UPDATED: MARCH 2012

MEDICAL OFFICER'S AND INDEPENDENT DUTY CORPSMAN (IDC) RESOURCE GUIDE U.S. NAVAL HOSPITAL, OKINAWA, JAPAN

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GENERAL ADMINISTRATION
SECTION 1

1. Purpose: To provide general administrative information to General Medical Officers and Independent Duty Corpsmen.

2. Mission: The primary mission of the U. S. Naval Hospital is to support military deployment readiness and promote, maintain, and restore the health of those served, including 55,000 on Okinawa and 175,000 in the Western Pacific region.

3. Medical Assistance: Medical Officers or Senior Medical Department Representatives are encouraged to make contact with the Hospital upon arrival on island. USNH Okinawa, Japan Phone book can be found at https://okib.oki.med.navy.mil/PhoneFrame.htm.

   a. Mailing Address: Commanding Officer
   U. S. Naval Hospital, Okinawa, Japan
   PSC 482
   FPO AP 96362-1600

4. Medical Services: The U. S. Naval hospital can provide a wide variety of medical services. Requests for appointments should be directed to the respective clinics to ensure appointment availability.

   a. To expedite your request, ensure that the following information is provided:

      (1) Member's Name and Rank.
      (2) Last Four SSN.
      (3) Clinic
      (4) Provisional Diagnosis
      (5) Date of Birth

   b. Patient consultations should be requested via the CHCS system using SF 513 as back up if CHCS unavailable.

   c. Lab results and x-rays that have been conducted during the previous examinations must accompany the patient if CHCS / AHLTA not available.

   d. The patient is required to notify the command immediately if they will be late or unable to maintain their scheduled appointment.

5. Laboratory Specimens: Before sending any specimens or ordering laboratory test from the U. S. Naval Hospital, ensure that the following information and paper work accompany it:

   a. Name and Rank
   b. SSN
   c. Unit or Unit FPO
   d. Appropriate Lab Chit.

   Note: Abnormal lab results, which affect treatment protocol, will be reported to the referring medical officer.

6. Ambulance Service: Ambulance service is available on Camps Schwab, Hansen, Courtney, Kinser, Foster and Futenma for emergency transportation of patients to the U. S. Naval Hospital or nearest treatment facility. Please note that ambulances are not ACLS supported.

a. Military Appearance: Personnel reporting to the hospital for appointments and examinations must present a clean and proper military appearance. Working uniform, (i.e. khakis, MWUs, etc) may be worn as long as the uniform is clean and in good condition. Military personnel do not have to be in the uniform of the day if in leave status.

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CLINICAL CONTACT POINTS
SECTION 2

DEPARTMENT		PHONE NUMBER	COMMENTS
Dermatology	Telcons – Yes Consult Visits – Case TAD Support – Case	643-7119	May not be able to answer telcons immediately (leave e-mail address). Consultations and TAD – case by case only. Busy clinical service with only one provider.
ENT (Otolaryngology)	Telcons – Yes Consult visits – Yes TAD Support – No	643-7522	Facility limitations prevent our assistance with: Head and neck CA, voice problems, most pediatric airway problems (no laser or speech pathologist here), skull base tumors, cleft palate or other congenital craniofacial issues.
General Surgery		643-7221	
Internal Medicine	Telcons – Yes Consult Visits – Yes TAD Support – Case	643-7714 / 7715	Subspecialty care available: Pulmonology, Neurology and Gastroenterology. Can do diagnostic colonoscopies endoscopies, exercise stress tests, nuclear studies, cardiac ECHO (ECHO is read by local cardiologist). TAD and lectures – case by case.
Mental Health		643-7722 / 7449	
Neonatology (NICU)	Telcons – Yes Consult Visits – Yes TAD Support – No	643-7520 / 7241	Neonatology team is available to transport critically ill neonates from all Pacific locations. Cannot assist with TAD support, but staff is available to present lectures on any neonatal topic of your choice.
Neurology (Adults only)	Telcons – Yes Consult Visits – Yes TAD Support – Yes	643-7745	Okinawa does have the ability to perform EEG, EMG / NCV and MRI. Clinic has only one provider. Be sure to contact this clinic directly to ensure that services may be available (limited ability to support TAD).
Neurosurgery	Telcons – Yes Consult Visits – Yes TAD Support – Case	643-7210 / 7280	Available for all neurosurgical concerns.
Obstetrics / Gynecology	Telcons – Yes Consult Visits – Case TAD Support – Case	643-7267 / 7268 L & D 643-7597 / 7749	A NICU is available here, but Maternal Fetal Medicine support here is variable so be sure to call first to see if we have services available to meet your Consultation or TAD needs.
Ophthalmology	Telcons – Yes Consult Visits – Yes TAD Support – Case	643-7250	Call clinic for any referral you want seen in less than 28 days (Today, ASAP or Urgent). Consult watch bill on Intranet for current duty surgeon and pager number.
Orthopedic Surgery	Telcons – Yes Consult Visits – Yes TAD Support – Case	643-7297 / 7351	Referring sites should understand that OR slots may take time to arrange and should therefore be willing to allow members sufficient time to have their problem appropriately addressed. TAD support on case-by-case basis only.
Pediatrics (General)	Telcons – Yes Consult Visits – Yes TAD Support – Case	643-7304	The only Pediatric subspecialist on Okinawa is Developmental Pediatrics (see below). Will assist with Pediatric MRI, CT. TAD support or lectures can be arranged on a case-by-case basis. Contact the Department Head.
Pediatrics (Development)	Telcons – Yes Consult Visits – Yes TAD Support – Case	643-9181	MOUs already exist at most overseas locations. Developmental Pediatrics can provide telcons and referral visits for second opinions at all locations. TAD support is on a case-by-case basis for sites without an existing MOU.
Podiatry	Telcons – Yes Consult Visits – Yes TAD Support – Yes	643-7297 / 7351	Call clinic to see if services of this single provider are available at the time you need.
Radiology	Telcons – Yes Consult Visits – Yes TAD Support – Case	643-7540 / 7378	Nuclear Medicine, MRI and CT are available here.
Urology	Telcons – Yes Consult Visits – Yes TAD Support – Case	643-7360 / 7552	TAD and lectures may be offered on a case-by-case basis. Contact the clinic to see if services of this single provider are available.
****If you are calling after hours, or on holidays, contact the quarterdeck at 643-7555 and they may be able to assist in connecting you to the appropriate provider. Or visit the Intranet site for access to the daily watch bill (https://okib.oki.med.navy.mil/).**			
****In the second column, –Case‖ means that health care for individuals assigned to Okinawa TAD may be available on a case-by-case basis.**			

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U.S. Naval Hospital Okinawa

PATIENT INFORMATION REFERENCE GUIDE

Our goal is to provide you with prompt, courteous, high quality health care. This guide is provided to assist you in obtaining outpatient medical and dental care services. More detailed information is available on the U.S. Naval Hospital Okinawa web site at www.oki.med.navy.mil.

PRIMARY/ROUTINE MEDICAL CARE

Eligible beneficiaries are encouraged to enroll in TRICARE Prime and choose an individual provider as their Primary Care Manager (PCM). Information about your TRICARE benefits and for guidelines on choosing a PCM can be obtained from the TRICARE Office at 643-7539.

Appointments. Our clinics operate primarily on an appointment basis. Appointments may be made by calling the clinic directly or through our command web site at www.oki.med.navy.mil. Appointments may also be made directly through TRICARE on-line (www.tricareonline.com). Patients are asked to report 15 minutes prior to their appointment to allow adequate time for check-in and to bring their health record, if it is not kept at that clinic.

Cancellations. Patients who wish to cancel a scheduled appointment are asked to do so by phone as far in advance as possible so that the appointment may be made available to others.

SPECIALTY CARE SERVICES

Specialty care appointments are generally through referral only. When a patient requires specialty care services, such as Orthopedics or Neurology, their Primary Care Manager will submit a referral to that specialty clinic. Contact your PCM for more information.
(Note: Immunizations or routine eye exams do not require referrals.)

CUSTOMER CONCERNS OR COMPLIMENTS

We are always looking for ways to improve our services and each of our clinics has an Area Customer Relations Representative to assist you. Their picture and name are posted in a frame in each reception area. They serve as your avenue to voice concerns, offer suggestions, or pass compliments regarding any of the services in the hospital and our Branch Medical Clinics. In addition, you may call our Command Customer Relations Representative at 643-7209, contact us through our web site at www.oki.med.navy.mil, or send mail correspondence to:

Command Customer Relations Representative
PSC 482
FPO AP 96362-1600

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OUR PATIENTS' RIGHTS

1. QUALITY CARE. You and your family have the right to quality medical and dental care and treatment. You also have the right to refuse treatment to the extent permitted by law and government regulations, and to be informed of the consequences of your refusal. If we cannot provide you with the care you require, you will be transferred to another facility if medically advisable.

2. PAIN MANAGEMENT. You have the right to be treated for alleviation of pain and discomfort consistent with accepted medical and safety practices.

3. RESPECTFUL TREATMENT. You have the right to considerate and respectful care, with recognition of your personal dignity and respect for your cultural, personal, and religious values.

4. PRIVACY AND CONFIDENTIALITY. You have the right, within law and military regulations, to security, personal privacy and confidentiality of information concerning your medical care.

5. IDENTITY. You have the right to know at all times the name, professional status and professional credentials of health care personnel involved in your care.

6. EXPLANATION OF CARE. You have the right to an explanation concerning your diagnosis, treatment, medical procedures, and prognosis (what to expect) in terms you can understand. When it is not medically advisable to provide this information to you, it will be provided to appropriate family members or your designated decision maker.

7. INFORMED CONSENT. You have the right to receive the necessary information needed to make knowledgeable decisions on consent or refusal for treatments. Such information should include significant complications, risks, benefits, and alternative treatments available.

8. RESEARCH PROJECTS. You have the right to be advised if the facility proposes to engage in or perform research associated with your care or treatment. You have the right to refuse to participate in any case studies or research projects.

9. SAFE ENVIRONMENT. You have the right to care and treatment in a secure, safe environment, and access to protective services if necessary.

10. RULES AND REGULATIONS. You have the right to be informed of the facility's rules and regulations that relate to patient or visitor conduct (such as rules prohibiting smoking), and the right to expect compliance with those rules from other individuals.

11. VOICING CONCERNS. You have the right to voice your concerns as a patient in this facility. You are also entitled to information about the facility's mechanism for the initiation, review, and resolution of patient complaints.

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OUR PATIENTS' RESPONSIBILITIES

1. PROVIDING INFORMATION. **You are responsible for providing to the best of your knowledge, accurate and complete information about the complaints, past illness, hospitalization, medications, and other matters relating to your health. It is up to you to let your health care provider know if you have any questions or concerns about your treatment.**

2. PARTICIPATION. **It is your responsibility to actively participate in your care by asking your provider what to expect regarding your treatment, discussing options and informing your provider if there is something you don't understand.**

3. ARRIVING ON TIME FOR APPOINTMENTS. **It is your responsibility to be on time for appointments, and to notify the hospital if you can't keep an appointment.**

4. RESPECT AND CONSIDERATION. **You are expected to be considerate and respectful of hospital property, the rights and properties of other patients and hospital personnel, and to comply with hospital policies.**

5. COMPLIANCE WITH MEDICAL CARE. **It is your responsibility to comply with your medical treatment plan. This includes adhering to recommended follow-up care, and taking medications and treatments as directed by your provider.**

6. MEDICAL RECORDS. **You are responsible for ensuring that your medical records are promptly returned to U. S. Naval Hospital Okinawa for appropriate filing and maintenance when they are given to you for medical appointments or consultations. All medical records documenting medical care provided by a Military Treatment Facility are the property of the U. S. government.**

7. RULES AND REGULATIONS. **You are expected to abide by hospital rules and regulations affecting patient care and conduct. Smoking is only permitted in designated areas outside the hospital, and this rule should be followed by all patients, relatives and visitors.**

8. REPORTING OF PATIENT COMPLAINTS. **If you or your family has any recommendations, questions, or complaints, they should be promptly reported to the Patient Contact Representative. As a patient in this facility, you have the ability and responsibility to give us your input to improve our customer service and help us to ensure that we are providing the best possible care for our beneficiaries.**

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DECEDENT AFFAIRS
MORTUARY AFFAIRS SERVICES
SECTION 4(A)

DECEDENT AFFAIRS / PATIENT ADMIN OFFICE
USNH OKINAWA
FIRST FLOOR A121 EAST WING
Telephone: 643-7586 / 7594
Cell Phone: 090-6861-5229 (Available 24 hours)
Hours 0730 – 1630, Monday through Friday
After hours Contact the OOD for assistance: 643-7555

ARMED FORCES MEDICAL EXAMINER
USNH OKINAWA
2ND FLOOR (Near the Chaplain's Office and Red Cross Office)
Telephone: 643-7318
Cell Phone: 090-6861-1062 (Available 24 Hours)
Pager: 639-3292
Notify the Medical Examiner on all Deaths. No exceptions.

ARMED FORCES MORGUE ASSISTANT (Staff by HM1 and HM2)
USNH OKINAWA
1ST Floor, The Morgue Adjacent to Door entrance leading to the Helo Pad.
Telephone: 643-7569
Cell Phone: 090-6861-7253 (Available 24 Hours)
Pager: 639-3411

MORTUARY AFFAIRS OFFICER
CAMP KINSER (Staff by GS-13 and GS-11 USAF GS Personnel)
Bldg 115, Camp Kinser
Telephone: 637-2515 /1767
Cell Phone: 080-2705-3108 or 080-2705-3143 (Available 24 Hours)

USNH OKINAWA OFFICER OF THE DAY (OOD)
Quarterdeck
Telephone: 643-7555
For any deaths after hours, please contact the OOD.

GMO / IDC: Pointers Armed Forces Medical Examiner/Decedent Affairs Officer / Mortuary Affairs Officer.

For all Cases involving the Death of a Service Member or any Deaths related to SOFA Status Personnel in the island of Okinawa here are few pointers:

1. Decedent Affairs Officer: For all Deaths in the island or if you have Death on your platform or unit while visiting Okinawa. Staffed by: HMC, An Admin Assistant, and the PAD Officer, located on 1st floor across from Customer Relations and adjacent to Human Resource Dept. During Working Hours Office number is 643-7586 or 643-7594. After Working Hours Contact the OOD: 643-7555 Emergency 643-7777 or Contact Cell Phone: 090-6861-5229. The Decedent Affairs Officer will assist you in generating and finalizing the DD-Form 2064 Overseas Certificate of Death.

The Patient Administration Department provides vital administrative Services to USNH Okinawa and to all eligible beneficiaries. Should you require any assistance please contact the sections dealing with the requested services offered by our Department. The Dept provides services through various locations at this facility. Our main office is located on the East Wing, on the 1st floor of the Naval Hospital, on Camp Lester (ph. 643-7586 or 7594). The regular office hours are

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DECEDENT AFFAIRS
MORTUARY AFFAIRS SERVICES (CONTINUED)

from 0730 to 1630, Monday through Friday. Please contact the Officer of the Day at 643-7555 during off duty hours and on weekends if you require any assistance dealing with Health Records, information request, and Decedent Affairs.

Eligibility

Eligible patients include all active duty, DOD civilians, retirees, and their dependents. The Admissions watch performs DEERS eligibility on all patients being admitted to this Medical Treatment Facility. Civilians are charged at a flat rate.

Cost for transportation of the deceased varies. There is no cost for Active Duty Personnel. Military Dependents and Retirees transportation cost varies. Please contact the Mortuary Affairs Officer for detailed information on transportation cost for Family Members and Retirees.

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DIRECTOR FOR BRANCH CLINICS (DBC) SECTION 4(B)

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DIRECTOR FOR BRANCH CLINICS (DBC) (CONTINUED)
SCOPE OF SERVICES

In addition to the services located within the Naval Hospital, medical care is available throughout the island at nine Branch Medical Clinics. This section contains pertinent information regarding the location and services available at the Branch Clinics. For more specific information on a particular clinic, refer to that clinic's SOP folder / manual.

The Branch Clinics are staffed by Family Medicine Physicians, General Medical Officers, Flight Surgeons, Family Nurse Practitioners, Physician Assistants, Registered Nurses, Independent Duty Corpsmen, Corpsman and Ancillary staff who are assigned both to the Naval Hospital and other medical units on-island, including those attached to the 3d Marine Logistics Group, 3d Marine Division, and the 1st Marine Air Wing. Clinics serve Active Duty, family members, military retirees and Government civilian employees. Each Clinic is a Primary Care Manager (PCM) through TRICARE and TRICARE-eligible beneficiaries are encouraged to enroll in TRICARE Prime and choose a PCM. Guidelines for choosing a PCM can be obtained from the TRICARE office at U.S. Naval Hospital Okinawa. Health records should be maintained at the enrolled clinic.

The Clinics at Camp Kinser (Kinser), Camp Courtney (Bush), and Camp Lester (Lester) serve Active Duty members, their family members and all other eligible beneficiaries.

Services offered by these clinics include:

Adult Acute Care
Health Maintenance and Wellness Visits
Contraception
Women's Health Exams and PAP Smears
OB / GYN care
Colposcopy
Prenatal Care
Laboratory
Minor Surgical Procedures
RN Patient Education
Pediatric Acute Care
Well Baby Visits
Immunizations
Vasectomies
Physical Examinations
Radiology
Pharmacy
Blood Pressure Monitoring

Referrals to specialty clinics are made when indicated.

Clinics operate on an appointment basis, with Urgent, Acute and Routine / Follow-up appointments. Appointments may be made by calling the clinics directly or by using TRICARE On-line (www.tricareonline.com). Patients are asked to report 15 minutes prior to their appointment to allow adequate time for check-in and to bring their health record with them, if it is not maintained by the clinic in which they are being seen. Patients who wish to cancel a scheduled appointment are asked to do so by phone at least 24 hours in advance, when possible, so that the appointment may be made available to others.

BUSH FAMILY MEDICINE CLINIC

Hours: 0730-1600 Mon.-Fri.
Location: Camp Courtney, Bldg. 4231

KINSER FAMILY MEDICINE CLINIC

Hours: 0730-1630 Mon.-Fri.
Location: Camp Kinser, Bldg. 1460

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DIRECTOR FOR BRANCH CLINICS (DBC) (CONTINUED)

LESTER FAMILY MEDICINE CLINIC

Hours: 0730 - 1630 Mon.-Fri. (closed Saturdays, Sundays and Holidays)
Location: U.S. Naval Hospital, Camp Lester

The Clinics at Camp Hansen (Hansen and Marine Corps Brig), Camp Foster (Evans), Camp Schwab, Futenma Marine Corps Air Station (MCAS) , White Beach-CFAO, and Torii Station, serve Active Duty members only. The clinics vary in size, staffing and clinical services offered. General Medical Officers, Flight Surgeons, Physician Assistants, and Independent Duty Corpsmen staff them, with some availability of Family Practice Physicians. Active Duty members are generally enrolled in TRICARE Prime at the clinic closest to their work assignment. Medical records are maintained either at the clinic or at the member's parent command's Medical Department.

Services offered by these clinics include:

Adult Acute Care
Health Maintenance and Wellness
Contraception
Physical Examinations
*Peds Well Baby and Acute
Immunizations
Blood Pressure Monitoring
*Radiology
*Pharmacy
*Laboratory
Patient Education
*Women's Health Exams and PAP Smears
*Minor Surgical Procedures

*= Not available at Torii and White Beach Clinics

When the member requires a service that is not provided at their clinic, their primary care provider may make a referral to another clinic offering that service or refer them directly to specialty clinics at the hospital.

