



Integris Leans into OB sepsis identification



photo by Bobby Anderson

Jill Hughes, MS, RNC-OB, from Integris Canadian Valley Hospital and other nurse leaders from Integris are changing the outlook for OB sepsis patients in Oklahoma.

by Bobby Anderson,
Staff Writer

When it comes to the issue of sepsis, OB patients are at a unique risk.

According to the Centers

for Disease Control, sepsis for OB patients is the No. 4 cause of maternal death in the U.S.

Infection and sepsis are also the direct cause for an

increase in maternal deaths over the last 10 years.

That's why nursing leaders in the Integris system have come together to create a unique assessment tool that is changing how nurses look at the possible diagnosis of sepsis.

It's gone so well that Integris Canadian Valley Hospital Clinical Director Jill Hughes, MS, RNC-OB was asked to present to other leaders in the field at the recent Perinatal Leadership

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Medical Center Receives Award as one of America's Best Hospitals for Bariatric Surgery



INTEGRIS Baptist Medical Center has received the 2016 Women's Choice Award® as one of America's Best Hospitals for Bariatric Surgery. This evidence-based designation is the only award that identifies the country's best health care institutions based on robust criteria that consider female patient satisfaction, clinical excellence, and what women say they want from a hospital.

The list of over 300 award winners, including INTEGRIS Baptist Medical Center, represents hospitals that have met the high standards of The American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS), thereby supporting a woman's decision when choosing the best for her health care needs.

"We are honored to receive the Women's Choice Award for Bariatric surgery," says Hamilton Le, M.D., medical director of the INTEGRIS Weight Loss Center. "Our INTEGRIS Weight Loss team is passionate about providing patients with the tools to help them achieve health and wellness. This award is a reflection of our dedication to assisting patients in their journey toward a healthier weight and lifestyle."

Hospitals that have earned this award have met the highest standards of The American College of Surgeons and the American Society for Metabolic and Bariatric Surgery through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

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SEPSIS

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Forum in Dallas.

The national leadership forum welcomed 160 perinatal leaders from labor and delivery, postpartum, newborns and NICUs gathered to share information and best practices.

Every size hospital was represented with Integris sending five of its own from different facilities.

Prior to the conference a request was made from the audience if anyone had anything regarding core measures they could share.

The Integris project was a natural, Hughes said.

"In Integris one of the things we're focusing on across Integris is sepsis identification," Hughes said. "What we've realized is the OB patient is very different than the general population in how they present with sepsis."

To tackle this problem, OB leaders within Integris got together and formed a Lean Team - a small, agile group focused solely on the problem.

"We are reviewing how nursing identifies early that this could be a sepsis patient and then communicates that to the physician so they can get

ahead of it," Hughes said.

Through the Lean meetings, an existing identification tool was identified and tweaked to fit the OB patient.

"What we're doing is trying to create a tool that can be used for any OB patient anywhere to help us know the differences and if our patient fits in that criteria," Hughes said. "I call it the journey because we're still working on it."

The tool was rolled out to staff for feedback.

"Our physicians asked to add one or two things and said if you're going to draw these labs then we want you to start an IV, too," Hughes said. "We'll tweak it and try it again."

The tool provides a checklist for patients and their symptoms. If two characteristics are met in the first category such as fever and elevated heart rate they are noted with the time.

"The Core Measure CMS has created is very time sensitive," Hughes said. "Within three hours of someone being diagnosed with severe sepsis or septic shock the doctors have a set of criteria they have to meet. That's why nursing helping with the early identification is so critical to meeting those deadlines."

And at the forefront are nurses.

"This a nursing tool so this has nothing to do with treatment," Hughes said, noting feedback from nurses involved has been positive. "This only has to do with identification."

"What we tell our nurses is we would rather them use it on everybody than not use it enough because it's not going to hurt anything," Hughes said. "Anytime during their stay, if you see a change, pull this out as part of your assessment and see if they fit in your criteria."

