Happy Birthday!

November 4 ................. Paige Collins*
November 6 ..................... Rian Anglin
November 7 .............. Michael Barbaree
November 10 ............ Kenny Harris
November 11 ............ Allen Lazenby
November 14 .......... John McFarland
November 14 .............. Kevin Ryan
November 16 .......... Lautrec Radcliff
November 21 ........ Ann Shannon
November 22 .......... Christopher Adams
November 22 ............. Joel Pittard
November 23 ............... Max Shiver*

*EAMC- Lanier Physicians

Meetings and Conferences

- **Cancer Conference:** Tuesday, November 17; Noon; Classroom C. Lunch will be served.
- **Pediatric Advanced Life Support Renewal:** Thursday, November 12, 8 a.m.-4:30 p.m. Health Resource Center. Call 334-528-1260 to register.
- **Pediatric Advanced Life Support for Inexperienced Providers:** There are no meetings scheduled for November. The next meeting will be Wednesday, December 29 - Thursday, December 30; 8 a.m. – 3:30 p.m. Health Resource Center. Call 334-528-1260 to register.
- **Advanced Cardiac Life Support Renewal:** Tuesday, November 10, 8 a.m.-5 p.m. Health Resource Center. Call 334-528-1260 to register.
- **Advanced Cardiac Life Support for Inexperienced Providers:** Wednesday, November 18 – Thursday, November 19; 8 a.m. – 3 p.m.; Health Resource Center. Call 334-528-1260 to register.

EAMC Pathology Welcomes Kelley Taylor, M.D.

Dr. Taylor earned her medical degree from the University of Alabama-Birmingham (UAB) School of Medicine after graduating from Troy University with a bachelor of science in biology. She completed a residency in anatomic and clinical pathology at Emory University School of Medicine and completed a hematopathology fellowship at the UAB Pathology program. Prior to joining EAMC in August, Dr. Taylor was in private practice in Columbia, Tenn., and Montgomery. Dr. Taylor has been an assistant professor for the UAB Department of Pathology and was a course director for the UAB School of Medicine, as well as an invited lecturer for the University of Alabama School of Dentistry and Baptist Medical Technology School. She is a member of the College of American Pathologists, American Society for Hematology, American Society of Clinical Pathology, United States College of American Pathologists, and the International Clinical Cytometry Society. Dr. Taylor lived in Auburn previously and she and her family are very happy to return to the area. She and her husband, Allen, have two children, Caroline (12) and Joseph (2).

Pictured from left to right with Coach Pearl are Carey Owen [EAMC retiree], Chad Prewitt (AU Men’s Basketball Director of Operations), Dr. John Cabelka and Dr. Justin Campbell. Prewitt was standing in for Les Teel [EAMC Materials Mgmt.] as Teel had to leave before the winners were announced. Their team had the lowest net score in the tourney that benefitted Children’s Harbor.
Dexmedetomidine (Precedex®) has been added to the hospital formulary for use as a sedative in patients requiring continuous therapy. Dexmedetomidine is a selective α2 adrenergic agonist with analgesic and sedative effects similar in mechanism to clonidine. Dexmedetomidine may be used in the treatment of alcohol withdrawal with benzodiazepines to decrease the doses of benzodiazepines required to manage symptoms. Since mechanical ventilation is not required, use may prevent intubation or facilitate weaning of those patients who are intubated.

Dexmedetomidine is not recommended in sustained bradycardia (HR<55 bpm), systolic blood pressure (<90mmHg), MAP<60, severe ventricular dysfunction (EF<30%), deep sedation, or combined with paralytics. The recommended dosing range is 0.4-1.5 mcg/kg/hr and the medication is managed according to an ICU hospital protocol. Patients must be admitted to the ICU or CVICU to receive dexmedetomidine.

SEVERE SEPSIS AND SEPTIC SHOCK
Patients who receive ALL of the following will pass the SEPSIS measure and have an improved overall outcome.

Receive within 3 hours of presentation of severe sepsis:
- Initial lactate level measurement
- Broad spectrum antibiotic administered
- Blood cultures drawn prior to antibiotics

AND receive within 6 hours of presentation of severe sepsis:
- Repeat lactate level measurement only if initial lactate level is >= 2 mmol/L

AND ONLY if Septic Shock present: Receive within 3 hours of presentation of septic shock:
- Resuscitation with 30 ml/kg crystalloid fluids (NS or LR only)

AND ONLY IF hypotension persists after fluids administration received within 6 hours of presentation of septic shock:
- Vasopressors IV

AND ONLY if hypotension persists after fluid administration or initial lactate >= 4 mmol/L, receive within 6 hours of presentation of septic shock:
- Repeat volume status and tissue perfusion assessment consisting of either:
  - A focused exam including:
    • Vital signs, AND
    • Cardiopulmonary exam, AND
    • Capillary refill evaluation, AND
    • Peripheral pulse evaluation, AND
    • Skin examination
  - OR Any two of the following four:
    • Central venous pressure measurement
    • Central venous oxygen measurement
    • Bedside cardiovascular ultrasound
    • Passive leg raise or fluid challenge

From your ICU and P&T Committees

Dexmedetomidine (Precedex®) has been added to the hospital formulary for use as a sedative in patients requiring continuous therapy. Dexmedetomidine is a selective α2 adrenergic agonist with analgesic and sedative effects similar in mechanism to clonidine. Dexmedetomidine may be used in the treatment of alcohol withdrawal with benzodiazepines to decrease the doses of benzodiazepines required to manage symptoms. Since mechanical ventilation is not required, use may prevent intubation or facilitate weaning of those patients who are intubated. Dexmedetomidine is not recommended in sustained bradycardia (HR<55 bpm), systolic blood pressure (<90mmHg), MAP<60, severe ventricular dysfunction (EF<30%), deep sedation, or combined with paralytics. The recommended dosing range is 0.4-1.5 mcg/kg/hr and the medication is managed according to an ICU hospital protocol. Patients must be admitted to the ICU or CVICU to receive dexmedetomidine.