Department of Obstetrics-Gynecology, 
   Chief ... Robert Fritz, M.D.

Department of Hyperbaric Medicine, Chief . Eric Kindwall, M.D.

Department of Internal Medicine, Chief . Salvatore Fricano, M.D.
   Interim Academic Chairman . James Cerletty, M.D.

-- Allergy
-- Arthritis & Rheumatology
-- Dermatology
-- Endocrinology
-- Gastroenterology
-- General Medicine
-- Hematology
-- Infectious Disease
-- Neurology
-- Preventive Medicine
-- Pulmonary Disease
Department of Orthopedics, Chief ........ James A. Rydlewicz, M.D.

Department of Pathology, Chief ........ Ijaz N. Qureshi, M.D.

Department of Physical Medicine & Rehabilitation, Chief ........ Edwin Welsh, M.D.

Department of Psychiatry ............... August Kropp, M.D.

Department of Radiology, Chief ........ James Nellen, M.D.

Department of Surgery, Chief ............ Joseph Mueller, M.D.

Academic Chairman ............ Thomas O'Connor, M.D.

-- Dentistry
-- General Surgery
-- Neurosurgery
-- Ophthalmology
-- Pediatric Surgery
-- Plastic & Maxillo-Facial Surgery
-- Proctology
-- Urology

Department of Thoracic Surgery, Chief .... Richard Shore, M.D.

Department of Medical & Continuing Education . John Palese, M.D.
<table>
<thead>
<tr>
<th>COMMITTEES</th>
<th>DEPARTMENTS &amp; SECTIONS</th>
</tr>
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<tbody>
<tr>
<td>Bylaws</td>
<td>Department of Anesthesiology</td>
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<td>Henry Gale, M.D., Chief</td>
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<td>-- Gastroenterology</td>
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5/80
COMPONENTS OF THE TEACHING SERVICES:

The Patient, identified as a "teaching case" and informed of this status by the private physician prior to or shortly upon admission to the hospital.

The Private Physician, who selects his patients as a teaching case and supervises the house staff in the patient's care.

The House Staff, consisting of junior and senior medical students and residents. They are responsible for the complete initial and subsequent diagnostic evaluation of the patient reflected in the history and physical examination and in daily progress notes. They are responsible for writing all orders unless exceptional circumstances require the direct intervention by the patient's physician.

The Attending Physician who is responsible for holding teaching rounds regularly in which he ascertains the thorough educational assimilation of the house staff's clinical experience.

Physicians of the Clinical Services and Education Department who are responsible for the proper organization of the teaching program, the assignments of the services and teaching, consultation and assistance in patient care when needed.

Channels of Communication represent the essential links to hold the above components together. Especially important are:

--- Communication from the house staff to the private physician following the initial and subsequent evaluation of the patient so that plans for diagnostic and therapeutic care can be laid out jointly.

--- Communication from the private physician to the house staff concerning all pertinent information about the patient and all contemplated changes in his care.

--- Communication by private physician and house staff with the patient and his family concerning his condition, diagnosis and therapeutic plans.

--- Communication concerning the education programs: periodically house staff and physicians actively involved in the teaching program will meet to discuss its structure, content and problems.

Educational Meetings serve to assimilate clinical experience with medical science to improve skills and knowledge of both the house staff and staff physicians and to review as well as update our standards of medical practice. Residents are expected to participate in and attend all meetings.
Assignment to Faculty—each house member is assigned to a team of physicians which was selected carefully to balance the total number of patient admissions with subspecialty representation and patterns of alternate or on call coverage. These physicians are encouraged to select interesting patients for admission to their assigned teaching service. However, they should not expect the house staff to take care of all their patients. The residents will admit the designated and elective teaching cases as well as see emergency admissions of their assigned physicians on a daily basis. The resident on call for the night, Saturday or Sunday, will be responsible for attending to those admissions (elective teaching cases or emergencies) that are scheduled for them, initiate their diagnostic and therapeutic care and communicate with the private physicians.

The Admitting Office will attempt to admit all teaching cases to the wards assigned to the respective teaching services. All efforts will be made to keep patients on the designated teaching ward. However, when occupancy is high, this may not always be possible and greater dispersal of patients should then be expected and tolerated.

ROLES AND RESPONSIBILITIES:

The Private Physician is ultimately responsible for all aspects of care of his patients and can, therefore, demand accountability of the house staff for their diagnostic and therapeutic plans and orders. However, in order to make the participation of the house staff a meaningful and lasting experience, all decisions and documentations, including the initial history and physical examination, subsequent evaluations, progress notes and the writing of orders should be delegated to the resident. If possible, the private physician should notify the house staff about impending emergency and elective admissions and provide them with the information which may be necessary to assure adequate initial care of the patient.

The Resident is responsible for all aspects of patient care on his service. The patient's private physician has to allow him the freedom which is necessary to give him the experience as well as the essential stimulus for further learning. The resident is accountable to the private physician for all details of his patient care and has to accept his guidance. The resident supervises other participating members of the house staff team; senior and junior students.

The resident will be responsible for pronouncing patients dead. Members of the house staff may be called upon to administer intravenous medications for which the nurses' I.V. team have no authorization and to perform urgent clinical procedures if coverage by laboratory technicians is not available.

The Medical Students—junior and senior. During the academic year there will be a number of medical students on each of the hospital's services. These services are an integral part of the house staff group and as such, in spite of their student status, make an important contribution to patient care. The development of esprit de corps that includes junior and senior students and the residents will enhance the experience, education and enjoyment of all concerned.
Each student will do at least one workup daily. These workups should be completed and in the patient's chart within 24 hours after the patient is admitted.

The resident with whom the student is working has responsibility of carefully reviewing these workups, making any appropriate criticism and corrections. The resident will assign the patients to be worked up for the students on his service.

The medical student should participate in and perform such procedures as follows, providing that they have been presented to and practiced by the student prior to his introduction to the clinical services; otherwise, the procedures should be supervised by: (a) House Officer or (2) Attending Staff, on at least one occasion prior to the student's being allowed to perform the procedure independently:

- Venipuncture (either for the drawing of blood for laboratory studies or for the initiation of intravenous infusion)
- Application and change of dressings and bandages
- Advancement of drains on surgical patients
- Passage of nasal gastric tubes (including cantor and levine)
- Placement of foley catheters for urinary drainage in both female and male patients
- Electrocardiographic recording
- Performance of history and physical examination (including pelvic and rectal examination)
- Administration of medications and intravenous fluids and transfusion of blood or blood components
- Arterial puncture for collection of blood sample for blood gas determination (including femoral artery puncture)
- Suturing of minor lacerations

The following are procedures which should be performed under the direct supervision of a house staff or attending staff member, unless an order granting permission to the student to perform the procedure without supervision is written by a house officer or attending physician:

- Bone marrow aspirations
- Casting and splinting
- Skin biopsy
- Thoracentesis
- Any portion of any surgical procedure as directed by the house officer or attending physician
- Abdominal paracentesis
- Suprapubic cystotomy
- Subclavian venipuncture for central venous catherization
- Transtracheal aspiration of sputum for laboratory studies
- Cut down for establishment of venous line
- Lumbar puncture for collection of samples for laboratory studies

The student will present all patients he has worked up to the attending physician and/or chief resident on teaching rounds.
All students are required to attend the many teaching conferences that are ongoing in the hospital throughout their rotation.

Residents are required to complete an evaluation on every student. These evaluations must be completed within a few days after the student's rotation.

IMPORTANT REMINDERS FOR STUDENTS:

• Students are not allowed to write any orders without it being countersigned before it can be carried out.

• Students may not sign the slips for blood transfusions.

• Students may not attest to the death of a patient, nor are they allowed to dictate discharge summaries.

• When signing charts the student should always put JMS or SMS after their signature, so they can be identified as students.

• Students are expected to wear white jackets with shirts and ties for the males and appropriate attire for the females.

ADMISSION OF PATIENTS TO THE TEACHING SERVICE:

Patients are admitted to St. Luke's Hospital as emergency, urgent or elective admissions. Emergency admissions without personal physicians go on the teaching service because of the immediate involvement of the house staff.

Urgent or elective admissions go on the teaching service only when designated as such by the private physician. In all teaching cases, the private physician should transfer the responsibility for writing orders to the house staff.

All elective admissions to the teaching service should be in the hospital prior to 4:00 p.m.

House cases are patients who are unable to defray some or all cost of their hospitalization. A private physician has to be assigned to the case for proper supervision.

Upon the patient's admission a pertinent clinical and laboratory data base has to be obtained which is appropriate for the immediate assessment of the patient's urgent problems.

The history and physical should be completed within 24 hours.

The diagnostic and therapeutic plan should be established early and discussed with the private physician shortly after the patient's admission.

The patient's condition should be re-evaluated daily. New data, their assessment and newly formed diagnostic and therapeutic plans must be recorded in the progress notes.
Consultations should be obtained only with the consent of the private physician. Discharge planning should be started early and discussed with the patient, family and social agencies required.

The private physician is responsible for the discharge summary. He may, however, delegate this to the house staff. In any case, the house staff should also have a concluding summary on the patient's chart.

At times the patient census on the teaching services may become too high for adequate care and communication with the private physicians. Residents may sign off certain cases provided it is agreed upon by both the resident and the private physician.

Communication with the private physician should be frequent, especially where important decisions are pending.

RESPONSIBILITY OF HOUSE STAFF IN EMERGENCY CARE:

The resident is responsible for the medical emergency care of any patient in the hospital or in the emergency department who belongs to a physician on their respective service. After 5:00 p.m. and on weekends (1200 Saturday to 0800 Monday) this responsibility is assumed by the resident on call.

While in the hospital during regular working hours or during night time on weekend coverage, residents are expected to participate in the medical emergency care of all patients who are not on the regular teaching services. All house staff will respond to Code 4 Calls.

DISCHARGE PLANNING:

The objective of discharge planning is to help assure that there is continuity of care for patients who require a further level of health care after hospitalization. The discharge planning process should be initiated as promptly as possible after admission either by the hospital staff or other relevant agencies. The appropriate hospital personnel should provide the attending physician with current information on available community resources for post-hospital care to assist in facilitating transfer of the patient to an appropriate level of care. This information should be provided to the attending physician in a timely manner.

Admission to a hospital pre-supposes discharge which will involve returning home, other community living arrangements, transfer to another institution, or death. All discharges require conscious, coordinated planning and communication beginning from the day of admission. It involves the physician and the health care team working with the patient and with significant others to develop and implement the plan which considers transitional stress, continuity of care and optimal bed utilization.
Discharge planning encompasses preventive, primary, rehabilitative, therapeutic, and custodial care. Its major components include teaching, counseling, and the engagement of community resources in the interest of the patient and significant others. Counseling may be focused on prevention, care, financial, pastoral, and psycho-social facets of continuity of care.

DISCHARGE PLANNING STANDARDS:

-- The attending physician is accountable for assuring that a comprehensive discharge planning process is initiated in a timely manner.

-- All disciplines are accountable for a patient-problem focused collaborative effort, and for working with the Medical-Dental staff to insure that an efficient, effective discharge planning process is begun and completed promptly.

-- Effective formal communication among the disciplines involved, and the documentation of the discharge planning process is essential. The Discharge Planning Communication Form will be utilized to facilitate documentation and communication.

-- The patient and/or significant others should actively be involved in the discharge planning process and have timely access to efficient, effective, comprehensive discharge planning, so that transitional stress is minimized and the patient may receive uninterrupted care.

