

CMO REPORT

FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital
Associate Dean for Clinical Affairs, College of Medicine

UPSTATE
UNIVERSITY HOSPITAL

January 24, 2022

COVID Update

# Positive	# ICU	# Vent
94	29	11

Surgical Update

By Peggy Thomas, Jordan McDonald, and Barbara Walczyk

The Perioperative Team and Surgical Department Chairs are collaborating to balance support for inpatient and ED staffing needs while incrementally opening up additional ORs prioritizing cancer cases.

To address backlog, effective 1/24/2022:

- Downtown OR -3 additional ICU bed requests available for cancer cases and 2 additional med-surg beds.
- Community-addition of 1 room for a total of 3; expansion of 2 rooms until 1700

Administration has worked with the Department of Health to move from bi-weekly to weekly guidance on surgical restrictions.

Preparing for future:

- Request that all surgeons and office schedulers update case classifications in EPIC; including the addition of a new field denoting cancer cases.
- Actively meeting with labor pool to understand staffing support needs for first 2 weeks in February.
- Working to determine next phase of incremental OR room opening and available post op beds.
- Launching a streamlined process for urgent/emergent case requests and surgical chair approval. Process to be sent to all schedulers and surgeons by EOD January 24th
- Asking for focused efforts on time starts and early discharge of patient for optimal room utilization and throughput.

N95 Guidance

By Paul Suits

We are experiencing the highest numbers of COVID-19 cases in the community in the history of the pandemic. At this time, Upstate will be enhancing PPE for all healthcare workers. Although surgical masks provide good protection, N95/KN95/KF94 will provide you more protection. N95/KN95/KF94 provide similar protection. This decision is effective immediately and will stay in place until further notice.

COVID Units: We request you use an N95 mask. N95 masks will be made available within work area.

- **One** N95 mask per day (replace your mask if it is soiled or damaged or after aerosolizing procedure). At this time, Upstate has an adequate mask inventory on hand. Out of abundance of caution we are conserving use.
- Store your mask in a brown paper bag when not in use.
- You should have been fit tested for an N95 mask. Please order and wear the N95 mask for which you were fitted.

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Direct Patient Care: We request you use KN95 or KF94.

- Be sure there is a good seal around the mask.
- These masks can be ordered through OnDemand as you currently order other PPE items. The Lawson # is 53304.

Non-Patient Care: We request you use Ear loop, KN95 or KF94.



- Be sure there is a good seal around the mask (KN95 or KF94).
- KN95 or KF94 can be ordered through OnDemand as you currently order other PPE items. The Lawson #53304.

COVID Units = N95s

Make/Model	Picture	Fit Test	Notes
Halyard Regular/Small		Yes	Preferred Mask OR/Procedural areas Fluid resistant
3M 1870+		Yes	OR/Procedural areas Fluid resistant
3M 1860/1860S		Yes	OR/Procedural areas Fluid resistant Exclusive to those designated by ESH on case by case basis.
3M 8210/8210+		Yes	Not surgical grade. Only wear in areas without risk of body fluid splash. Can continue to wear if previously fitted.
Aura 9205+		Yes	Not surgical grade. Only wear in areas without risk of body fluid splash. Can continue to wear if previously fitted.

Direct Patient Care and Non-Patient Care

(No aerosol generating procedure/no known/suspected patients/areas with no patients on airborne precautions, IE: Ambulatory Clinics, Front Desk)

Make/Model	Picture	Fit Test	Notes
KN95		No	Preferred for staff not fit tested IE: Ambulatory clinics, front desks etc.
KF94		No	Preferred for staff not fit tested IE: Ambulatory clinics, front desks etc.

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Additional Guidance:

If it has been over a year since you were last mask-fit tested, please schedule an appointment at Employee/Student Health via the portal at: <https://eshportal.upstate.edu/> or by calling 315-464-4260 (University Hospital) or 315-492-5624 (Community Hospital).

As a friendly reminder, please keep these tips in mind to keep yourself safe:

- ALWAYS perform a seal check after donning an N95 mask and before entering a patient's room.
 - Cup your hands around the N95
 - Forcefully exhale into the N95
 - Should you detect an air leak, adjust the N95 mask until leak is corrected
- If you are unable to successfully seal the N95 mask:
 - Obtain a new N95 and repeat the above steps
 - If that doesn't correct the problem, notify your manager/supervisor

KN95/KF94 Guidance:

- For additional protection you may choose to wear a KN95/KF94 (pictured above)
- Be sure there is a good seal around this mask:
 - The mask can be ordered through OnDemand like other PPE items. The Lawson # is 53304.