Hughes said the problem with OB patients is that they are often

so healthy and maintain so long by the time you realize sepsis could be a factor they are really sick and go downhill quickly.

Hughes has taken the tool to the maternal child health physician health group.

"For us they approved this to be automatic," Hughes said. "If they meet this criteria and they have some type of suspected infection we can automatically put in an order set that allows us to draw these labs without having to go to each physician individually."

"Every hospital has taken it to their physician group asking for this to be an automatic order set. It's really great because that timeliness is so huge."

And time is a factor.

CMS opens a three-hour window for all criteria to be completed for treatment. There's also a six-hour cutoff for ancillary treatment.

"The issue is if you come back later and realize two-and-half hours ago she actually met criteria you have 30 minutes to get everything done and that's why it's so critical," Hughes said.

It's the same timeline for every population but one that can be particularly problematic with OB populations.

Moms after C-sections can already have elevated white counts, another marker for sepsis.

"So far my feedback has been good," Hughes said. "They feel like it's something that makes them think very succinctly. So far, our one patient who was positive it worked so perfectly."




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AWARD

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(MBASQIP). Awarded hospitals also ranked above the national average for patient recommendations on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys, as indicated by the data reported by the Center for Medicare and Medicaid Services (CMS).

According to a study in April 2015 by the University of San Diego Health, 80% of patients

who undergo bariatric surgery are female, despite equal rates of obesity among American men and women. The ASMBS, shares that the most common bariatric surgery procedures are gastric bypass, sleeve gastrectomy and adjustable gastric band.

"Women tend to be risk averse, so we're simplifying her choices by verifying those hospitals providing outstanding patient care and performance, allowing her to choose with confidence," says Delia Passi, CEO and Founder of the Women's Choice Award.

Gardner Joins Mercy Clinic OB/GYN in Oklahoma City

At the age of 5, Catherine Gardner was inspired by her aunts who were nurses and knew she wanted to help others by also becoming a nurse.

Gardner, a board-certified nurse practitioner, has more than 27 years of experience in nursing. She brings that wealth of experience to her new role serving alongside Dr. Kamal Anthony Shanbour at Mercy Clinic OB/GYN in Oklahoma City.

"I want to be an advocate for my patients and their families," she said. "I believe it is important to treat patients as individuals to meet their unique needs. And, it's important that patients know how much I care about their wellbeing."

By joining Mercy, Gardner hopes she can inspire patients to incorporate wellness throughout their lives. She has worked

in several different specialties throughout her career, but said she has special interest in labor and delivery, and childbirth education. She is also a certified fitness instructor at the Mercy Fitness Center at Edmond I-35 and YMCA in Edmond.

Gardner received her bachelor's degree in nursing from the University of Wyoming in Laramie, Wyoming. She received her certificate in women's health from the University of Pennsylvania in Philadelphia and completed her preceptorship in Presque Isle, Maine. She is currently completing her master's degree in nursing in the family nurse practitioner program at South University in Savannah, Georgia.

In her spare time, Gardner enjoys quilting, biking and participating in outdoor sports. She is married with four sons.

OU Physicians opens UCO campus clinic to serve students, staff and Edmond public

OU Physicians, the state's largest physicians group, has opened a clinic on the University of Central Oklahoma campus in Edmond to serve UCO students, employees and the public. It provides comprehensive primary care, including immunizations, annual wellness exams, sports physicals and the treatment of general illnesses and injuries, among other services.

"OU Physicians has proudly served Edmond for many years and we are excited about expanding our base of care in the area," said Brian Maddy, OU Physicians chief executive officer. "We look forward to working with UCO and the Edmond community."

The OU Physicians Health and Wellness Clinic is located in the UCO Wellness Center at 100 N. University Drive in Edmond. It is open Monday-Friday from 8 a.m. to 5 p.m. Students, staff and members of the public can make appointments at (405) 271- 8261.

The clinic's primary provider is Robin Presley, a physician assistant who has served the Edmond community for a number of years at the OU Physicians Canyon Park clinic.