EVANS BRANCH MEDICAL CLINIC

Hours: 0730-1600 Mon.-Fri.
Location: Camp Foster, Bldg. 449

FUTENMA BRANCH MEDICAL CLINIC

Hours: 0730-1630 Mon. – Fri.
Location: MCAS Futenma, Bldg. 676

HANSEN BRANCH MEDICAL CLINIC

Hours: 0730-1600 Mon. – Fri.
Location: Camp Hansen, Bldg. 2386

SCHWAB BRANCH MEDICAL CLINIC

Hours: 0730-1600 Mon. – Fri.
Location: Camp Schwab, Bldg.

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DIRECTOR FOR BRANCH CLINICS (DBC) (CONTINUED)

WHITE BEACH (Satellite Clinic of Bush Clinic)

Hours: 0730-1130 Mon. – Fri.
24 hour Ambulance Coverage provided by EMT/EVOC duty crew.
(No Fire Station at White Beach)
Location: CFAO-White Beach, Bldg. 1073

TORII STATION (Satellite Clinic of Evans Clinic)

Hours: 0730-1130; 1300-1600 Mon. – Fri. (closed Thursdays and Holidays)
Location: Torii Station, Bldg. 226

PEDIATRICS CLINIC (Not part of Directorate for Branch Clinics, but hours are as follows):

Hours: 0730-1630 Mon.-Fri
Location: U.S. Naval Hospital, Camp Lester, 1st Floor

IMMUNIZATIONS

Immunizations are administered at all Branch Clinics. The scope of services depends upon the population served. Routine immunizations are available Monday through Friday, with the exception of TB Testing. TB Testing is performed on Monday, Tuesday, Wednesday and Friday only, since the results must be read 2-3 days later. When Monday is a Holiday, no testing will be done on Friday. Refer to clinic-specific policies for procedures at particular clinics.

PHYSICAL EXAMS

Active Duty and family member physical examinations are performed at the Branch Clinics on specific days of the week. In addition to regular physical examinations, job-specific physicals and school physicals are performed at selected clinics. Refer to clinic-specific policies for specific information on a particular clinic.

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EDUCATION AND TRAINING
SECTION 4(C)

STAFF EDUCATION & TRAINING
USNH OKINAWA
1TH FLOOR SOUTH WING
HOURS 0730 – 1630
643-7880
SETD@med.navy.mil

Professional Development:

- CME and CE
- NOMI / BUMED Courses

Life Support Programs:

- BLS, CPR, ACLS, PALS, NRP, NCC, TNCC

Command Training Programs:

- Command Orientation
- Clinical Orientation
- Nursing Orientation
- Provider Orientation
- III MEF BMC Orientation (https://okib.oki.med.navy.mil/SETD/IIIMEF.htm)

Medical Library:

- Literature Searches
- InterLibrary Loan via DOCLINE
- Over 650 medical & clinical books (print/online)
- Over 500 medical & clinical journals (print/online
- Computer workstations
- Reference Collection
- Photocopy Machine
- Single or group study station

Library Hours:

- 0730-1130 & 1230-1630 Monday – Friday
- Available 24 hrs
- Telephone: 643-7299
- Fax: 643-7293
- Website: https://okib.oki.med.navy.mil/setd/library.htm

Visit the intranet for additional information on courses offered: https://okib.oki.med.navy.mil/SETD

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EXECUTIVE COMMITTEE OF THEMEDICAL STAFF (ECOMS) SECTION 4(D)

Most of you have been credentialed by your unit's commander and by the hospital. This makes you a member of the U.S. Naval Hospital's medical staff.

The medical staff is represented to the hospital's leadership through ECOMS. The Chairman of ECOMS reports directly to the Commanding Officer and the Executive Officer. ECOMS is how your voice is heard in relation to issues that pertain to the medical staff. All members of the medical staff are eligible for appointment to the committee. All members of the committee are voting members unless otherwise specified.

The composition of the ECOMS committee is as follows:

(1) The Chairman of ECOMS will be a medical officer elected by the membership of the medical staff and appointed in writing by the CO.
(2) The Vice Chair of ECOMS will be a member of the medical staff elected by the membership of the medical staff and appointed in writing by the CO. The Vice Chair will serve in place of the Chair as required.
(3) All medical staff members of the Board of Directors (BOD) will be appointed in writing to ECOMS by the CO. The Director, if not a member of the medical staff, will nominate a medical staff voting member to be appointed in writing to ECOMS by the CO.
(4) The Director for Nursing Services (DNS) is a non-voting member and will be appointed in writing to ECOMS by the Commanding Officer.
(5) The Licensed Independent Practitioner (LIP) representative is elected by LIP members of the medical staff and appointed in writing to ECOMS by the CO.
(6) The Chair of the Provision of Care Committee.
(7) The Chair of the Critical Care Committee.
(8) The Chair of the Pharmacy and Therapeutics Committee.
(9) The Chair of the Credentials Committee.
(10) The Chair of the Medical Records Committee.
(11) The Chair of the Medical Staff Quality Committee.
(12) The Head of the Quality Management Department will be a non-voting member of ECOMS.
(13) The III MEF Surgeon will be an ad-hoc, non-voting member of ECOMS.
(14) The XO will be a non-voting representative of the governing body.

ECOMS meets a minimum of ten times per year. Members are expected to attend 75% of the meetings. If you have any issues that you wish to be addressed, contact the Chairman of ECOMS or any other members of the ECOMS committee.

In addition, there are medical staff meetings that occur on a quarterly basis at a minimum, additional meetings held as necessary. Each member of the medical staff is required to attend at least one medical staff meeting per year. This is an opportunity to disseminate information that is pertinent to the medical staff. We also discuss and vote on issues that require medical staff approval. Sometimes at these meetings, there are presentations that may have clinical relevance to your practice.

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HEALTH PROMOTIONS
SECTION 4(E)

HEALTH PROMOTIONS
USNH OKINAWA
2ND FLOOR SOUTH WING
HOURS 0730 – 1630
643-7906

Programs and Services

Ship Shape— An action-oriented weight management program for Active Duty personnel whom have not passed their most recent BCA and all interested beneficiaries. The program focuses on nutrition education, increasing exercise, and behavior modification skills that support a healthy lifestyle. Call for schedule.

Nutrition Education

- Adult Weight Management
- Cardiac / Cholesterol Nutrition

Tobacco Cessation Program:

Tobacco Cessation Education:

- Offered at your base designed to help individuals kick the tobacco habit.
- Personal One-on-One Counseling for both in-patients and out-patients available by appointment.
- Cessation education includes counseling regarding nicotine replacement therapy Patch and Gum and Zyban.
- All counseling includes:
  - Assessment of current reason for quitting tobacco.
  - Assessment of tobacco use history and daily nicotine habits.
  - Education regarding the ill-effects of tobacco use and the affects of second hand smoke on child/family.
  - Education regarding tobacco cessation behavioral methods and medications. Discussion of nutrition and exercise habits while quitting tobacco.
  - Agreement upon tobacco cessation method (strictly behavioral changes or behavioral changes in conjunction with Nicotine Replacement Therapies and / or Zyban.
  - Setting final tobacco quit date.

Tobacco Cessation Treatment:

- In conjunction with Health Promotion, tobacco cessation is available on a walk-in basis at each of the Occupational Medicine Clinics, located within the Branch Medical Clinics.
- Program Includes:
  - Tobacco cessation medication initiation
  - Brief counseling
  - Weekly follow-ups

Health Fairs: Held throughout the year to include various health topics such as tobacco and alcohol awareness, physical fitness, women's health, men's health and general nutrition education. Available by request for large groups.

Health Lectures: Available to present or connect you with available resources on numerous topics to community groups, organizations, and active duty. Call to schedule a lecture.

TOPICS INCLUDE:	*Heat Stress	* Stress Management
*Alcohol Awareness	* Hypertension Control	* Suicide Awareness
* Cancer Awareness	* Injury Prevention	*Tobacco Cessation
* Cholesterol Reduction	* Men's Health	* Weight Management
* Exercise and Weight Loss	* Nutrition Education	* Women's Health
* Fitness	* Sexual Responsibility	

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PATIENT ADMINISTRATION SERVICES SECTION 4(F)

PATIENT ADMIN OFFICE
USNH OKINAWA
FIRST FLOOR A121 EAST WING
Telephone: 643-7586/7594
Hours 0730 – 1630, Monday through Friday

OUTPATIENT RECORD SERVICES
USNH OKINAWA
1ST FLOOR (ACROSS FROM BIRTH REGISTRATION)
Telephone: 643-7820

BIRTH REGISTRATION SERVICES
USNH OKINAWA
1ST FLOOR (ACROSS FROM OUTPATIENT RECORDS)
Telephone: 643-7516

OUTPATIENT CODING TRAINING SERVICES
USNH OKINAWA
2nd FLOOR, SOUTH WING (ACROSS FROM CASE MANAGEMENT REFERRAL'S OFFICE)
Telephone: 643-7891

INPATIENT RECORDS AND INPATIENT CODING TRAINING SERVICES
USNH OKINAWA
2nd FLOOR, EAST WING (ACROSS FROM HOSPITAL LIBRARY)
Telephone: 643-7155

OVERSEAS SCREENING AND EXCEPTIONAL FAMILY MEMBER PROGRAM SERVICES
USNH OKINAWA
1st FLOOR, EAST WING (ACROSS FROM HOSPITAL LIBRARY)
Telephone: 643-7592/7586

GMO / IDC: Pointers from Patient Admin Dept

The Patient Administration Department provides vital administrative services to USNH Okinawa and all of eligible beneficiaries. Should you require any assistance, please contact the sections dealing with the requested services offered by our Department. The Dept provides services through various locations throughout the island of Okinawa and at this facility. Our main office is located on the EAST Wing, on the 1st floor of the Naval Hospital, on Camp Lester (ph. 643-7586 or 7594). The regular office hours are from 0730 to 1630, Monday through Friday. Please contact the Officer of the Day at 643-7555 during off duty hours and on weekends if you require any assistance dealing with Health Records, information request, and Decedent Affairs.

Services available include:
1. Medical Boards and Limited Duty Boards
2. Overseas Screening Processing
3. Navy Exceptional Family Program (Contact Camp Foster for USMC Beneficiaries)
4. HIPAA Complaints
5. Outpatient Medical Record Services
6. Inpatient Record Services
7. Birth Registration/Passport Services for infants
8. Outpatient and Inpatient Coding Services

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PATIENT ADMINISTRATION SERVICES (CONTINUED)

9. Health Record Retirements
10. Decedent Affairs / For all Deaths in the island

Patient Admin Dept. Services Staffing and Location:

1. **Medical Boards/Limited Duty Boards**: staffed by an HM1 PEBLO Officer, an HM3 and HN. Located on 2nd floor, east wing of the hospital across from the Medical Library. Office Numbers are 643-7423

2. **Overseas Screening**: Staffed by HMC, HM2 and HN, located on 1st floor across from Customer Relations and Next to the Human Resources Dept. Office Numbers are 643-7592 or 643-7586.

3. **Medical Records Request**: Request range from AHLTA Notes/Emergency Treatment Records/Mental Health Notes. Staffed by our Administrative Assistant, located on 1st floor, across from Customer Relations Office. Office numbers are 643-7586 or 643-7594.

4**. Decedent Affairs**: For all Deaths in the island or if you have Death in your platform or unit while visiting Okinawa. Staffed by HMC , our Admin Assistant, and the PAD Officer, located on 1st floor across from Customer Relations and adjacent to Human Resource Dept. During Working Hours Office number is 643-7586 or 643-7594. After Working Hours Contact the OOD: 643-7555 Emergency 643-7777

5. **HIPAA Complaints**: Office number is 643-7586 or 643-7594 or you may contact Command Judge Advocate General (JAG): 643-7410

6. **Exceptional Family Member Program for all Navy Beneficiaries**. Office number is 643-7586 or 643-7594. Office number is 643-7586 or 643-7594.

7. **Exceptional Family Member Program for all USMC Beneficiaries**: MCCS Camp Foster EFMP Services – Staff with Program Manager and two case workers Camp Foster Number is 645-9237.

8. **Admissions:** Staffed by a Supervisor and an Admission Watch Stander. Please contact the Admissions during and after working hours, Pager: 639-3418, 24 Hour Cell Phone: 090-6861-5286

9. **Health Record Retirements**: Staffed by a Supervisor and 6 Staff Civilian Staff Members: Office numbers: 643-7155

10. **Patient Valuables**: Staffed by an HM2 and HN. Please contact the Admissions during and after working hours, Pager: 639-3418, 24 Hour Cell Phone: 090-6861-5286

11. **Inpatient Records**: Staff by a Supervisor and 6 Civilian Staff Members: Office numbers: 643-7155

12. **Outpatient Records**: Staff by a Supervisor, 8 Civilian Staff Members and four active duty personnel: Office Number: 643-7820

Eligibility
Eligible patients include all active duty, DOD civilians, retirees, and their dependents. There is no cost to military families. Civilians are charged at a flat rate.

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Outpatient Records Services

USNH OKINAWA
1st FLOOR WEST WING (RM A113W)
HOURS 0700 – 1600
643-7820

The Outpatient Records Department is a sub-section of the Patient Administration Department. Our goal is to prescribe procedures for the maintenance, transfer, release, and retention of outpatient treatment records in accordance with BUMED, SECNAV, BUMED, DOD and Federal instructions. Patient treatment records will not be released to any person or organization in any manner which might compromise the individual's interests, or the interest and custody of the Federal Government. Every effort will be made to safeguard the treatment record, and the information contained therein; against loss, defacement, tampering or use by unauthorized personnel. This guidance is applicable to Department of Defense (DOD), Civil Services, and Civilian Contractors, eligible family members, other eligible beneficiaries located in Okinawa, Japan.

Services available include:

1. CHCS Mini Registration
2. Check-in/out
3. Record Request
4. AHLTA Printout
5. CHCS Updates
6. Record Mail outs
7. Record Retiring
8. Copy of Medical Records
9. PCS Checkout
10. New Front Desk Clerk Training

Birth Registration Department

USNH OKINAWA
1st FLOOR WEST WING (RM A116W)
HOURS 0730 – 1600
643-7516

****Appointment only for processing packages**
(Both parents and baby must be present)

The U.S. Naval hospital Okinawa Birth Registration Office is responsible for assisting families in the registering of every child born at the Naval Hospital through the American Consulate, Naha, Japan. It is **very** important to start the both the Consular Report of Birth Abroad (CRBA) and the passport process as soon as possible. **Usually it takes 6-8 weeks** to obtain both the CRBA and passport starting with the time the applications were submitted to the American Consulate. All military personnel and SOFA status must start the process at the U. S. Naval Hospital, Birth Registration Office on Camp Lester.

(Note): The Birth Registration Office **strongly** advises against the purchase of any airline tickets for your child's travel to the states or other destinations **PRIOR** to the receipt of your child's passport. As liaison between you and the American Consulate, we cannot guarantee, exactly, when the documents will be ready. The American Consulate will only process EMERGENCY passports with an approved RED CROSS. ****Remember it is your responsibility to make sure your child is ready to travel with you****

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1. Services offered for infants born at the Naval Hospital:
   a. Birth Certificate processing
   b. Passport Processing
   c. Social Security Card Processing
   d. Birth Abroad Briefs

2. Document required by the Birth Registration Office

   a. <u>PROOF OF PARENTS / US CITIZENSHIP</u> (one of the following for both parents)
   - U.S. Passport (Father / Mother)
   - U.S. Birth Certificate (Father / Mother) **Filing date and raised seal**
   - U.S. Naturalization Certificate (Father / Mother)
   - U.S. Consular Report of Birth Abroad (CRBA), FS Form 240

   b. **<u>MARRIAGE CERTIFICATE (original or Certified Copy from vital record w/filing date</u>**
   - For Foreign marriage certificates you must include the English Translation

   c. **<u>DIVORCE DECREES</u>** /Annulment **original** and/or Death Certificates need to be supplied.

   d. $**100.00 Money Order** for the birth registration (payable to US EMBASSY)
   - Only money orders from the Post Office or Community Bank **Only**
   - **<u>DO NOT USE Navy Federal Credit Union</u>**

   e. **$105.00 Money Order** for U.S. Tourist Passport the birth registration (payable to US EMBASSY)
   - Only money orders from the Post Office or Community Bank **Only**
   - **<u>DO NOT USE Navy Federal Credit Union</u>**

   f. **2 Passport Photos required for the U.S. Passport**

   g. **<u>AFFIDAVIT OF PATERNITY</u> (if needed Eligibility)**

Other Services: Pick up completed package - Monday-Friday from 11:00am-1:00pm and from 3:00pm-4:00pm to avoid traffic hours.
For an appointment or questions call DSN **643-7516 or email us at NHOKiBirthReg@med.navy.mil

Patient Admin Services that require appointments

***MEDBOARDS by appointments only: Once a Medical Board is dictated, service members are encouraged to stop by at the MEDICAL BOARDS Office, fill out the initial paperwork and get set up for their appointment and counseling.**

***Birth Registration by appointment only: Walk-in and Emergency Processing can be provided to support urgent MEDEVACS transfers.**

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PREVENTIVE MEDICINE
SECTION 4(G)

PREVENTIVE MEDICINE
CPMU BUILDING, CAMP LESTER
PREVENTIVE MEDICINE 643-3028/7808
EPIDEMIOLOGY 643-7808/7622
ENTOMOLOGY 643-7833
ENVIRONMENTAL HEALTH 643-3028/7808
WATER LAB 643-7727

- Work with all units and commands on Okinawa
- Provide Preventive Medicine services through training and oversight of Preventive Medicine Representatives in the clinics. (excluding Kadena)

Industrial Hygiene

- Conducts on-site surveys and work place monitoring island-wide for noise, asbestos, lead, hazardous materials and chemicals.

Occupational Medicine

- Conducts physicals required for occupational placement (drivers, firefighters, respirator use, health care workers and other individuals occupationally exposed to hazardous chemicals.

Operational Audiology

- Provides audiology services for the operational forces of the Navy and the Marine Corps island wide.

Radiation Health

- Measure radiation levels in radiology areas island-wide, and out lying areas like Diego Garcia, Guam, and Mainland Japan.
- Offers training to individuals working in those areas.

Entomology

- Human and Plant quarantine.
- Assist in surveys for pest control in food service facilities in conjuction with Air Force entomology and other pest/insect surveys island-wide.
- Snake classes - We maintain live snakes for training and tours.

Environmental Health

- Food service sanitation, habitability, family home care and child care center inspections island-wide.
- Food service, family home care and child care center training.
- Water Testing.

Epidemiology

- Tracks and reports all reportable communicable diseases among military personnel and dependents on island.

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QUALITY MANAGEMENT SECTION 4(H)

QUALITY MANAGEMENT DEPARTMENT (QMD)
USNH OKINAWA 1ST FLOOR

The Quality Management Department at the Naval Hospital Okinawa is a robust team that focuses on Patient Safety, Risk Management, Infection Prevention, Credentials and Accreditation Standards. We are the Root Cause Analysis and Failure Modes and Effects analysis gurus. We encourage risk screens and support of all or medical and dental colleagues in our journey to quality patient care.