-- Effective discharge planning should promote the optimum utilization of hospital beds and hospital and community health related resources.

SAMPLE DISCHARGE PLANNING FORM ON NEXT PAGE
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LABORATORY STAT LIST

A. CHEMISTRY

1. Acetone
2. Alcohol (Medical)
3. Alkaline Phosphatase ALT (SGPT)
4. Aminophylline
5. Ammonia, ACA
6. Amylase
7. AST (SGOT)
8. Bilirubin (ACA)
9. BUN, ACA
10. Calcium, ACA
11. Cerebrospinal Fluid Protein
12. Chloride
13. Creatinine Kinase, (CK), (ACA)
14. Creatinine, ACA
15. Glucose, ACA
16. Lactic Acid, ACA
17. Lactate dehydrogenase, (LD), (ACA)
18. Lipase, ACA
19. Lithium
20. Magnesium, ACA
21. Osmolality
22. PCO2/Ph
23. Potassium
24. Potassium, urine
25. Protein, spinal fluid
26. Protein, total
27. Pseudocholinesterase
28. Quinidine
29. Salicylate, ACA
30. Sodium
31. Sodium, urine
32. Uric Acid, ACA

B. THERAPEUTIC MONITORING/TOXICOLOGY

1. Acetaminophen
2. Barbiturates
3. Dilantin
4. Isopropanol
5. Methanol
6. Primidone
7. Quinidine
8. Theophylline
9. Drug Screen
Laboratory Stat List
Page 2

C. MICROBIOLOGY

1. Ova and parasites for entamoeba histolytic trophozoites only. All other ova and parasites are routine.
2. Gram stains
3. Spinal fluids
4. Trichomonas wet preps

D. SEROLOGY

1. Mono-spot tests
2. Pregnancy tests

E. COAGULATION

1. Prothrombin time
2. Partial thromboplastin
3. Bleeding time
4. Factor V Assay
5. Fibrin split products
6. Fibrin monomers
7. Fibrinogen
8. Heparin level
9. Thrombin time

F. HEMATOLOGY

1. CEC - Complete Blood Count
2. Coulter's panel
3. HGB & HCT
4. Platelet count

G. URINALYSIS

1. Urine microscopic
2. Urine macroscopic
3. Occult blood on stools
4. Myoglobin

H. BLOOD BANK

1. Type & Rh
2. Cross-Match
3. Rh-Immunoglobulin testing
4. Coomb's Test - Direct and Indirect
5. Transfusion-reaction work-up

6/80
ABSENCE FROM THE HOSPITAL:
If you leave the hospital for any reason during your scheduled time on duty, you are to notify switchboard and your respective department's office.

ARTICLES FOR PHOTOCOPYING:
Check with respective secretary's office of program director.

CLEARANCE FORMS:
Prior to completion of training each resident will be issued a Clearance Form by the Department of Medical Education. This form must be completed and returned before a certificate of completion of training will be issued.

DRESS CODE:
All house staff should present a well-groomed professional appearance—including a clean white coat or jacket with identifying name tag affixed to the lapel pocket.

EMPLOYEE MEDICAL CARE:
Injury and Illness

—On-the-job Accidents: All on-the-job accidents or accidents on hospital property involving a resident shall be reported to the resident's immediate supervisor within the working period of the day the incident occurs. The resident shall report to the employee health nurse or if she is not available her alternate, the charge nurse, in the emergency room. An incident report form shall be completed as soon as possible.

—Illness: The Employee Health Service is available for any medical problems that residents experience while on duty. It is not intended, however, to replace the resident's private physician. Consult the Director of your program if there are any problems with a personal illness.

In accordance with the Wisconsin Administrative Code, residents with gastrointestinal, upper respiratory, or other infectious disease, who have contact with patients, shall be relieved from duty until there is evidence that they are free from infection. Carriers of infectious organisms who have contact with patients shall be relieved from duty until shown to be recovered from the carrier state by appropriate laboratory tests.
HEALTH INSURANCE:

Premiums for single residents are paid by the hospital. Cost to the resident for family plan varies from year to year, with partial payment being paid by the hospital.

HOUSE STAFF CLINIC PATIENTS:

Information for house staff clinic status for those patients with financial problems can be obtained through the Department of Medical Education and all such cases should be referred to this office.

HOUSING:

Over the years, St. Luke's Hospital has acquired several houses, duplexes and two apartment buildings in the vicinity of the hospital. This housing is available to new house staff. For rental information, please contact St. Luke's Property Projects Coordinator at 647-6531.

LAUNDRY:

Only uniform items are laundered for House Staff. A bin is located in the Laundry Room, 1st floor off of Emergency Room, West end. All jackets must have resident's name written in indelible ink. Residents can drop off jackets before Wednesday and return for same on Thursday afternoon.

LOCKERS:

A limited number of lockers are available to residents. Please check with the Department of Medical Education.

MAIL:

Residents mailboxes are located on 2nd floor near Medical Education. Locks can be obtained by reporting to the Mail Room. Family Practice residents also have a mailbox at the Family Practice Center.

Affiliated residents will receive their mail from the office secretary of their respective program director.

MASS CASUALTY:

When a Condition Alert is announced, all house officers will report at once to the EMERGENCY ROOM for assignment.

DO NOT USE ELEVATORS, as they will be used for patients.
ON-CALL ROOMS:
The following is a list of House Staff On-call rooms. Use only the rooms designated for your service.

E3239 . . . . . . . . . . . Females Only (1 bed) Med/Surg
E3230 . . . . . . . . . . . Spillover (2 beds)
E3241 . . . . . . . . . . . Family Practice (1 bed)
J9370 . . . . . . . . . . . Medical (2 beds)
E3238 . . . . . . . . . . . Internal Medicine (2 beds)
E3232 . . . . . . . . . . . Internal Medicine (2 beds)
J9373 . . . . . . . . . . . Surgical (2 beds)
J9379 . . . . . . . . . . . Surgical (2 beds)
J9378 . . . . . . . . . . . CV Resident (Preceptor) (1 bed)

PAGERS:
Pagers are issued to Family Practice, Internal Medicine and Surgical Residents, plus one pager for each Cardiovascular Team. Each resident is financially responsible for its replacement in case of loss or theft.

A pager is available to the Flexible resident on medical call and can be found in the medical call room.

If the pager is not working, inform TV Repair, Ext. 6643.

PARKING:
Parking cards can be obtained from the Security Department with a $5 deposit being paid to the Cashier.

- Residents are to park only in designated areas
- Lost cards are replaceable for a $5 fee
- Damaged cards can be replaced for a $2 fee

PAY CHECKS: (Radiology, Nuclear Medicine, Pathology, Surgery, & Flexible)

Payroll Period--a payroll period constitutes two work weeks. There are 26 payroll periods in each calendar year.

Paydays fall on the Friday following the close of pay period.

St. Luke's utilizes a checkless payroll system, whereby the net pay due on payday is deposited on the Thursday preceding the payday in the residents checking account.
An earnings statement indicating the earnings, deductions and net pay is mailed so that it arrives at the resident's residence every other Friday.

Checkless Payroll—at the time of hire, the Personnel Department assigns each resident a checking account with the Marshall & Ilsley Bank.

This account may, at the discretion of the resident, be either a joint or individual account.

At the time of hire, an initial supply of personalized checks and deposit slips is provided by the hospital. Upon request to the bank, subsequent supplies of checks and deposit slips, non-personalized, will be supplied by the bank free of charge; however, orders for personalized checks will be charged by the bank to the resident's account at the regular rate.

By arrangement between the bank and the hospital, these accounts are not subject to service charges for processing normal deposits or checks, regardless of number. Overdraft charges, however, are chargeable to the resident's account.

If the bank determines that a resident, for whatever reason, cannot manage the checking account, that resident will forfeit the use of the free checking account and will be issued a check by the bank which will be mailed to the resident's home on payday.

Occasionally, residents will rotate through St. Luke's Hospital for less than 3 months. They will be paid by personal checks which can be picked up on payday in the Payroll Department.

PAY CHECKS: (Family Practice, Internal Medicine, Otolaryngology, Physical Medicine and Rehab, Thoracic Surgery & Flexible ENT—Medical College of Wisconsin Affiliated Hospital residents)

Checks will be mailed to housestaff twice a month in installments equal to 1/24th of the annual stipend. Any change of address should be made known to the MCWAH Office (257–6045) promptly to avoid problems. This office should also be notified of a change in number of dependents. (Please refer to MCWAH Housestaff Handbook for all information, or phone Chris Kashnig, 257–6045.)

PROFESSIONAL INSURANCE:

Malpractice insurance coverage is paid for by St. Luke's Hospital.

VACATIONS:

Two weeks paid vacation for residents at the G-1 level. Three weeks for residents at the G-II level and above, with the condition that it be compatible with the training requirements of the program and approved by the program director. Salary, in lieu of taking vacation, is never paid.
Vacation time cannot be accrued for more than one year; unused vacation time is lost. Scheduling and concurrence of vacation time is at the discretion of the program director.

Sign-up sheet on bulletin board in office of secretary of respective program director.

Vacations to be determined by resident minimum of one month in advance. Forms are available in offices of Medical Education.
# General Hospital Policies

## VISITING HOURS:

Visiting hours for patients are as follows:

<table>
<thead>
<tr>
<th>Section</th>
<th>Hours</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL</td>
<td>11:00 a.m. to 8:00 p.m.</td>
<td>(Exceptions may be made for patients who are acutely ill, having surgery, etc.)</td>
</tr>
<tr>
<td>PEDIATRICS</td>
<td>8:00 a.m. to 8:00 p.m.</td>
<td>(Visitors are requested not to enter rooms during early afternoon rest period -- 12:30 to 2:00 p.m.)</td>
</tr>
<tr>
<td>PSYCHIATRIC</td>
<td>3:30 to 4:30 p.m. and 6:30 to 8:00 p.m. Weekdays 1:30 to 4:30 p.m. and 6:30 to 8:00 p.m. Weekends</td>
<td></td>
</tr>
<tr>
<td>REHAB</td>
<td>4:00 p.m. to 8:00 p.m. Weekdays 12:00 noon to 8:00 p.m. Saturdays 11:00 a.m. to 8:00 p.m. Sundays</td>
<td></td>
</tr>
<tr>
<td>INTENSIVE CARE UNIT</td>
<td>10 minutes at 2:00 p.m. and 10 minutes at 7:00 p.m. for the immediate family only</td>
<td></td>
</tr>
<tr>
<td>CORONARY CARE UNIT</td>
<td>12:00 noon to 3:00 p.m. and 5:00 p.m. to 8:00 p.m. for immediate family only</td>
<td></td>
</tr>
</tbody>
</table>

## SMOKING:

Strict conformity with smoking regulations is required. Smoking is prohibited in the following areas:

--- Hallways and Elevators  
--- Patient Care Areas  
--- Surgery  
--- Recovery Room  
--- Critical Care Areas  
--- Hyperbaric Medicine  
--- Laboratory  
--- Pulmonary Medicine

Smoking is permitted in solariums, staff lounges, lobby areas, coffee shop, meeting rooms, and designated areas of the cafeteria.