Based at the University of Oklahoma Health Sciences Center in Oklahoma City, OU Physicians provides advanced care in almost every adult and child specialty, conducts groundbreaking medical research and helps train the physicians of tomorrow. OU Physicians providers see patients at many of Oklahoma's premiere health care facilities, including the Stephenson Cancer Center, Harold Hamm Diabetes Center, The Children's Hospital and OU Medical Center, home of the state's only level one trauma center.

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Alzheimer's Experience

Step into the shoes of dementia

by James Coburn
Staff Writer

Imagine your life being a puzzle tossed into the air, fragmented into pieces that cannot be joined together again. Every day brings a little death for someone living with Alzheimer's disease. It can be treated, but for this terminal illness, there is no cure.

For the caregiver or anyone who shares experiences with a person living with dementia, there is a program offered called Alzheimer's Experience which promotes empathy for the loved one by educating people about how Alzheimer's changes the course of life.

Most recently the event was held at the Fountains at Canterbury in Oklahoma City and is offered at other locations, said Charlie Redding, director of business development for Right at Home which offers in home care and assistance,

and Jennifer Forrester, community relations director of Oklahoma Hospice Care.

They have also partnered with Rivermont in Norman as well as Touchmark in Edmond. Redding has also partnered with fire departments to offer refresher course training.

Forrester said the Alzheimer's Experience is also helpful for senior law attorneys or anyone with a vested interest. She is there to score the events, observe the participants in the room and take notes, Forrester said. She watches to see if tasks are being performed in order and sees how they react to noises in their ears.

"If you'd like to take a walk in the shoes of someone living with memory loss or Alzheimer's disease, this is your chance," Redding said.

Right at Home is hosting a dementia tour in partnership with Oklahoma Hospice Care, Redding

said.

"This experience lasts about 20 minutes and we'll provide delicious snacks for you after the tour," he added.

The participants will take a pre-test and a post-test after the simulation, Redding said. "We're targeting health care professionals, but it's open to anyone, family members, caregivers, employees of the community and different vendors that we all deal with."

The Virtual Dementia Tour consists of putting on goggles, gloves, inserts into their shoes and a headphone with a recording. The recording lasts 11 minutes during which time the participant is given five minutes to complete a task.

"They have to go into the apartment," Redding said. "We want this to be a home-like environment as possible so that people can be more empathetic to what someone

with Alzheimer's or dementia truly is going through in their living dwellings."

There may be things a person living with dementia may not be able to vocalize such as lower extremity nerve damage or arthritis. Maybe they cannot buckle their belts or see to turn the pages of a book to a certain page.

"A lot of times people living with dementia cannot verbalize other symptoms," Redding said. "Things that are going on, because their brain doesn't process it that way."

A person with Alzheimer's could be given a task to put their sweater on. However, they might return with a blanket wrapped around them or remain in the closet or doorstep.

"What they heard was 'Go get

Continued on next page

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Jim's journey to a heart transplant started in August of 2002. He had a mild stroke and was told a virus destroyed some of his heart muscle, which led to a diagnosis of cardiomyopathy. His second chance at life came ten years later from a young man in Boulder, Colo., named Neil. At the age of 16, Neil had marked his driver's license to be an organ donor. He was a marathon runner and loved climbing mountains around his hometown. Neil gave the gift of life to Jim and three other people. The experience came full circle for Jim and his wife, Nancy, with the emotional meeting of Neil's family in June of 2015.

Jim and Nancy first became involved with LifeShare four months after his transplant. The couple takes every opportunity to promote donation through sharing their story. Jim and Nancy have also walked in two Crop Hunger Walks in honor of Neil.

Organ, eye and tissue donation saves lives. Please make your decision to donate life and tell your family. Register to be an organ, eye and tissue donor on your Oklahoma driver's license or state ID card or register online at www.LifeShareRegistry.org. You may also call 800-826-LIFE (5433) and request a donor registration card.