PATIENT SAFETY:

Manage the Command Patient Safety program and promote a culture of patient safety and high quality care throughout the core facility and branch medical clinics. Service as an active member of several multidisciplinary committees and assist to carry out committee and command initiatives. Conduct monthly patient safety education briefs for new staff members at Command and Clinical orientations as well as the monthly patient safety representative meetings. Collect and monitor data to ensure JC standard compliance, identify trends, and make recommendations for performance improvement measures. POC 643-7776

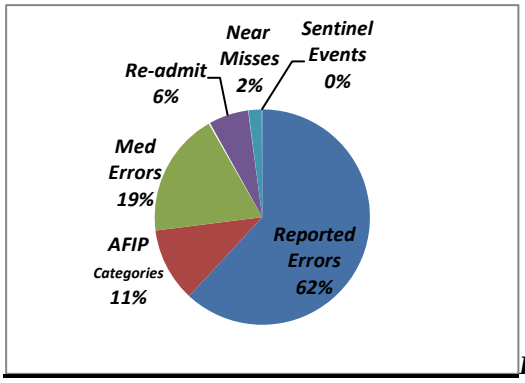
NATIONAL PATIENT SAFETY GOALS:

NPSG 1: Improve accuracy of Patient Identification.
NPSG 2: Improve the effectiveness of communication among caregivers.
NPSG 3: Improve the safety of using medications.
NPSG 7: Reduce the risk of health care associated infections.
NPSG 8: Accurately and completely reconcile medication across the continuum of care.
NPSG 15: Identify safety risks inherent in its patient population.

RISK MANAGEMENT:

The Risk Management (RM) program reviews, investigates and intervenes on all reports (Occurrence Screens, Quality of Care Reports, Root Cause Analysis (RCA), oral reports, etc) that identify RM issues. RM maintains an active liaison with the Command Judge Advocate General (JAG) Officer for purpose of reporting investigations, analyzing, settling and/or defending claims or compensatory events and maintains all RM activities in compliance with all applicable regulations. This includes serving as the functional expertise area and central resource regarding the Command Quality of Care activities. RM program over see's and coordinates activities in risk avoidance, prevent or limit risk liabilities and/or loss and stimulate change to avoid medical errors and improve safety. This program currently processes an average of 900 occurrence screens, 2 FMEAs, 4-6 Litigation reports, 4-8 QCR's and external QCR's and four RCA's per year. The RM scope of service is throughout U. S. Naval Hospital Okinawa, Japan and all of its nine Branch Health Clinics. POC 643-7511

Reported Errors	**642**
AFIP Categories	**115**
Med Errors	**194**
Re-admit	**64**
Near Misses	***21***
Sentinel Events	***1***



RM History 2010

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QUALITY MANAGEMENT (CONTINUED)

INFECTION PREVENTION:

Successfully provides oversight of 44 primary departmental infection control representatives and directorate infection prevention and control officers; ensuring an active infection prevention and control program. Combined Patient Safety and Infection Prevention representative into one collateral run by two program managers. With better oversight of the representatives, compliance for reporting IP rounds and hand hygiene compliance has increased an average of 35% for submission.
Involvement in infection surveillance and prevention was critical to successful management of flu outbreak at an outlying clinic, and >99% compliance with seasonal and H1N1 flu vaccinations for hospital staff.
Created monthly bug of the month data that will be places updated all new education programs for clinical and provider orientation as well as provided unit specific training in infection Prevention.

Goals for 2011: Minimize healthcare-associated infections and risk of transmitting infections associated with the use of procedures, medical equipment, and medical devices; maximize hand hygiene awareness and compliance; limit unprotected exposure to pathogens. POC 643-7482

CREDENTIALS:

Full reviews all provider records and packages. Integrates work with greenside MSSP. Detailed work and implementation of FPPE and OPPE. This includes all providers at this facility as well as all ICTB providers. Implement RN CCQAS documentation. POC: 643-0228

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REMOTE ACCESS TO CHCS AND AHLTA SECTION 4(I)

INFORMATION TECHNOLOGY DEPARTMENT (ITD)
USNH OKINAWA
1ST FLOOR EAST WING
HOURS 0730 - 1630
Telephone: 643-7336

US Naval Hospital Okinawa can provide remote access to CHCS and AHLTA for providers credentialed at our facility. After credentialing is complete, send a request for "Remote CHCS/AHLTA Access" to the email address NHOkiITD@med.navy.mil.

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AUDIOLOGY
SECTION 5(A)

AUDIOLOGY/HEARING CONSERVATION DEPARTMENT
USNH OKINAWA
1ST FLOOR FAMILY PRACTICE BUILDING
Telephone: 643-7554
Hours 0730-1630

Hearing Conservation:

1. Hearing Conservation is for all individuals on the hearing conservation program, to include all Marines
2. All active duty must have a DD2215 in their medical record
3. Individuals on the hearing conservation program must have an annual test on a DD2216
4. Individuals retiring or separating from active duty are to have a termination audiogram
5. These test can occur at our branch clinics and can be done on a walk in basis (please limit the group
    a. Camp Schwab has a four man booth
    b. Camp Hansen has a four man booth
    c. Camp Courtney has an one man booth
    d. Camp Lester has a three man booth
    e. MCAS Futenma has a four man booth
    f. Camp Kinser has a four man booth
6. Every Marine must have their current DD2215 date entered into MRRS. Also, the most current completed DD2216 needs to be entered into MRRS.
    a. Completed DD2216 is there is no significant change in hearing, no asymmetry, and no masking is required.
7. For all individuals with significant threshold shift, asymmetrical hearing loss, need a fitness for duty evaluation, or masking required, please make an appointment with one of our audiologist, 643-7554
8. Audiologist and certified audio techs can assist individuals or groups with hearing protection placement and education on need of hearing protection

Audiology:

1. For any audiological concerns not related to hearing conservation please refer patient to ENT Audiology
2. ENT Audiology is available for active duty, dependents, and retirees
3. Services include full diagnostic, hearing aids, vestibular testing, audiotory brainstem response test, and newborn hearing screening
4. ENT Audiology is located on 2nd Floor East Wing
5. Appointments are scheduled through main office, 643-7554
6. Referrals for full diagnostic and hearing aids are SPEC appointments
7. Referrals for vestibular testing or audiotory brainstem response test are PROC appointments
8. Newborn hearing screenings are conducted on 1st Floor Family Practice on a walk in basis

EDIS:

1. Any referral for early intervention for a dependent child, will be referred to ENT Audiology
2. Will be seen though at EDIS building on Kadena AFB

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ALCOHOL REHAB
SECTION 5(B)

ALCOHOL REHAB
CAMP FOSTER BUILDING 440
Telephone: 645-3009

If you want an appointment for a member for screening or receiving treatment, you may call directly to Alcohol Rehabilitation Department (ARD) at 645-3009. ARD Will then contact the DAPA / SACO (must be involved as per Navy Instruction and Marine Corps Order) of the member and involve him / her in the case. The member may call directly for an appointment also. ARD is located at Counseling Center in Camp Foster, building 440.

If you suspect the presence of an abusive pattern of drinking or substance use, you may refer a member for a screening appointment to determine whether the member may benefit from some level of intervention. Services provided by the Substance Abuse Counseling Center / Substance Abuse Rehabilitation Department (SACC / SARD) include: screening, early intervention classes, Level I Outpatient Treatment, Level II Intensive Outpatient Treatment, Continuing Care Group, case management services, residential treatment referral and coordination. We work closely with DAPA/SACO's (must be involved per Navy Instruction and Marine Corps Order) and will coordinate care of all active duty members through the DAPA / SACO. We also offer a monthly –Fostering Family and Friends‖ workshop that is purely educational and registered through self-referral. This workshop is open to anyone interested in learning more about the impact of alcohol on the family system. Referrals to SACC / SARD may be made by a medical provider by putting in a consult through AHLTA and calling 645-3009. Active duty members who desire to self-refer need to contact their DAPA / SACO to schedule the screening appointment. Family members and other DoD personnel may self-refer to the clinic by calling 645-3009. SACC / SARD is located at the Counseling Center in Camp Foster, Building 440.

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DENTAL / ORAL MAXILLOFACIAL SURGERY SECTION 5(C)

DENTAL/ORAL MAXILLOFACIAL SURGERY DEPARTMENT
USNH OKINAWA
2nd FLOOR NORTHWEST WING
Telephone: 643-7585
Hours: 0730 – 1600, Monday through Friday
Sick Call Hours: 0730- 0830

Appointments
The Dental/Oral Maxillofacial Surgery Department provides comprehensive, state-of-the-art general dental care and specialty surgical care to several hundred patients a month. The clinic is located in the Northwest Wing, on the 2nd floor of the US Naval Hospital on Camp Lester next to the Pharmacy, Laboratory and Radiology Depts. Regular office hours are from 0730 to 1600, Monday through Friday. Staff providers include a General Dentist, an Oral Maxillofacial Surgeon, a dental hygienist and a specially-trained prophy technician.

Patient Eligibility
For general dentistry and oral prophylaxis services, all US Naval Hospital Okinawa staff members and their dependents are eligible for care. Unfortunately, due to high demand and limited resources, we are unable to routinely treat patients assigned to other military commands. Clinical contact numbers are provided below:

Camp Kinser 637-1610	MCAS Futenma 636-3171	Camp Foster/Evans 645-7381
Kadena Flightline 634-7381	Kadena 18th Wing Group 630-4902	Torii 644-4370
Camp Courtney 622-7569	Camp Hansen 623-4658	Camp Schwab 625-2603

For specialty oral maxillofacial surgery services, all active duty personnel and their dependents (US Air Force, US Army, US Navy and US Marine Corps) as well as SOFA-status civilians, DOD personnel and Retirees are routinely treated on a space-available, mission-essential priority basis. Surgical appointments are made by referral only. Several excellent Oral Maxillofacial Surgeons practice on Okinawa and appropriate case referral should be to the closest available practitioner.

Camp Schwab/Hansen/Courtney – LT John Malan at Camp Hansen 623-4658
Camp Foster/ MCAS Futenma – LCDR Nima Khorassani 645-2457
Camp Kinser/US Army/US Air Force/Kadena Flightline/White Beach – CAPT John LaBanc 643-7585

Other arrangements may be in place at various times based on availability, scope of practice, deployment schedules and staffing. Questions regarding eligibility and further contact information can be obtained by calling the US Naval Hospital Okinawa Dental front desk at 643-7585.

Treatment Priority Listing:
Active Duty Military
Reservists
Family members of Active Duty Military
Retired personnel
DOD/Civilian Employees (emergency and fee-for-service care)
All others

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DENTAL / ORAL MAXILLOFACIAL SURGERY (CONTINUED)

General Dental Services

Comprehensive dental examination, consultation and treatment planning supported by the use of digital radiography, clinical photographs, specialized diagnostic testing, dental impressions, jaw relation records and diagnostic casts.

1) Preliminary diagnosis, initial treatment or stabilization of oral manifestations of systemic disease
2) Management of simple odontogenic infections and disease through pharmacologic means and non-complex incision and drainage
3) Preventive dentistry services
4) Local anesthesia
5) Minimal sedation/Anxiolysis (single oral agents only) for patients over 12 years old
6) Restorative dentistry – inlays, onlays, amalgams, composites, bonding and veneers
7) Complete or partial dentures (uncomplicated)
8) Crown and bridge services (uncomplicated)
9) Routine tooth extraction including erupted vertical or mesioangular third molars
10) Pulp caps, pulpectomies and pediatric pulpotomies
11) Complete uncomplicated, non-surgical root canal therapy for permanent teeth
12) Limited occlusal adjustments
13) Occlusal splint, custom athletic guards
14) Simple gingivectomy and gingivoplasty periodontal procedures
15) Gingival curettage
16) Treatment of fractured and avulsed teeth
17) Repair of simple traumatic wounds (less than 2 cm and not crossing vermilion border)
18) Soft tissue excision/biopsy
19) Osteitis and pericoronitis treatment
20) Bleaching of discolored teeth
21) Space maintenance
22) Removable orthodontic appliances to effect minor tooth movement
23) Non-surgical management of temporomandibular disorders

Orthodontics

Orthodontic (braces) screening exams can be completed by the general dentist upon request to determine if the patient meets potential selection requirements established by the militaries' extremely busy orthodontic providers. These include:

Active duty personnel have priority over dependants
Rotation date greater than 24 months
Non-deployable status with written confirmation by command leadership
Acceptance by quarterly case selection board based on the above criteria, severity and resources Orthodontist appointments are made by general dentistry **referral only** and NO GUARANTEE can be made regarding patient selection.

Pediatric Dentistry

Patients of any age may be seen at the USNH Okinawa dental clinic for exams and treatment. If a parent desires treatment by a pediatric dental specialist, providers are accepting direct referrals for all patients age 7 and under. Patients older than 7 years old require general dentistry referral.

Location: Pediatric Dental Clinic is located on Kadena Air Base at the 18th Medical/Dental Wing
Appointments: 630-4745

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DENTAL / ORAL MAXILLOFACIAL SURGERY (CONTINUED)

Oral Maxillofacial Surgery Services

Services offered under general anesthesia, IV conscious sedation and/or or local anesthesia:

- Third molar extractions
- Difficult tooth extractions
- Impacted canine treatment
- Dental Implant surgery
  - Patients are screened by both a restorative dentist, usually a prosthodontist or specially-trained general dentist. The cases are discussed in detail with multiple dental specialists at a monthly dental implant board meeting. Different treatment options may be chosen for missing teeth (removable partial dentures, crown and bridge or no treatment) depending on multiple factors. Eligibility is strictly determined by the implant board and no surgical guarantees are made at the screening appointments.
- Bone grafting for dental implants or reconstructive surgery
- Pre-prosthetic surgery – soft and hard tissue
- Pediatric surgical management
- Facial trauma including soft tissue lacerations, orbital fractures, zygomaticomaxillary complex fractures, upper jaw fractures, mandible fractures and dental trauma (avulsed teeth).
- Orthognathic (jaw movement) surgery
  - Patients are screened by the orthodontic community and discussed in a monthly dental facial deformity board meeting prior to case acceptance. Strict duty and timeline guidelines are followed and no guarantee of case acceptance can be made prior to board discussion. Coordinated care between the orthodontists, general dentists and the surgeons are required for successful results.
- Limited TMJ pain/dysfunctional surgery.
  - Chronic TMJ pain, decreased range of motion, and joint noises rarely have quick fixes. Treatment often involves long-term coordinated care from multiple specialists. Initial patient education must be handled at the general dentistry level. Six months of failed conservative therapy (NSAIDS, muscle relaxants, bite splint therapy) should be well documented prior to referral to an oral maxillofacial surgery specialist. No guarantees can be made as far as treatment success, long term results or possibility of useful surgical intervention. Patients may need to be medically evacuated to a larger command for comprehensive treatment and strong consideration of limited services should be understood by any military active duty or dependent prior to PCS to Okinawa, Japan.
- Pathology- Facial and intraoral soft and hard tissue lesions will be biopsied and treated accordingly.
  - Oral cancer diagnosis will most often be discussed in a specialty tumor board and medically evacuated to facilities with more comprehensive services.
- Infections of dental origin
  - Many localized dental infections can be adequately treated by a general dentistry provider with simple incision and drainage plus appropriate antibiotic therapy and follow-up. Referral to an oral maxillofacial surgeon should be considered early for infections spreading to adjacent fascial spaces (neck, submandibular, buccal and lateral pharyngeal spaces), significant difficulty opening the mouth, quickly spreading swelling with fever, medically compromised patients, persistent infections (> 1week) or patients with difficulty swallowing. Anytime a general practitioner feels uncomfortable, a consultation with the oral surgeon who provided surgical care (e.g. extraction) should be made immediately. If unable to contact them, please contact the oral surgeon on call.
- Obstructive sleep apnea surgical treatment

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DENTAL / ORAL MAXILLOFACIAL SURGERY (CONTINUED)

After Hours Dental Care:
Patients usually treated at Camp Kinser/MCAS Futenma/Camp Foster / U.S. Naval Hospital Camp Lester
Contact Camp Foster Duty Section at 645-7381
Patients usually treated at Camp Courtney/ Camp Hansen/ Camp Schwab
Contact Camp Hansen Duty Section at 623-4658
For Active Duty Air Force and their Dependents
Contact 080-2721-0412

FAILURE/NO SHOW POLICY

What constitutes as a FAILURE/NO SHOW?
Checking in late or not showing up for a scheduled appointment.
1st FAILURE
- A failure will be documented in your record every time you fail an appointment.
- You will no longer be able to make appointments by phone.

2nd FAILURE
- Your immediate supervisor will be notified.

3rd FAILURE
- Active Duty: Your immediate supervisor will appear with you at the dental department to make any future appointments. Failure to show notifications will be sent up the Chain of Command.
- Dependants: You **and** your sponsor will need to appear to the dental department to speak with the LPO, Division Officer or Department Head before scheduling any future appointments.

CANCELLATION OF APPOINTMENTS
- All cancellations need to be made at least **24 hours** prior to your scheduled appointment.

Customer Service Representative: LT Erin Palmer, General Dentist, 643-7585

We look forward to serving you!

