

Progress Notes

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Medical Executive Committee Approvals

Items approved at the last Medical Executive Committee meeting can be viewed by using this website link and selecting the particular month: <https://www.torrancememorial.org/for-providers/medical-executive-committee/>

If you have any questions, please contact the Medical Staff Services Department at (310) 517-4616.

How to Provide Informed Gender Affirming Health Care

Dispelling Myths, Examining Bias, and Creating a Safe Space for All Genders

With today's climate of anti-trans health care bills in this country, it is essential that health care workers provide informed, safe and affirming spaces to their patients.

In this interactive seminar, you will learn:

- How to examine your own biases around gender
- Discover what are facts and myths about Gender Health Care
- What are the current standards of care under the World Association of Transgender Health
- And much more...



Stacey Jackson-Roberts, LCSW



Christine MacInnis, LMFT

Thursday June 8

3-5 pm

Torrance Memorial Auditorium

**To Register: Email Layne Kelley
Layne.Kelley@tmmc.com**

MYTHBUSTERS

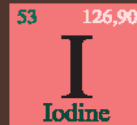
MYTH

OR

FACTS

ABOUT IODINE ALLERGY

Allergy to iodine is a true allergy.



Iodine is an essential human nutrient obtained naturally from foods and found in the thyroid gland. Therefore, an allergy to iodine would be biologically impossible.

An allergy to shellfish means you can have an allergic reaction to IV contrast with iodine.



There is a lack of evidence to support cross-reactivity between iodine-containing compounds in so-called iodine-allergic individuals. Patient reports of allergies to iodinated contrast media are often related to toxicity, irritants, or other allergens.

The best practice for prophylactic regimen of an iodine allergy is corticosteroid and diphenhydramine IV given immediately before contrast.



There is no evidence of efficacy, and ideal regimen is oral steroids over 12-13 hours.

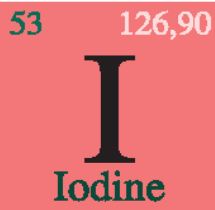
If a patient has an iodine allergy, it is best to wait for a prophylactic regimen before performing test.



The urgency of a contrast examination may outweigh the benefits of prophylaxis, necessitating the contrast be given without premedication. This decision should be made jointly by radiology team, referring service, and patient (if feasible).

MYTHBUSTERS

IODINE ALLERGY



TL: DR Iodine allergies are misnomers since iodine is an essential mineral the thyroid gland uses. There is insufficient evidence to support cross-reactivity between iodine-containing compounds (i.e., shellfish) to iodine-allergic individuals. Additionally, changes to contrast media have decreased considerable adverse effects (15% to 0.7%). A premedication regimen of corticosteroid and diphenhydramine given IV immediately before contrast has no evidence of efficacy. The ideal regimen is oral steroids over 12-13 hours or an accelerated IV regimen, detailed below, over 4-5 hours.

Patients who report having adverse reactions to iodine-containing substances are often labeled as having an “iodine allergy,” which can result in delays in care or patients being denied essential imaging with iodinated contrast media or other iodine-containing drugs. Iodine is an essential human nutrient obtained naturally from foods and found in the thyroid gland. Therefore, an allergy to iodine would be biologically impossible.

“ There is a lack of evidence to support cross-reactivity between iodine-containing compounds in so-called iodine-allergic individuals. ”

Patient reports of allergies to shellfish, amiodarone, povidone-iodine solution, or iodinated contrast media are often related to toxicity, irritants, or other allergens present in the compound rather than attributed to iodine specifically as the allergen.

The frequency of allergic-like and physiologic adverse events has decreased considerably with changes in usage from ionic high osmolality contrast media (5%-15%) to non-ionic low-osmolality contrast media (LOCM) (0.2%-0.7%). Most adverse side effects of LOCM are mild non-life-threatening events that usually require only observation, reassurance, and supportive measures.

Given that premedication does not prevent all reactions, has not been confirmed to reduce the incidence of moderate or severe reactions or reaction-related deaths, has limited supporting efficacy in high-risk patients, and is accompanied by direct and indirect harms, the utility of premedication in high-risk patients is uncertain. In most settings, oral premedication is preferable to IV premedication due to lower cost, more convenience, and greater evidentiary support in the literature. An IV corticosteroid regimen with a minimum of 4-5 hours may be efficacious.

The typical premedication regimen below has **no evidence of efficacy**, but it may be considered in emergent situations with no alternatives.

- Methylprednisolone sodium succinate (e.g., Solu-Medrol®) 40 mg IV or hydrocortisone sodium succinate (e.g., Solu-Cortef®) 200 mg IV
- Diphenhydramine 50 mg IV
- One hour before contrast medium administration



The only accelerated 4-5 hour premedication regimens that have shown to be effective and supported by a case series and by a retrospective cohort study with 828 subjects [40] are as follows:

- Methylprednisolone sodium succinate (e.g., Solu-Medrol®) 40 mg IV or hydrocortisone sodium succinate (e.g., Solu-Cortef®) 200 mg IV immediately, then every 4 hours until contrast medium administration
- Diphenhydramine 50 mg IV 1 hour before contrast medium administration

In rare clinical situations, the urgency of a contrast-enhanced examination may outweigh the benefits of prophylaxis, regardless of duration, necessitating that a contrast medium be administered to a high-risk patient without premedication. This determination is best made jointly by the radiology team, the referring service, and potentially the patient (if feasible). In such cases, a team of individuals skilled in resuscitation should be available during the injection to monitor for and appropriately manage any developing reaction.