Isolation Requirements for Patients

By Paul Suits

Please refer to policy [COV D-04, Discontinuation of Transmission Based Precautions of Patients with COVID-19.](#)

COVID-19	Clinical Criteria for Discontinuation of Isolation	Day When Isolation is Discontinued
COVID-19 Positive Asymptomatic	N/A	Day 10 after initial test OR Hospital day 10 if test is collected prior to hospitalization
COVID-19 Positive Mild-Moderate-Severe Illness	10 days from first positive test AND <ul style="list-style-type: none">• Afebrile (T<100.0 degrees F) for 24 hours without the use of antipyretics• Improving Symptoms	Day 10 after symptom onset or after initial test if symptom onset is unknown OR Hospital Day 10
COVID -19 Positive Critical Illness	20 days since symptom onset <ul style="list-style-type: none">• Afebrile (T<100.0 degrees F) for 24 hours without the use of antipyretics• Improving Symptoms	Day 20 after symptom onset or initial positive test OR Hospital day 20
COVID-19 Positive Severely Immunocompromised Regardless of symptoms	20 days since symptom onset <ul style="list-style-type: none">• Afebrile (T<100.0 degrees F) for 24 hours without the use of antipyretics• Improving Symptoms	Decision to discontinue Isolation will be made in collaboration with Infection Prevention and Infectious Disease

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ILI Clinic Prioritization

By Dr. Elizabeth Asiago-Reddy and Nancy Walklett

The ILI clinic will offer monoclonal antibodies to individuals who meet 1A criteria plus high-risk pregnant persons when supplies allow (especially unvaccinated and/or third trimester, which is highest risk).

1A risk group is based on the NYS DOH guidelines for Prioritization of Anti-SARS-CoV-2-Monoclonal Antibodies During Times of Resource Limitations:

- Unvaccinated patients over 65 years old with at least 1 comorbidity
- Any age with moderate to severe immunocompromise regardless of vaccine status:
 - Organ transplant
 - Currently getting chemotherapy
 - Received a stem cell transplant
 - Have an immunodeficiency disorder AND/OR you are taking meds that suppress the immune system such as Humira
 - Have HIV (if yes, CD4>200, OR off HIV meds for more than 1 month OR have never taken HIV meds)

For further details on 1A criteria, please visit the [NYS DOH website](#).

Effective January 18, 2022, all 1A patients are also considered for a 3-day outpatient Remdesivir infusion. Our local expert opinion recommends the following related to Remdesivir use:

- 3-day courses of Remdesivir (200mg x 1 then 100 mg daily x 2 days) should be the standard for inpatient and outpatient use
- For patients NOT requiring oxygen – only Remdesivir if the patient has a recent infection (within 7 days) AND is at [risk for progression to severe COVID](#)
- For patients requiring oxygen – start with 3 days of Remdesivir, assess response. If patient is improving and is not severely immune compromised they do not need additional doses.
- If patient is not improving or they are severely immune compromised continue to complete a 5-day course of Remdesivir.

Please note:

- The UHCC ILI clinic treats patients 12 and older.

Return-To-Work Following COVID

Staff and students who are symptomatic after testing positive for COVID should not return to work until it has been at least 5 days since onset of symptoms and they are feeling better with no fever for 72 hours, and no runny nose or wet cough. Complete the return-to-work clearance chatbot when ready to return to work after COVID illness here:

<https://www.upstate.edu/coronavirus/return-to-work.php>

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NYS Department of Health Advisory on Paxlovid Treatment for COVID-19

Please see attached clinical advisory from the NYS Department of Health regarding Paxlovid treatment for COVID-19 positive and symptomatic patients currently on Clozapine.

Updated Laboratory Test Catalogue

By Lab Formulary Committee

The Pathology and Information Medical Technology Departments have built a new user-friendly and comprehensive laboratory test catalogue. Links to this resource are available in EPIC and on the [Upstate Pathology website](#). Please see attached guidance for additional information on the test catalogue and instructions on how to set up a web shortcut for easy accessibility to this catalogue.

Clinical Documentation Improvement (CDI)

By Dr. Emily Albert, Dr. Brian Changlai, and Dr. Abha Harish; Co-Directors, CDI

Are you thinking malnutrition? Ask a Dietician! Nutrition Consults are available for all inpatients and will be performed by Registered Dietitians. Please see attached tip sheet for more information. For questions, please contact the CDI Hotline at 315-464-5455.

*Stay tuned for more information about a SMART Phrase. IMT will be introducing (developed in collaboration with CDI) to help improve your documentation of nutrition conditions

Revised COVID-19 Policies of Special Interest for Clinicians

- [COVID-19 Testing at Upstate University Hospital \(COV T-08\)](#): Updated rapid COVID-19 testing for inpatient units.