Patients are restricted from smoking in their rooms. Those patients who are confined to their rooms for medical reasons may smoke only on written order by their physician and with the consent of any other patients assigned to the room.
DEPARTMENT: Inpatient Admitting
PHONE: 647-6366/647-6368 (Bed Control); 647-6371 (Reservations)
DIRECTOR: Brenda V. Weber
SUPERVISOR: Gay Maciejewski
LOCATION: Ground Floor - Facing the Main Entrance, North Building
HOURS: 24-hour Service, 7 days per week
SERVICES OFFERED:
• Placement of patients
• Correct demographic profile of patient
• Statistical census preparation
• Maintenance of providing equalization of bed ratio to handle all types of admissions at anytime
• Provide hospital information to incoming patients
SPECIALIZED SERVICES:
--Notary Public
--Demographic/financial information of patients to Medical Admitting and Consulting Staff
--Availability of personnel to assist both physician and patient in achieving optimum patient care
TO OBTAIN SERVICES: 647-6366, 647-6368, 647-6371--Bed Placement Clerks
647-6370, Supervisor; 647-6360, Director
SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: The Admitting physician is asked to provide the following information on all reservations: Patient's name, age, home phone number and diagnosis. Special requirements, i.e., "Monitor" or "Isolation"; type of admission, Elective, Urgent, Emergency.
DEPARTMENT:  Audiology

PHONE:  647-6362

MANAGER:  Nancy Kratz, R.N.
SUPERVISOR:  Arlene Zdanowicz, M.S.-CCC/A

LOCATION:  Main Floor, Center Building

HOURS:  0800 - 1630 Monday through Friday
0800 - 1630, every other Saturday

SERVICES OFFERED:
• Hearing Evaluation
• Hearing Aid Evaluation
• Hearing Aid Check
• Hearing Aid Orientation
• Site of Lesion Test Battery

SPECIALIZED SERVICES:
--ENG (Electronystagmography)
--ABR (Auditory Brainstem Response)

TO OBTAIN SERVICES:  Audiology Department--647-6362
Cardiac Stress Testing and Rehabilitation

DIRECTOR:
E. C. Welsh, M.D.
J. C. Manley, M.D.

SUPERVISOR:
Barbara Lacourciere, M.S., OTR

MANAGER:
Judy Ohl, Manager, Physical Medicine & Rehabilitation

LOCATION:
First Floor, Knisely Building

HOURS:
0800 - 1630 Monday thru Friday

SERVICES OFFERED:
Cardiac Exercise Stress Testing is performed to assist in the diagnosis of coronary artery disease, assess cardiovascular functional capacity, and establish a prudent exercise prescription. Testing is performed by Certified Exercise Technicians under the direct supervision of a cardiologist.

The Inpatient Cardiac Rehabilitation Program is designed to provide low level exercise and activity programs for recent MI patients. These services are provided by a licensed physical therapist and a registered occupational therapist.

The Cardiac Surgery and Thoracotomy Exercise Programs involve pre- and post-operative instruction in deep breathing, controlled coughing, and mobility exercises. Services are provided by the physical therapist.

SPECIALIZED SERVICES:
---The Transcutaneous Electrical Nerve Stimulation (TNS) Program can be ordered for immediate post-operative pain control which reduces the need for strong analgesic drugs. The physical therapist provides pre- and post-operative instruction for the patient on use of the TNS unit.

---Cardiac Stress Testing:

Submaximal testing for the MI patient is a limited exercise test which is used to determine guidelines for safe exercise and activity levels upon hospital discharge.

Thallium testing is performed in conjunction with the regular stress testing procedure in order to determine myocardial profusion at rest and exercise.
Gated heart study with exercise is used to determine the effects of coronary artery disease in relation to wall motion, ejection fraction, and chamber size.

--- Outpatient Cardiac Rehabilitation Program

This is a six-week monitored exercise program for the MI, cardiac surgery, and cardiac prone patient. Sessions are held Monday, Wednesday and Friday from 1600-1730.

TO OBTAIN SERVICES:

Verbal orders are acceptable, but must be followed by a written order. The physician does not need to be a member of St. Luke's Medical Staff to order any of the services mentioned above.
DEPARTMENT: Cardiography Services (Section of Graphic Services)

PHONE: 647-6311

MANAGER: Nancy Kratz, R.N.
SUPERVISOR: Liz Bialozynski, R.T.

LOCATION: Main Floor, Center Building

HOURS: 24-Hour Service

SERVICES OFFERED: 
- Vector Cardiograms
- Holter Monitoring
- Echo Cardiograms

SPECIALIZED SERVICES: EKG - Computerized

TO OBTAIN SERVICES:
- Routine Outpatient: Call Ambulatory Admitting, 647-6493
- Routine Inpatient: Call Nursing Units
- Emergencies: 647-6311
DEPARTMENT: Dialysis Unit

PHONE: 647-6617

DIRECTOR: Sherwood Stolp, M.D., Medical Director
PCC: Marlene Morgano, R.N.

LOCATION: Fifth Floor, Center Building

HOURS: 0600 - 1430 Tuesday, Thursday, Friday and Saturday
0600 - 2100 Monday and Wednesday
All other times: contact Nursing Supervisor

SERVICES OFFERED:
- Hemo Dialysis - Acute and Chronic
- Peritoneal Dialysis - Acute and Chronic

SPECIALIZED SERVICES:
- Kidney Biopsy
- Insertion, Tenckhoff Catheters
- Removal of Tenckhoff Catheters
- Insertion of Femoral Catheters

TO OBTAIN SERVICES:
By medical referral to: Sherwood Stolp, M.D.
Salvatore Fricano, M.D.
Chaisin Kirachaiwanich, M.D.
DEPARTMENT: Dietary
PHONE: 647-6434
DIRECTOR: Grace Brazzale, R.D.
LOCATION: Cafeteria--Basement, North Building
          Coffee Shop--First Floor, North Building
HOURS:
      Cafeteria: Breakfast . . . . . 0630-0800
                   Morning Break . . . 0800-1015
                   Lunch . . . . . . . . . . . . 1100-1315
                   Afternoon Break . . . 1315-1600
                   Dinner. . . . . . . . . . . 1630-1900
                   (Closed after 1830 on Sundays)
      Coffee Shop: Open from 12 a.m. to 11 p.m. daily, except holidays

SERVICES OFFERED:
• Patient Tray Service
• Inpatient and Outpatient Dietary Counseling Service
• Cafeteria for Employees and Medical Staff
• Coffee Shop for Visitors and Employees
• Special Events Functions

SPECIALIZED SERVICES:
--Outpatient dietary counseling. Special requests are acknowledged by appointment with Clinical Dietitian--647-6717. It is requested that a written prescription accompany any requests.

DIETARY TRAY SERVICE:
Special diet requirements may be written on the chart soon after admission to assist the department in selecting proper diets for patients (i.e., 1 gm Na, 1200 calories, religious restrictions, etc.). Discharge Diets: please write order for discharge diet instructions to be given for Therapeutic Diets 24 hours in advance. Diet instructions are not given on Saturdays, Sundays or holidays.

Consultation with Clinical Dietitian is encouraged during treatment of patients, particularly during the treatment of patients undergoing hyperalimentation.
SPECIAL
HOUSE STAFF
ORIENTATION
INSTRUCTIONS:

Meals and snacks from the Cafeteria and Coffee Shop are only on a cash basis at time of service. The Vending machines are located in the basement of the Knisely Building. It is inappropriate to take food from refrigerators on Nursing Units as such food and beverage is provided for the patients.

TO OBTAIN SERVICE:

Mrs. Pat Bichanich, R.D. -- 647-6717
DEPARTMENT: EEG (Section of Graphic Services)

PHONE: 647-6868

MANAGER: Nancy Kratz, R.N.
SUPERVISOR: Liz Bialozynski, R.T.

LOCATION: Main Floor, Center Building

HOURS: 0800 - 1630 Monday through Friday

SERVICES OFFERED: EEG (Electroencephlography)

SPECIALIZED SERVICES: Nasopharyngeal Testing

TO OBTAIN SERVICES: Inpatient and Outpatient: Call Ambulatory Admitting, 647-6493.
Emergency Death Records - 647-6868
SERVICES OFFERED: 24-hour Emergency Services provided by a corporation of physicians (MDES), each a member of St. Luke's Medical/Dental Staff. Backup call provided in all specialty areas, and a full compliment of nurses provide around-the-clock nursing care.

SPECIALIZED SERVICES: In addition to MDES physicians, a medical internist (also St. Luke's staff members) is on duty 24 hours for medical emergencies. This group is known as IMES -- a unique feature of our Emergency Room.

Medical Social worker on duty in Emergency Room 30 hours per week.

TO OBTAIN SERVICES: 647-6333 -- Nurses and Physicians Available 24 hours per day.
DEPARTMENT: Employee Health

PHONE: 647-6383

MANAGER: Wallace L. McMahan

LOCATION: First Floor - Personnel Department

HOURS: 0700 - 1530 Monday through Friday

SERVICES OFFERED:

• Physical Examinations for:
  --New applicants
  --Repeat physicals on present employees

• Provide care for:
  --Minor illnesses
  --Minor accidents

• Consulting Services regarding a variety of employee related health problems

• Emergency Room Nurse provides employee health services when EH is not open

SPECIALIZED SERVICES:

--Offer flu vaccine

--Allergy shots given per order of P.M.D. -- approved by Medical Director

--PPD skin tests

--Blood Pressure Control Program

--Weight Loss Program

TO OBTAIN SERVICES:

Employee Health Nurses: JoAnne Janowiak
                         June Kot
                         Gail Olen
A physician from the St. Luke's Family Practice Residents' Center is on duty twenty four hours a day, seven day a week for emergencies, or after hour calls for regular clinic patients. During non-office hours, this on-call physician can be reached by calling St. Luke's Hospital, 647-6723.

St. Luke's Family Practice Residents' Center is a model Family Practice Clinic affiliated with St. Luke's Hospital and the Medical College of Wisconsin. People of all ages can receive medical care at the Center by physicians who provide primary care and practice family medicine. The Center has been designed to accommodate basic diagnostic and treatment needs with St. Luke's Hospital serving as a back-up source for most laboratory tests, x-ray examinations and emergencies. All specialties are available on a consultation basis when it becomes necessary.

Services include care for most medical and surgical problems; emergency treatment, family planning, obstetrical care, well baby and child care, routine health promotion, and some counseling for behavioral, sexual, and emotional problems.

Fees for professional services are determined in essentially the same manner as those of individual practicing physicians and are according to usual and customary charges for the metropolitan area. We handle all types of health insurance including Title XIX, Medicare, and Medical Assistance.

Glaucoma screenings are offered on the first and third Wednesday of each month from 2:00 – 4:00 p.m. No appointment is necessary; there is no charge.

Prenatal classes are also available for our obstetrical patients.
TO OBTAIN SERVICES: Call 647-6732 to schedule an appointment.

To arrange appointments for followup care of inpatients (no doctor patients admitted through ER or Family Practice Center patients), call 647-6732 for times available. Give receptionist the following information:

- patient's name
- resident the patient is to see
- diagnosis
- patient's age
- patient's home phone number

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: General instructions on departmental organization and procedures are given to family practice house staff in their Family Practice Center Procedure Manual. Special instructions regarding the Family Practice Teaching Service and the Family Practice Center are given to all other house staff rotating through the Medical Teaching Service at the time of their orientation to the service.
DEPARTMENT: Hyperbaric Medicine

PHONE: 647-6577

DIRECTOR: Eric P. Kindwall, M.D.
SUPERVISOR: John Krohta
PCC: Judith Johnson, R.N.