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DERMATOLOGY
SECTION 5(D)

DERMATOLOGY
USNH OKINAWA
3RD FLOOR WEST WING
HOURS 0730 – 1630
Telephone: 643-7119

General Information:

- **All non-cosmetic aspects of general dermatologic care and management, including**:
  - Epidermal and melanocytic lesions (e.g. BCC/SCC/suspicious Nevi/Melanoma)
  - Dermal and subcutaneous tumors (cysts, keloids)
  - Diseases of skin appendages (hair/hair pores/nails)
  - Disorders of outer aspects of mucous membranes
  - Cutaneous vascular disease (hemangiomas)
  - Disturbances of pigmentation (vitiligo)
  - Chronic blistering disease (pemphigus, etc)
  - Skin infections (bacterial, fungal, mycobacterial, parasitic)

Scope of Care / Services Available:

- Outpatient
  - Inpatient consultation
  - Specialized dermatologic procedures (Non-cosmetic)
- **How do I get an appointment -- Consult in CHCS**
  - Routine
  - Urgent (**MUST FIRST contact us for provider-to-provider discussion)
- **Specific requirements for PCM's prior to referral**
  - Patients that the PCM has questions about, contact: DSN: 643-7119
  - CHCS System for consults
  - **Give patient's accurate phone number, & e-mail address if hard to reach by phone**

Prior to Referral, First line therapies should be attempted for:

- **Acne:**
  - Retin-A 0.025-0.05%, apply ONE pea-sized amt to entire face QHS (start every other night for 2 weeks then gradually add in nights as tolerated)
  - Benzoyl Peroxide 5-10%, apply QAM
  - Doxycycline/Minocycline 100 mg BID if mod-severe inflammatory lesions esp nodules
    - **Unless icepick/depressed scarring, above regimen must be tried for at least 3 months before referring. If true scarring (not just red or dark discoloration), then can refer without trying above regimen.**

- **Eczema or Atopic Dermatitis:**
  - Try regimen below for 4-6 weeks (emphasize PARAMOUNT importance of itch control):
    - Atarax 10-50 mg titrated to effect, take 30 minutes before bedtime
    - Peds: 0.5 - 1.4 mg/kg taken 30 minutes before bedtime
  - Zyrtec or Claritin daily at 2-3 times the age-appropriate allergy dose, adjust dose as needed after 1 week at each dose level (higher derm doses are necessary to achieve itch control)
  - Kenalog 0.1% OINTMENT or Westcort OINTMENT (not cream) apply BID 5 days on & 2 days off per week (all areas except face / groin / axillae)
  - Kenalog 0.1% CREAM or Westcort CREAM (not ointment) apply BID 5 days on & 2 days off per week for rashes on face / groin / axillae

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DERMATOLOGY (CONTINUED)

- **Seborrheic Dermatitis:**
  - Try regimen below for 4-6 weeks:
    - Scalp/eyebrows or mixed areas: Ketoconazole / Nizoral shampoo, apply & leave on for 5-10 minutes then wash off, repeat 3 times per week
    - Non-hairy skin only: Triple sulfur cream (type in –sulfur‖ in CHCS), apply 3 times a day

- **Psoriasis:**
  - If lesions cover less than 10% BSA, try regimen below for 2 months:
    - Clobetasol ointment (solution for scalp), apply BID 5 days on / 2 days off per week
  - For lesions on face / groin / axillae, use instead: Kenalog 0.1% CREAM or Westcort CREAM (not ointment) apply BID 5 days on / 2 days off per week

- **Urticaria:**
  - Try regimen below for 4-6 weeks:
    - Atarax 25-75 mg q6 hrs (can switch to 25-75 mg QHS if also use Claritin or Zyrtec)
    - Zyrtec or Claritin daily at 2-3 times the age-appropriate allergy dose, adjust dose as needed after 1 week at each dose level (higher derm doses are necessary to achieve control)
    - Prednisone 15-day taper (60-40-20 mg at 5 days each step) if not controlled with trial of antihistamines for 2-3 weeks

- **Tinea Versicolor:**
  - Ketoconazole/Nizoral shampoo, apply & leave on for 5-10 minutes then wash off, repeat 3-4 times per week
  - If extensive or persistent: start with Ketoconazole 400 mg PO in single dose taken with orange juice, wait 30 minutes then exercise/sweat and leave sweat on skin for few hours. Must follow with maintenance regimen of ketoconazole shampoo as above.
  - **Need to try above for 4-5 months before determining treatment failure, because it can take 4-5 months after controlling the yeast for the hypopigmentation spots to repigment.**

- **Tinea Corporis / Cruris / Pedis:**
  - Clotrimazole or Ketoconazole cream BID till 2 weeks AFTER rash clears (warn patients that rash can worsen for first 1-2 weeks of antifungal treatment)
  - If not responding after 4-6 weeks treatment, can consider:
    - Fluconazole 150-200 mg PO weekly x 4 weeks (T. Corporis/Cruris) or x 6 wks (T. Pedis)
    - Lamisil 250 mg PO daily x 2 weeks (T. Corporis/Cruris) or x 4 wks (T. Pedis)
    - (warn patients that rash can worsen for first 1-2 weeks of antifungal treatment)
    - **Do NOT mix antifungals with topical steroids, which can make lesions seem better but actually weaken antifungal treatment and allow fungus to invade deeper into skin!!**

- **Warts:**
  - LN2 every 3 weeks for 2-3 treatments (if thicker, use repetitive short bursts to drive freeze to base without widening frost)
  - Podophyllin daily
  - If multiple or resistant lesions, use Soak-Scrape-Acid-Tape nightly regimen for 3-6 months:
    - Soak: in hot water for 20 minutes
    - Scrape: with Pumice stone till start to bleed or hurt
    - Acid: apply thin film of liquid salicylic acid to warts and let dry
    - Tape: cover with Duct Tape overnight (must be non-occlusive Duct Tape)

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DERMATOLOGY (CONTINUED)

- **Molluscum Contagiosum:**
  - LN2 if tolerated (use repetitive short bursts to drive freeze to base without widening frost)
  - If can't tolerate LN2, try one of regimens below for 1-2 months:
    - Salicylic Acid or Podophyllin daily until red/irritated, then cover w/ tape till gone
    - Retin-A 0.025-0.05% gel QD-BID until red/irritated, then cover w/ tape till gone

- **Impetigo/Bacterial Folliculitis:**
  - Should swab fluid for Aerobic Culture before starting Abx!
  - If mild or small areas: Bacitracin or Bactroban applied TID till cleared
  - For others: Keflex 500 mg PO QID (can take with food) x 10-14 days
  - If PCN/Cephalosporin allergic, or MRSA: Bactrim/Septra DS, 1 tablet PO BID x 10-14 days
  - If also Sulfa allergic: Doxycyline 100 mg PO BID x 10-14 days (only age 9 or above)

- **PFB (Pseudofolliculitis barbae):**
  - Retin-A 0.05% cream, apply ONE pea-sized amt to area QHS (start every other night for 2 weeks then gradually add in nights as tolerated)
  - Synalar solution or Kenalog 0.025% cream (not ointment), apply BID 5 days on / 2 days off per week
  - **Follow the service-specific PFB Protocol before referring for laser**

- **Cosmetic removal of benign appearing nevi or other benign skin lesions:**
  - **NOT done** unless repeated trauma by shaving, bras, etc.

- **Removal of skin tags (generally cosmetic and you don't have to do it unless irritated easily):**
  - **NOT done** If wish to tx: LN2 to tags down to base or cauterize at base and allow to fall off

- **Epidermal cyst/Sebaceous cyst (No tx needed unless irritated, interferes with daily activities, or cosmetically unacceptable location):**
  - If fulfill above criteria, refer for excision only if cosmetically or surgically difficult location, otherwise please perform excision at primary care level.

- **Services NOT offered:**
  - Laser removal of hirsutism, tattoos, veins, hemangiomas, port wine stains, dark spots, etc.
  - Resurfacing laser for acne scars
  - Mohs Micrographic Surgery
  - Sclerotherapy
  - Chemical peels
  - Dermabrasion
  - Liposuction
  - Skin tag removals
  - Cosmetic removal of nevi or other benign lesions without h/o repeated trauma/irritation

****Any melanoma lesion confirmed by dermatopathology (please wait for final results from CONUS dermatopathologist): Order ASAP consult and CALL US. We'll work the patient into our schedule.**

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EDUCATIONAL AND DEVELOPMENT INTERVENTION SERVICES (EDIS) SECTION 5(E)

BUILDING 9497
KADENA AIR BASE
Front Desk: 634-2740, 634-2747; Fax: 634-2708

Mission:
Support operational readiness of active duty military in the Western Pacific by attending to the special development and educational needs of children entrusted to our care through the provision of early intervention and medically related services.

Vision:
Within the Western Pacific Region, we are committed to providing an environment of excellence in early intervention and medically related services through a coordinated medical and educational network.

Philosophy:
To enhance the development and emotional well-being of children with special needs ages birth to 21 years, and their families by providing comprehensive specialty, medical and support services.

Regulations and Guidance:
Individuals with Disabilities Act, Department of Defense Instruction 1342.12

Primary Programs:
- Early Intervention ages 0-3
  - Medically Related Services

Health Care Providers:
- Audiology
- Community Health Nurses
- Development Pediatrician
- Early Childhood Special Educator
- Occupational Therapist
- Physical Therapists
- Social Work
- Speech Therapists(0-3)

Supportive Activities:
- Child Find
- EFMP/Overseas Screening
- Developmental Follow-up Screening Clinic
- Parent Support/Education
- Public Awareness/Training
- Okinawa Interagency Coordinating Council

Referral Based Clinic:
- Early Intervention
  - Parents
  - Physicians
  - Other community agencies with parental permission

- Medically Related Services
  - DoDDS / Physicians

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EMERGENCY DEPARTMENT
SECTION 5(F)

EMERGENCY DEPARTMENT
USNH OKINAWA
1ST FLOOR
643-7338 or 643-6666

To call the ER:

- From Off-base On-Island
  - Dial the Camp Foster Switchboard: 098-911-5111 or 098-983-1111
  - Then dial the ER: 643-7338

To Activate EMS:

- Off-Base: 098-911-1911
- On-Base: Dial 911

Ground Transport Times:

- Without Traffic
  - Kinser 20 minutes
  - Hansen 50 minutes
  - Schwab 1 hour
  - JWTC 2 hours

- With Traffic
  - Kinser 40 minutes
  - Hansen 1 hour and 10 minutes
  - Schwab 1 hour and 20 minutes
  - JWTC 3 hours

Medical Evacuation by Helicopter:

- Coordinated by the ER and III MEF and USNH Okinawa OOD
- Call us and we'll make it happen
- OOD-643-7555

Should you desire to send a patient to the Emergency Department for evaluation, please contact the on duty Emergency Physician at 643-7338 to provide history and physical exam information for handoff prior to sending patient to the ED. Consider mode of transport most appropriate for patient condition.

If you are credentialed as a member of the medical staff of USNH Okinawa and you should be able to access Emergency Treatment Records of your patient visits via a secure share drive.

Please do not collect laboratory specimens to send with the patient. Labs will be ordered by the Emergency Physician as indicated.

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ENT / OTOLARYNGOLOGY – HEAD AND NECK SURGERY / SECTION 5(G)

OTOLARYNGOLOGY (ENT) DEPARTMENT
USNH OKINAWA
2nd FLOOR EAST WING
Telephone: 643-7522
Hours: 0730 – 1630, Monday through Friday

The OTO-HNS department provides comprehensive, state-of-the-art care to several hundred patients a month. The clinic is located in 2EAST, on the 2nd floor of the Naval Hospital, on Camp Lester (ph. 643-7522). The regular office hours are from 0730 to 1630, Monday through Friday. There are two staff Otolaryngologists who provide around the clock consultative services.

Services available include:

1. General otolaryngology
2. Head and neck surgery (including cancer surgery)
3. Facial plastic and reconstructive surgery
4. Otologic surgery
5. Pediatric otolaryngology
6. Endoscopic and open sinus surgery
7. Otolaryngic allergy and allergy immunotherapy
8. Endoscopic and open laryngeal surgery
9. Rigid Bronchoscopy and Esophogoscopy
10. Thyroid and parathyroid surgery
11. Sleep apnea and snoring surgery
12. Bell's Palsy
13. Sudden sensorineural hearing loss
14. Facial trauma surgery/repair

Eligibility

Eligible patients include all active duty, DOD civilians, retirees, and their dependents. There is no cost to military families. Civilians are charged at a flat rate.

Appointments

Otolaryngology appointments are made **by referral only.** Consultation is accepted by either completing a SF-513 consultation form or using the electronic CHCS system (preferred method). Per BUMED 6320.66A, referrals made by physician's assistant must be reviewed and endorsed by their assigned medical officer preceptors prior to actualization of the process. IDC referrals should also be reviewed by the supervising medical officer preceptor when able. All SF-513 consultation forms must be legible and included the following information:

- patient's name, rank, service, SSN, , location of medical records
- current work and home phone numbers
- provider's signature and stamp
- a concise reason for the consultation and pertinent clinical history, exam, and studies
- priority: place routine but please call or page the duty otolaryngologist when the patient needs to be seen in an expedited manner.

All consults are reviewed by the otolaryngologists and prioritized as Low, Medium, or High priority. Routine (low) priority consults are typically seen within 4 weeks, medium priority in 2-4 weeks, and high priority in less than one week. Please advise patients to call the ENT front desk at 643-7522 in order to schedule their

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appointment time and date, once the consultation has been approved by the ENT provider. If there is no answer, advise patients to leave a message, as our voicemail is reviewed daily. We DO NOT call patients to arrange appointments, it is the responsibility of the patient to arrange an appointment date after an appropriate referral has been placed by the GMO/PCM. If a patient needs to be seen within a few days (i.e. 72 hours or today), the healthcare provider **must** call the ENT clinic personally and speak to the duty doctor, who will arrange a timely evaluation (please be prepared to give all the information listed above). Every once in a while both otolaryngologists may be away from the clinic at the same time, but we will attempt to return your calls as soon as possible. It is advisable to leave an evening phone number, so we may reach you at the end of the day. If unable to reach an otolaryngologist, have the patient either go to the ED if clinically indicated or come to ENT the next working day at 0800, NPO after midnight.

Audiology

All ENT consults for vertigo and ear disease other than otitis externa require a consultation to be placed at the time of consultation to ENT if they have not recently had a hearing test (less than 6 months).

All referrals for Audiology services are currently require a completed SF-513 or the electronic CHCS system consultation (consults can either be placed via ―CPMU audiology or ENT audiology‖). In case of audiology referrals, it is the responsibility of the PCM/GMO to provide the patient with the contact numbers in audiology (643-7554, Lester CPMU Audiology; OR EDIS Kadena audiology 634-2747). It is then the responsibility of the patient to call the designated numbers in order to schedule the audiology appointment. If a preliminary pure tone audiogram has been performed by the referring provider, the results should be attached to the consult. Please note that **all** active duty audiology testing is performed by the Consolidated Preventive Medicine Unit (CPMU), and the consults should be forwarded to them directly. (643-7554)

General Pointers

1. Facial trauma call is divided between the OTO-HNS and Oral/ Maxillofacial surgery Departments. Generally **even** days are covered by **ENT** and **odd** days are covered by **Oral** surgery. (O: ODD:OMFS; E:EVEN:ENT). Nasal fractures and soft tissue of the nose and ears go to ENT. Mandible, alveolar and dental issues go Oral Surgery.
2. An administrative emergency is not a medical emergency. For example, an evaluation of nasal obstruction for a retirement physical does not become a **high priority** because the patient is retiring. Our clinic will try to be as flexible as possible however.
3. Patients PCS-ing off the island within two months or less should have elective surgeries postponed until they reach their next duty station. If this is the case, making the consultation to the OTO-HNS Dept at their next duty station would be more appropriate.
4. Please call/page/email if you have questions.

Specific Pointers

1.<u>Traumatic TM perforations</u>

A. Without labyrithhine concussion (no HL, tinnitus, vertigo, N/V). Spontaneously heal 90% of the time in < 3 months if not a large perforation.

1. Wet (underwater and or draining)

- Ofloxin otic suspension 4-5 drops BID X 10 days or ciprodex otic 4-5 gtt tid x 7days
- Cortisporin otic suspension 5-6 drops TID-QID X 10 days or blephamide ophthalmic gtt 3 gtt tid x 7days can be used if that is all that is available, but it is off-label use and not approved for use in the middle ear space.
- Consider oral antibiotics if not responding to topical meds
- Absolute dry ear precautions (ear plugs/Vaseline on cotton/shower cap when bathing, no swimming)

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- Obtain audiogram (diagnostic type to include pure tone testing, speech recognition, acoustic reflex testing, and tympanometry) and provide F/U q 1 wk
- Consult ENT for unresponsive infection (> 2 wks), unresolving CHL (> 6 wks), or nonhealing TM perforation (> 6 wks)

2. Dry (on land, not draining)
   - Usually requires no antibiotics
   - Absolute dry ear precautions
   - Obtain audiogram (diagnostic type, not occupational type via audiology consultation as directed above) and provide F/U q 3 wks
   - Consult ENT as needed (see above indications)

B. With labyrinthine concussion (HL, tinnitus, vertigo, N/V) - Call ENT and Audiology duty doctor s for consult that day...check duty pager listing or call clinic directly at 643-7522

2. Draining ear infection

A. Acute otitis externa (swimmers ear)
- Cortisporin otic suspension 5-6 drops TID-QID X 10 days or blephamide ophthalmic gtt 3 gtt tid x 7days
- avoid water exposure
- avoid ear canal trauma (dc qtips)
- Refer to ENT if no resolution despite appropriate antibx's, need for cleaning because of wax impaction, severe canal swelling (wick placement), periauricular cellulitis, evolving perichondritis, auricular cellulitis or immunocompromised patient

B. Acute otorrhea associated with myringotomy tubes or tympanic membrane perforation (usually associated with URI that may cause AOM that will respond to topical antibiotics 90% of the time, occasionally is related to granulation tissue from infection or inflammation from the ear tube, if unresponsive to medical therapy consider water exposure as cause or in children allergies especially food)
- Ofloxin otic suspension 4-5 drops BID X 10 days or ciprodex otic 4-5 gtt tid x 7days
- Cortisporin otic suspension 5-6 drops TID-QID X 10 days or blephamide ophthalmic gtt 3 gtt tid x 7days can be used if that is all that is available, but it is off-label use and not approved for use in the middle ear space.
- Refer to ENT if no resolution despite appropriate antibx's, severe canal swelling (?wick placement), periauricular cellulitis, or evolving perichondritis, auricular cellulitis

C. Chronic draining ears
- consider chronic ear trauma or qtip use if mild acute otitis externa, treat with drops and avoid trauma and usually resolves in 4-6 wks.
- If not otitis externa then routine referral to ENT to R/O cholesteatoma, with audiology consulation prior for formal diagnostic audiogram
- If pt develops sudden onset of pain, vertigo, or facial paralysis, then immediate ENT evaluation is needed

3. Serous otitis media

A. Children - almost all get this at some time
- 90% will clear spontaneously in 90 days
- Look for risk factors for AOM (allergy, smoke exposure, bottle- fed, day-care, immunodeficiencies)
- Indications for MT's: recurrent AOM (>3/6 mos,>4/year), bilateral CSOM > 3 months (unilateral > 6 months) with CHL, speech delay, complication of AOM, craniofacial problems (down's, cleft palate, etc)

B. Adult - Unilateral, recurrent or chronic serous otitis media must R/O nasopharyngeal or skull base mass. Needs nasal endoscopy by ENT, place ENT consult.