Outstanding Physician Comments

Comments from grateful patients receiving care on the units and clinics at Upstate:



Breast Care Center: In my experience, **Dr. Jayne Charlamb** is a model for what a health care provider should be. Extremely well-informed and up-to-date, very professional but incredibly kind and connected and present with her patients. I feel enormously grateful to be under her care. I was very impressed by **Dr. Jayne Charlamb's** response to being unvaccinated. She did not judge but was understanding and helped answer and squelch my worries. I was very impressed. **Dr. Ranjna Sharma** is excellent. I feel very comfortable and confident with her care.

ED at Community Hospital: **Dr. William Paolo** was empathetic and thorough. **Dr. Thomas Weidman** – knowledgeable, attentive, overall great.

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Family Medicine: Dr. Clyde Satterly is the best doctor of any kind I have visited. His investigation into issues, his listening abilities, and his calm willingness to help stand out.

Family Medicine at Community: Dr. Igor Kraev is the absolute best primary I have ever had. He always makes sure I am in perfect health, and any time I have a concern, problem, or need understanding he is always open even if he isn't on-call. He takes pride in helping and resolving his patient's problems. He exceeds expectations as a doctor and primary. This is why I have been with him for over 4 years. I swear I will never leave him as a primary unless he retires. To the best primary on the planet, Dr. Igor Kraev, thank you! I am very pleased with Dr. Sana Zekri as the primary care physician for myself and my two young children. I very much value that Dr. Sana Zekri has taken the time to get to know us and to understand my concerns, especially those regarding my children. He has never rushed our visits and has always given us personal attention. I am most impressed with his ability to listen and acknowledge a patient's point of view. He is honest and straightforward, and while he may not agree with your point of view, he respects your right to have it and to treat you fairly and not shame you. I also really appreciated that he sent me a personal message with some additional information on a topic that we had addressed during my children's appointment. Dr. Sana Zekri is very thorough – he ordered a blood test for my son to rule out a specific condition and he asked me to provide him with some more examples of repetitive behaviors so that he can assess the situation better. Overall, I am very happy to have Dr. Sana Zekri as our family MD.

Heart and Vascular Center: Dr. Michael Costanza was very good in understanding my concern. Dr. Matthew O'Hern explained pre- and post-procedure. Dr. Matthew O'Hern explained everything completely before, during and after the procedure, and took time to answer all our questions. Dr. Matthew O'Hern – good experience. Dr. Palma Shaw – very receptive to our questions and concerns.

Inclusive Health Services: Dr. Angana Mahapatra was very knowledgeable and went out of her way to understand my situation. She also personally called me afterwards to go over my lab results and discuss follow up as well as a course of action.

Joslin center for Diabetes: Dr. Barbara Feuerstein is brilliant. Dr. Roberto Izquierdo has provided me with excellent diabetes care for many years. Dr. Roberto Izquierdo is very courteous, professional and thoroughly responsive to my questions (so important)! Dr. Lauren Lipeski has always explained very well my condition as I grow up. I've had this issue since I was too young to understand and each time we met I get a more thorough understanding about how my life situation can impact my health and how I can improve things. I'm very grateful for her. Dr. Lauren Lipeski was as always impressive with how thorough she is and how she is flexible with my care based on my being at college or home. Very much appreciated! Dr. Vishwanath Pattan was very good. He was a good listener and notified me by phone very soon after he received the results of my tests. I would recommend him to any of my friends.

Multidisciplinary Programs Cancer Center: Dr. Mashaal Dhir – excellent! I look forward to working with him again. He came across as being friendly and highly competent. He demonstrated that he had taken the time to thoroughly review my past medical history, including past test results, providing that he had a full understanding of my medical condition and would provide the best direction for my future treatment and care. Dr. Maashal Dhir has gone above and beyond to show compassion in regards to my situation and very supportive in reaching out to all surgeons to ensure a timely process. Dr. Maashal Dhir is very intelligent and I was immediately able to tell that he is very thorough with his job. All risks for the procedure were discussed in great detail. Dr. Oleg Shapiro personally followed up on a referral on my behalf. Dr.

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Ranjna Sharma took all the time necessary to answer all my questions. I felt very much at ease with her. She explained everything in a way I understood. I felt she listened to me and my decision for surgery. **Dr. Ranjna Sharma** was very kind and explained everything to my satisfaction. **Dr. Thomas Vandermeer** showed a great deal of compassion and affection to me in the most positive sense of the word. It was a pleasure to see him.

Nephrology Clinic: **Dr. Kriti Devkota** took her time and spoke slow enough for me to understand her.

Pediatrics After Hours at Community: **Dr. Priyanka Kaul** – we trust her clinical judgement. She has always been spout on the diagnosis for my kids. **Dr. Priyanka Kaul** – professional.