LOCATION: Basement, Center Building, East End

HOURS: 0630 - 1630 Monday thru Friday
Available 24 hours per day, 7 days per week for emergencies

SERVICES OFFERED:
- 2 Walk-in Chambers (one capable of 4ATA, one 7ATA)
- 1 Monoplace Chamber (capable of 3ATA)

Used to Treat:
- Carbon Monoxide Poisoning
- Cyanide Poisoning
- Decompression Sickness (bends)
- Gas Embolism
- Gas Gangrene
- Compromised Skin Grafts
- Smoke Inhalation
- Melaney Ulcer
- Actinomycosis
- Acute Peripheral Arterial Insufficiency
- Bacteriodes Infections
- Crush Injuries
- Acute Cerebral Edema
- Traumatic Head and Spinal Cord Injuries
- Osteomyelitis
- Osteoradionecrosis
- Soft Tissue Radionecrosis
- Acute Retinal Artery Insufficiency (impending thrombosis)

TO OBTAIN SERVICES: Call Eric P. Kindwall, M.D. (6577) during regular working hours. At other times, contact the switchboard operator to contact Dr. Kindwall or an alternate physician who is on-call.
This Department should be notified of any patient admitted to St. Luke's with any of the following diagnoses:

--Decompression Sickness (bends)
--Air Embolism
--Carbon Monoxide Poisoning
--Cyanide Poisoning
--Smoke Inhalation
--Gas Gangrene
--Traumatic Spinal Cord Injuries
--Crush Injuries
DEPARTMENT: Infection Control

PHONE: 647-6671/647-6764

DIRECTOR: Karl Schmitt, M.D., Medical Director (Pathologist)
MANAGER: Wallace McMahan

LOCATION: Employee Health Area of Personnel Department (Epidemiologist's Office)

HOURS: 0700 - 1630 Monday through Friday

SERVICES OFFERED:
• Isolation Information
• Contagious Disease Reporting
• Infection Control Classes
• Advisory Consultations on Infection Control and Epidemiology

SPECIALIZED SERVICES:
-- Infection Surveillance
-- Infection Control Education

PRINCIPLE ACTIVITIES:
• Develop and implement policies and procedures as well as provide necessary followup procedures to insure proper infection control measures.
• Survey and evaluate hospital activities to insure compliance with the regulatory requirements of the CDC, HEW, Joint Commission on Hospital Accreditation and the hospital.
• Detect, analyze, and record clinical nosocomial infections on a systematic and current basis. (Via bacti reports, patient's charts, temperature records, xray, cardex, and nurses) To provide Infection Control Committee with sound information.
• Advise hospital personnel concerning isolation policy and disposition of patients admitted with infections, to insure proper protection for all patients.

TO OBTAIN SERVICES:
Kathy Wallschlaeger, Epidemiologist
Claire Sczmczak, Infection Control Nurse

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS:
A class in Infection Control is given by Microbiology Pathologist and the Epidemiologist. Handout information is available upon request.
<table>
<thead>
<tr>
<th><strong>DEPARTMENT:</strong></th>
<th>Mail Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHONE:</strong></td>
<td>647-6620</td>
</tr>
<tr>
<td><strong>DIRECTOR:</strong></td>
<td>Brenda V. Weber</td>
</tr>
<tr>
<td><strong>SUPERVISOR:</strong></td>
<td>Debbie Janke</td>
</tr>
<tr>
<td><strong>LOCATION:</strong></td>
<td>Center Building, East Wing, Second Floor</td>
</tr>
<tr>
<td><strong>HOURS:</strong></td>
<td>0730 - 1700 Monday through Friday</td>
</tr>
<tr>
<td><strong>SERVICES OFFERED:</strong></td>
<td></td>
</tr>
<tr>
<td>• Processing of all incoming/outgoing mail</td>
<td></td>
</tr>
<tr>
<td>• Processing of stall mail promptly to include all medical reports needed in particular offices</td>
<td></td>
</tr>
<tr>
<td>• Processing of all mail for Medical Education offices</td>
<td></td>
</tr>
<tr>
<td><strong>SPECIALIZED SERVICES:</strong></td>
<td>Residents mail boxes provided in Mail Room for ease in procuring their mail at any time</td>
</tr>
<tr>
<td><strong>TO OBTAIN SERVICES:</strong></td>
<td>Joan Horbinski, Senior Mail Clerk, 647-6769</td>
</tr>
</tbody>
</table>
DEPARTMENT: Medical Library

PHONE: 647-6608/647-7355/647-7357

LIBRARIAN: Midge Wos

LOCATION: Second Floor, Center Building at employee entrance

HOURS: 0800 - 0000 Monday through Friday -- weekend and after hour access by paging Security Officer. Please be prepared to show St. Luke's I.D. card to Security Officer and library staff upon request.

SERVICES OFFERED:
• Interlibrary loans
• Current books available for 1 week loan with option for renewal
• Current periodicals and bound journals available on 3-day loan
• Audiocassettes in 9 health disciplines available for 1-week loan with option for renewal
• Reservations for audiovisual room

SPECIALIZED SERVICES:
--Free MEDLINE searches.
--Reasonable amount of document delivery free. Librarian reserves the right to limit excessive demands and to charge for service if excessive demands are made.
--Literature search assistance.

--Personal book orders will be taken, providing order is placed at least 2-1/2 months prior to expected termination date and full payment is made in advance. Any discounts from publishers will be passed along.

TO OBTAIN SERVICES: Interlibrary loans, book orders, document delivery:
Joni Bartz . . . . . . . . . . . . 647-7355

Specialized Services--0800 - 1630:
Midge Wos . . . . . . . . . . . . 647-7357
Mary Milalofsky . . . . . . . . . . . . 647-6608

Specialized Services--1630 - 0000:
Marcy Liasecki . . . . . . . . . . . . 647-7355

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: Please refer to library handout entitled "Library Procedures."
DEPARTMENT: Medical Records

PHONE: 647-6406

DIRECTOR: Diane Moe, RRA

LOCATION: Second Floor (J) Main Office

HOURS: 24-hour General Services -- others as specified

SERVICES OFFERED:
- The department handles the storage and retrieval of medical information for patient care and research purposes while maintaining patient rights.
- Most medical records are maintained in microfilm format.
- Medical Transcription Services (see attached).

SPECIALIZED SERVICES:
- Utilization Review
- Medical Care Evaluation Studies/Ancillary Audits
- Cancer Registry

TO OBTAIN SERVICES:
- Utilization Review—Anita Pavlos, R.N., 647-6901 0600 - 1630
- Medical Care Evaluation Studies—Eunice Schwab, ART 647-6410 0600 - 1430
- Statistics, Research Studies—Eunice Schwab, ART (Same as above phone & hours)
- Assistance with Incomplete Records—Chris Ramos 647-6406, OR Gloria Riegert 647-6411
- Ancillary Audits—Mary Wallner, ART, 647-6408 0700 - 1530
- Cancer Registry—647-6720

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: Requests for medical records for studies must be submitted at least 3 days prior to start of study to allow for retrieval.
Concurrent utilization review is done on all patients. Thorough progress notes are helpful. Timely discharge planning is essential to the review process and patient care.

For medical transcription information, see attached instructions.

Information put into the medical record should be well documented, but concise.

All medical records are to be completed by the physicians within 15 days after discharge.

Medical Records are removed from the Medical Record Department only upon re-admission of the patient, or for conference presentation. Records are never kept out overnight.
MEDICAL TRANSCRIPTION INFORMATION

Physicians may dictate into the centralized medical transcription service in one of two ways:

--Hard-wired Dictaphones are located throughout the hospital. Each Dictaphone contains a maximum of six channels, each of which is connected to a separate priority magnetic recording tape. An index to each tape is attached to each Dictaphone. This, in effect, gives the physician an option of dictating six different types of reports from one Dictaphone.

--Telephone access is possible by utilizing any telephone inside or outside the hospital. The following numbers can be used:

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical History and Physical</td>
<td>671-2060</td>
</tr>
<tr>
<td>Surgical History and Physical</td>
<td>671-5550</td>
</tr>
<tr>
<td>Operative (Surgical) Report</td>
<td>647-6824</td>
</tr>
<tr>
<td>For Medical Transcription info</td>
<td>647-6609</td>
</tr>
</tbody>
</table>

--To give specialized service to reports which are required within three hours of dictation, please buzz the attendant on the Dictaphone line or telephone the Medical Transcription Center at 647-6609. This will alert the transcriptionists to the presence of the dictation and allow them to give priority status to this report. If you do not call in advance, this priority status will not be afforded.

--Hours for service:

<table>
<thead>
<tr>
<th>Day</th>
<th>Service Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday through Friday</td>
<td>24 hour service</td>
</tr>
<tr>
<td>Saturday</td>
<td>First shift hours (varies)</td>
</tr>
<tr>
<td>Sunday</td>
<td>1800 – 2400</td>
</tr>
</tbody>
</table>

--History & Physicals are to be dictated immediately after admission. Final summaries are to be dictated at discharge. Operative reports are to be dictated immediately after surgery.
INSTRUCTIONS FOR DICTATING

-- Select appropriate channel.
-- State clearly your name and spell your name.
-- Give patient's name, spelling first and last name.
-- Indicate the following:

If patient is an inpatient:

• Give medical record unit number and hospital case number
• Give date of admission
• Give patient's room number

If patient is an outpatient:

• Give medical record unit number and hospital case number
• Give date of encounter

If patient is discharged:

• Give medical record unit number and hospital case number
• Give date of discharge

-- To correct a word or phrase, keep pressing the playback button until you locate the last word before the word you want to change (see diagram following). Then press the "correct" button on the base of the Dictaphone. Your recorder is now in the stand-by position. Press the "talk" button and dictate the correction. The previous word or words will be automatically erased.

-- After completion of your dictation, state your name once again.

-- If you encounter any difficulty with the dictating lines, press the "attendant" button on the Dictaphone. This will allow you to talk with one of the transcriptionists, who will assist you. Press the talk bar while speaking.
**Ready to Dictate**

When you lift the handset, the "In-Use" light under the depressed Channel Selector button will turn on. You'll hear a short beep tone to confirm seizure of the recorder.

To dictate, press the Talk Bar on the underside of the handset and speak into the microphone. When you pause, release the Talk Bar. A short continuous tone will be heard as a reminder to press the Talk Bar before resuming dictation.

**Review and Edit**

To listen back to the last 10 to 15 words dictated, press the Playback button on top of the handset and release. If you wish to hear more, simply press and release the button twice for the last 20 to 30 words, or three times for the last 30 to 45 words.

**Scanning**

After an extended playback to review a much earlier dictated sentence, you can quickly scan forward over the balance of the letter returning to the end of your dictation by momentarily depressing the "Fast-scan" or "Letter" button. A short beep tone will indicate the recorder has reached this point, and now you may resume dictating.

When you want to change a word or phrase, press the Playback button and listen to the last word before the word you want to change. Then, press the "Correct" button. This stops the review and puts the recorder in a stand-by mode. Now, press the Talk Bar and dictate the correction. The unwanted word or phrase will be automatically erased!

---

**Controls**

- Channel Selectors
- Talk Bar
- "In-Use" Light
- Playback Button
- Correction Button
- Attendant Button
- Fast-Scan Button

**Supervisor**

At any time during dictation you may press the "Attendant" button and the Correspondence Center Supervisor will come on the line. This may be necessary to seek assistance or request special handling of your dictation.