C. Eustachian tube dysfunction (ETD) - very common
- Heavy/clogged sensation, +/- discomfort, +/- effusion, +/- CHL

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- Usually self-limited process, but may be life-long problem
- Risk factors smoking, allergy, sinusitis, SCUBA, air flight
- Normal ear exam and audiogram/tympanogram means mild case
- Treatment consists of periodic Valsalva, sugarless chewing gum, systemic decongestants, nasal steroids, and reassurance, allergy work-up, sometime reflux work-up or consideration in ddx for nasopharyngeal reflux
- Referral to ENT for abnormal ear exam (i.e. persistent effusion, retraction pockets, perforations, infections) or audiogram/tympanogram, or refractory aural fullness (consideration for tympanostomy tube placement)

4. Dysequilibrium/dizziness/vertigo
   - Otologic dysequilibrium most often presents as **vertigo** (sense of motion, often perceived as self-spinning or environmental-spinning)
   - Vertigo is often aggravated by changes in head position
   - Often associated with other otologic sx's (tinnitus, HL, otalgia, N/V, otorrhea, otitis, trauma, syncope, HA, cerebellar symptoms)
   - Syncope/near syncope/lightheaded are **not** caused by the inner ear
   - Thorough history will usually determine weere the appropriate referral should go (Int. Med., Neurology, ENT), but if you are unsure call and speak with the duty doctor
   - Rx of acute vertigo = meclizine, valium and antiemetics
   -All need formal diagnostic audiogram as part of work-up

5. Acute sinusitis (CT scan is rarely ever indicated, assume sinusitis if URI sx present for >10 days)
   A. Maxillary/Ethmoid
      1. Without air-fluid level (on plain Xrays of sinuses - order 4 views)
         - treat with appropriate antibiotics
         - Augmentin XR 1000 mg 2 tabs po bid f10
         - Augmentin or Ceftin or levaquin X 21-28 days if h/o recurrent/chronic sinusitis (symptoms present for > 12 weeks duration)
         - Lots of nasal saline spray
         - Afrin nasal spray X 3-4 days
         - Systemic decongestants X 10-14 days
         - F/U q 10-14 days
      2. With air-fluid level - Call ENT duty doctor if air-fluid and/or pain does not resolve in 5-7 days
   B. Frontal/Sphenoid
      - Remember to look at plain films for air-fluid levels in frontal/sphenoid, procure CT scan for better anatomic delineation
      - Acute frontal or sphenoid sinusitis refractory to the above out line therapy (esp. w/ increasing pain, swelling, or altered mental status) is an **ENT EMERGENGY** (call duty doctor for immediate consultation)

6. Chronic/recurrent sinusitis (symptoms > 3 months, or >3 episodes of acute/yr)
   - Always review seasonal/inhalant and food allergy history (consult Allergy if needed)
   - Minimal treatment consists of 3-6 weeks of broad-spectrum antibiotic (Augmentin/Ceftin/Biaxin/Clindamycin/ levaquin) and nasal steroid spray
   - Additional meds may include decongestants, antihistamines, nasal saline spray, mucus thinning agents, systemic steroids (use carefully! And rx GI prophylaxis with PPI if using)
   - Beware of the Afrin abusers (will not get better until Afrin is stopped)
   - If no improvement with aggressive Rx for 3-4 weeks, then order CT of sinuses and refer to ENT (document on consult that CT has been ordered)
   - Mucous retention cyst within the maxillary sinus is common and usually inconsequential, it does not need ENT consult unless it enlarges or becomes symptomatic

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7. Epistaxis (anterior in the young, posterior in the elderly)
   A. Initial control of hemorrhage
      - Approach in a systematic/sequential fashion
      - Afrin and anterior nasal pressure
      - Cauterization ($AgNO_3$), platelet activating substances (surgicel, avitine, flow seal)
      - Anterior nasal packing (merocel, Telfa, 1/4" gauze)
      - Posterior nasal packing (epistat, foley+ant pack, 4X4 roll+ant pack)
      - Arterial ligation (internal maxillary artery)/selective angiographic embolization, endoscopic sphenoid artery ligation
   B. Prophylactic treatment
      - Look for lesions/masses and treat appropriately
      - Treat rhinitis if present, avoid trauma (nose picking)
      - Keep nose moist (saline spray during the day, Vaseline or bactroban oint at night)
      - Cauterization or even septoplasty may be necessary

8. Head & Neck masses
   A. History - duration, constitutional symptoms, dysphagia, hoarseness, bloody rhinorrhea, hemoptysis, recurrent/unilateral serous otitis media, otalgia without otitis, possible infectious exposures, risk factors, previous CA, HIV status, family hx, smoker/etoh
   B. Physical exam - location, fluctuance, firmness, mobility, size, number, growth/regression over time, thorough head & neck exam (skin, OP, thyroid, parotid, ect), CN exam, hoarseness, stridor
   C. Work-up
      - *Minimal* - CBC w/ diff, monospot, PPD, CXR
      - *Extended* - TFT, LFT, HIV, FNA, CT/MRI/US, panendoscopy, open biopsy
   D. Therapy
      - Empiric course of anti-staph broad spectrum antibiotic X 14 days prior to ENT referral
      - If no improvement, worsens, or has other signs suggestive of airway compromise or head & neck CA then refer to ENT urgently

9. Cervical adenitis and deep neck space infections
   A. History - duration, constitutional symptoms, dysphagia, hoarseness, bloody rhinorrhea, hemoptysis, recurrent/unilateral serous otitis media, otalgia without otitis, possible infectious exposures, risk factors, previous CA, HIV status, family hx, Cat or pet exposure.
   B. Physical exam - location, fluctuance, firmness, mobility, size, number, growth/regression over time, thorough head & neck exam (skin, OP, thyroid, parotid, ect), CN exam, hoarseness, stridor
   E. Work-up
      - CBC w/ diff, monospot, PPD, CXR
      - if having trouble determining if it is an abscess, ultrasound can be helpful
   F. Therapy
      - Empiric course of anti-staph broad spectrum antibiotic X 14 days prior to ENT referral
      - If no improvement, worsens, or has other signs suggestive of airway compromise or development of a deep neck space abscess then refer to ENT urgently

10. Dysphagia / globus sensation (frequently is Laryngopharyngeal reflux, allergies, overuse of voice)
   A. History - Duration, solid vs liquids, weight loss, constitutional sx, GERD, sinusitis, allergy, choking, aspiration, airway compromise, smoking/alcohol use, other head & neck sx
   B. Physical exam - particular emphasis on oral/oropharynx/neck and CN's
   C. Work-up
      - Empiric trial of bid antireflux Rx (usually before any other w/u)—prefer PPI po bid 1/2 hour prior to meals
      - Barium swallow +/- CXR if not response after empiric treatment
      - R/O allergic and nonallergic rhinosinusitis

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D. Therapy
- Empiric trial of antireflux rx bid
- Treat sinusitis/allergy as indicated
- If symptoms persist for > 4-6 wks or exam reveals sign suggestive of head & neck CA then refer to ENT
- If esophagram reveals pathology below the neck then refer to GI or General Surgery

11. Sleep apnea, snoring and tonsillectomy
- Formal sleep study is part of workup for obstructive sleep apnea and snoring. Clinical diagnosis is accurate about 50% of the time. If moderate or greater OSA then CPAP is indicated. If mild OSA or primary snoring, then surgery may be an option.
-If snoring with nasal obstruction and obvious nasal septal deviation then septoplasty may be pursued prior to sleep study.
-If snoring with large tonsils and/or other indication for tonsillectomy then tonsillectomy prior to sleep study may be pursued.
-Multitude of etiologies which fall under pharyngitis/tonsillitis (Strep, thrush, herpangina, aphthous ulcers, URI, Mononucleosis, etc.)
- Exam alone is unable to predict etiology, therefore, throat cultures are always necessary
- Indications for tonsillectomy:
  - > 6-7 acute Strep tonsillitis in a year
  - > 5 acute Strep tonsillitis for 2 years
  - > 3 acute Strep tonsillitis for >3 years
  - Excessive school/work absentee due to clinical tonsillitis
  - Peritonsillar abscess in active duty service member
  - Recurrence or severe peritonsillar abscess
  - Suspicion of neoplasm (asymmetric tonsils)
  - Airway obstruction/sleep apnea/cor pulmonale
  - Deglutition problems
  - Halitosis from debris/tonsiliths (try local care first, qtips, water pic)

12. Bell's Palsy - ***"All that palsies is not Bell's"***
1. Diagnosis of exclusion - must R/O four primary categories
   a. Infectious - otitis, parotiditis, lyme disease
   b. Neoplasm - CPA, cholesteatoma, neuroma, parotid
   c. Metabolic - DM, sarcoidosis
   d. Trauma - temporal bone, extratemporal
2. Treatment
   a. 2 week systemic steroid (prednisone 60 mg qam) +/-taper with zantac and Acyclovir (proven beneficial by randomized, double-blinded clinical trials if caught within a week of onset)
   b. Eye protection is critical!! If blink is impaired consider lacrilube/artificial tears, Be careful with patches and taping,
   c. Have very low threshold for ophthalmology evaluation
   d. Consult ENT for incomplete palsy without substantial improvement by 4-6 weeks or all palsies which you believe are complete (asymmetry at rest with inability to close eye)
   e. If there are other neurologic or systemic signs/disorders, consult Neurology
   f. always obtain diagnostic audiogram (appropriate referral to audiology)

13. Sudden Sensorineural Hearing Loss
1. Diagnosis of exclusion - must R/O four primary categories
   a. Infectious − acute otitis media, syphilis, lyme disease
   b. Neoplasm - CPA, cholesteatoma, neuroma,
   c. Metabolic - DM,

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d. Trauma - temporal bone, extratemporal

2. Treatment

a. 2 week systemic steroid (prednisone 60 mg qam) +/-taper with zantac and Acyclovir (proven beneficial by randomized, double-blinded clinical trials if caught within a week of onset). Start this as soon as possible up to 4 wks after onset of symptoms.

b. need audiogram as soon as convenient

d. Consult ENT

e. If there are other neurologic or systemic signs/disorders, consult Neurology

14. Facial fractures (facial 1/3's)

A. Consults for facial fractures, Even numbered days to ENT, Odd numbered days to OMFS except that OMFS takes all mandible fractures and ENT takes all Nasal fractures. ENT takes majority of soft tissue trauma except OMFS takes the dental injuries, intraoral and lip lacerations excluding palate and posterior wall, and Ophthalmology takes soft tissue eye and globe injuries.

B. Upper 1/3 (eyebrows to hair line) - frontal sinus, nasoethmoid, nasal

1. Consider intracanial and cervical injuries, look for CSF leak- clear rhinorrhea, salty taste?

2. Consider Ophthalmology (not optometry! consultation) to clear globe of any intra-conal injury

3. Maxillofacial CT (axial and coronal) non contrast, with CT head if any LOC, consider CT neck to clear c spine if intoxicated or C spine roentgenograms at minimum

5. Frontal sinus and nasoethmoid fx's require ENT/OMFS consultation, please call

C. Middle 1/3 (palate to eye) - zygomatic (arch/complex), orbital, Lefort,

1. Consider cervical/dental injury, look for airway compromise

2. Always get Ophthalmology (not optometry) consultation to clear globe of any intraconal injury

3. Maxillofacial CT (axial and coronal) noncontrast

4. Uncomplicated zygoma/orbital fx's should be seen in 3-5 days

5. Lefort fx's require immediate ENT/OMFS consultation

D. Nasal fractures (ENT)

1. Intranasal examination to r/o hematoma

2. Uncomplicated nasal fracture should be seen in 3-5 days (allow edema to resolve and leave time to reduce if needed)

3. please call ENT duty physician to arrange for appropriate walk-in consultation slot or have them come in at 0800 on the next working day (NPO),

4. please also place a routine consultation

E. Lower 1/3 (mandible) - subcondylar, angle, body, parasymphaseal (OMFS)

1. Must R/O cervical and dental injury, ? airway compromise- obtain c spine films

2. Always get dental consultation

3. Mandible series and panorex - always look for two fx's or maxillofacial ct scan

4. Uncomplicated fx's should be seen in 3-5 days

5. soft diet, antibiotics-clinda or augmentin, and peridex oral rinse

Clinical pearls

1. Adult hoarseness > 2 weeks needs ENT consult
2. Adult H&N masses are malignancy until proven otherwise
3. Adult recurrent/unilateral serous otitis media needs ENT and audiology consults
4. Unilateral otalgia without otologic findings needs ENT consult
5. Greatest mimicker in the H&N = syphilis
6. Fluctuant inflammatory masses need urgent ENT consult
7. Sudden sensorineural hearing loss is an otologic emergency-call ENT and audiology duty physician directly and obtain stat diagnostic audiogram

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ENT / OTOLARYNGOLOGY (CONTINUED)

8. Recurrent facial nerve palsy need to R/O CA or DM or Lyme disease or MRS
9. Complete facial paralysis needs urgent ENT consult (inability to close eye completely with asymmetry at rest) and ophthalmology consult for eye exam and eye care
10. All palpable thyroid masses need FNA −refer to ent for this, obtain tsh and thyroid ultrasound (do not obtain CT neck if suspect thyroid issue), if ultrasound nodule is > 1 cm request ultrasound guided FNA.
11. When evaluating facial trauma remember ABC's
12. Young adults with parotid cysts, recurring oral lesions, atypical TB , facial molluscum contagiosum must R/O HIV
13. Pediatric airway concerns need urgent ENTand audiology consults
14. Peds foreign bodies (ear canal, nose, airway)….page ENT doctor directly and keep child NPO; prefer for PCM/ER/GMO to not attempt to remove any nose or ear foreign body (as this is usually unsuccessful and only traumatizes the child prior to appropriate ENT examination)

Updated: 20110220 by CDR DC Bloom

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GENERAL SURGERY
SECTION 5(H)

GENERAL SURGERY CLINIC
USNH OKINAWA
4TH FLOOR NORTH WING
HOURS 0800 – 1630
643-7221 / 7222

SERVICES NOT OFFERED:

- Cardiac Surgery
- Sclerotherapy for varicose veins
- Most Vascular Surgery- No elective arterial surgery
- Elective cosmetic/plastic surgery
- Ganglion Cysts – please refer to orthopedics
- Bariatric surgery – stomach banding/stapling
  - Not supported at any overseas locations per TRI-CARE
  - DO NOT SEND TO TRIPLER, we do not have the resources for these patients post-op
  - Only options for patients is to PCS
  - If the patient has questions refer to TRI-CARE do not send consult or have the patient call the clinic
- Breast Reduction
  - See TRIPLER referral protocol. This will be available on the USNH-Okinawa web site. Do not refer To General Surgery for referral to Tripler.

BREAST CLINIC:

- Wednesday afternoons, different surgeon per week
- Very small waiting list, usually within the week so routine consult will suffice. Can call if particularly concerned about the patient.
- CHCS consult to breast clinic only.
- This clinic is for patients with SURGICAL breast disease.
- Breast Pain is a primary care issue
- All patients should have a study prior to consult, ultrasound if less than age 35 (with a palpable abnormality) and mammogram if age greater than 35. Please refer to the USNH-Okinawa breast care CPG on the hospital website.
- GMO's should have knowledge and capabilities to manage common breast complaints – breast pain, nipple discharge and infections (other than breast abscesses, these should be referred to General Surgery). Please treat prior to consultation (Under Guidelines and Protocols).
- Keep in mind:
- Chances of developing breast cancer:
  - By age 25 1 in 19,608
  - By age 30 1 in 2,525
  - By age 35 1 in 622
  - After age 80 1 in 8
- Breast Clinic can be a good source information and resources. Please call the clinic's nurse coordinator for more information.
- Male patients with symptomatic gynecomastia should be referred to the General Surgery Clinic, not the Breast Clinic.

GMO's SHOULD be able to handle:

- Simple abscess's – incision and drainage with culture is main treatment. MRSA is a problem on island, please refer to the MRSA protocol/guidelines on the USNH-Okinawa website (Under Guidelines and Protocols). There are a couple of good procedure books for primary care physicians. If still uncomfortable, consult your senior medical officer or refer the patient to General Surgery.

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GENERAL SURGERY (CONTINUED)

- Lipoma's / EIC's (not on the face) – These are again minor procedures and a good chance for GMO's to do some minor surgery, if proper equipment is available in your clinic. If still uncomfortable, consult General Surgery. You may be able to assist with the surgery and get further training.
- Know the colon cancer screening recommendations:
  - Briefly – start at age 50 with colonoscopy, if a significant family member history exists (MORE THAN 1 family member and at least 1 first-degree) than start at age 40 or 10 years prior to the youngest age. We see too many 35 year olds with a single first-degree relative who got cancer at age 65 referred for colonoscopies. If the patients absolutely insist on screening in that circumstance, refer to General Surgery for further counseling and evaluation.
- Bright Red Blood per rectum
- READ!!! – There is an excellent book called Ambulatory Care Medicine. Some sort of work-up should be attempted prior to a referral to a specialist!!

Bright Red Blood per Rectum:

- Almost always an anal source
- Anoscopy is an excellent exam if you have the capabilities
- Most patients with BRBPR should have anoscopy and flex sig at least, possibly colonoscopy. These patients can be referred to General Surgery for further evaluation.
- Hemorrhoids should be treated conservatively and surgery the absolute last resort.
- Recommended treatment for BRBPR, hemorrhoids, and fissures:
  - Metamucil starting at 1 tablespoon q day and can be increased to TID, this is the most important part of the treatment
  - Increase water consumption, minimum of eight glasses of water per day.
  - Colace BID to soften stools pm
  - Sitz bathes for acute episodes
  - Suppositories or creams only as needed and if the patient gets relief
  - Treatment with Metamucil plus or minus colace should continue for at least 3 months prior to surgical referral
- Thrombosed Hemorrhoids
  - Surgical management only beneficial in the first 48 hours of symptoms, after that pain control the above management is recommended and a surgical consult is not necessary. Pain control can be with NSAIDS, but many will require narcotic pain meds as well.

Irritable Bowel Disease:

- NOT a surgical disease
- Diagnosis is by exclusion of all other causes of pain and work-up includes
  - UGI/SBFT
  - CT of the abdomen
  - RUQ ultrasound if pain located in that area.
  - Colonoscopy
- Patients with suspected IBS can be referred to the Gastroenterology Clinic at USNH-Okinawa

Inflammatory Bowel disease:

- Work-up of diarrhea or constipation or suspicion of inflammatory bowel disease can start with flouroscopy – UGI/SBFT and BE (although colonoscopy is a better test).
- Endoscopy for positive findings on fluoroscopy.
- If there is a suspicion of a diagnosis of inflammatory bowel disease, these patients should be referred to the Gastroenterology Clinic at USNH-Okinawa (adult patients only).

Chronic Abdominal Pain:

- Work up should start with RUQ Ultra-sound if pain is above the umbilicus. If the pain is below the umbilicus obtain a CT scan with IV and oral contrast.
- Consult General Surgery for further work-up.

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GENERAL SURGERY (CONTINUED)

Acute / Urgent cases:

- Chain of command goes from corpsman to IDC to GMO and then to the emergency department or in special cases, surgery. None of the surgeons take calls from IDC's unless that IDC is truly isolated without a GMO available. If an IDC approaches a GMO about a surgical referral the GMO MUST examine and evaluate the patient prior to surgical consultation.
- For truly acute / urgent cases, the referral should be to the emergency department and evaluated by an emergency MD. This is mostly because our clinic cannot handle IV's and monitoring and blood draws and resuscitation etc.
- GMO may call the on-call surgeon or Surgery Clinic at any time to discuss a patient.

What the General Surgery Clinic DOES do:

- Hernias
- Gastrointestinal Surgery
- Reflux surgery (laparoscopic)
- Laparoscopic surgery
- Endocrine – Thyroid/parathyroid
- Colorectal surgery
- Breast surgery
- Minor vascular and minor thoracic
- Some varicose vein surgery (but not sclerotherapy for spider veins or laser)
- Biliary surgery
- Trauma
- Burns
- Melanoma
- Laparoscopic Splenectomy's
- Some Pediatric surgery
- Upper and Lower Endoscopy

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INTERNAL MEDICINE
SECTION 5(I)

INTERNAL MEDICINE
USNH OKINAWA
3RD FLOOR WEST WING
HOURS 0730 – 1630
Telephone: 643-7714 / 7715
Fax: 643-7835

Department Routine:

- Duty Doc available for urgent consults and questions 24 x 7
- For GMO use only: pager 639-3812 or duty cell phone 090-6861-4215
- When paging: indicate urgency and/or POC phone number for call back
- When consulting (via CHCS or written): indicate POC phone number and urgency as well as patient contact information
- Non-routine consultation: requires doctor to doctor discussion

Consultations:

- Urgent, ASAP (72 hr)
- Routine (<28 days)

Inpatient Care:

- Ward 3E
- Special Care Unit (SCU)

Outpatient Care and Follow-up PCM Services:

- General Internists see mostly sub-specialty medicine issues
- Pulmonary and Gastroenterology sub-specialties available

Other Services Available:

- Resting EKG (walk-in)
- Exercise Stress Testing
- Nuclear Stress Testing
- Holter / Event Monitor
- Echocardiography (read by TAMC cardiologist)
- Coumadin Clinic and Diabetes Case Manager Services
- Nutrition, counseling and education
- Neurologist and Dermatologist available

Your Role:

- H&P, relevant labs
- Pose a question in your consult
- Make sure the pt brings their record, X-rays
- Contact IM directly if urgent / ASAP consult
- Consider calling IM prior to consult

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INTERVENTIONAL PAIN MANAGEMENT CLINIC SECTION 5(J)

INTERVENTIONAL PAIN MANAGEMENT CLINIC
USNH OKINAWA
4th FLOOR APU Hallway
Telephone: 643-7586
Hours 0730 - 1630, Monday through Friday

The Interventional Pain Service is a referral source for patients with select pain related problems. The service is an important component of the Department of Anesthesiology and is staffed by an Anesthesiologist.

