Problems in Hospital Law (3rd edition)

This standard reference book has been revised and thoroughly updated to reflect the many changes affecting health law today. This edition includes current additions, revisions, and reorganizations made necessary by the flood of new regulations, statutes and important cases.

The book outlines areas where potential institutional problems may arise such as:
- How have laws changed to increase or diminish the dangers of litigation?
- At what point should attorneys be consulted?
- What can hospitals do to improve capacity to deal with problems?

This guide explores problems ranging from planning and budgeting to employee and public relations. It is written for everyone from administrators, attorneys, governing board members, medical staff officers, hospital pharmacists, nursing supervisors, financial officers, students, operating room personnel including nurse anesthetists, and many others directly involved with the health care field.

Problems in Hospital Law (Third Edition) was prepared by David G. Warren, JD, Professor of Health Administration at Duke University Medical Center in Durham, NC. He is currently president of the North Carolina Society of Hospital Attorneys and has served on more than 20 major boards and committees concerned with hospital and health law in North Carolina.

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The Dupaco Hemokinetitherm
for controlled warming of blood or other parenteral solutions.

This thermostatically controlled fluid warmer is specifically designed for rapidly warming refrigerated blood to safe temperature levels, even under the heaviest hospital use.

The safety features of the Dupaco Hemokinetitherm include a control thermostat, an automatic back-up thermostat which takes over should the main thermostat malfunction, and a dial thermometer for constant visual monitoring. An optional audible alarm is also available.

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June/1979
Beginning with intubation,
Proceeding through surgery,
Until closure

Proceed with
Pavulon facilitates intubation and provides safe, neuromuscular blockade.

Histamine release and ganglionic blockade are rarely, if ever, seen!

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PAVULON®
pancuronium bromide

Please see the following page for full prescribing information.
DESCRIPTION: Pavulon (pancuronium bromide) is the aminosteroid 2 beta, 16 beta-dipiperidine-5 alpha-androstane-3 alpha, 17-beta-diol diacetate dimethobromide. It has the following structural formula:

![Structural formula of Pavulon](image)

ACTIONS: Pavulon is a non-depolarizing neuromuscular blocking agent possessing all of the characteristic pharmacological actions of this class of drugs (curariform) on the motor end plate.

Pavulon is approximately five times as potent as tubocurarine chloride.

The onset and duration of action of Pavulon is dose dependent. With the administration of 0.04 mg per kg, the onset of action, as measured by a peripheral nerve stimulator, is usually within 45 seconds, and its peak effect is usually within 45-60 minutes. Recovery to 50% of control twitch height usually takes place in less than one hour. Larger doses, more suitable for endotracheal intubation, such as 0.08 mg per kg of Pavulon, have an onset of action of about 30 seconds, and a peak effect within 60 seconds. Supplementary incremental doses of Pavulon, following the initial dose, slightly increase the magnitude of blockade, and significantly increase the duration of the blockade.

Pavulon has no effect on the circulatory system. The most frequently reported observation is a slight rise in pulse rate.

ADVERSE REACTIONS:

- **Skin:** An occasional transient rash
- **Gastrointestinal:** Salivation is sometimes noted during very light anesthesia, acid-base imbalance, intestinal cramps
- **Cardiovascular:** A slight increase in pulse rate is frequently noted.
- **Neuromuscular:** The most frequently noted adverse reactions occur with neuromuscular blockade. These adverse reactions are especially sensitive to the drug and/or the blockade. The anesthetist should be aware of the possibility of adrenergic overactivity and should be prepared to use adrenergic blocking agents if needed.

**INDOUS:**

- **Gastrointestinal:** The most frequently noted adverse reactions are nausea and vomiting; diarrhea; ileus; abdominal pain; diarrhea; meteorism; flatulence; constipation.
- **Cardiovascular:** A slight increase in pulse rate is frequently noted.
- **Neuromuscular:** Neuromuscular blockade is the most frequent adverse reaction.
- **Respiratory:** A decrease in tidal volume, decreased respiratory reserve, development of apnea or respiratory arrest.
- **Other:** A slight increase in pulse rate is frequently noted.

**DIAGNOSTIC TESTING:**

- **Hematologic:** Changes in the number of leukocytes and platelets have been observed.
- **Hepatic:** Changes in the liver function tests have been observed.
- **Renal:** Changes in the renal function tests have been observed.

**PRECAUTIONS:**

- **Pregnancy:** The use of Pavulon during pregnancy has not been established with respect to the possible adverse effects upon fetal development.
- **Children:** The use of Pavulon in children has not been established with respect to the possible adverse effects upon the developing nervous system.