Pediatric Multispecialty Clinic: **Dr. Zafer Sultant** – phenomenal, courteous, full explanations are given, very thorough, couldn't be more satisfied!

Pulmonology Clinic: **Dr. Markus Gutsche** impressed me very much. He was straight forward with me and honest. He got right to the point and also listened to what I had to say. Also, very prompt in getting the ball rolling. I had a phone conversation the very next day with the referral he sent. Very, very pleased.

Radiation Oncology: **Dr. Rinki Agarwal**, **Dr. Nathan Goldman**, and **Dr. Brittany Simone** explained everything to me prior, during and afterwards in terms I understood. **Dr. Brittany Simone** was very caring.

SUNY Upstate – Virtual: **Dr. Mark Crye** explained both my tests results and my upcoming procedure so I could easily understand. He took the time to answer all of my questions. I feel now that I know exactly what to expect during and after my procedure which has calmed any fears. After speaking with **Dr. Mark Crye**, I feel I could not be in better hands. I will highly recommend **Dr. Mark Crye** to friends and family.

Surgery – UHLL022: **Dr. Moustafa Hassan** is good at explaining what is going on and what my options are. Great bedside manner.

Transplant Center: **Dr. Matthew Hanlon** was very good and he helped a lot.

UHCC – Neurology: We were impressed with the whole team. They worked so well together and collaborated vs competed. The atmosphere was so cordial and supported the patient's concerns. There was a real atmosphere of listening to the patient and responding to their needs. This, I believe, is the result of great leadership from **Dr. Karen Albright's** direction. **Dr. Robert Beach** is an amazing doctor. Very professional, respectful, listened, great person! **Dr. Robert Beach** is always impressing me. He is a very good doctor and takes all his time to respond to my questions. **Dr. Deborah Bradshaw** because of her expertise, assuring demeanor, and compassionate approach to my illness. She is a true asset to Upstate Hospital. **Dr. Anuradha Duleep** left with a good first impression as I was a first-time patient. **Dr. Corey McGraw** was very knowledgeable and easy to talk to. I was very impressed with **Dr. Corey McGraw's** knowledge, caring and concern, and felt very comfortable with him. I see that **Dr. Carlos Muniz** is trying to figure out how to overcome my problem with seizures. I highly recommend **Dr. Carlos Muniz** – awesome!

Univ Pediatric & Adolescent Center: **Dr. Steven Blatt** – great doctor, will recommend other patients to him.

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University Cardiology: Dr. Robert Carhart is a kind and compassionate provider. Dr. Robert Carhart was professional, explained everything clearly, and was kind and friendly. Dr. Robert Carhart made a special effort to explain to me the results of my EKG. He was very attentive and thorough! Dr. Robert Carhart saved my life when I had a heart attack. Dr. Robert Carhart explained very clearly, my condition, answered my questions well and asked for my input on options for medications. Dr. Robert Carhart – professional and courteous. Dr. Hani Kozman is not only professional, but also very human and compassionate.

University Center for Vision Care: Dr. Preethi Ganapathy is an excellent care provider. She addresses all questions and concerns, takes as much time as needed, is caring and compassionate, and explains everything clearly. Dr. Robert Swan was outstanding in every way. Dr. Amirfarbod Yazdanyar is the best. I have complete trust in his care, his advice, and recommendations.

University Internists: Dr. Vincent Frechette always shows concern, compassion, interest, and concern with all aspects of the care he gives during visits. I am very thankful to have a physician like him. Highly regard Dr. George Gluz as a very kind and caring physician.

Wound Care Center: Dr. Monica Morgan – impressive. Dr. Monica Morgan is very helpful and passed on a lot of very helpful information. Dr. Monica Morgan always takes the time to listen, taking into consideration my needs when planning my care.

3West at Community Hospital: Dr. Lauren Rabach – impressive.

06A: Dr. Ilona Chepak – caring, attentive, intuitive, love her!

08G: Dr. Mark Crye saved my life. I will forever be grateful.

10E: Dr. Allison Roy has an amazing bedside manner.

Your hard work and dedication to our patients is greatly appreciated.

~ Amy

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KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

THOMAS E. SMITH, M.D.
Chief Medical Officer

CLINICAL ADVISORY

TO: OMH-Operated Psychiatric Center Executive Directors, Clinical Directors, Chief Nursing Officers, Medical Directors, Infection Control Nurses
OMH-Licensed Clinic, Assertive Community Treatment (ACT), and Personalized Recovery Oriented Services (PROS) Providers

FROM: Dr. Thomas Smith, Chief Medical Officer
Dr. Daniel Silverman, Director, Bureau of Health Services

DATE: January 12, 2022

SUBJECT: Clinical Advisory on Paxlovid Treatment for COVID-19 Positive and Symptomatic Patients Currently on Clozapine

Before administering Paxlovid to patients who are receiving clozapine and have symptomatic COVID-19, consider the risk factors and information provided below.