Interventional Pain Management Clinic Patient Candidates:

What we see:

1) Axial skeletal pain that is not neurosurgical (or the surgeon and patient agree to try more conservative measures first) and have not responded to physical therapy, NSAIDS, core stabilization.
2) Sacroiliac joint dysfunction not responsive to physical therapy, stabilization and conservative measures.
3) Post lumbar surgical pain not responsive to time, physical therapy that may have facet component.
4) Active duty, dependents (late teenager through adult), retirees, other DEERS eligible patients on Okinawa and via AirEvac from mainland Japan.

Procedures commonly performed:

1) Cervical, Lumbar and Caudal epidural steroid injections
2) Sacroiliac joint injections
3) Selective nerve blocks – diagnostic and therapeutic
4) Peripheral nerve blocks - diagnostic

What we do not see:

1) Patients for pain medication management (although provider to provider discussion regarding possible avenues of approach regarding a specific complicated patient are welcome). We do not refill pain medications nor do we prescribe controlled substances. At most we will suggest trial of TCA or other neuropathic pain med and start the patient, provide taper plan and give enough until the patient is stable, then have the PCM continue the medication.
2) Cervical facet disease (requires pain provider at a larger MTF i.e.) Tripler Army Medical Center or Naval Medical Center San Diego)
3) Trigger point injections – this is a basic procedure that can be taught to and performed by mid-level practitioner and/or primary care managers.
4) Any patient who has not yet had recent (within 12 months) advanced imaging (CT or MRI) of the axial spine if it's a neck/back pain issue.
5) Fibromyalgia patients for trigger point injections and myofascial pain (see #3 above)
6) Patients for whom no trial of conservative management – physical therapy, medications, follow up with the PCM after initial diagnosis was made - has been employed.
7) Patients with implanted spinal cord stimulators or intrathecal pumps for any injections near their axial spine (need to be managed by fellowship trained provider at major MTF).
8) Celiac plexus, hypogastric plexus, stellate ganglion, lumbar sympathetic blockade. Chronic regional pain syndrome and malignant pain are beyond our scope of care.
9) Pregnant patients

Consult Process:

Access to the Pain Management Clinic will be through the CHCS consult referral system. The clinic will see patients from

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INTERVENTIONAL PAIN MANAGEMENT CLINIC (CONTINUED)

a variety of different specialties, most commonly from neurosurgery and the primary care specialties. Consults will be placed by the ordering provider and reviewed by the Director of the Pain Management Clinic and dispositioned appropriately. On occasion consults will be declined and/or deferred until additional studies are obtained by the Primary Care Manager.

Consults may not be reviewed the same day they are sent by the provider. Please inform your patients that it may be a few days before it's reviewed and that our scheduler will call them (if it's approved) to arrange a mutually agreeable time for their first appointment. The first appointment will likely be a consult and procedure so the patient will be expected to be NPO for 8 hours prior and to have a designated driver.

The Pain Management Clinic will make every effort to see patients within 30 days of their initial consult. As the clinic is staffed by the Anesthesiology Department, staffing issues may dictate the number of clinic days available each month. Most overseas military facilities do not offer a Pain Management Clinic and USNH Okinawa is not staffed with a fellowship trained Pain Management specialist nor is it billeted to receive a pain specialist at this time. Given this limitation, it may become necessary to see patients on a SPACE AVAILABLE basis, giving priority to those patients who are candidates for the specialized therapies that the clinic offers, most specifically spinal and nerve injections.

The Pain Management Clinic's schedule will be dictated by the Director, Pain Management. Currently, being a part-time, usually one or two day per week clinic, the goal is to see patients within 30 days of initial consultation. The clinic will start at 0700 and end at 1600.

Additional Services:

1) Inpatient consultation - inpatient consults will be seen within 72 hours of consultation. On most occasions, patients will be seen within 24 hours of initial consultation. Inpatient consults should be requested by direct contact with the Anesthesia Floor Walker (pager 845) as timely receipt of CHCS consults is not reliable.

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LABORATORY
SECTION 5(K)

LABORATORY
USNH OKINAWA
2ND FLOOR

Main Laboratory: 643-7724 or 643-7282
Mail-out Laboratory Section: 645-1009
Pathologist On-Call: 090-6861-1629 (cell)
CDR Ed Reedy (Director for Clinical Support Services and Forensic Pathologist): 643-7318, 090-6861-1062 (duty cell)
LCDR Michael DeVan (Laboratory Department Head and Pathologist): 643-7489, 080-2704-5275 (personal cell)
LT Glenda Robles (Anatomic Pathology Division Officer and Pathologist): 643-7990

If you have any Lab issues, please contact us at one of the above phone numbers.

GMO To-Do list, from the Laboratory:

1) Please order the correct lab in CHCS (e.g., don't order HIV ORAQUICK (needle sticks only) for force screening (order HIV 1/2 HIV-1/O/2)). You can look up test info in CHCS by typing –^LTI‖ at the –Select Physician Menu Option:‖ prompt and typing in the lab name. If you are in doubt, just CALL one of us! The Mail-out section is really good at helping with test questions (645-1009).

2) Please submit biopsies or other tissue specimens with complete patient identification:
   1) Full name (initials unacceptable!)
   2) Family prefix
   3) Full sponsor's SSN
   4) Date of birth
   5) Some clinical information
   6) For any questions, call us!

3) Call a pathologist for laboratory help. All the Board-Certified Doctors in the hospital do it, so please feel empowered to do it, too! Call the duty phone at 090-6861-1629 for any questions. We're sort of like a help desk for doctors!

4) Please orient skin excisions, especially for pigmented lesions. If you are going to take the time to cut it off, throw a stitch in it and orient it for us!

5) Please don't put more than one bit of tissue into a single specimen cup, if they are from different locations. We've seen melanoma submitted with benign biopsies in the same cup. You'd be stuck re-excising both locations!

6) Please use the correct swabs for GC/CT collection. PINK SWAB and ORANGE CONTAINER = vaginal swab. CLEAR CONTAINER WITH BLUE SWAB = endocervical swab. YELLOW CONTAINER = urine.

7) In the event of ANY deaths of Active or Dependent personnel, contact the Regional Armed Forces Medical Examiner IMMEDIATELY. The RAFME can be reached through the U.S. Naval Hospital Quarter Deck 643-7555.

8) If you have any doubts or questions or concerns, just call us!

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MENTAL HEALTH
SECTION 5(L)

OUTPATIENT CLINIC
CAMP LESTER BUILDING 6068
Telephone: 643-7449 / 7722
FAX: 643-7573

INPATIENT UNIT
3RD FLOOR, SOUTH WING
Telephone: 643-7590

Target Population:

· Active duty military, Dependents of military, Military Retirees + dependents, Federal employees + dependents, DODDs Teachers + dependents, AAFES employees, other civilian contract workers & family.

Hours:

· Outpatient: 0730-1630. Emergencies are seen immediately during duty hours.

· Inpatient: 24 Hours, 12+ beds, slightly expandable, locked/unlocked. Inpatient Nursing Department Head, Division Nurse + 5 RN's (billeted), 7 Psych Technicians (billeted)

Criteria for admission:

· The patient has or is reasonably thought to have a mental disorder, and/or the patient is unable to convincingly contract for his/her safety or for that of others, and/or the patient is or thought to be experiencing psychosis. All after hours admissions are usually channel through the USNH emergency department for inpatient screening physical, mental health lab panel (CBC, TSH, Chemistry panels 1, Urine drug screen, Toxicology panel (etoh / salicylates / acetaminophen), HCG, & RPR. All mental health inpatient admissions must be reasonably medically stable. No admissions with a serum alcohol level of >/= 200 mg/dl will be accepted. These patients are admitted via FP's to the medical ward 3-East.

Educational Services: (With request of 1-month notice)

· Suicide prevention, Depressive Disorders, Anxiety Disorders, Psychotropic medication therapies, Critical Incident Stress Management (CISM), Restraint and Seclusion Training.

Other Services:

· Mental Health provider is on call 24 hours/day, 7-days per week.

· Consultation Services to outpatient and inpatient referring providers. ROUTINE CONSULTS IN CHCS TO **PSYCHOLOGY or PSYCHIATRY** (Do not use –Mental Health‖ or anything starting with –KA‖ consult choices because it goes to Kadena)

· EMERGENCY CONSULTS – Please call 643-7722/7449 during duty hours (0730-1630) or call 643-7590 and ask to page the provider on call.

· Psychological Testing

· Fitness and Suitability Assessments

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MENTAL HEALTH (CONTINUED)

- Cognitive-Behavioral Therapies

- Short-term dynamic insight oriented psychotherapy (8-12 sessions)

- Psychotropic medication management (Every 1-3 months for those patients not responsive to branch clinic therapies possible supportive therapies at the Family Service Center)

- Group therapies: O.C.P.P. (Outpatient Crisis Prevention Program), Spiral of Change group, Administrative Separation support group

- Forensic 706 Sanity Board Evaluations by order of Courts Martial

- Medevac of inpatient mental health patients that exceed our abilities to provide care to the seriously mentally ill population of eligible beneficiaries.

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NEUROLOGY
SECTION 5(M)

NEUROLOGY
USNH OKINAWA
3RD FLOOR WEST WING
HOURS 0730 – 1630
Telephone: 643-7745

Consultation Procedures:

- STAT / ASAP / Routine
  - STAT: Immediately if in ER, today from clinics
  - ASAP: within 72 hours
  - Routine: within 30 days
  - All STAT / ASAP consults require physician to physician contact
- Page neurologist directly
  - If no answer, check watchbill, IM may be covering
  - Please speak slowly and repeat your phone number

- Inpatient Care (Ward 3E, APU, and ICU)
  - Neurology admits to our own service
  - Complex patients will be admitted to IM

- Outpatient Care and Follow-up Services
  - We will follow complex neurological diseases
  - Expect patients with simple problems to to be returned to PCM with recommendations for further treatment
    - i.e. focal neuropathies, general neuropathies secondary to primary disease, headaches

Other Services Available:

- EEG
- Nerve conduction/electromyography
- Sleep Studies are not available at USNH but can be obtained from local civilian hospital.
  - Suspected sleep apnea, refer to ENT
  - Suspected primary sleep disorder (ie. RLS, PLMS, Narcolepsy) refer to Neurology

Your Role:

- Thorough neurological exam
- Attempt to localize and initiate work-up and therapy
- Treatment guidelines for common disorders (Migraine, Lower back pain, Stroke, and Seizure) available on USNH share drive
- Consults should have a specific question you want answered

Traumatic Brain Injury Referrals:

- Refer all Traumatic Brain Injury (TBI) or suspected TBI to Neurology for evaluation.

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NEUROSURGERY
SECTION 5(N)

NEUROSURGERY CLINIC
USNH OKINAWA
4TH FLOOR WEST WING
Telephone: 643-7210 / 7280

Neurosurgery consultation at USNH Okinawa is always available for cranial, spinal, and peripheral nerve problems

The corps staff is trained in the workings of the neurosurgery clinic and can assist with all aspects of obtaining a routine neurosurgical consultation. For emergencies, ask to speak with one of the neurosurgeons.

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OBSTETRICS / GYNECOLOGY CLINIC SECTION 5(O)

OBSTETRICS / GYNECOLOGY CLINIC
USNH OKINAWA
5TH FLOOR SOUTH WING
Telephone: 643-7267 / 7268

The OB/GYN clinic @ Lester Naval Hospital is primarily a consultative clinic. We are located on the 5th floor in the south wing. The north wing houses labor and delivery. The east wing is home to post-partum and the west wing is where the NICU is located. The Antepartum Testing Unit is located in the on 5S in the OB/GYN Clinic. Collectively the 5th floor is the Maternal-Child floor.

We currently are billeted for 5 OB/GYN physicians, 3 Midwives and 1 Women's Health Nurse Practitioner. We also have a Maternal Fetal Medicine Specialist on our team.

There are approximately 100 babies delivered each month in our facility. Most of these women receive their obstetrical care @ the Lester Clinic, however Family Practice physicians from Futenma, Bush and Lester Family Practice Clinics also follow OB patients and deliver their babies. There are also a number of obstetrical patients followed @ the Kadena Clinic.

Our hours of operation are 0730-1630 Monday through Friday. There is an OB/GYN Provider on call 24hrs/day. For Obstetric questions after 20weeks gestation, patients can call the Labor Deck at643-7749 or for other GYN related questions they can call the Okinawa Clinical Answering Service (OCAS) at 643-7555 and will be connected to a provider on call.

We have an OB/GYN CME Lecture series that takes place every 2nd Thursday of the Month @ 0730 and every 4th Thursday @ 1300. You are welcome to attend. One CME is provided to attendees.

Consulting the OB / GYN Clinic

In regards to consults, we do not call the patient after we see the consult, the patient should call the clinic to schedule an appointment a day or two after the consult is placed. In addition, we are not always able to accommodate the ASAP or STAT consults within the time mentioned. If it is, in fact, urgent, the provider or clinic nurse should contact our clinic and speak with the nurse in order to discuss the situation and figure out how things can be worked around for that pt to be seen.

Obstetrical patients- In regards to consults, we call the patient after we see the consult to schedule an appointment. For routine consults, patients, if not contacted by the OB/Gyn clinics within 7 days, should contact the OB/Gyn clinic to schedule an appointment. Routine consults are seen within the standard 30 day requirements as outlined by Tricare. For ASAP or STAT consults, it is required that the consulting physician speak with the on-call OB/Gyn provider to discuss the case. This communication allows for a better disposition of the patient with regards to scheduling and needed follow-up labs prior to appointment in the OB/Gyn clinic.

High Risk OB Patients-If you suspect that a patient is a High-Risk OB Patient, note that in your consult. This includes AMA patients that you want seen for a genetic consult.

OB Ultrasound- All OB pt's are offered an ultrasound @ 18-20wks. This ultrasound is done in the radiology department. We recommend you order this u/s @ the pt's 16wk visit. The pt will then contact radiology to set this appt up with them.

If you would like an ultrasound for any other obstetrical indication ie: size dates discrepancy, fetal growth, f/u for finding on radiology u/s, send us a electronic consult indicating that you are requesting an u/s and what the indication is.

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OBSTETRICS / GYNECOLOGY CLINIC (CONTINUED)

GYN Consults- Generate an electronic consult as you would for OB giving us a little history and making sure the phone numbers are up to date. Again, if you need a patient seen ASAP (within 72hrs) or STAT (within 24hrs) please call the admin staff and give them a heads up that you have entered a consult.

Telephone Consults: Telephone consults are not always a direct link to the provider, but rather an 'email' that is generated (if the nurse is unable to answer), and patients are told the provider has 72 hours to respond. If the pt sees it as urgent or emergent, then need to go to the ER or L&D.

List of medical issues that require OB/Gyn consult (either phone or formal):

1. First trimester bleeding without evidence of intrauterine pregnancy
2. Any pregnant patient with history of ectopic pregnancy
3. Any pregnant patient with history of molar pregnancy

An OB/Gyn provider is on-call 24/7. Do not hesitate to call/page on-call provider for any questions or concerns regarding the proper management of any obstetrical or gynecological issue.

Sexual Assault

Reporting: If victim is wanting to report, do not do any exam/intervention. Call appropriate reporting agency. Navy/USMC-NCIS **643-7566 USNH** or **645-7346/7347 Base inspector**.

The SART Team is on call 24hrs/day. If you need assistance please call them. USNH front desk will contact them for you.

If the case involves spousal or child abuse, you are a mandated reporter.

Regardless of the situation NCIS notification should be considered. It gives the victim a contact for the future. Often NCIS can put things into perspective for the victim and begin the legal process.

Rape Kit: Rape kits are used **only** when a request for evidence collection has been made by NCIS. They will usually call the Sexual Assault Response Team (SART) examiner to perform this function. There is space in the OB/GYN spaces @ USNH designated for this use.

STD Prophylaxis and Testing: Consideration should always be given for the potential of STD transmission. Clamydia and gonorrhea cultures should be collected. Testing for HIV, Hep B and syphilis should be offered.

Prophylaxis for STDs should be offered.

Zithromax 1GM po x1dose
Suprax 400mg x1dose or Rocephin 250mg IM.

EMERGENCY CONTRACEPTION

Definition: A method of birth control that can be used after unprotected intercourse has occurred. May be used in case of rape, condom accident, diaphragm slippage, missing 2 or more BCPs, failure to use protection.

Indications: May be used to prevent unintended pregnancy when contraceptive failure is recognized @ the time it occurred. May be given within the 72hrs following the occurrence.

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OBSTETRICS / GYNECOLOGY CLINIC (CONTINUED)

Effectiveness: Most researchers have concluded that the effectiveness rate is approximately 75%. This is difficult to measure since we know there are a certain number of women that would not have conceived despite use of this method.

Dosage: Ovral 2 pills p.o.x2 doses 12hrs apart.
Triphasil/Trilevlen 4 yellow pills x2 doses 12hrs apart.
LoOvral 4 pills x2 doses 12hrs apart.
Plan-B can be obtained, by the patient, from the Pharmacy as an OTC prescription.
Recommend and anti-emetic 1hr before taking 1st dose, i.e.: Phenergan 25mg p.o.

Mechanism of Action: Interrupts the maturation and ovulation of follicles. May prevent implantation. May alter transport of sperm and/or ova.

Side effects: Nausea 30-50%, vomiting 15-25%, fatigue, breast tenderness, headache, abdominal pain, and dizziness. Menstrual changes 10-15% of women will experience change in onset usually only by a few days.

Follow-up: Not necessary if a woman is satisfied with her contraceptive method. If she is not or she thinks she may be pregnant, f/u is indicated.

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OPHTHALMOLOGY / OPTOMETRY SECTION 5(P)

OPTHALMOLOGY
USNH OKINAWA
2nd FLOOR EAST WING
Telephone: 643-7250

OPTOMETRY
USNH OKINAWA
2nd FLOOR (ACROSS FROM PHARMACY)
Telephone: 643-7387 / 7487

GMO Pointers from Ophthalmology

There are 2 separate clinics

1. **Ophthalmology**: staffed by an MD / Eye Surgeon. Located on 2nd floor, east wing of the hospital, with ENT and Urology. Listed on watch bill as –Ophthalmology Backup‖, pager number alternates on watch bill. Clinic number is 643-7250

2. **Optometry**: Staffed by Optometrists, located on 2nd floor across from Pharmacy. After Hours listed on watch bill as –Ophthalmology 1st call‖. 090-6861-4237, page 639-3567, or the pager listed on the daily watch bill. Clinic number is 643-7387 or 643-7487.

Optometry should be contacted for eyeglass prescriptions, contact lenses, corneal abrasions, red eyes, conjunctivitis, and other minor conditions of the eye. The –Ophthalmology 1st Call‖ number on the Watch bill is staffed by Optometrists and should be contacted for these conditions. The Optometrist is able to easily communicate with the ophthalmologist should a consult to Optometry be more appropriate for Ophthalmology.

Ophthalmology should be contacted for eye trauma more than a corneal abrasion and severe medical conditions of the eye, or a patient with a history of these problems. The Ophthalmologist on call is listed on the Watch bill as –Ophthalmology Backup.‖ Always feel free to contact —Ophthalmology backup‖ for ANY case or eye emergency in which –Ophthalmology 1st call‖ is either busy or cannot be reached.