**DOSAGE AND ADMINISTRATION:**

- **Adults:** The initial intravenous dosage of Pavulon is 0.04 to 0.1 mg per kg. Later incremental doses starting at 0.01 mg per kg may be used. These increments slightly increase the magnitude of the blockade, and significantly increase the duration of the blockade.

- **Cesarean Section:** The dosage to provide relaxation for intubation and operation is the same as for general surgical procedures. The dosage to provide relaxation, following usage of succinylcholine for intubation (see DRUG INTERACTION), is the same as for general surgical procedures.

**MANAGEMENT OF PROLONGED NEUROMUSCULAR BLOCKADE:**

Residual neuromuscular blockade beyond the time period needed for surgery and anesthesia may occur with Pavulon as with other neuromuscular blocking agents. This may be manifested by skeletal muscle weakness, decreased respiratory reserve, low tidal volume or apnea. A peripheral nerve stimulator may be used to assess the degree of residual neuromuscular blockade. Under such circumstances the primary treatment is manual or mechanical ventilation and maintenance of a patent airway until complete recovery of normal respiration is assured. (pneumogastostomy, or neostigmine, in conjunction with atropine will usually antagonize the skeletal muscle relaxant action of Pavulon. These should be accompanied by or preceded by the use of naloxone to minimize the incidence of hypotensive side effects, notably excessive secretions and bradycardia. Satisfactory reversal can be achieved by administration of respirator breakdown and adequate ventilatory support provided by the patient has resumed control of his respiration. Prior to the use of reversal agents, reference to the specific package insert of the reversal agents should be made.

**CAUTION:** Federal law prohibits dispensing without prescription.

**HOW SUPPLIED:**

- 2 ml ampuls – 2 mg/ml -boxes of 25, NDC #0052-0444-26
- 5 ml ampuls – 2 mg/ml -boxes of 25, NDC #0052-0445-26
- 10 ml vials – 1 mg/ml -boxes of 25, NDC #0052-0443-25

**Reference:**

Remove the Block Yourself
Reverse with
REGONOL \textit{pyridostigmine bromide}

Regonol rapidly restores full neuromuscular transmission. It produces fewer oropharyngeal secretions and less bradycardia than neostigmine.

**INDICATIONS**—Regonol (pyridostigmine bromide) is useful as a reversal agent or antagonist to nondepolarizing muscle relaxants.

**CONTRAINDICATIONS**—Known hypersensitivity to anticholinesterase agents; intestinal and urinary obstructions of mechanical type.

**WARNINGS**—Use with particular caution in patients with bronchial asthma or cardiac dysrhythmias. Transient bradycardia may occur and be relieved by atropine sulfate. Atropine should also be used with caution in patients with cardiac dysrhythmias. Because of the possibility of hypersensitivity in an occasional patient, atropine and anti-shock medication should always be readily available.

**Usage in Pregnancy**—The safety of pyridostigmine bromide during pregnancy or lactation in humans has not been established. Therefore, its use in women who are pregnant requires weighing the drug's potential benefits against its possible hazards to mother and child.

**ADVERSE REACTIONS**—Side effects are most commonly related to overdosage and generally are of two varieties, muscarinic and nicotinic. Among the former group are nausea, vomiting, diarrhea, abdominal cramps, increased peristalsis, increased salivation, increased bronchial secretions, miosis and diaphoresis. Nicotinic side effects are comprised chiefly of muscle cramps, fasciculation and weakness. Muscarinic side effects can usually be counteracted by atropine. As with any compound containing the bromide radical, a skin rash may be seen in an occasional patient. Such reactions usually subside promptly upon discontinuance of the medication. Thrombophlebitis has been reported subsequent to intravenous administration.

**DOSAGE AND ADMINISTRATION**—Prior or simultaneous administration of atropine sulfate (0.6 to 1.2 mg IV) is recommended to minimize the side effects (excessive secretions, bradycardia). Usually 10 or 20 mg of pyridostigmine bromide will be sufficient for antagonism of the effects of the nondepolarizing muscle relaxants. Although full recovery may occur within 15 minutes in most patients, others may require a half hour or more. Satisfactory reversal can be evident by adequate voluntary respiration, respiratory measurements and use of a peripheral nerve stimulator device. It is recommended that the patient be well ventilated and a patent airway maintained until complete recovery of normal respiration is assured. Once satisfactory reversal has been attained, reoccurarization has not been reported.

**CAUTION**—Federal law prohibits dispensing without a prescription.

**HOW SUPPLIED**—Regonol is available in: 2 ml ampuls—5 mg/ml boxes of 10. NDC = 0052-0460-10

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