Press talk bar while speaking.
**DEPARTMENT:** Nuclear Medicine

**PHONE:** 647-6418/19

**MEDICAL STAFF:**
- Don R. Spiegelhoff, M.D., Medical Director
- David L. Yuille, M.D., Assistant Medical Director

**DIRECTOR:** Frank J. Kalivoda

**MANAGER:** Lannice A. Meyer

**LOCATION:** Center Building, Basement

**HOURS:**
- 0700 - 1700 Monday through Friday
- 0800 - 1630 Saturday

**SERVICES OFFERED:** Through the diagnostic facilities, the Department of Nuclear Medicine offers all routine nuclear medicine scanning procedures.

**SPECIALIZED SERVICES:** The department also provides special procedures such as nuclear cardiac scans.

**TO OBTAIN SERVICES:**
To arrange appointments for Inpatients, physicians are to complete the physician's order sheet. Outpatient appointments can be scheduled by calling the Nuclear Medicine Department during regular working hours. Outpatient orders, including physician's name and specific procedure to be done, are to accompany all Outpatients.

Emergency procedures are to be scheduled by calling the Nuclear Medicine physician on call through the hospital switchboard. Nuclear Medicine technologists are on call until midnight 7 days per week to perform after hour emergency cases.

**SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS:** General instructions on departmental organization and procedures are given to the house staff at their main orientation presented to them by the hospital. Specific information in each department is learned through the experience of the staff. The information is provided to them through physicians, senior house staff, ward clerks, etc.
PHILOSOPHY OF NURSING

Our philosophy of nursing at St. Luke's Hospital is based on respect for the dignity, worth, autonomy and individuality of each patient and his basic human rights.

We believe it is our personal responsibility that each patient and family have the right to receive effective health care and concern based on their needs and their relationship to the health-illness continuum.

We believe in a multi-disciplinary approach in meeting our obligation to restore the patient to his optimum level of health and well-being or to provide for his care during the dying process.

We believe in the need to maintain a safe level of care and in each practitioner's acceptance of the obligation continually to update knowledge, skill and to upgrade care.

We believe it is our responsibility to establish, support, promote and participate in teaching and research programs for the improvement of patient care.

OBJECTIVES

• To effectively individualize a plan of care based on respect for the dignity, worth and autonomy of each patient and his basic human rights.

• To advocate the patient and family's right to receive effective health care and concern based on their needs and their relationship to the health illness continuum.

• To coordinate and collaborate in a multidisciplinary approach in the restoration of the patient to his optimum level of health and well-being and for his care during the dying process.

• To maintain a safe level of care by encouraging the practitioner to accept the obligation of updating knowledge and skills to upgrade care.

• To establish, support, promote and participate in teaching and research programs for the improvement of patient care.
NURSING DEPARTMENT PLAN OF ORGANIZATION

The Nursing Department is responsible for the delivery of nursing care commensurate with patient needs on inpatient units, in Hemodialysis, and in the Operating Rooms, and accountable to Administration and the Board for the professional performance of its employees and the management of its assigned areas.

The Vice President, elected by the Board of Directors, is responsible for the direction of the entire department. The incumbent channels nursing input into policy and planning affecting nursing care, patient environment, or nursing department operations. The incumbent is the department's liaison with the organized Medical Staff.

Two key associates provide expertise in their areas of responsibility:

▼Director, Clinical Nursing:

The incumbent is responsible for continual improvement in the quality of nursing care delivered to patients by assessing the quality of nursing care (concurrent and retrospective audit), updating nursing care concepts and tools, maintaining qualified inservice education and clinical specialist staffs, and providing pertinent input to policy and procedure formulation. The incumbent is the principal liaison with other paramedical departments.

▼Director, Patient Care Resources:

The incumbent is responsible for interpreting personnel and equipment and supply requests into capital and operating budgets and administering and monitoring those budgets throughout the fiscal year. The incumbent works with materials management, maintenance and housekeeping departments and key subordinates to ensure the availability of supplies and equipment and non-clinical personnel necessary to support patient care in departmental areas.

The management of grouped nursing units is delegated to five Assistant Directors of Nursing:

- **Surgical Nursing**: Units 3CD, 4CD, 4GK, 5GHK, SICU
- **Medical Nursing**: Units 3EF, 4EF, 6JK, 7GH, 7JK, 8GHJK, M/RICU
- **Cardiac Nursing**: Circulatory Dynamic Laboratory, CVN/ICU, CCU, 4LM, 5LM, 6LM
- **OR/PAR Nursing**
- **Special Nursing**: Pediatrics (6GH), Psychiatry (2CD), Rehabilitation (2EF), Hemodialysis and Special Admissions.
The incumbents are responsible for day-to-day operations and input to long range planning for their areas of responsibility. Responsibilities for the coordination of activities of all departmental areas and personnel rotate among the Assistant Directors on a daily basis.

A sixth Assistant Director is responsible for the coordination of departmental activities and personnel as well as administrative duties on the second and third shifts.

The above personnel make up the Nursing Administrative Conference which carries out cooperative planning and decision making for the department.

SUPERVISORS/CLINICAL COORDINATORS: The Clinical Coordinator is responsible for the supervision of all nursing activities during the assigned shifts. The individual in this position serves as a representative of nursing and frequently hospital administration during these shifts. In this regard, the incumbent will observe and regulate institutional activities and assist in the interpretation and enforcement of hospital policy. The Clinical Coordinator serves as a representative of hospital administration during evening and night shifts.

Positions necessary to carry out Department functions on the unit level follow.

▼ Patient Care Coordinator:

The incumbent is responsible to an Assistant Director for the day-to-day operation of the unit; the coordination of care delivered by medical, nursing, and other paramedical personnel to patients on the unit; the input to long range planning for the unit and staffing for and delivery of nursing care to the patients housed/served on the unit.

▼ Staff Nurse:

The incumbent is responsible for the nursing care delivered to a team/module of patients or for caring for patient(s) for an assigned shift. Designated primary nurses are held accountable for the nursing care plan for their primary patients, admission through discharge, 24 hours a day.

▼ Licensed Practical Nurse:

The incumbent is responsible to a registered nurse for the delivery of nursing care to a patient(s) as assigned.

▼ Nursing Assistant:

The incumbent is responsible to a registered nurse for the performance of tasks associated with the nursing care of patients as assigned.
Nonclinical Support Personnel Include:

Service Unit Coordinator

The incumbent is responsible to the Director, Patient Care Resources for maintenance and repair of physical facilities and equipment, availability of consumable supplies, and verification of payroll in an assigned building.

Coordinator, Unit Clerks

The incumbent is responsible to the Director, Patient Care Resources for providing competent clinical clerical support to nursing personnel on the units.

Unit Clerk Supervisor

The incumbent is responsible to the Coordinator, Unit Clerks for supervision of the clinical clerking function on the assigned shift.

Unit Clerk

The incumbent is responsible for the clinical clerking functions on the assigned unit for the shift scheduled.
OF PARTICULAR INTEREST POLICY & PROCEDURE REFERENCES:

--Each general unit has a Nursing Procedure Manual. Each Critical Care Unit has the same manual, plus a Critical Care Procedure manual along with instructions stating what protocol must be followed when admitting and caring for patients in these units. Please feel free to refer to these resource manuals at any time.

--ICU AND CORONARY CARE UNIT POLICY:

It is hospital policy that all patients on ventilators in the Medical Respiratory ICU and Coronary Care Units must be seen by an anesthesiologist or member of the Section of Pulmonary Disease — or any other staff physician who can demonstrate his experience and current clinical competence as approved by the Credentials Committee and the Executive Committee of St. Luke's Hospital.

If patients with respiratory failure are admitted to one of the teaching services, members of the Section of Pulmonary Disease who are asked to see the patient in consultation will usually refrain from writing orders except in emergency situations, or when conflicts arise which cannot be resolved to the satisfaction of the consultant. Management of problems will be discussed with the House Staff who will be encouraged to write all orders.

If consultation has not been requested, the House Staff will be allowed to continue to write all orders if they are appropriate for the management of the patient's problems. However, if the orders are not appropriate in these cases, members of the Section of Pulmonary Medicine will write all respiratory orders without necessarily discussing the management with the House Staff. In these instances, the orders given by the members of the Section of Pulmonary Medicine will supersede those of the House Staff.
DEPARTMENT: Occupational Therapy

PHONE: 647-6402

DIRECTOR: E. C. Welsh, M.D., Medical Director
SUPERVISOR: Mary Moritz
MANAGER: Judy Ohi -- Physical Medicine & Rehabilitation

LOCATION: First Floor, North Building

HOURS: 0800 - 1630 Monday thru Friday

SERVICES OFFERED:

An initial evaluation is performed by a registered occupational therapist to determine what deficits may exist in the areas of motor, sensory integrative, cognitive and psychological skills. Based on that evaluation, individual treatment programs are implemented to improve range of motion, muscle strength and coordination. Activities to improve perceptual motor and visual perceptual skills are included. Maximum independence within the limits of the patient's disability is stressed.

SPECIALIZED SERVICES:

--Activities of Daily Living and Homemaking Training:

   Training to achieve independence in feeding, dressing, personal hygiene and homemaking. Assistive devices are provided as needed.

--Fabrication of Upper Extremity Orthoses

--Biofeedback:

   Used in the treatment of chronic pain and to teach relaxation techniques.

TO OBTAIN SERVICES:

Written referral from a physician is required. The physician need not be a member of the St. Luke's Medical/Dental Staff.

--INPATIENTS: Referrals from staff physicians should be written on a physician's order sheet on the patient's chart.

--OUTPATIENTS: Referrals should be written on physician's prescription form or other appropriate form. The following information is requested: a brief per-
tinent history, diagnosis, contra-
indications, treatment requested. Verbal orders must be followed by a written order within 48 hours or treatment will be discontinued.
In accordance with the most recent Rules and Regulations of the Medical/Dental Staff, it is St. Luke's Operating Room policy that certain requirements must be met prior to allowing a patient admission to the operating room for any surgical procedure.

The operating room admission policy has three main areas of concern which include:

--proper wristband identification of all patients admitted to the operating room

--Complete workup to include:
  a) History and physical on chart or dictated
  b) Complete blood count
  c) Urinalysis
  d) Chest xray done on admission to the hospital
  e) ECG for any patient 35 years or older

Patients admitted to the hospital within the previous 30 days will not have any of the above routine examinations upon admission unless so ordered by the admitting physician.
correct surgical consent signed by patient or legal guardian or custodian, and also witnessed

The policy further states that should any of these requirements not be met, the patient will not be admitted to the operating room.

An emergency situation may preclude most of these requirements being met at admission to the operating room.

FOOD & BEVERAGES IN OR:

No food or beverages are permitted within the confines of the Operating Room.

ISOLATION OF A CONTAMINATED SURGICAL PROCEDURE:

Contaminated surgical procedures will be treated in such a manner as to effectively contain the potential spread of an infectious contaminant.

NEEDLE COUNTS IN OPEN HEART SURGERY:

All free and swedged-on needles are to be counted at the beginning of the procedure, before closure begins and again before closure is complete.

Incident reports will be made out by the circulating nurse for all unaccounted-for needles. If the needle is a 5-0 or larger, the nurse will call the xray personnel for an xray to locate a foreign body. If the needle is smaller than 5-0, the attending surgeon will direct the nurse if he desires an xray to be taken.

Counts shall also be taken and recorded at the change of shift.

SPONGE COUNTS:

It is the responsibility of the circulating registered nurse and the surgical technician, participating in an operative procedure, to provide an orderly, accurate accounting of all sponges used.

