

April Newsletter

The April meeting was held at Gourmet and Company restaurant in Johnson City, TN. The Leah with Procara pharmaceuticals. Dr. Anton Maki, Jr., an infectious disease specialist, Dose, and Duration of Antibiotic Therapy.”

PRESENTATION HIGHLIGHTS

Appropriate Antimicrobial Therapy

PNEUMONIA:

- #1 infection in the hospital; mostly community acquired
- Healthcare Associated pneumonia is acquired in the hospital and then discharge
- Nosocomial acquired

RESISTANCE:

1953 first case of PCN resistance which led to the development of methicillin
1990's PCN resistance S. Pneumoniae

15-20% in parts of the country

2006 2/3 Community acquired pneumonia methicillin resistant
S. pneumoniae and S. aureus evolving

Change in vaccination to include every 5 yrs and special vaccine for

Recent antibiotic use within last month

>65 yrs

Multiple medical comorbidities (malignancy, COPD, DM, renal failure, and
Alcoholism

Exposure to a child in Daycare

Immunocompromised (steroids, Remicade)

Patients who fail treatment with a macrolide or beta lactam more likely
resistant strain of S. pneumoniae

% RESISTANCE:

Macrolide resistance 24% (Azithromycin 30%)

PCN 15-20%

Bactrim resistance 26%

Rocephin 1.6%

Levaquin 0.9

ORGANISMS OF COMMUNITY ACQUIRED PNEUMONIA:

S. pneumoniae

H. influenza

M. pneumoniae

ORGANISMS OF HOSPITAL ACQUIRED PNEUMONIA:

P. aeruginosa (R/T *Pseudomonas*)

S. aureus

DIAGNOSIS:

CXR only shows geography not etiology

Sputum culture more definitive

Serum mycoplasma worthless in adults

SUSCEPTIBILITY:

99% Susceptibility for *S. pneumoniae* to Levaquin according to CDC

No new treatment for gram negative organisms

Maintain by using appropriate period of time and not excessively

CRITERIA OF ANTIBIOTIC SELECTION:

Evidence based

Effective

Safe

Cost Effective

Optimal dose/duration

DEFINITIONS:

Evidence based: randomized double blind trial that is multicentered; time

Adaptive trial: Better identifies responders to a drug by changing the protocol

expensive but potential for bias

TREATMENT:

Levaquin

Avelox

Cipro

Rocephin with Clarithromycin

NOT ALL TREATMENT CREATED EQUAL:

Levaquin: renal excretion (750 mg daily x 5 days as effective as 500 mg)
Renal dosing: 750 mg first day then every other day for 3 doses
Dialysis: 500 mg every other day for 3 doses

Cipro: cost least but not as effective for community acquired pneumonia
achilles rupture

Avelox: increased cardiac events

C. DIFFICILE:

Increasing

Occurring in people with no obvious exposure

Often occurs with the most commonly used antibiotic

10-12% relapse rate which increases to 25-50% with each relapse

Flagyl has a 14 % failure rate (considered failure if not responding in 7 days)

2% failure rate with Vancomycin

IV Vancomycin given po is less expensive. Infusion center can compound

Xifaxin is anecdotal if albumin <2

Business Meeting

President Kathy Sharp opened the meeting by thanking our Procara representative
Maki, Jr.

Secretary's Report:

The minutes were posted on the website and a motion was made to approve
them. A second was made by Paula Countiss and the minutes were passed by
unanimous vote.

Treasurer's Report:

Current balance \$12,888.89.

Old Business:

There is still an opportunity for one of our members to take advantage of

the 22nd annual AANP conference in Indianapolis, IN on June 20-24. We would like to be able to utilize this free registration, so we would like to offer this to you if you are interested, please let one of the executive committee know. If we receive more than 2 requests, we will look at those names and evaluate the value and service to the organization.

May 8th is the Nurses Day Awards Banquet in at the Holiday Inn in Johnstown, OH. This year is Nursing: A profession and a passion. We need to have a display table before the Awards banquet to talk to those present about our mission. Amy Kaplan is putting together a display board. Kay Bone has agreed to help man the table.

NP of the Year is to be presented at the May 8th Nurses Day celebration. Nominations received for KAY BONE, TRACY LUTHER, AND WENDY VOGEL. If you have any and can be returned to Kathy Sharp at mulekat@charter.net. These are the Criteria to consider include active membership, mentorship, and leadership. The TNA is actively seeking nominations for several positions that will be needed for secretary (2 yr position), 3 positions for nominating and delegates for ANA and the Center for American Nurses. Anyone interested should go to www.tna.online.org for info.

There is a survey available online regarding the DNP. Please go to www.tna.online.org to participate.

New Business:

Kathy Sharp announced that she received evaluations from last month's meeting to thank Margery Wilson for tabulating these. She has also received a letter regarding pharmaceutical sponsorship for the NETNPA meetings and this issue was brought before the members for discussion.

? Ethical

Biased and not representative of balanced treatment options
APN's educated enough to review information and make informed decisions
Members may not come and support their profession if responsible
We could temporarily sponsor our own meetings, but not indefinitely
do so

Members from each specialty rotate a program discussion review topic”

Open forum with periodic Q & A sessions to be answered by various members of practice

After much discussion, a motion was made by Kelly Hodge to keep the meetings “as is.” Paula Countiss seconded this motion and it was passed by a vote.

Educational Program:

5th Annual Diabetes Symposium on May 10th at BRMC. Registration and travel for the symposium and 7.5 CEU’s from ANCC will be included!!

Job Opportunities:

None

Next Meeting: Boston with Takeda, who represents Amitiza will be sponsored on Thursday 5/17/07 at 6:30 pm at The Chop House, Eastman Rd., Kingsport. Registration is being arranged, but will be one of three gastroenterologists. This is a time slot that has fallen out of favor and is being written only under special circumstances. Contact kayandpatbone@aol.com.

Submitted by Tracy Luther, Secretary