LifeShare



photo by Annette Deckard

From Left to Right: Jaime Persall, Oklahoma Hospice Care Community Relations Rep., Jennifer Forrester, Oklahoma Hospice Care Community Relations Director, Charlie Redding, Right at Home Director of Business Development, and Mary Shrum, Fountains at Canterbury Program Director.

that blanket and put it on.' Or they can't see a sweater," he said. There is a debriefing with each participant after the event, Redding said.

"We do not want them interacting with the people who have not gone through it because we don't want them to know what to expect," he said.

Additionally, the debriefings might be done collectively or

individually. When he brings the program to Norman Specialty Hospital at 1:30 p.m. on February 4th the direct-care employees will benefit by the impact.

"For me, I'm a part of this just to raise awareness for the devastating disease for not just the person, but the people around them," Forrester said. "It's scary. And I think this provides everybody an insight to what it might be like."



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Newsweek Selects Six Stephenson Cancer Center Physicians to "2015 Top Cancer Doctors" List

Six physicians from the Stephenson Cancer Center have been named to Newsweek's "2015 Top Cancer Doctors" list. These physicians represent a variety of cancer specialties, including surgical oncology, medical oncology, and radiation oncology. Half of the physicians selected in Oklahoma are on the staff at Stephenson. Those names included:

- Terence Herman, M.D., Radiation Oncology
- Russell Postier, M.D., Surgical Oncology
- Michael S. Cookson, M.D., M.M.H.C., Urologic Oncology
- Daniel Culkin, M.D., F.A.C.S., Urologic Oncology
- Robert Mannel, M.D., Gynecologic Oncology
- Joan Walker, M.D., Gynecologic Oncology

All of the above physicians are faculty at the University of Oklahoma College of Medicine at the OU Health Sciences Center campus.

The competitive list was collected through peer nominations and extensive research that Castle Connolly Medical Ltd. has conducted for more than two decades. More than 100,000 nominations are received from across the nation with only 2,600 making the final list. OU President David Boren said, "The selection of these outstanding physicians for inclusion on this distinguished list demonstrates the great strength of the Stephenson Cancer Center which is now regarded as a national center of excellence. Since it commenced its service as a comprehensive center under one roof it has far outgrown its projections as it has tripled the percentage of state cancer patients going to the center in less than a decade."



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Chief Nursing Officer Receives ACHE's Highest Honor

Mercy's top nurse has reached another high point in her leadership career.

Linda Knodel, Mercy senior vice president and chief nursing officer, will be honored with the Gold Medal Award from the American College of Healthcare Executives (ACHE).

The Gold Medal Award is ACHE's highest honor bestowed on outstanding leaders; it identifies ACHE Fellows who "best exemplify leadership at the organizational, local, state/provincial and national levels who go beyond the confines of their own organization to continually contribute to the improvement of health care services and community health."

Knodel is being honored for more than 30 years of experience in nursing and health care leadership, plus more than 15 years at the bedside as a nurse. She has contributed to numerous publications and books and is the author of the book *Nurse to Nurse: Nursing Management*. Knodel is an active member of the nursing community, having served as president for the American Organization of Nurse Executives and ACHE Governor. She is currently a member of ACHE's Counselors Committee.

"I couldn't be prouder of the fact that Linda is this year's recipient," said Di Smalley, Mercy's regional president for the state of Oklahoma. Smalley previously served as chair of the ACHE. "This is a testament to Linda's significant stature as a nurse executive, as well as a health care executive to the 44,000 members of the College from all 50 states and multiple foreign countries. Linda joins many icons in the health care executive field who have received this award in the past."

As part of her work with the American Organization of Nurse Executives, Linda was a nurse executive faculty with the Croatian Nurses Association. In 2013, she was a presenter at their biannual international nursing conference in Zagreb, Croatia, where she spoke about metrics for nursing finance and care quality. Linda is also a leader for Costa Rica People to People delegation of nurse executives. In this role, Linda led this group of nurse executives on trip to Costa Rica to meet with their counterparts to discuss changes and challenges in health care in both countries.

Knodel will formally receive the award on March 14 during the ACHE Congress on Healthcare Leadership.