Items included in sponge counts are only those items having radiopaque markers.

There shall be at least three counts of sponges per procedure. The first count will be taken before the procedure begins. A second count will be taken at the beginning of wound closure. The final count at the closure of skin.
The result of the final count shall be signed for on the patient's chart and surgical worksheet by the registered nurse participating in the final count.

**TRANSFERRING PATIENT TO OPERATING ROOM:**

Patients will be transported to the operating room by designated personnel from the operating room at the discretion of the operating room team leader.

**SCHEDULING:**

Surgical procedures are scheduled with the Operating Room by the staff physician or his office personnel.

Scheduling is accomplished on a first come, first serve basis. Request for specific times are honored.

Request for specific anesthesiologist for a certain procedure are made directly to the Department of Anesthesia.

**SCHEDULING PHONE NUMBERS:**

- 3rd Floor OR, Main Desk . . 6315
- Advance Scheduling Office . . 6771
- 4th Floor OR, Surgery . . . 6922
- Department of Anesthesia . . 6318
DEPARTMENT: Orthopedic Services (Cast Room)

PHONE: 647-6486

MANAGER: Nancy Kratz, R.N.
SUPERVISOR: Corrine Mraz, R.N.

LOCATION: Main Floor, Center Building

HOURS: 0700 - 1600 Monday through Friday
        0700 - 1530 Saturday

SERVICES OFFERED:
- Cast Application and Removal
- Orthopedic Examinations
- Joint Injections
- Assist MDS in Emergency Room (as requested by orthoped or MDES physician)
- Inpatient Traction Application
- Assist Orthopedic Physicians in surgery

SPECIALIZED SERVICES:
- Corset Fitting
  (Some braces, cervical collars and other soft items)
- Breast Prosthesis Fitting
- Orthopedic Inservice

TO OBTAIN SERVICES:
Ambulatory Admitting - 647-6493
Inpatients -- Call 647-6486
Emergency technicians "on-call" (by physician order)
DEPARTMENT: Pastoral Care

PHONE: 647-6567

DIRECTOR: Chaplain Vernon M. Flesner

LOCATION: 9th Floor, Center Building

HOURS: 0830 - 1700 Monday through Friday; On-call Chaplain available evenings and weekends

SERVICES OFFERED: General and specific pastoral care

SPECIALIZED SERVICES: Counseling of patients, families and staff

TO OBTAIN SERVICES: Pastoral Care Office or telephone operator

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: The personnel of the Pastoral Care Department of St. Luke's Hospital are:

Reverend Vernon M. Flesner
Reverend Jan de Jong, Staff Chaplain
Reverend Eugene W. Leffingwell, Staff Chaplain
Mrs. June A. Rolain, Secretary
Chaplain/Students in training

St. Luke's Clinical Pastoral Education Center is a member of the Association for Clinical Pastoral Education, New York, New York, and follows the procedures and guidelines as set forth by this national association.

The goals of the program are 50% educational and 50% service. The students provide the hospital with 24-hour chaplaincy coverage as the students are in the hospital from 0830 to 1700, Monday through Friday. At least one and sometimes two chaplains are in the hospital weekends and evenings.
DEPARTMENT: Peripheral Vascular Laboratory (PV Lab)

PHONE: 647-6572

DIRECTOR: John W. Bowman, M.D., Medical Director

SUPERVISOR: Darlyene Beyerl

MANAGER: Larry Stevens

LOCATION: Pulmonary Medicine Department, First Floor, Knisely Building

HOURS: 0800 - 1630 Monday through Friday

SERVICES OFFERED:
- Carotid Studies, OPG, CPA & Doppler
- Upper Extremity Arterial Studies
- Lower Extremity Arterial Studies
- Lower Extremity Arterial Studies with Treadmill Exercise
- Lower Extremity Venous Studies
- Ankle-brachial Index

SPECIALIZED SERVICES:
- Digital Mapping

TO OBTAIN SERVICES: All Peripheral Vascular Lab tests are scheduled. Please phone 647-6572; on weekends contact the Medical Director or his associate.

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: House staff orientation is available upon request of the PV Lab.
DEPARTMENT: Pharmacy
PHONE: 647-6412, 647-6415 (office)
DIRECTOR: Dennis R. Richards, R.Ph.
SUPERVISORS: Joel E. Thomson, R.Ph.
Mary Jane Zeppelin, R.Ph.
LOCATION: First Floor, Center Building
HOURS: 24 hours per day, 7 days per week
SERVICES OFFERED TO HOUSE STAFF:
• The Pharmacy will fill prescriptions signed by a staff physician for residents and their families. The cost for prescriptions and over-the-counter drugs is cost of drug plus 10%.
• Staff physicians and residents must personally ask the pharmaceutical representatives for prescriptions for personal use. The pharmaceutical representative may mail the drugs to the physician, or leave them at the Pharmacy Department in his name.
• The Pharmacy will provide the names and telephone numbers of the representatives of drug companies.

TO OBTAIN SERVICES FROM PHARMACY FOR DRUGS:
• Written Prescriptions
• Telephone Requests
• Physician Order Form

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS:
--DRUG STOP ORDER POLICY: Unless the number of days of drug therapy is specified by the physician, the following drug stop order policy is effective.

- Controlled Schedule II Substances -- 4 days
- Other Drugs -- 10 days
- IV Fluids -- 3 days
- IV Fluids with Additives -- 1 day

--SCHEDULE II CONTROLLED SUBSTANCES:
Staff physicians and house staff are not permitted to write prescriptions for Schedule II drugs for themselves or for members of their families.

When a physician writes a Schedule II prescription for his patient, he may not act as an agent for that patient in the delivery of the medication. The patient, family member, or friend must pick up the prescription and sign for it.
---DEA (DRUG ENFORCEMENT AGENCY) NUMBER:

- Per federal regulations, house staff will be assigned a temporary DEA number for use during their residency training at St. Luke's Hospital. The number will be assigned by the Pharmacy, and is only valid during the period of training at St. Luke's. It must be used when writing prescriptions for inpatients for Schedule II Controlled Substances (narcotics, stimulants, sedatives, and hypnotics).

- Also, the Joint Commission on Accreditation of Hospitals states under Pharmaceutical Services, Standard III, that the Pharmacy Department should maintain a means of identifying the signature of all practitioners authorized to use the pharmaceutical services for inpatient and outpatient prescriptions, as well as a listing of their Drug Enforcement Administration numbers.

- During your orientation you will be requested to fill out a signature ID card which is to be returned to the Pharmacy for this purpose.

- Your DEA number is not valid for outpatient orders or prescriptions leaving the hospital.

- Upon completion of your residency, application must be made to the Drug Enforcement Agency for an individual permanent number which will permit authorization to write for controlled substances for all future patients.

- With the exception of returning your signature ID card to the Pharmacy, the above does not apply if you possess a current DEA issued number.

POLICIES AND PROCEDURES:

--- Written policies and procedures that govern the safe administration of drugs are developed by the Pharmacy Committee, which is composed of members of the medical staff, the Director of Pharmacy, and the Director of Clinical Nursing. Accepted policies are presented to the Executive Committee for review.

INVESTIGATIONAL DRUGS:

--- When the use of an investigational drug is to be implemented, the drug protocol must be presented to the Pharmacy Committee and the Research Committee. Copies of approved protocol are to be kept on file in the Pharmacy Department and Administration.
Any substance classified as investigative by the FDA used in patient care must be registered with and dispensed by the hospital Pharmacy per directive of the Research Committee. Pharmacy is responsible for:

- Storage of the investigational agent
- Preparation of the drug for proper administration
- Delivery of the drug to the nursing unit

A Special Procedures Consent Form must be completed and signed. There should be a witness to attest to the authorization. The exact time of each consent should be recorded. All verbal consents should be placed in writing on the patient's consent form and signed as soon after as possible.

The Special Procedures Consent Form is available from the Pharmacy Department.

The completed Special Procedures Consent Form is to be placed in the patient's chart. Photocopies are to be given to the patient, the Pharmacy and the physician.

It is the responsibility of the principle investigator of an investigational drug to provide adequate administration information to the nursing staff for the particular agent so that it may be safely administered to the patient.

**EMERGENCY USE OF EXPERIMENTAL DRUGS:**

**EMERGENCY SITUATION:** If a physician makes a medical judgment that a patient needs a new or experimental drug not approved for clinical use as defined by medical literature or community medical practice, but the life-threatening situation warrants it, prior to the administration of the drug, the following procedure is to be followed:

I. **AUTHORIZATION** -- an authorization to use the experimental drug must be secured from the following individuals:

--- Two medical members of the Research Committee, one being the Chairman if available.

--- Two members of the Pharmacy Committee, one being the Chairman if available, via the Pharmacy Department.

--- One member of the hospital's administration.

--- The patient or next of kin.
II. CONSENT: (the above consent procedure should be followed.)

III. RESTRICTIONS: An authorization for the use of an experimental drug is for a one-time use only.

--NURSE-ADMINISTERED DRUGS LIST:

- Registered nurses may administer intravenous drugs as listed in the Nursing Policy for Administration of Intravenous Therapy.

- The following criteria are used to determine the intravenous medications to be administered only by a physician.
  - Where there exists the possibility of severe immediate reactions.
  - Those with a variable dose dependent upon the response in the patient.
  - Drugs in which the therapeutic-toxic ratio is small.
  - Those in which extravasation may lead to sloughing of the tissues.

- Chemotherapy Drugs:
  - Conventional—treatment that involves chemotherapy of two or more agents, one of which falls in the category with restrictions, must be administered by a Chemotherapy Nurse Clinician or her alternate.
  - Investigational—may be given by a Chemotherapy Nurse Clinician at the discretion of the physician.

- Revisions to this procedure are reviewed and approved by the Pharmacy Committee annually. Current addendums are attached to the procedure after appropriate review and approval.

--MEDICATIONS BROUGHT INTO HOSPITAL BY INPATIENTS:

- Drugs brought into the hospital by patients may be administered with a written order from the patient's attending physician.

- If the drugs are not used during the patient's hospitalization the following procedure is used:
  - the nursing staff will recommend the drugs be returned home with the family.
--If this is not feasible, then:

- the nurse will inventory the drugs.
- the patient will receive a receipt for the drugs.
- the drugs will be sealed and stored in the Pharmacy Department.
- the drugs will be returned to the patient at the time of discharge upon presentation of receipt.

REPORTING OF ADVERSE DRUG REACTIONS:

- The FDA requests the reporting of Adverse Drug Reactions.
- Per FDA, an adverse reaction is defined as one which is noxious, unintended, and occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.
- Per FDA definition, categories of drugs involved in adverse reactions are:
  - "New Drugs" -- any drug listed in Physician's Desk Reference and New and Non-Official Drugs.
  - Diagnostic agents and radio-isotopes.
  - "Old Drugs" -- appearance of significant reactions.
  - Over-the-counter drugs -- medicines not requiring a prescription.
  - Devices--orthopedic, radiologic, diathermy, and electrical.
- The forms are to be obtained from the Pharmacy, completed in duplicate and returned. One copy is submitted to the FDA and the other is evaluated by the Pharmacy Committee.
- If a physician does not complete the form, the Patient Care Coordinator should do so and return the form to the Pharmacy.
- Sample form included.