Considerations prior to initiating COVID-19 anti-viral treatment in patients on clozapine

- The monoclonal antibody Sotrovimab is highly effective in reducing hospitalization rates and should be considered a suitable alternative treatment modality if locally available.
- Other considerations include a patient's vaccination status (whether fully vaccinated and received a booster vaccine within the last ten weeks), other comorbid conditions, and age.
- If Paxlovid (nirmatrelvir and ritonavir combination product) is co-administered with clozapine in a stabilized patient, therapeutic drug monitoring (TDM) practices are critical to ensure that plasma clozapine concentrations are maintained within therapeutic range. This is due to the well-documented drug interactions between ritonavir (a component of Paxlovid) and clozapine. **Specifically, Paxlovid administration could increase plasma concentrations of clozapine in a stable patient due to ritonavir's and nirmatrelvir's inhibition of CYP3A4 metabolic enzymes.** (FDA 2021) The effect of nirmatrelvir alone on clozapine plasma concentration has not been studied and is currently unknown. (Liverpool) Paxlovid dosing requires a dose to be administered twice daily for five days. (FDA 2021)
- Clinicians should also keep in mind that respiratory tract infections, including COVID-19, may cause increased clozapine serum levels, especially when there are systemic manifestations of fever with C-reactive protein elevations and a significant cytokine release. Clinicians should consider decreasing clozapine doses when patients are diagnosed with COVID-19, regardless of considerations related to drug-drug interactions. For further information, see: Siskind D, J Psychiatry Neurosci. 2020 Apr 3.

Starting a clozapine patient on Paxlovid

Basic pharmacokinetic (PK) attributes of clozapine, ritonavir, and nirmatrelvir (with co-administration of ritonavir) need to be understood to develop TDM protocols for clozapine when initiating Paxlovid:

Ritonavir – Relevant PK Attributes (FDA 2021)

Metabolic Pathways: CYP3A4 (Major), CYP2D6 (Minor)

Time to Peak (Median): 3.98 hours

Half-Life Elimination (Mean): 6.15 hours

Nirmatrelvir (when given with Ritonavir) – Relevant PK Attributes (FDA 2021)

Metabolic Pathways: Minimal. Nirmatrelvir is a CYP3A4 substrate, but when dosed with ritonavir, metabolic clearance is minimal.

Time to Peak (Median): 3.00 hours

Half-Life Elimination (Mean): 6.05 hours

Clozapine – Relevant PK Attributes (HLS Therapeutics 2020)

Metabolic Pathways: CYP1A2 (Major), CYP3A4 (Major), CYP2D6 (Minor)

Time to Peak (Median): 2.5 hours

Half-Life Elimination at Steady State (Mean): 12 hours

The 2017 update to the Consensus Guidelines for Therapeutic Drug Monitoring in Neuropsychopharmacology recommends that when co-administering products with known drug-drug interactions, **TDM should guide dosing to avoid loss of action, poor tolerability, or toxicity due to the noted PK drug-drug interaction.** These guidelines also note that trough sampling, performed just prior to administration of a patient's dose, to obtain plasma concentrations of clozapine is practical and clinically informative. (*Hiemke, C. et al.*)

Ideal TDM practices to monitor clozapine plasma concentrations in the setting of Paxlovid co-administration

- Obtain clozapine plasma concentrations immediately prior to the first dose of Paxlovid, which should be given at the same time as the scheduled dose of clozapine. Obtaining a clozapine plasma concentration prior to initiating Paxlovid in this way ensures an accurate baseline concentration is obtained. *A Paxlovid regimen should not be initiated if a patient displays signs and/or symptoms of clozapine toxicity or high clozapine plasma levels.*
- After the first dose of Paxlovid is administered, a repeat clozapine trough concentration should be obtained before the next administered dose of clozapine (and Paxlovid, assuming they are given simultaneously).
- Given the required time for the return of the plasma level result (typically 24 hours or more) and the need to not interrupt the co-administration of Paxlovid and clozapine, we recommend a clozapine dose reduction of 1/3 for the next dose until results of the TDM are available, together with close monitoring of toxic clozapine side effects such as oversedation and vital sign changes.
- Once the results are available, the change in clozapine plasma level (before and after Paxlovid first dose) should be reviewed, and an adjustment of the dose should be made with the goal to stay below the upper level of the range of therapeutic clozapine plasma level. Consider repeating the same TDM procedure after the new dose adjustment of clozapine has been initiated. Remember that the effect of dose changes for clozapine

will not be seen immediately as the half-life elimination at steady state of clozapine is 12 hours.