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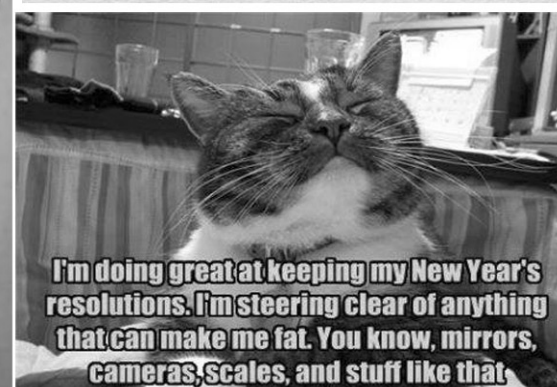


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Okc, 405-463-5695 Keith Ruminer/
volunteer coordinator/chaplain

Autumn Bridge Hospice:

405-440-2440

Autumn Light Hospice:

580-252-1266

Carter Healthcare & Hospice:

OKC - OKC Pat McGowen, Vol
Coordinator, 405-947-7705, ext. 134;
Tulsa - Samantha Estes, Vol.
Coordinator, 918-425-4000

Centennial Hospice:

Becky Johnson, Bereavement
Coordinator 405-562-1211

Chisholm Trail Hospice:

Tiffany Thorne, Vol. Coordinator,
580-251-8764

Choice Home Health & Hospice:

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Beth Huntley, Vol. Coordinator,
405-942-8999

Comforting Hands Hospice:

Bartlesville: 918-331-0003

Companion Hospice:

Steve Hickey, Vol. Coordinator, Guthrie:
405-282-3980; Edmond: 405-341-9751

Compassionate Care Hospice:

Amy Legare, Bereavement/Vol.
Coordinator, 405-948-4357

Cornerstone Hospice:

Vicky Herrington, Vol. Coordinator,

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Robin Boatman, Com. Relations, Broken
Arrow: 918-251-6441; Muskogee:
918-681-4440.

Crossroads Hospice:

Elizabeth Horn, Vol. Coordinator,
405-632-9631

Cross Timbers Hospice:

Ardmore-800-498-0655
Davis-580-369-5335 Volunteer
Coordinator-Shelly Murray

Excell Hospice:

Toni K. Cameron, Vol. Coordinator
405-631-0521

Faith Hospice of OKC:

Charlene Kilgore, Vol. Coordinator,
405-840-8915

Freedom Hospice:

Tulsa: 918-493-4930; Claremore:
918-343-0493; Tollfree: 866-476-7425

Frontier Hospice:

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Coordinator, 405-789-2913

Golden Age Hospice:

405-735-5121

Good Shepherd Hospice:

4350 Will Rogers Parkway Suite 400
OKC OK 73108 405-943-0903

Grace Hospice Foundation:

Sharon Doty, Dir of Spec. Projects -
Tulsa 918-744-7223

Harbor Light Hospice:

Randy Pratt, Vol. Coordinator,
1009 N Meridian, Oklahoma City, OK

73107 405-949-1200

Horizon Hospice:

LaDonna Rhodes, Vol. Coordinator,
918-473-0505

Heartland Hospice:

Shawnee: Vol. Coord. Karen Cleveland,
405-214-6442; Norman: Vol. Coord. Lisa
Veauchamp, 405-579-8565

Heavenly Hospice:

Julie Myers, Coordinator 405-701-2536

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Hospice of Green Country:

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918-342-1222, Sapulpa: 918-224-7403

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INTEGRIS Hospice House Ruth Ann
Frick, Vol. Coordinator, 405-848-8884

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918-458-5080

Humanity Hospice:

Kay Cole, Vol. Coordinator
405-418-2530

InFinity Care of Tulsa:

Spencer Brazeal, Vol. Director,
918-392-0800

Indian Territory Home Health &

Hospice: 1-866-279-3975

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Image HealthCare :

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LifeChoice Hospice:

Christy Coppenbarger, RN, Executive
Director. 405-842-0171

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Terry Boston, Volunteer and
Bereavement Coordinator 405-801-3768

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McCortney Family Hospice

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Ada, 580-332-6900 Staci Elder Hensley,
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866-683-9400; Poteau: 888-647-1378

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Angela Shelton, LPN - Hospice
Coordinator, Lawton: (580) 248-1405

Quality Life Hospice:

405 486-1357

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Audrey McCraw, Admin. 918-236-4866

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Russell Murray Hospice:

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Tammy Harvey, Vol. Manager
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Woodard Regional Hospice

580-254-9275 Cathy Poe, RN Director



**Vicki L Mayfield, M.Ed., R.N.,
LMFT Marriage and Family
Therapy Oklahoma City**
*If you would like to send a
question to Vicki, email us at
news@okcnursingtimes.com*

I never really thought about "conversational intimacy" and the role it plays in a relationship. It is much harder than people think and sad to think I lost my marriage because of it. I wanted to make others aware of the knowledge I gained and to encourage you to do it before it is too late.

My name is Jim and I was married for 16 years. My wife and I both worked full time and we were raising two children. We were busy like all married couples with children's activities and managing a home.

My wife would occasionally tell me that we needed "to talk" and I would get very busy hoping she would forget. She didn't. These "talks" always made me anxious. She wanted to discuss a problem or issue related to our marriage or "my behavior." I would attempt to talk, she would get frustrated and I would completely forget the English language. She could "out talk" me.

We went to counseling and my wife would vent her frustrations to the counselor, often crying saying how alone she felt. I would sit there and pat her on the back, which interesting enough made her dislike me even more. That's when I learned about "conversational intimacy." (which I was lacking).

The counselor had us sit facing each other and make eye contact. (Also hard to do). It was really grueling and strangely informative. I realized that my wife and I had no trouble with physical intimacy (that is until she began to really dislike me) but I'm not sure we ever really had conversational intimacy to begin with. Of course we "talked" during dating and engagement and I'm sure after we married but intimate conversations were rare.

We practiced in the counselor's office but at home we struggled. My wife had developed some resentments towards me for my lack of concern for her desire to talk, apparently building for several years. I learned that resentments can't easily be discarded.

She was upset that it took so long for me to "get it." When she told me that she wanted a divorce I was devastated. I had no idea I had caused so much damage by not making myself available, listening, validating her feelings and trying to find solutions. Having physical intimacy was way more enjoyable and didn't really require much talking. I made myself very available.

As I sit here in my apartment, alone, after taking my children back to my ex-wife's house (previously my house too), I have become wiser. I learned how important it is to occasionally have deep conversations, to really get to know the person that I have grown to love.

When it hurts: Choosing the right pain reliever

Choosing a pain reliever can almost be enough to give you a headache. But making the best choice doesn't have to be complicated.

According to Oklahoma Medical Research Foundation physician-researcher Eliza Chakravarty, M.D., not all over-the-counter pain relievers are

interchangeable. "It starts with knowing what each one works best for," she said.

The three most popular over-the-counter types of painkillers are: acetaminophen (Tylenol), naproxen (Aleve) and ibuprofen (Advil, Motrin). Aspirin was once the most common pain reliever, but it has been largely supplanted by naproxen and ibuprofen, which target similar issues with fewer side effects.

If you have a headache, fever or minor pain, Chakravarty says that acetaminophen is likely the place to start. "It's purely a pain reliever and fever reducer," she said.

"It's also good for people with stomach problems, kidney disease or other chronic health problems, because it has a lower risk of side effects," she said. "But it doesn't help relieve inflammation, and that's its major drawback." High doses or long-term use of acetaminophen also can cause liver damage, so that can be an issue for those who have liver problems or drink alcohol regularly.

Ibuprofen and naproxen fall into a broad category called nonsteroidal anti-inflammatory drugs or NSAIDs, a category that also includes aspirin. These drugs are also effective fever reducers and pain relievers and, unlike acetaminophen, can also relieve inflammation. Aspirin is still taken in low doses to reduce the risks of heart attack and stroke or act as a blood thinner. Chakravarty said, in general, she does not recommend taking higher doses of aspirin for pain, siding with ibuprofen and naproxen instead.



