

# The Prudent Prescriber

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## June 2007

Pharm Reps ≠ Rational Prescribing



*This month's edition represents "take home" pearls from my annual pilgrimage to a superb evidence based medicine conference (ccme.org – I do not own stock). I will be happy to provide specific references.*

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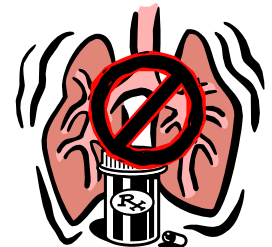


(RP)

### Pneumonia Guideline Change Earlier This Month

Recommendation is that hospitalized pneumonia patients no longer need blood cultures (unless admitted to ICU). Finally, reason wins out!

**Antibiotics do NOT**



**help acute bronchitis**

### Rectal Exams and Appendicitis

- ◆ Multiple studies reflect that rectal exam is not useful in ruling out appendicitis in or out in kids or adults.
- ◆ At times may discover some unexpected disease.
- ◆ DRE may be particularly stressful / painful in kids.
- ◆ Several studies conclude that rectal exam should no longer be standard of care in evaluation of possible appendicitis, but surgical textbooks still recommend.

### ENT Pearls



#### Super Glue in the Eye:

Leave it alone, warm soaks; it will come out in 2-3 days. Do not try to use acetone around/in eye.

#### Waterpik for Cerumen:

Old study (Laryngoscope, Jan 1991) describes 3 cases of TM and ossicle disruption and subsequent cadaver study with 6% of drums disrupted with device on 1/3 power. Using waterpik is not standard of care for ear wax and might be difficult to defend if you have a disaster. There is now a new product: Colase Otic.

#### Live Cockroach in External Ear Canal:

Kill with viscous xylocaine (neurotoxic) and then remove.

#### Nasal Foreign Bodies:

Hold the opposite nostril and blow a puff of air into the mouth (have mom do it, there will be snot on the blower's cheek) –OR– Simply put high flow oxygen (15 lts./min.) cannula in other nostril.

#### Traumatized Noses:

Five studies (all from UK and Canada) involving 435 traumatized noses all suggest that x-rays do not influence treatment decisions and are not predictive of which patients will have a satisfactory result. Wait and See!

**β-blockers in post-MI save lives**

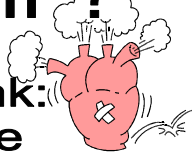


**Pill splitters save big**



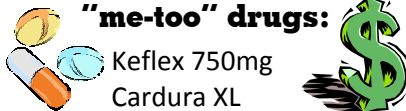
## CHF?

Think:



**Ace  
Aldactone  
B-blocker  
Dig  
Diuretic**

**Avoid these expensive "me-too" drugs:**



Keflex 750mg  
Cardura XL  
Ultram ER  
Ambien CR  
Paxil CR  
Xopenex  
Coreg CR

**Treat diabetics BP to 130/80**



**now available**  
on the  
Generic Marquee

**Norvasc** → amlodipine  
**Ambien** → zolpidem  
**Zoloft** → sertraline  
**Flonase** → fluticasone nasal  
**Pravachol** → pravastatin  
**Zocor** → simvastatin

## Management of Boxer's Fracture



3 prospective studies compared:

- taping fingers together and mobilizing early with
- reduction and ulnar splinting x 3 weeks.

**Results:** Conservative taping and early movement resulted in earlier return to work. Remember, rotational deformities are never OK and must be corrected.

## Imaging Kids with Mild Head Injuries

- Skull films are now of historical interest.
- CT all kids with significant head trauma.

### Kids older than 5yrs: LSU Criteria

CT kids with any of the following:

- ✓ severe headache
- ✓ persistent vomiting
- ✓ clinical suspicion of drugs and alcohol
- ✓ short term memory deficits
- ✓ seizures
- ✓ significant physical trauma above the clavicles

### Kids <2 yrs who are at LOW RISK (Schutzman criteria Pediatrics May 2001)

Can go home after 2 hrs of observation with no CT if no:

- ✓ decreased mental status or irritability
- ✓ focal findings
- ✓ signs of depressed skull fracture or basilar skull fracture
- ✓ seizures
- ✓ bulging fontanelle
- ✓ vomiting 5 times or more in 6 hrs
- ✓ any loss of consciousness for more than one minute

## Epistaxis and Lab Studies

Two good studies looked at doing coagulation studies in nose bleeds:

- 1) 178 kids referred to a heme clinic for recurrent epistaxis (J Ped Haem Onc Jan 2002).
- 2) 140 adult Scots admitted for severe nosebleeds (J Laryngol Otol Jan 2000).

**Results:** The pediatric study revealed no abnormalities and the Scot study found the patients they already knew were taking warfarin.

## Kidney Stones: A Paradigm Shift

**For stones <1 cm diameter and patient stable and particularly stone in distal ureter:**

- Primary management should be medical if patient is stable (no sepsis, pain controlled).
- Send patient home with:
  - (1) Alpha blocker (multiple studies show NNT=4)
    - >Cardura 5mg and Flomax 0.4mg studied
    - > Appears alpha blockers superior to CCB
  - (2) Ibuprofen
  - (3) Drink enough to keep urine colorless
  - (4) Oral steroids (one small study, Urology, Oct 2005, showed stone passed in 10days in 23/30 Flomax alone; 27/30 in Flomax + oral steroids).

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