- Once the Paxlovid regimen is completed, a clozapine trough level should be obtained to maintain TDM while the components of Paxlovid are being cleared from the body (half-life elimination 6.15 and 6.05, respectively). Once results are available, the dose may be increased again to reach a therapeutic plasma level.
 - This recommendation is based on the elimination half-life of each component of about 6 hours on average and the need for 5 half-lives (in this case, 30 hours) to pass for a drug to be 95% eliminated.

References

Ellison JC, Dufresne RL. A review of the clinical utility of serum clozapine and norclozapine levels. *Ment Health Clin*. 2015; 5(2):68-73.

Food and Drug Administration [Clozaril Prescribing Information]. Rosemont: HLS Therapeutics (USA) Inc.; c2020 [cited 2022 Jan 6] March 2020. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/019758s095lbl.pdf.

Food and Drug Administration [Paxlovid Emergency Use Authorization Fact Sheet]. New York: Pfizer Inc.; c2021 [cited 2022 Jan 6]. Available from: <https://www.fda.gov/media/155050/download>.

The University of Liverpool [Internet]. Liverpool: The University of Liverpool; c2022 [cited 2022 Jan 6]. Available from: <https://www.covid19-druginteractions.org/checker>.

Siskind D, Honer WG, Clark S, Correll CU, Hasan A, Howes O, Kane JM, Kelly DL, Laitman R, Lee J, MacCabe JH, Myles N, Nielsen J, Schulte PF, Taylor D, Verdoux H, Wheeler A, Freudenreich O. Consensus statement on the use of clozapine during the COVID-19 pandemic. *J Psychiatry Neurosci*. 2020 Apr 3; 45(4):200061. doi: 10.1503/jpn.200061. Epub ahead of print. PMID: 32242646.

CC: OMH Exec Team
OMH Field Office Directors

How to Create a Website Shortcut – Clinical Staff

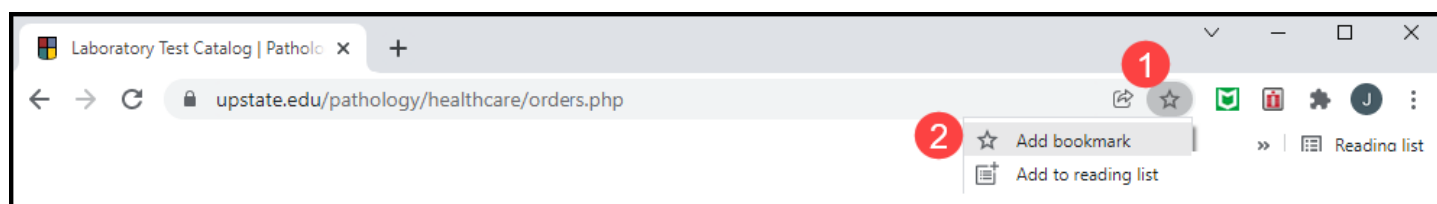
There are a few ways to create a shortcut to a website you use frequently. Doing this will save you valuable time.

For the new lab catalog, use the website <https://www.upstate.edu/pathology/healthcare/orders.php>

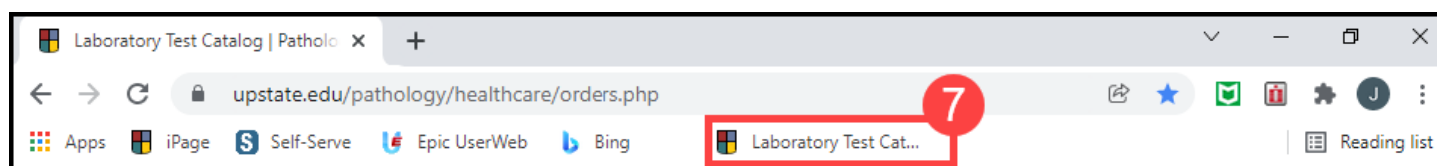
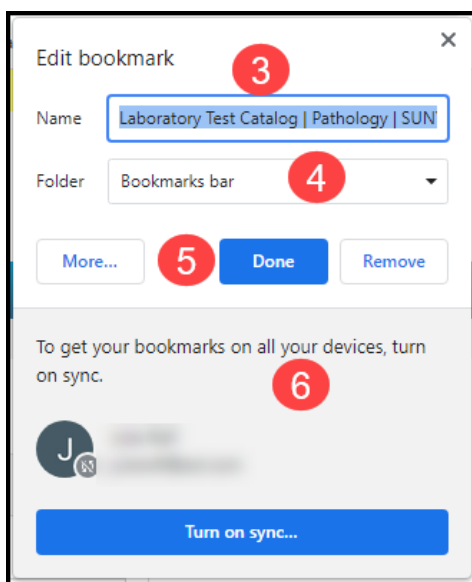
****NOTE:** While the link is active, the **new** lab catalog goes live on **January 19, 2022**.