Key Points:

- No evidence to support patients with shellfish allergy will have an iodine allergy.
- No evidence of efficacy for premedication with standard cocktail of corticosteroid and diphenhydramine IV immediately before contrast.
- Do not delay STAT exams with contrast due to iodine allergies.

1. Lombardo, P., Nairz, K., & Boehm, I. (2019). Patients' safety and the "iodine allergy"- How should we manage patients with iodine allergy before they receive an iodinated contrast medium? *European Journal of Radiology*, 116, 150-151. <https://doi.org/10.1016/j.ejrad.2019.05.002>

2. American College of Radiology (2023). ACR manual on contrast media. Retrieved April 4, 2023, from Contrast Media.pdf (acr.org)

3. Wulf NR, Schmitz J, Choi A, Kapusnik-Uner J. Iodine allergy: Common misperceptions. *American Journal of Health System Pharmacy*. 2021 Apr 22;78(9):781-793. doi: 10.1093/ajhp/zxab033. PMID: 33547463.

Medical Staff Calendar

Monday	Tuesday	Wednesday	Thursday	Friday
			1 7:00a Breast Tumor Board 7:75a General Tumor Board 12:30p MSPI Committee	2 7:00a Thoracic Tumor Board
5	6 11:30 a HIM 12:30p Infection Prevention/P&T	7 7:00a CV Review Conference 12:30p CME Conference	8 7:00a Breast Tumor Board/ CME: Neoadjuvant Endocrine Therapy in Breast Cancer Mark Pegram, M.D. Stanford University School of Med. Commercial Support: None 7:00a Cardiac M&M 7:45a Gen Tumor Board	9 7:00a Thoracic Tumor Board
12 12:30p Credentials 12:30p Antibiotic Stewardship	13 12:30p Medical Education/Library 12:30p Medication Safety 6:00p Medical Executive Committee	14 7:00a Anesthesia PI 7:00a CV Review Conference 12:30p C-Section Committee	15 7:00a Breast Tumor Board 7:45a CNS Tumor Board 9:00a Emergency Department 12:30p Pediatric Dept	16 7:00a Thoracic Tumor Board
19 7:30a IRB Committee 12:30p Cardiology	20 12:30p EDIE Pt Care Committee	21 7:00a CV Review Conference	22 7:00a Breast Tumor Board 7:45a GI Tumor Board 1:00p Stroke Committee 5:00p Bariatric Surgery Committee	23 7:00a Thoracic Tumor Board
26 1:00p ECMO Case Review 5:30p Physician Resiliency	27 12:30p OB/GYN Department 12:30p UM	28 7:00a CV Review Conference	29 12:30p Credentials	30



CME CONFERENCES

Wednesdays, 12:30 p.m.
Hoffman Health Conference Center

Torrance Memorial Medical Center is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

Torrance Memorial Medical Center designates this live activity for a maximum of 1 *AMA PRA Category I Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For up-to-the-minute conference information call (310) 784-8776
 or visit: http://www.torrancememorial.org/For_Physicians/Wednesday_CME_Conferences.aspx

Wednesday, June 7, 2023

“Nutrition, Obesity and Bariatric Surgery”

Aileen Takahashi, M.D.,
 Torrance Memorial Medical Center
 Commercial Support: None

Wednesday, June 28, 2023

“Bipolar Disorder”

Rimal Bera, M.D.,
 UCI School of Medicine
 Commercial Support: None

Wednesday, July 5, 2023

“Antibiotic Stewardship in the ED and the Outpatient Setting”

Felix Pham, Pharm.D.
 Torrance Memorial Medical Center
 Commercial Support: None

Wednesday, July 19, 2023

“Hospitalization Quality Mgmt

Ian Jenkins, M.D., SFHM
 UCSD School of Medicine
 Commercial Support: None

Welcome New Practitioners



Mohammed S. Siddiqui, M.D.
Medicine
23639 Hawthorne Blvd., Suite 200
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Physician/AHP Roster Updates

Address Change

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23326 Hawthorne Blvd. Ste 195
Torrance, CA 90505
Phone: (310) 300-7977
Fax: (310) 563-8712

Phone/Fax Changes

John F. Hsu, D.O.
Surgery
Phone: (310) 861-7547

Resignations

Michelle M. Mora, D.O.
Medicine

Jeffrey C. Truong, P.A.
Emergency Medicine

Retired

Leave of Absence

The Medical Staff Newsletter **Progress Notes** is published monthly for the Medical Staff of Torrance Memorial Medical Center.

Oren Zaidel M.D.
Chief of Staff
Layne Kelley, MA, CPHQ, CPMSM
Director, Medical Staff Services & Performance Improvement



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