SPECIALIZED SERVICES:

- UNIT DOSE: The Pharmacy Department employs a Unit Dose drug distribution system for all nursing units, with the exception of the critical care areas. A drug profile is available for reference for a complete current listing of patients' medication therapy while hospitalized.
---IV ADMIXTURE: The Pharmacy Department is responsible for the preparation or compounding of intravenous admixtures. A pharmacy centralized IV Admixture Program provides for proper screening of physico-chemical incompatibilities in drug admixtures. It provides the proper, controlled environmental conditions during the compounding process by using a laminar air flow hood. The service also makes available special concentrations of additives not commercially available.

---HYPERALIMENTATION: McGaw's PreAmine 8.5% (crystalline amino acid) is used to compound hyperalimentation solutions per physician's order per patient.

Hyperalimentation Procedure instructions will be distributed on orientation day.

---REFERENCE SOURCE: The Pharmacy Department maintains a reference library of current pharmaceutical textbooks, journals, newsletters, and articles.

Drugdex, a microfiche reference drug information system, is available in the Pharmacy.

The Pharmacy uses the Drug Information Center at the University of Wisconsin, Madison, for literature search of drug interactions and incompatibilities.
### DRUG EXPERIENCE REPORT

**DATE SENT TO FDA**

1. INITIAL REPORT  
2. FOLLOW UP REPORT

#### SECTIONS

**SECTION I: BASIC REACTION DATA**

<table>
<thead>
<tr>
<th>4. SEX</th>
<th>5. HEIGHT</th>
<th>6. DATE OF BIRTH</th>
<th>7. ORIGIN</th>
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<th>9. SOURCE OF REPORT (Mfg., Hospital, etc) (Name of reporting Physician is optional.)</th>
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<th>10. ADDRESS OF SOURCE (Give Street, City, State, and Zip Code.)</th>
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<th>11. DESCRIBE SUSPECTED ADVERSE REACTION(S) AND ANY POSSIBLE ASSOCIATION WITH THE DRUG(S) INVOLVED</th>
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<th>12. OUTCOME OF REACTION TO DATE</th>
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<td>☐ ALIVE WITH SEQUELAE</td>
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<th>13. LIST ALL THERAPY IN ORDER OF SUSPICION (Manufacturer: List NDA or IND No.)</th>
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<tr>
<th>15. SUBSTANTIATING LABORATORY STUDIES (Clinical Laboratory, Autopsy, X-Ray, etc.)</th>
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<td>CLINICAL LAB: ☐ DONE ☐ ATTACHED ☐ NOT DONE</td>
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<td>BIOPSY/AUTOPSY: ☐ DONE ☐ ATTACHED ☐ NOT DONE</td>
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<th>16. LIST POTENTIALLY NOXIOUS OR ENVIRONMENTAL FACTORS (Include household products, industrial and agricultural chemicals)</th>
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<th>17. EXISTING OR PRIOR DISORDERS AND PAST DRUG REACTION OR ALLERGIC HISTORY</th>
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<tr>
<td>PREVIOUS EXPOSURE TO SUSPECTED DRUG OR RELATED COMPOUND ☐ YES ☐ NO</td>
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<tr>
<th>18. (a) IF FEMALE</th>
<th>(b) IF PREGNANT</th>
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<td>GRAVITY</td>
<td>PARITY</td>
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<th>19. MAY THE SOURCE OF THIS REPORT BE RELEASED TO THE ARMED FORCES INSTITUTE OF PATHOLOGY?</th>
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<td>☐ YES ☐ NO</td>
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**SECTION II: IMPORTANT MODIFYING DATA**

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<thead>
<tr>
<th>15. SUBSTANTIATING LABORATORY STUDIES</th>
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</thead>
<tbody>
<tr>
<td>CLINICAL LAB: ☐ DONE ☐ ATTACHED ☐ NOT DONE</td>
</tr>
<tr>
<td>BIOPSY/AUTOPSY: ☐ DONE ☐ ATTACHED ☐ NOT DONE</td>
</tr>
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<tr>
<th>16. LIST POTENTIALLY NOXIOUS OR ENVIRONMENTAL FACTORS</th>
</tr>
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<thead>
<tr>
<th>17. EXISTING OR PRIOR DISORDERS AND PAST DRUG REACTION OR ALLERGIC HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS EXPOSURE TO SUSPECTED DRUG OR RELATED COMPOUND ☐ YES ☐ NO</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>18. (a) IF FEMALE</th>
<th>(b) IF PREGNANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAVITY</td>
<td>PARITY</td>
</tr>
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<tr>
<th>19. MAY THE SOURCE OF THIS REPORT BE RELEASED TO THE ARMED FORCES INSTITUTE OF PATHOLOGY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES ☐ NO</td>
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**FOR FDA USE ONLY**

<table>
<thead>
<tr>
<th>20. REACTION FACTORS (Check all applicable boxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ DECOMPOSITION OF DRUG</td>
</tr>
<tr>
<td>☐ DRUG NOT USED ACCORDING TO LABELING</td>
</tr>
<tr>
<td>☐ DRUG MISUSED BY PATIENT</td>
</tr>
<tr>
<td>☐ DRUG MISLABELED</td>
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<tr>
<td>☐ OTHER DRUG MISUSE (Specify)</td>
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</tr>
<tr>
<td>☐ OTHER DRUG MISUSE (Specify)</td>
</tr>
</tbody>
</table>
DEPARTMENT: Physical Medicine & Rehabilitation - Psychological Services

PHONE: 647-6400/647-6737

DIRECTOR: E. C. Welsh, M.D., Medical Director
MANAGER: Judy Ohl, Manager, Physical Medicine & Rehabilitation
PSYCHOLOGISTS: J. M. O'Donnell, Ph.D.
T. E. Tyre, Ph.D.

LOCATION: First Floor, North Building

HOURS: Flexible, by appointment

SERVICES OFFERED:

Diagnostic: • Neuropsychological Testing  
• Personality Assessment  
• Vocational Assessment

Treatment: • Individual, group, and family psychotherapy  
• Hypnotherapy for pain and rehabilitation services  
• Behavioral self-regulation  
• Sexual dysfunction counseling

Consultation: • Behavior management/patient compliance pain disorders  
• Rehabilitation programming

SPECIALIZED SERVICES:

---Differential diagnosis of psychological/physical components underlying symptomatology and disease

---Psychological treatment of pain disorders, adjustment reactions to illness and disability, somatic disorder, and habit disorders

---Consultation regarding and behavioral treatment with high risk health behaviors, e.g., smoking, obesity, stress

TO OBTAIN SERVICES:

Contact the Physical Medicine & Rehabilitation Unit (647-6400) or contact psychologists directly through their respective offices. Physicians may request psychological services for inpatients through the physician's order sheet.
DEPARTMENT: Physical Therapy

PHONE: 647-6400/6401

DIRECTOR: E. C. Welsh, M.D., Medical Director
MANAGER: Judy Ohl, Manager, Physical Medicine & Rehabilitation
SUPERVISOR: Barbara Turton

LOCATION: First Floor, North Building

HOURS: 0730 – 1630 Monday through Friday
0800 – 1200 Saturday, closed Sundays and Holidays

SERVICES OFFERED:
The Department offers complete physical therapy services for in- and outpatients including all types of exercise, modalities, and hydrotherapy. Each patient is seen by a registered physical therapist who performs an initial evaluation and develops treatment programs based on those realistic goals.

Trained aides assist the therapists in transporting patients and in performing some specific modalities.

SPECIALIZED SERVICES:
--Rehabilitation Services: Neuro and orthopedic rehabilitation for in- and outpatients. Includes treatment of quads, paras, stroke, amputation, brain injury, pre- and post-operative orthopedic care, scoliosis evaluation, etc.

--Transcutaneous Nerve Stimulation (TNS) for pain control. Available for in- and outpatients with referral to an outside agency for rental or purchase of the equipment if necessary.

--Biofeedback: Relaxation training and muscle re-education.

--Stress Management: In coordination with occupational therapy and psychology.

TO OBTAIN SERVICES:
Written referral from physician is required. The physician need not be a member of the St. Luke's Medical Staff.

--INPATIENTS: Referrals from staff physicians should be written on a physician's order sheet on the patient's chart.
--OUTPATIENTS: Referrals should be written on physician's prescription form or other appropriate form. The following information is requested: Brief pertinent history, diagnosis, contraindications, treatment requested. Verbal orders must be followed by a written order within 48 hours or treatment will be discontinued.
DEPARTMENT: Private Referral Clinic (Outpatient)

PHONE: 647-6580

MANAGER: Nancy Kratz, R.N.
SUPERVISOR: Ruth Kromholz, R.N.

LOCATION: Main Floor, Center Building

HOURS: 0700 - 1630 Monday through Friday
0700 - 1330 Saturday

SERVICES OFFERED: Private Referral Clinic serves all Medical/Dental Staff members and their patients. Most patients seen by appointment, but physicians may use available rooms for emergency examinations and procedures. Services provided include bronchoscopy, cystoscopy, proctoscopy, dental examinations, ENT examinations, esophageal dilitatim, laryngoscopy, eye and pelvic examinations, minor operative procedures and GI procedures including gastroscopies, colonoscopies, motility studies and ERCP's.

TO OBTAIN SERVICES: Ambulatory Admitting - 647-6493: GI technician on-call after regular hours; for emergency GI procedures, call the Nursing Office.
DEPARTMENT: Public Relations

PHONE: 647-6388; Pager #595

MANAGER: Dorothy J. Black

LOCATION: 3030 South 28th Street, First Floor

HOURS: 0800 - 1630 Monday through Friday (24-hour on call)

SERVICES OFFERED:
- Coordinate all information released to the print and electronic media
- Coordinate/assist with in-house publications
- Assist administration, departments, and staff with promotion needs, exhibits, displays, special events, and other public relations needs

SPECIALIZED SERVICES:
- Foreign language translators
- Notary Public Service
- Housing Lists
- Miscellaneous information requests (organ donors--general community and hospital)

TO OBTAIN SERVICES: Dorothy J. Black

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: If house staff members encounter a situation that seems newsworthy, please contact the Public Relations Department.
DEPARTMENT: Pulmonary Function
PHONE: 647-6572
DIRECTOR: Stuart A. Levy, M.D., Medical Director
SUPERVISOR: Darlyene Beyerl
MANAGER: Larry Stevens
LOCATION: Pulmonary Medicine Department, First Floor, Knisely Building
HOURS: 0730 - 1630 Monday through Friday

SERVICES OFFERED:
• Screening Spirometry
• Complete Pulmonary Function Studies include:
  Spirometry (with or without bronchodilator)
  Residual Lung Volume
  Single Breath Diffusion
  Arterial Blood Gas Studies
• Pulmonary Function Studies include:
  Spirometry (with or without bronchodilator)
  Residual Lung Volume AND - Single Breath Diffusion

SPECIALIZED SERVICES:
--Mecholyl Sensitivity
--CO2 Response Curve
--Selective Bronchial Catheterization
--Skin Testing

TO OBTAIN SERVICES: All Pulmonary Function tests are scheduled, to obtain services—647-6572.

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: House staff orientation is available upon request of the PV Lab
DEPARTMENT: Pulmonary Rehabilitation

PHONE: 647-6576

DIRECTOR: Irwin Margolis, M.D., Medical Director
SUPERVISOR: Diane M. Duffy, R.N.
MANAGER: Larry Stevens

LOCATION: Pulmonary medicine Department, First Floor, Knisely Building

HOURS: 0700 - 1630 Monday through Friday

SERVICES OFFERED: Pulmonary Rehabilitation program provides for comprehensive respiratory care and instruction for those individuals with a chronic alteration to respiratory health. Generally, the program is directed towards those patients with emphysema, chronic bronchitis, asthma and bronchiectasis. The program includes: instruction as to the general nature of the lung disease; breathing retraining; bronchial hygiene techniques and a progressive exercise schedule.