Make it a Favorite on Google Chrome

1. When the desired website address is in the browser, click the **star** on the right of the address field.
2. Select **Add Bookmark**.

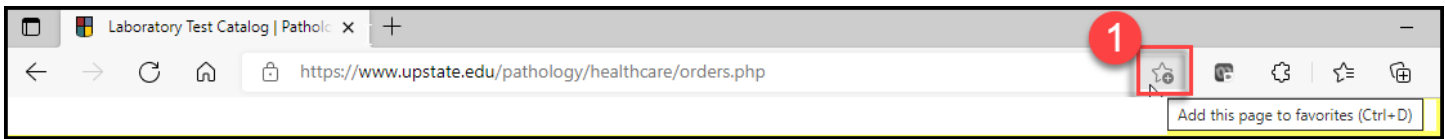


3. Name the bookmark. You can shorten the name to anything you like.
4. The folder defaults to the **Bookmarks Bar**. Make sure this is selected.
5. Click **Done**.
6. As an FYI, if you Turn on sync, the bookmarks will show on all your devices.
7. When you click **Done**, the bookmark will save under the address field as a quick button for easy access.

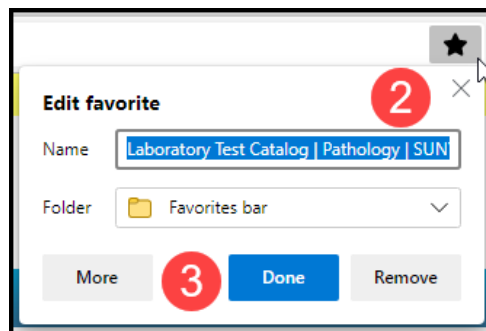


Make It a Favorite on Microsoft Edge

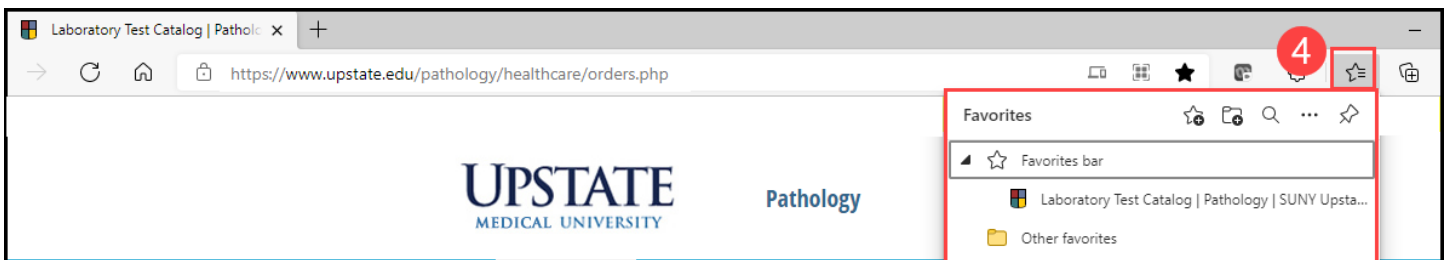
1. When the desired website address is in the browser, click the **star** icon on the right of the address field. This adds the page to your “favorites”.



2. The star becomes shaded, and when clicked, you can edit the name that will save in your Favorites Bar folder. You can choose another folder to save to if needed.
3. Click **Done** to save any changes.