When to call Optometry or Ophthalmology as above (ask to speak to the duty doctor)

- Blunt Eye Trauma,
- Penetrating eye trauma (or suspected penetrating eye trauma). Tape a shield or cup over eye and call.
- Acutely or chronic red eye
- Painful acute vision loss
- Painless acute vision loss
- New onset double vision
- New onset droopy eyelids
- Any eye compliant in a contact lens wearer (Contact lens wear is a major risk factor for many eye issues
- New onset flashes and floaters
- Ophthalmologic manifestations of Neurologic disease, such as diplopia, acute loss of vision
- Routine conditions requiring surgery such as styes, cataracts
- ANY concern involving the eye and you are –just not sure‖.

ASAP, 72 hr, Same Day, 24hr, and STAT consults should always accompanied by a phone call to the service consulted

There is no laser on the island; hence no laser refractive surgery is currently being performed here.

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ORTHOPEDICS
SECTION 5(2)

ORTHOPEDIC DEPARTMENT
USNH OKINAWA
2nd FLOOR WEST WING
Telephone: 643-7351 / 7297

General Information:

- Duty orthopedist: (1) The most reliable way to reach the Orthopedic Surgeon on call is to page that individual.
  (2) The hospital quarterdeck can assist with the watch bill and paging if needed.
  (3) The consolidated watchbill on USNH Okinawa Intranet has provider and pager number.

Scope of Care / Services Available:

- The Orthopedic / podiatry department provides inpatient and outpatient care for musculoskeletal disease. This includes but is not limited to fractures, ligamentous injuries, joint injuries, joint dislocations, and infections of bone and joints. The department provides services to all active duty members, retired military, DOD civilians and their dependents; with consultation from a medical practitioner, IDC, or PA. We have five Orthopedic Surgeons and one Podiatrist on staff. Back pain and spine referrals are forwarded to the Department of Neurosurgery. Clinic hours are from 0730 to 1600.

Appointments and Referrals:

- Routine Consults: The Orthopedic clinic is a referral clinic. Patients do not have direct access to the clinic. Consults are received by CHCS, courier or referring physician. We accept consults from providers of the Emergency Room, clinics, branch medical clinics, inpatient services, medical representatives of units deployed in this area, and medical evacuations. These consults are screened and prioritized. Routine consults are then scheduled by our clerk in order of arrival and by priority. They will contact the patient directly or the branch clinic to notify the patient of their appointment and treating physician. Our consult wait time averages 1-2 weeks.
- Urgent / Emergent Consults: Urgent consults that do not need an immediate evaluation of an orthopedist can be referred to the "fracture clinic‖. The fracture clinic is held Monday through Friday from 0730 until 0830 in the Department of Orthopedics. Patients should be told to arrive at **0730 sharp**. Examples of appropriate fracture clinics consults include patients with non-displaced or minimally displaced closed fractures without neurovascular compromise. Examples of INAPPROPRIATE fracture clinic consults include ankle sprains, PFPS, or other chronic cases…these should be written as routine consults (after failure of appropriate conservative measures). When entering fracture clinic consults into CHCS they should be ordered as –routine‖. If you have any questions about a referral to this clinic call the duty orthopedic doctor. They can be reached by calling the orthopedic clinic at the above numbers during working hours. After working hours they can be reached through the hospital quarter-deck at 643-7555. Emergent cases, both during and after hours, should be referred to the Emergency Department. Examples of urgent/emergent consults are compartment syndrome, fractures of long bones, open fractures, dislocations, and lacerations involving joints and tendons. The Emergency Physician will then contact the duty Orthopedic Surgeon as appropriate.

Specific requirements for PCM's prior to referral:

- Here are general guidelines for several common problems that can be managed by the PCM. These guidelines are not designed to be exhaustive; please contact us for any questions.

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ORTHOPEDICS (CONTINUED)

- Anterior Knee Pain (PFPS, Chondromalacia) This is a very common problem in our population. It is considered a fact of life by many evaluators now. Likewise, NMC San Diego has discontinued boarding sailors and marines and refers them for administrative separation. In general, the success of a PEB for anterior knee pain is small and most are returned –Fit for Full Duty‖ by the board. If they are still unable to perform then they become an administrative problem for the line side. They fall under the category of –a physical impairment which interferes with the member's duty status that is not a disability.‖ Therefore, they are not boardable. With this as a background this is what is expected from the primary physician:
  - Appropriate history and physical to rule out meniscal or ligamentous injuries. (i.e. a patient with anterior knee pain, no inciting injury or minor injury, diffuse pain on exam).
  - Trial of conservative therapy. This means NSAID, activity modification and Physical Therapy or knee school. At least 6 months at the minimum.
  - Knee radiographs

Shoulder Pain / Impingement:

- Good H&P
- Trial of conservative therapy, at least 2-4 months.
- Shoulder x-rays

Acute Knee Injuries:

- Rest, Ice, Elevation, limited duty, and NSAID's are initial treatment.
- Use a knee immobilizer if needed. Re-exam that as swelling resolves.
- Utilize the Acute Knee clinic.

Ankle Sprains:

- Rest, Ice, Compression, and Elevation (RICE) is the initial treatment.
- Start early range of motion and strengthening within 3-4 days. This is offered in physical therapy. Refer to the Orthopedic Department for chronic recurrent ankle sprains, or if there is no improvement in a month or more. SMALL 'CHIP' AVULSIONS FROM THE TIP OF THE MEDIAL OR LATERAL MALLEOLI MERELY REPRESENT ANKLE SPRAINS. These should be treated as ankle sprains not a fracture. Acute sprains can be treated at the BAS or by primary care.

Basic First Aid:

- Primary Care clinics should be prepared to provide appropriate first aid and splinting for musculoskeletal injuries under the direction of a provider, in order to temporize routine injuries until orthopedic evaluation is available.

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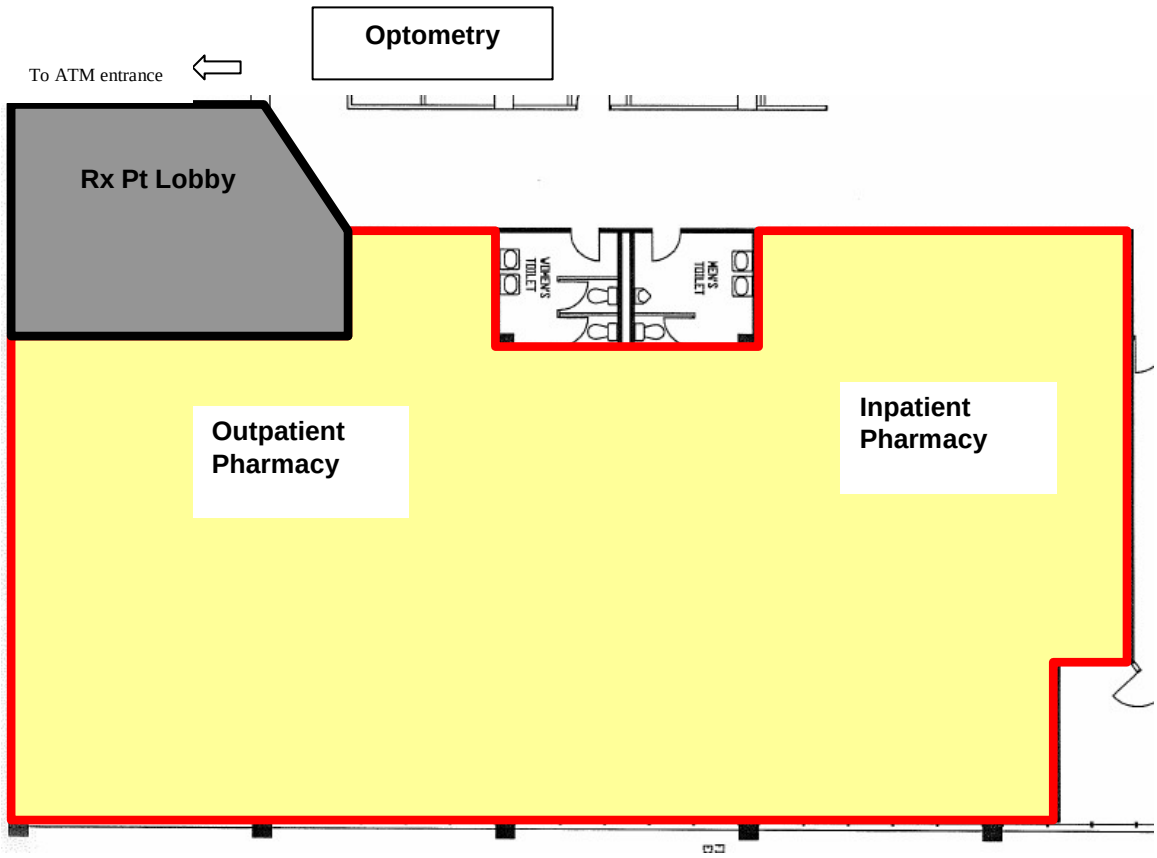
PHARMACY
SECTION 5(R)

Location
The outpatient and inpatient pharmacies are located on the 2nd deck (Northwest Wing) across from the Optometry department and down the passage way from Subway.



Pharmacy Hours

- The Inpatient Pharmacy is open 365 days/year, 24 hours/day. The Outpatient Pharmacy at the main hospital is open Monday – Friday 0700-1900, Saturday 0700-1700 and closed on Sundays and Holidays.
- Pharmacy holds quarters between 0645 and 0700 on Tuesdays and Thursdays.
- Pharmacists carry pagers (Refer to the Command's Alpha Roster). If you need immediate assistance outside of normal business hours (0700-1700), you may call the Inpatient Pharmacy at 643-7066 in order to have the On Call Pharmacist contacted.

Formulary
The Command's Pharmacy and Therapeutics Committee reviews all new drug applications submitted for addition to the formulary.

- There are representatives on the committee from various medical specialties including Pediatrics, Emergency Medicine, Nursing, Anesthesiology, and Dental

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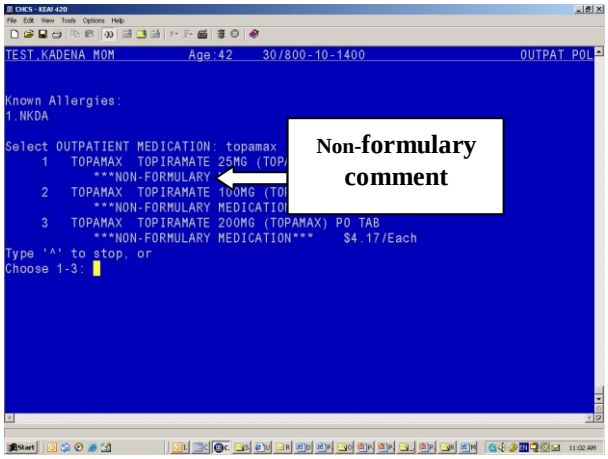
PHARMACY (CONTINUED)

- Providers are able to see the formulary status of a medication in CHCS
  - Non-formulary drugs are not listed in CHCS or are marked as –not available‖ or –non-formulary‖
  - If a provider is unable to order a medication (medication is non-formulary), the following message will be displayed in CHCS: –Provider not authorized‖



Special Drug Requests

- Order a medication like a regular prescription – drug's name is –Special Order‖
- Under SIG the provider must indicate the name of the medication, strength, directions, quantity and refills.
- VERY IMPORTANT – Provider must enter reason for their patient needing the non-formulary med (ex: Failed drug X and Y) in the comment section. If it is a non-formulary medication requiring a medical necessity form, you may access the Tri Care site for the form; it must be printed and given to the patient to bring to the pharmacy.
- The patient is responsible to come to the pharmacy to have the process initiated.
- The pharmacist will check patient's lab values (if appropriate), ensure that formulary drugs have been tried and that it is documented before approving the Special Order.
- Once it is approved by a pharmacist, the medication will be ordered if not in stock.
- Most of the time the patient will leave the pharmacy window with the special order medication.
- The Non-Formulary Process takes place during normal working hours, as there must be a pharmacist available to approve it. If the pharmacist has questions or concerns the provider will be paged

Over-the Counter (OTC) Medication Program

- Pharmacy offers various over-the-counter medications
- This program was designed to provide individuals with non-prescription treatment for minor ailments
- Only active duty/retirees/dependents are eligible for OTC medications.
- –Pay‖ patients, flight status patients, and children less than 2 years old are not eligible for OTC Meds
- Pregnant patients must get OTC program approval from the OB/GYN department.
- Please refer to the OTC handout at any of the Branch Medical Clinic pharmacies

Pharmacy Consults

- Pharmacy will provide pharmaceutical evaluations of individual patients on your request
  - For example: Patient John Doe has Type II diabetes, HTN, Asthma currently on 8 different medications and is NON COMPLIANT….help!
- Call 643-7557 for assistance by asking to speak to one of the Pharmacists.

Drug Information

- If you require drug information assistance, please call the main pharmacy (643-7557/7547/7066) and ask to speak to a pharmacist.

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PHARMACY (CONTINUED)

Handwritten Prescriptions

- Joint Commission mandates that all handwritten prescriptions must be reviewed by a pharmacist prior to dispensing to the patient
- All providers must utilize AHLTA/CHCS unless AHLTA/CHCS experiences downtime or is unavailable
- All prescriptions must be entered into AHLTA/CHCS
- Non-formulary requests must be submitted to the pharmacy via AHLTA/ CHCS
- Under no circumstances will telephoned or verbal prescriptions be accepted by pharmacy staff

Pediatric Weights

- Joint Commission mandates that providers type pediatric patient's weight in kilograms (kg) for all patients who are 12 years or age or younger into the AHLTA/CHCS order entry screen's comment field for all weight based medications

Allergies/Adverse Drug Reactions (ADR)

- Please enter all allergy information into AHLTA/CHCS
- Enter NKDA if there are no known drug allergies

Forward all ADR occurrences to the pharmacy via the pharmacist/pharmacy technician at the Branch Medical Clinic (BMC) or by guard-mail to the pharmacy department (ATTN: Division Officer)

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PHYSICAL THERAPY
OCCUPATIONAL HAND THERAPY
CHIROPRACTICS
SECTION 5(S)

PHYSICAL THERAPY
USNH OKINAWA
2nd FLOOR (near Pharmacy)
Hours: 0730 – 1630, Monday through Friday
Telephone:

- Lester PT / OT: 643-1020 or email nhokipt@med.navy.mil
- Foster PT / Chiropractics: 645-6999
- Hansen PT: 623-6561 (M,W only)
- Kinser PT: 637-3922 (M,F only)

Scope of care / Services available

- Outpatient Musculoskeletal / Orthopedic rehab
- Inpatient
- Hand / Upper Extremity splinting

How do I get an appointment for my patients?

- Enter consult into CHCS/AHLTA
- Instruct patient to call or email us at nhokipt@med.nav.mil
- We are a specialty clinic and have up to 28 days to book appointments, only during times of significant decreased staffing will we have patients booked out this far. If your patient requires more immediate attention, you need to initiate a provider to provider conversation.

Specific requirements for referrals:

- Place patient on sufficient light duty (if needed) to cover them until their appointment
- Appropriate pre-consultation work up such as films, labs, and pain medications
- If patient is presenting with multiple issues and needs a referral to PT/OT/Chiro for these issues, please ensure that patient fully understand multiple initial appointments will be required.
- If patient has been refractory to or discharged PT/OT/Chiro services in past, please do not resubmit a consult before discussing with appropriate provider.

Light duty: to eliminate patients abusing the LLD system, PT / OT / Chiro providers will only make recommendations IRT duty status. It is the responsibility of the PCM to coordinate light duty chits.

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RADIOLOGY
SECTION 5(T)

RADIOLOGY
USNH OKINAWA
2ND FLOOR (near Pharmacy)

The USNH Okinawa Radiology Department currently serves approximately 55,000 people, including active duty, retired, and various government civilian groups. Four radiologists and a large staff of technologists and assistants allow us to read approximately 70,000 exams per year. It is our hope that we can provide services efficiently and expertly to all.

WHAT WE CAN DO FOR YOU

- **Provide Service.** We offer a tremendous range of services in almost all areas of radiology. These include ultrasound, CT, MRI, nuclear medicine, and mammography, but not angiography.
- **Answer questions.** A large percentage of the studies we read are performed at branch clinics on Okinawa, many of which have limited facilities and limited training in radiology. We are always open to phone inquiries if questions arise regarding which exams will be most helpful to your patients. For complex problems, we can help you tailor the best series of exams to quickly and efficiently diagnose the patient. Please page the duty radiologist for any questions you may have.
- **Offer training.** We are all trying to do the most with shrinking resources. Our aim is to teach all health care providers the best reasons for ordering exams and to help eliminate those exams that are outdated, unnecessary, or will not change the management of the patients. Some examples:
  - **Upper gastrointestinal series.** Patients with symptoms of reflux, gastritis, or ulcer disease should be treated initially. If no improvement is noted in 4-6 weeks, then consider an UGI study or endoscopy. If symptoms resolve, no study is necessary. An UGI is only about 85% accurate for peptic ulcer disease and is very insensitive for gastritis. Reflux is best evaluated by history. An extremely time-limited fluoroscopic examination may or may not demonstrate reflux or associated mild esophagitis.
  - **Small bowel follow-through exams** are indicated for patients with symptoms of Crohn's disease. It should not be ordered routinely with upper gastrointestinal series. It is time consuming and rarely positive.
  - **IVP** examinations are not required for every patient with hematuria. They assess function of the kidneys; a CT examination is better to look for stones.
  - **Chest x-rays** should only be ordered on symptomatic patients or when absolutely required for physical exam or surveillance study. There is no indication for screening chest x-rays at any age, regardless of smoking history.
  - **Comparison films** are rarely indicated in children and should not be routinely performed. It is better to treat when clinically suspicious than rely on an x-ray. Instead consider stocking your clinic with one of the normal variants books.
  - **Numerous other examples** are described in the enclosure, an excerpt for Dr. Clyde Helms' text, ***Fundamentals of Skeletal Radiology***. It briefly discusses several studies that are unlikely to be useful, but are frequently ordered.

WHAT YOU CAN DO FOR US

- **Provide information.** The single most important way to help us help the patients is to provide us with pertinent medical and demographic information.
  - The more specific the information, the more help we can provide. For example –hand pain‖ is non-specific; –pain at the 2nd DIP joint following trauma‖ pinpoints the area of concern and speeds interpretation. Limiting the scope of the exam also benefits our patients. A finger series would be more appropriate for the above example and would also provide better quality films. A tiny avulsion fracture can easily be missed on a hand film, but is easily spotted on a collimated single digit study.
  - Let us know your impression of the study. A short –wet reading‖ on the CHCS worksheet can save needless time on the phone trying to find you and relay results. If our impression varies from yours, we can then phone you.

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- Give us your phone number or beeper number. If we do find a significant abnormality, we need to contact you quickly. Providing a phone number and/or beeper number can speed that process- please include a good way to contact you in the order!

- **Limit your exams when possible.** The days of –shotgun‖ radiology are over. Order only those exams that will significantly change how you treat the patient. It's not necessary to get foot and ankle series when a patient twists an ankle; the ankle series alone will suffice in most instances. With the exception of multiple trauma victims, the radiology adage –the more films you order, the less likely they are to be positive‖ is usually true.
- **Call us for emergent and urgent studies.** Our department, like most on this island, is busy. However, we'll make every effort to deal quickly with urgent and emergent cases. Just call the duty radiologist and discuss your case ahead of time. We can fit your patient into the schedule while reducing waiting time for your other patients who are here for more routine studies.