SPECIALIZED SERVICES:

---Kick-the-Habit Smoking Workshops (4 clinics per year; January, April, June, October).

---Arrangement and instruction in home respiratory therapy devices, including oxygen systems, positive pressure machines, and nebulizers.

---Pulmonary Rehabilitation Program (brochure available upon request).

TO OBTAIN SERVICES:

Physicians may request Pulmonary Rehabilitation for inpatients by doing so on the Physician's Order Sheet. For outpatients, schedule by phoning 647-6576. A prescription is required requesting Pulmonary Rehabilitation to admit patient to the program; any restrictions desired by the M.D. should be identified on the prescription. If there are no restrictions, this should be stated clearly. An appointment will then be made between Pulmonary Rehabilitation and the patient for initiation of the program. PLEASE NOTE: Patients need not be seen by a Pulmonary physician in order to be enrolled in the program.
Prescriptions required for any home equipment. Arterial blood gas documentation of need required for oxygen instruction. Consider the following guidelines:

1. Exercise or resting PaO2 less than 50 mmHg — supplemental O2 required.

2. Lesser degree of hypoxemia associated with polycythemia, maybe an indication for O2.

For patients referred, results of the following are required prior to program:

---EKG
---PF Studies
---Chest X-ray
---CBC
---History & Physical

NOTE: If the tests have been recently done (within the last year) at another agency or the M.D.'s office, xeroxed copies are acceptable.
DEPARTMENT: Diagnostic Radiology

PHONE:  
647-6424 . . . . . . Appointment Desk  
647-6427 . . . . . . Film File Room  
647-6939 . . . . . . CT & Ultrasound  
647-6507 . . . . . . Quality Control/Sorting  
647-6430 . . . . . . Director  
647-6539 . . . . . . Manager  
647-6429 . . . . . . Coordinator  
647-6424 . . . . . . Diagnostic Supervisor  
Pager #584 . . . . . . Neurocardiovascular Supervisor

MEDICAL STAFF: James R. Nellen, M.D., Chairman  
Adam Fueredi, M.D.  
Thomas E. Knechtges, M.D.  
Joseph A. Manago, M.D.  
James Rankin, M.D.  
Charles E. Schmidt, M.D.  
Eugene Till, M.D.  
Albert Yard, M.D.

DIRECTOR: Frank J. Kalivoda

MANAGER: Dennis Cardarella

SUPERVISORS: Paul Minzlaff - Diagnostic  
Dan Michalek - Neurocardiovascular

COORDINATOR: Gilbert Stenz

LOCATION: North Building, 1st Floor

HOURS: 0700 - 1700 Monday through Friday  
0800 - 1200 Saturday  
Emergency & On-Call -- 24 hours per day

SERVICES OFFERED:  
• All routine radiographic procedures  
• Tomography  
• Fluoroscopy (complete gastrointestinal and genitourinary examinations)

SPECIALIZED SERVICES:  
--CAT scans (cranial axial tomography)  
--Ultrasound procedures  
--Angiography  
--Lymphangiography  
--Renal biopsies  
--Mammography  
--Bronchial brushings
--ERCP (endoscopic retrograde pancreatogram)
--Sialography
--Arthrography
--Venography
--Pneumoencephalography
--Bronchography
--Myelography
--Transhepatic cholangiography
--Chin urethrogram
--Hysterosalpingography
--Sinus tract injection

TO OBTAIN SERVICES:

Inpatients: physicians are to complete the physician's order sheet.
Outpatients: appointments can be scheduled by calling the Radiology Department during regular working hours. Outpatient orders, including physician's name and specific procedure to be done, are to accompany all Outpatients. Special procedures are scheduled by sending a requisition to the Radiology Department and it will be taken care of by a Radiologist. (Special procedures are usually done on Inpatients).

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS:

General instructions on departmental organizations and procedures are given to the house staff at the orientation presented to them by the hospital. Specific information in each department is learned through the experience of the staff. The information is provided through physicians, senior house staff, ward clerks, etc.
DEPARTMENT: Radiation Oncology
PHONE: 647-6420/647-6823

MEDICAL STAFF: Alan B. Fidler, M.D., Medical Director
Kenneth A. Klein, M.D., Assistant Medical Director

DIRECTOR: Frank J. Kalivoda
MANAGER: Lannice A. Meyer
LOCATION: Center Building, Basement
HOURS: 0800 - 1630 Monday through Friday

SERVICES OFFERED: Radiation Oncology Consultations; full range of radiation treatment modalities including megavoltage treatments with 4Mev linear accelerator. (Superficial intermediate voltage, orthovoltage high energy (10 Mev), and electron beam available at related institutions (St. Mary's, Trinity Memorial Hospital); Brachytherapy (intracavitary, interstitial, surface moulds and plaques) available. Where necessary, patients may be admitted to radiation oncology service on Inpatient basis.

Eventual orthovoltage and superficial capability on site at St. Luke's when new department is completed.

Department includes full treatment planning capabilities, simulation, computer dosimetry, construction of field shaping cerrobend blocks, compensation filters, wedge filters, and immobilization devices.

Fully certified radiation therapy physics support certified radiation therapy technologists.

TO OBTAIN SERVICES: To arrange appointments for Inpatients, physicians are to complete the physicians order sheet. Outpatient appointments can be scheduled by calling the Radiation Oncology Department during regular working hours. Outpatient orders, including physician's name and specific procedure to be done, are to accompany all Outpatients.

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: General instructions on departmental organization and procedures are given to the house staff at their main
orientation presented to them by the hospital. Specific information in each department is learned through the experience of the staff. The information is provided through physicians, senior house staff, ward clerks, etc.
DEPARTMENT: Respiratory Therapy

PHONE: 647-6574

DIRECTOR: Stuart A. Levy, M.D., Medical Director
SUPERVISOR: Rick Swanstrom
MANAGER: Larry Stevens

LOCATION: Pulmonary Medicine Department, First Floor, Knisely Building

HOURS: 24 hours per day

SERVICES OFFERED:
- Chest Physiotherapy
- Incentive Spirometry
- IPPB with or without Medication
- Oxygen Therapy
- Sputum Inductions for Cytology & Bacteriology
- Surgical Respiratory Care Program
- Ultrasonic Nebulization Therapy
- Ventilator Management

SPECIALIZED SERVICES:
- Arterial Puncture for Obtaining Arterial Blood Gases
- CPR Certified Therapists
- Critical Care Respiratory Therapists staff SICU and MRICU 24 hours per day, on a continuous basis
- Emergency Room Support
- Endotracheal Intubation may be done by Respiratory Therapy Supervisors
- On-call as an Information Resource for CV-ICU when requested

TO OBTAIN SERVICES:
For Inpatients -- staff physicians, residents, etc., may order on physicians order sheet

For STAT Requests -- have unit clerk page Respiratory Supervisor on duty (RT Supervisors are available 24 hours per day)

For Outpatients -- physicians may call department, provide patient's prescription, stating desired services. If further questions arise, contact Medical Director or the Department Supervisor
DEPARTMENT: Security/Safety
PHONE: 647-6615/6828/6554
DIRECTOR: Kenneth Jenkins
LOCATION: Security Control Center, Parking Structure
HOURS: 24-hours per day
SERVICES OFFERED: Safety
Security
Parking Information—see "Parking" under "General Information" for House Staff

SPECIALIZED SERVICES: --FIRE SAFETY PLAN
How To Report A Fire:

Turn in fire alarm at nearest box
Dial "22" giving the location of the fire

When You Hear The Alarm (Condition Red)

Do not return to your work area, report to the person in charge of the department in which you are working, or remain where you can hear the public address system and wait for further instructions. DO NOT USE ELEVATORS.

Fire Codes:

Condition "Red" -- indicates a fire or drill, e.g. "Condition Red 2EF"
Condition "Green" -- continue normal duties which will keep you away from the area affected by the fire, e.g. "Condition Green - except 2EF"
Condition "All Clear" -- resume all normal activities

TO OBTAIN SERVICES:
Security Clerk . . . 647-6615 (24 hours per day)
Security Manager . . . 647-6554 (0800 - 1630, Monday through Friday)
Security Coordinator . 647-6828 (0730 - 1600, Monday through Friday)
DEPARTMENT: Social Service

PHONE: 647-6340

DIRECTOR: A. David Schlesinger, ACSW

LOCATION: Manager and Secretary: 9th Floor
Staff offices in various parts of the hospital

HOURS: 0800-1630 Monday through Friday. Additionally, on-site
coverage is provided to the Emergency Room from 1730-2330
on Monday, Wednesday and Friday, and from 1730-2230 on
Tuesday and Thursday; excluding holidays, vacation and
sick time.

SERVICES OFFERED: The following patient/family focused services are offered
throughout the house by request and as a matter of course
on units where a Social Worker is specifically assigned
(see specialized services).

- Psychosocial Evaluation and treatment
- Assistance with social emotional functioning including
coping with illness and/or disability and treatment
- Assistance with post-hospital planning
- Facilitating services in relation to community resources
- Consultation to physicians and the hospital staff (relevant
input from a Social Worker enabling the consultee to better
provide service)
- Teaching and training
- Brief counseling services to hospital staff

SPECIALIZED SERVICES: --Psychiatry
--Physical Medicine & Rehabilitation
--Kidney Dialysis

TO OBTAIN SERVICES: Social Service Office—a physician's order is usually re-
quired to institute direct services.

SPECIAL HOUSE STAFF ORIENTATION INSTRUCTIONS: Please complete Request for Social Service Consultation
form in making a referral, in addition to your written
order. That form is available on all units.
DEPARTMENT: Speech Pathology

PHONE: 647-6735

DIRECTOR: E. C. Welsh, M.D., Medical Director

SUPERVISOR: Paul Echelard, M.D./CCC

MANAGER: Judy Ohl

LOCATION: First Floor, North Building

HOURS: 0800 - 1630 Monday thru Friday
Closed on holidays

SERVICES OFFERED: The Speech Pathology Department offers complete evaluation and therapy services for inpatients and outpatients, adults and children. Treatment is designed to remedy communication impairments caused by stroke, brain tumor, traumatic head injuries, laryngectomy, vocal nodules/polyps, or delayed speech and language. A certified speech pathologist works with patients on an individual basis, performing an initial evaluation and then developing an individualized treatment program based on realistic goals.

SPECIALIZED SERVICES:

--Feeding Therapy:
Available to inpatients with paralysis/paresis or surgical removal of oral mechanism musculature vital to the chewing and swallowing process.

--Laryngectomy Program:
Outpatient therapy program to teach esophageal speech and use of mechanical communication devices such as the electrolarynx. Group therapy program in the planning stages.

--Communication Boards:
Available to inpatients who are unable to communicate verbally. Written order is necessary.

TO OBTAIN SERVICES:
Written referral from physician is required. The physician need not be a member of the St. Luke's Medical Staff.

--INPATIENTS: Referrals from staff physicians should be written on a physician's order sheet on the patient's chart.
OUTPATIENTS: Referrals should be written on physician's prescription form or other appropriate form. Verbal orders are acceptable, but must be followed by a written order before treatment will be initiated.