NSAIDs work by inhibiting the production of chemicals released in the body by injured cells, which trigger pain and inflammation. They are more common for short-term usage in dealing with menstrual cramps, dental pain, muscle aches, arthritis and minor injuries. While acetaminophen can be taken alone, all NSAIDs need to be taken with food.

"NSAIDs actually have more helpful properties than acetaminophen alone," said OMRF's Chakravarty. "The problem with NSAIDs is they can make existing kidney problems worse, and they can cause stomach ulcers, even in doses you take over the counter. So if you need to take aspirin, ibuprofen or naproxen for more than three or four days, talk to a doctor to make sure that you don't need another medicine to protect yourself from complications or side effects."

While all of these pain-control medications are largely regarded as safe, as with any drug, they can be dangerous if misused or overused. That's why Chakravarty urges everyone to take time to learn the pluses and minuses of these drugs—and any drugs you take. Some products may contain more than one pain reliever, so she recommends checking ingredients before taking a new pain reliever.

"The best thing you can do is educate yourself about these products," said Chakravarty. "If you have questions about which is best for you or need to use them for more than a few days, always check with your physician."

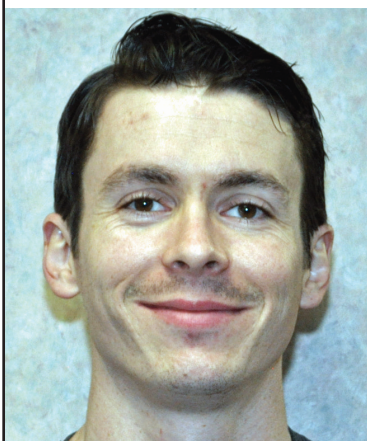


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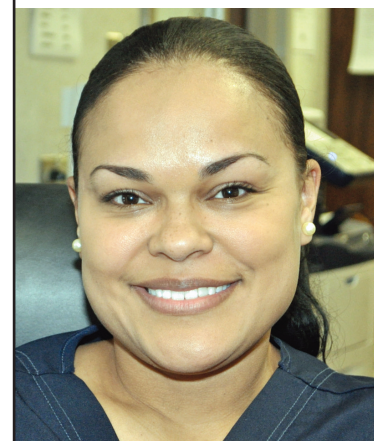
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Angie Moser, RN

"I would go to the Dominican Republic and take my kids. I love the beach."



Monica Perkins, RN

Gastroenterologist Joins Mercy Clinic

As a gastroenterologist, Dr. Sanjay Sikka has learned a lot about grace, courage and perseverance from his patients.

"I think that medicine offers a unique opportunity to dedicate oneself to caring for and helping others using a mix of science and humanity," said Sikka. "I feel very fortunate to do what I do for a living; it is a true privilege."

Sikka grew up in Oklahoma and recently moved back to the area from New Orleans to join Mercy Clinic Gastroenterology in Oklahoma City. He is board certified in internal medicine and gastroenterology, and is fellowship trained in advanced therapeutic (interventional) endoscopy. In New Orleans, he was a faculty member and the director of endoscopy at Tulane University School of Medicine. "I believe in a collaborative model of care where patients are part of the team," he said. "I consider myself a patient advocate. My job is to not only provide care based on the latest evidence and using the latest technologies and techniques, but also to educate and empower patients to be active participants in their care."

Sikka received his medical degree from the University of Oklahoma College of Medicine in Oklahoma City. He completed his internal medicine residency at the University of Illinois at Chicago. He also completed a fellowship in gastroenterology at the Washington University School of Medicine in St. Louis, Missouri, and fellowships in advanced endoscopy from the University of Chicago Hospitals and Northwestern Memorial Hospital in Chicago.

In his spare time, Sikka enjoys reading, traveling and listening to music.



Dr. Sanjay Sikka

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