MISCELLANEOUS

MRI examinations can be ordered by primary care providers but are usually reserved for specialty providers due to time and cost considerations. Specifically, we ask that you send your musculoskeletal patients to orthopedics first and let them decide if an MRI is necessary. Often, an arthroscopic procedure is scheduled based simply on clinical exam/history and an MRI is not needed. Disc herniation can be diagnosed on clinical grounds; an MRI is necessary only for neurological consultation (i.e., surgery is contemplated).

Current **mammography recommendations** are for annual screening exams beginning at 40 years old. For patients younger than 40, a persistent palpable abnormality (followed throughout one menstrual cycle) can best be imaged by ultrasonography. Solid lesions can then be referred to the general surgery department, while a simple cyst can usually be ignored. If the surgeon needs a mammogram, we can still do it efficiently as we leave open slots for the breast clinic patients each week.

HOW TO REACH US

CENTRAL APPOINTMENT CENTER:	**643-7033**
CT/MRI/ULTRASOUND APPOINTMENT DESK	**643-7503**
NUC MED	**643-7491**
DUTY RADIOLOGIST – AS LISTED IN COMMAND DUTY ROSTER	

Unnecessary Examinations

Before beginning to learn how to interpret pathologic skeletal films, it is important to briefly consider unnecessary skeletal radiographic examinations. Dr. Ferris Hall from Boston first brought to my attention the idea that just because we could x-ray something didn't mean that we should. His article entitled –Overutilization of Radiologic Examinations‖ in the August 1976 issue of Radiology' details many examples of overuse and misuse of radiologic examinations. This article and a similar one by Dr. Herbert Abrams in the New England Journal of Medicine should be mandatory reading for every intern before he or she begins to order examinations. Much of what follows is from Dr. Hall's article. There are many reasons why it is undesirable to have unnecessary radiologic examinations: excess cost, excess radiation, waste of patient's time, waste of technician's and radiologist's time, false hopes and expectations based on the out-come of the examination, and, not least of all, they indicate a breakdown in the logical thought pattern concerning the patient's workup. Many examinations are ordered because of so-called medico legal considerations. It is believed that if a certain finding is not documented (e.g., a broken rib), the doctor could be sued. In fact few, if any, examples of medico legal –covering yourself‖ types of examinations are valid. With the move toward greater consumer awareness, lawsuits in the future are more likely to result from unnecessary radiation exposure because of needless examinations rather than from too few examinations. One study shows that up to –30 per cent of the total x-rays ordered are related to the physicians concern for potential malpractice threats and are not primarily designed to assist the patient. This is a sad state of affairs, and it is hoped that more common sense will prevail in the future

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EXAMPLES OF UNNECESSARY EXAMINATIONS

Skull Series: Except for a depressed skull fracture or the presence of intracranial metallic fragments, there is no reason to order a skull series for trauma. This is one of the most abused examinations in radiology, costing millions of dollars per year unnecessarily. There is virtually no finding on a skull series that will alter the next step in the patient's workup. Presence or absence of a fracture should not influence whether or not the patient receives a computed tomography (CT) scan. A CT scan is obtained for other reasons: continued unconsciousness or focal neurologic signs. The plain films only delay the eventual diagnosis, and in a patient with a subdural or an epidural hematoma, that delay could be fatal. The mortality from intracranial bleeds is significantly increased as the time to surgical de-compression is increased; therefore, any delay caused by obtaining unnecessary examinations (skull films) is potentially harmful. There are no findings on a plain skull series to indicate (or not indicate) subdural or epidural hematoma. Fewer than 10% of patients with fractures have subdural or epidural hematomas, and up to 60% of patients with subdural or epidural bleeds have no fractures. Therefore, why order the examinations? Medico legal reasons? On the contrary! It is well documented that delays in diagnosis in this setting can be fatal, so ordering unnecessary examinations might in fact be asking for a lawsuit.

Sinus Series: It is true that an opaque sinus and / or an air-fluid level can be seen with sinusitis. But often the patient with these findings is asymptomatic, and just as often in another patient the sinus series is interpreted as normal when the patient has typical clinical findings of sinusitis. Both of these patients are treated based on their clinical, not radiographic, presentation, which is appropriate. Therefore, the information from the sinus series is ignored. If that is the way you practice—and many recommend that as being proper—don't order the sinus series: treat the patient. Reserve the sinus series for the patient who doesn't respond to treatment, or has an unusual presentation. Also, if it is only sinusitis you are concerned with, most times a simple upright Water's view to examine the maxillary and frontal sinuses, rather than a full sinus series, will suffice, saving money and decreasing patient exposure.

Nasal Bone: A nasal series is often requested to see if a patient has suffered a broken nose after trauma to the face. So what if the nasal bone is fractured? It won't be casted. It won't be reduced. In other words, no treatment will be given regardless of what the x-ray shows. Therefore, don't order the films in the first place. Occasionally a nasal bone is displaced badly enough to warrant intervention, but even then an acute, posttraumatic x-ray adds nothing for the patient except expense and radiation exposure. A facial series to search for additional fractures might be in order but not a nasal series.

Rib Series: Fractured ribs are commonly seen in any radiologic practice. The significance of the finding of a fractured rib or ribs is not well appreciated by most physicians. If the truth be known, the finding of a rib fracture after trauma has almost no clinical significance and does not alter treatment. One must rule out a pneumothorax and even a lung contusion, both of which are uncommon and are best done on chest films, not a rib series. In older patients with chest wall pain and rib fractures from undetermined causes, it is extremely difficult and often impossible to differentiate a pathologic rib fracture through a metastatic focus from a posttraumatic rib fracture. Hence, x-raying a patient with focal rib pain to find a fracture serves little purpose other than to find a cause for the pain. Most rib series can be eliminated without loss of information.

Coccyx: Although not a common x-ray examination, we receive occasional requests to x-ray the coccyx to rule out a fracture. As with the nasal bone and ribs, a fracture in this location will not be casted or reduced. Also, this examination involves significantly more gonadal radiation dose than a rib or nasal series. Because no treatment is predicated on the x-ray results, don't order the x-ray for routine trauma to the coccyx.

Lumbar Spine: Plain films of the lumbar spine are probably the most abused examinations in radiology. They give the highest gonadal radiation dose of any plain film examination, and in most cases they offer no diagnostic information that will be acted on by the physician. A significant number of lumbar spine films are done in a population under the age of 40 with acute onset of back pain after lifting or straining. There is virtually no plain film x-ray finding in this patient subgroup that can be responsible for the acute problem or that can be treated. Even the severest spondylolisthesis cannot unequivocally be said to be the origin of the symptoms. Disc herniation cannot be identified. Tumors and infections are not clinical considerations in this setting. Treatment invariably consists of rest, perhaps traction, generally relaxing the muscle groups, and then flexion and extension exercises to strengthen the muscles. Radiographs have nothing to offer

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unless the pain is very atypical or the clinical picture is clouded by other considerations (such as intravenous drug use, in which case infection must be ruled out.

The gonadal radiation dose from a lumbar spine film is the same as that from a daily chest x-ray for 6,‖ 16,‖ or 98 years, depending on which study you choose to believe. These studies were based on a three-view lumbosacral spine series and do not include the oblique views routinely obtained in many practices. Subtle osseous changes found on oblique views are thought by many orthopedists to be insignificant in most cases anyway.

So when should a lumbosacral spine series be ordered? In cases of severe trauma, possible primary or metastatic tumor, and possible infection. Acute low back pain with radicular signs is no indication for a spine series. A CT scan or magnetic resonance imaging (MRI) will show disc herniation and would be the preferred examination over plain films, if clinically warranted.

Metabolic Bone Survey: Many institutions routinely order metabolic bone surveys in patients with hyperparathyroidism or renal osteodystrophy to look for Looser's fractures, brown tumors, and subperiosteal bone resorption. Most institutions have replaced the bone survey with hand films, which is preferable in regard to patient expense and radiation dose. Subperiosteal bone resorption is seen earliest and easiest on the middle phalanges, radial sides, and is virtually pathognomonic for hyperparathyroidism. Looser's fractures are rare and not treated anyway. Brown tumors are uncommon and also are not treated. Therefore, if no treatment is based on the x-ray findings, the survey only satisfies curiosity and is not worth the patient's money or radiation exposure.

Metastatic Bone Survey: Little useful information is obtained from the majority of metastatic bone surveys. Occult lesions that are not found on radionuclide bone scans are seldom encountered. Radionuclide scans are more effective at picking up most metastatic lesions and could be substituted for bone surveys with less cost and better diagnostic yield.‖ Many investigators believe that searching for bone metastases is not warranted in every patient with a primary tumor unless finding metastatic disease (mets) will obviate surgery or otherwise change the patient's therapy. Radionuclide bone scans with x-rays of questionable or clinically suspicious areas makes more sense than a complete metastatic bone survey. An exception to this is in patients with multiple myeloma. Radionuclide bone scans are often negative in multiple myeloma even with marked skeletal involvement, hence a plain film bone survey is warranted in these patients.

Ankle Series: A significant percentage of all emergency department films are obtained for ankle trauma. Ligamentous injuries can easily be clinically differentiated from significant fractures. One study showed a 50% reduction of ankle films with no fractures missed if the radiology resident would simply examine the patient.‖ Another study revealed that if the patient were able to walk three steps immediately after the injury or during the examination in the emergency room there was almost zero chance of a fracture.‖ Small bony avulsions receive the same treatment as ligament tears, and are often difficult to differentiate from accessory ossicles. Therefore, in most cases the x-ray is not a factor in determining the patient's treatment and could be skipped.

Cervical Spine (C-Spine): Many emergency rooms routinely order C-spine films on all trauma patients, primarily because of the horrible consequences of not stabilizing a fractured neck. This is ridiculous. It has been demonstrated in numerous publications that patients who are alert and have no C-spine pain have almost zero chance of having a fracture. If the patient is unconscious, obtunded for whatever reason, not able to communicate, or has a significant fracture elsewhere, all bets are off. But, if the patient is alert and has no pain with motion on clinical exam of the neck, no C-spine film need be performed.

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UROLOGIC SURGERY / UROLOGY SECTION 5(U)

USNH OKINAWA
2nd FLOOR EAST WING
Telephone: 643-7360
Clinic Hours: 0730-1630 Monday, Wednesday, Friday
Procedure Hours: 0730-1630 Tuesday, Thursday

The single staff Urologist provides around the clock consultative services for Okinawa and is the referral Urologist for much of WESTPAC.

Services include:

1. General pediatric urology (hydroceles, hernias, and evaluation or follow up prior to referral to Pediatric Urology)
2. Prostate Disease (including cancer surgery)
3. Scrotal disorders (including cancer surgery)
4. Basic and Advanced Urodynamics
5. Male infertility treatment (not including vasovasostomy)
6. Testicular masses (including cancer surgery)
7. Renal surgery (including cancer surgery)
8. Advanced Urolithiasis treatment (stone surgery)
9. Incontinence surgery (male and female)
10. Erectile dysfunction
11. Male sterilization surgery (vasectomy)

Eligibility:
Eligible patients include all active duty, DOD civilians, retirees and their dependents.

Appointments:
Urology appointments are made **by referral only.** Consultation is accepted by either completing a SF-513 consultation form or using the electronic CHCS system (preferred method). Per BUMED 6320.66A, referrals made by physician's assistant must be reviewed and endorsed by their assigned medical officer preceptors prior to actualization of the process. IDC referrals **should also be reviewed** by the supervising medical officer preceptor when able. All SF-513 consultation forms must be legible and included the following information:

- patient's name, rank, service, SSN, , location of medical records
- current work and home phone numbers
- physician's or provider's signature and stamp
- a concise reason for the consultation and pertinent clinical history, exam, and studies
- priority: place –routine‖ but please call or page the urologist when the patient needs to be seen in an expedited manner. Any consult other than –routine‖ requires contact with the urologist.

All consults are reviewed by the urologist and prioritized. Routine consults are typically seen within 4 weeks. Please advise patients to call the Urology front desk at 643-7360 in order to schedule their appointment time and date, once the consultation has been approved. If there is no answer, advise patients to leave a message, as our voicemail is reviewed daily. We DO NOT call patients to arrange appointments, it is the responsibility of the patient to arrange an appointment date after an appropriate referral has been placed by the GMO/PCM. If a patient needs to be seen within a few days (i.e. 72 hours or today), the healthcare provider **must** call the ENT clinic personally and speak to the duty doctor, who will arrange a timely evaluation (please be prepared to give all the information listed above). Occasionally the solo Urologist and surgical technicians may be away from the clinic (particularly on procedure days), but we will attempt to return your calls as soon as possible. It is advisable to leave an evening phone number, so we may reach you at the end of the day. If unable to reach the urologist with urgent concerns, have the patient go to the ED if clinically indicated for evaluation.

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UROLOGIC SURGERY / UROLOGY (CONTINUED)

General Information:
An administrative emergency is not a medical emergency. For example, an evaluation for infertility, vasectomy, or circumcision for a retirement physical does not become a **high priority** because the patient is retiring. Our clinic will try to be as flexible as possible however.

1. Patients PCS-ing off the island within two months or less should have elective surgeries postponed until they reach their next duty station in order to provided proper postoperative follow up. If this is the case, making the consultation to the Urology Dept at their next duty station would be more appropriate.
2. Please, call/page/email if you have questions.

Common Urologic Problems:

Microhematuria
The recommended definition of microscopic hematuria is three or more red blood cells per high-power field on microscopic evaluation of urinary sediment from two of three properly collected urinalysis specimens.

TABLE 1
Risk Factors for Significant Disease in Patients with Microscopic Hematuria

1. Smoking history
2. Occupational exposure to chemicals or dyes (benzenes or aromatic amines)
3. History of gross hematuria
4. Age >40 years
5. History of urologic disorder or disease
6. History of irritative voiding symptoms in absence of infection.
7. History of recurrent urinary tract infection
8. Analgesic abuse
9. History of pelvic irradiation

ALL episodes of gross hematuria requires evaluation with basic chemistry, complete blood count, urinalysis, urine culture, and imaging (noncontrast CT (for stones) followed by contrast CT (if no stones found on initial scan= hematuria protocol CT). Radiology is very helpful in providing the correct protocol if you provide an adequate history. If no etiology is found (such as stones) patient will likely require referral to Urology for cystoscopic evaluation.

Urolithiasis
Please routinely refer: Any patient attempting to pass a stone >5mm (approximately 50% of these patients will require intervention at some point). Patients with incidentally found renal stones >5mm (will need regular follow up to assess stone growth or early surgical intervention). Patients who have had a 2nd symptomatic stone within 12 months. Patients who have not spontaneously passed a stone within 4 weeks of presentation. (Concerned with "silent" asymptomatic obstruction and loss of kidney function). Evidence of renal insufficiency (may be more urgent based on level of concern).

Urgent referrals (what to wake me up for):
Patients with urosepsis due to evidence of an infected obstructing stone (fever, tachycardia, hypotension) or concerns based on UA/micro and CBC along with clinical signs.
Patients unable to p.o. hydrate at home and concerns with dehydration due to nausea and emesis.
Inability to control pain. Solitary kidney ureteral stone passage. Bilateral ureteral stone passage.

Return to PCM please:
Stones 5mm or less- with a plan to give trial of observation for 2-4 weeks on Uroxatrol 21 days, NSAIDS and narcotics (Vicodin/Percocet). I recommend all patients go home with a strainer to catch the stone and prove passage, otherwise they have unnecessary CT scans and radiation exposure. They put the onus on us to practice defensive medicine and prove they have passed the stone and do not have silent obstruction.

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UROLOGIC SURGERY / UROLOGY (CONTINUED)

My recommendations for Urolithiasis patients:
Non Contrast CT KUB (if stones are found I recommend a traditional KUB at the same time so that radio-opaque stones can be followed with much less radiation should follow up KUB's be used to assess position of stones and subsequent passage. Unfortunately the scouts on the CT just don't provide the same detail.) CBC, BMP, UA/Micro, Urine Culture (not a reflex culture) Trial of Uroxatrol 10mg daily for 21 days, NSAIDs, narcotics Urine strainer.

Infertility:
Infertility is a –couples issue‖ therefore inform any male infertility patients I request their spouse accompany them to their appointments. All male patients should have a physical exam, history, prior pregnancy history, semen analyses x 3 at least one month apart with no ejaculations for 72 hours prior to providing the specimen. If abnormalities are found on your physical exam then please, ensure your patient has a scrotal US completed prior to placing the referral to Urology. Consider reviewing the WHO criteria for what constitutes an abnormal semen analysis or you may call prior to referring the patient. Urology provides surgical correction of reversible causes of infertility and counseling to couples when specific genetic causes are determined. We are not currently offering vasectomy reversals (vasovasostomy).

Testicular Pain:
PLEASE DO AN EXAM!!!! YOU MUST RULE OUT A TORSION OR CANCER!!!!

Testicular cancer is frequently painless but can present as a dull aching pain. Testicular torsion usually presents as sudden onset, high riding testicle with absence of the cremasteric reflex. Patients are frequently vomiting and writhing in pain. The pain is often so intense an exam is difficult but absolutely necessary. Pain of epididymitis can be sudden or gradual in onset and often there is associated edema and erythema in more advanced infections. +Prehn's sign can be helpful in making this diagnosis as well as isolating the epididymis to reproduce the pain. Epididymitis can progress to epididymo-orchitis and left untreated can lead to permanent testicular damage, atrophy, infertility and hypogonadism if bilateral. Ultrasounds should be ordered judiciously and should not be substituted for an adequate physical exam and differential diagnosis or lead to a delay in diagnosis and treatment.

Prostate Cancer Screening:
Opinions vary widely regarding the need for prostate cancer screening and when to start. I currently recommend baseline prostate specific antigen (PSA total) and digital rectal exam at age 40. If normal and no family history of prostate cancer I discuss with patient repeating in 3-5 years. All men should have a PSA and DRE by age 50. I use age adjusted PSA levels which are published in CHCS results.

Age Range = cut off values for abnormal.
40 to 49 = 2.5 or greater
50 to 59 = 3.5 or greater
60 to 69 = 4.5 or greater
70 to 79 = 6.5 or greater

There is no indication for primary care to order Free/Total PSA ratio. This is used almost exclusively for Urology purposes and is only valid for PSA between 4.0 and 10.0

Bladder Outlet Obstruction (Benign prostatic Hyperplasia BPH):
Males with lower urinary tract symptoms consistent with benign enlargement of the prostate and a normal prostate specific antigen test should have initial trial treatment with an alpha blocker initiated and followed by primary care before referral to urology. Patient should undergo a physical exam including DRE and evaluation for hernia, evaluate meatus; lab evaluation UA, microscopic analysis, urine culture, basic serum chemistries (including glucose), PSA if appropriate for age as well as fluid intake history.

Erectile Dysfunction:
Males with erectile dysfunction without known etiology should undergo a history to ascertain risk factors for coronary artery disease and peripheral vascular disease to reduce these risks as well as pertinent physical exam, vital signs and

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history review as well as a morning (prior to 0830) serum testosterone and prolactin. If there are no relationship issues, duty / job or medical contraindications to a trial of oral phosphodiesterase-5 inhibitors such as Viagra or Levitra then the primary physician should begin therapy. These drugs are no longer restricted to Urology. If patients fail oral therapy then more invasive therapies may be prescribed and recommended by urology. I would recommend non-physicians begin these therapies under close oversight by their supervising physicians as they are both expensive and can have severe side effects.

Overall, please, call if you have questions or stop by the clinic. We have numerous patient information handouts available that you are welcome to copy or use for yourself. I welcome IDCs, PAs and physicians in the clinic who wish to expand their urologic knowledge in order to better care for our patients.

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