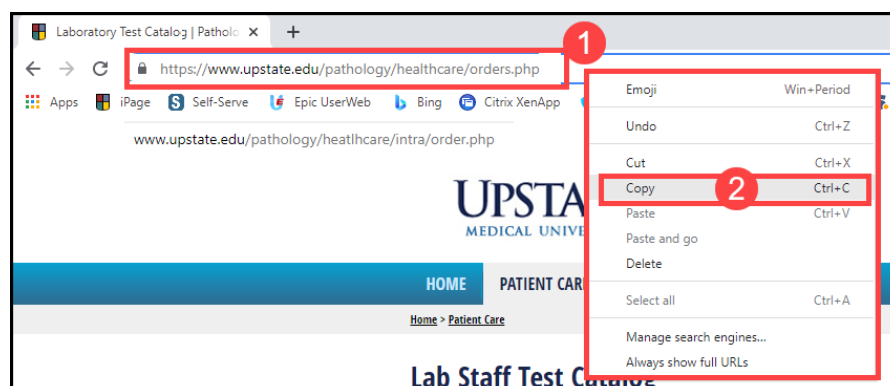


4. Saved favorites can be found by clicking the **lined star** icon in the top right of your browser.

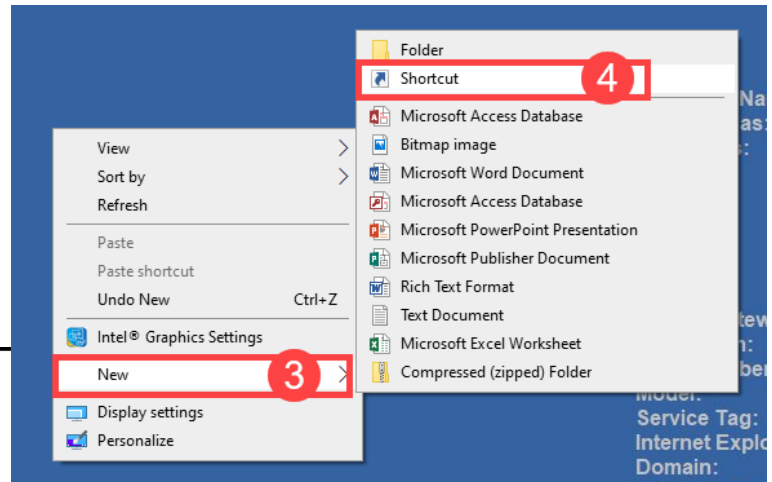
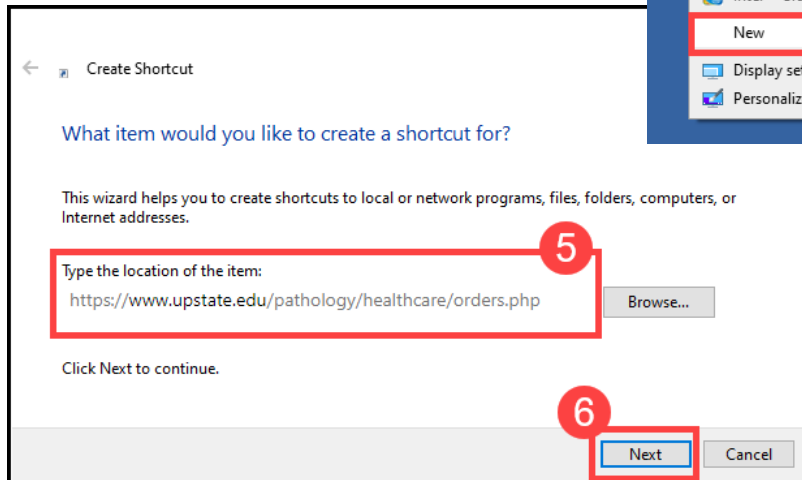


You Can Also.... Create a Desktop Shortcut

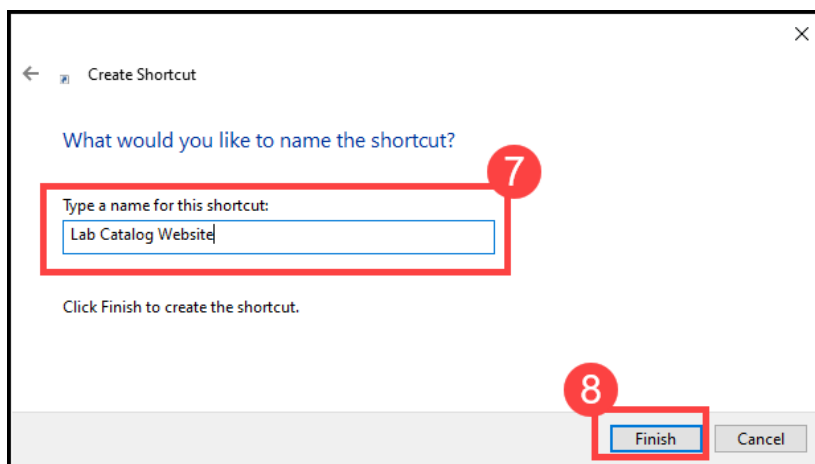
1. **Right click** on the web address in the browser.
2. Select **Copy**.



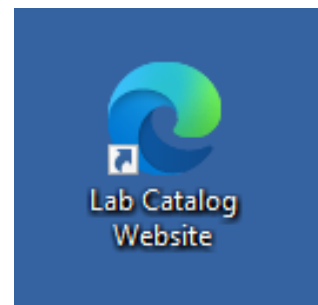
3. On your desktop, **Right Click** and select New.
4. Select **Shortcut**.
5. Paste the web address into the location field.
6. Click Next.



7. Enter a **name** for your new Desktop shortcut.
8. Click **Finish**.



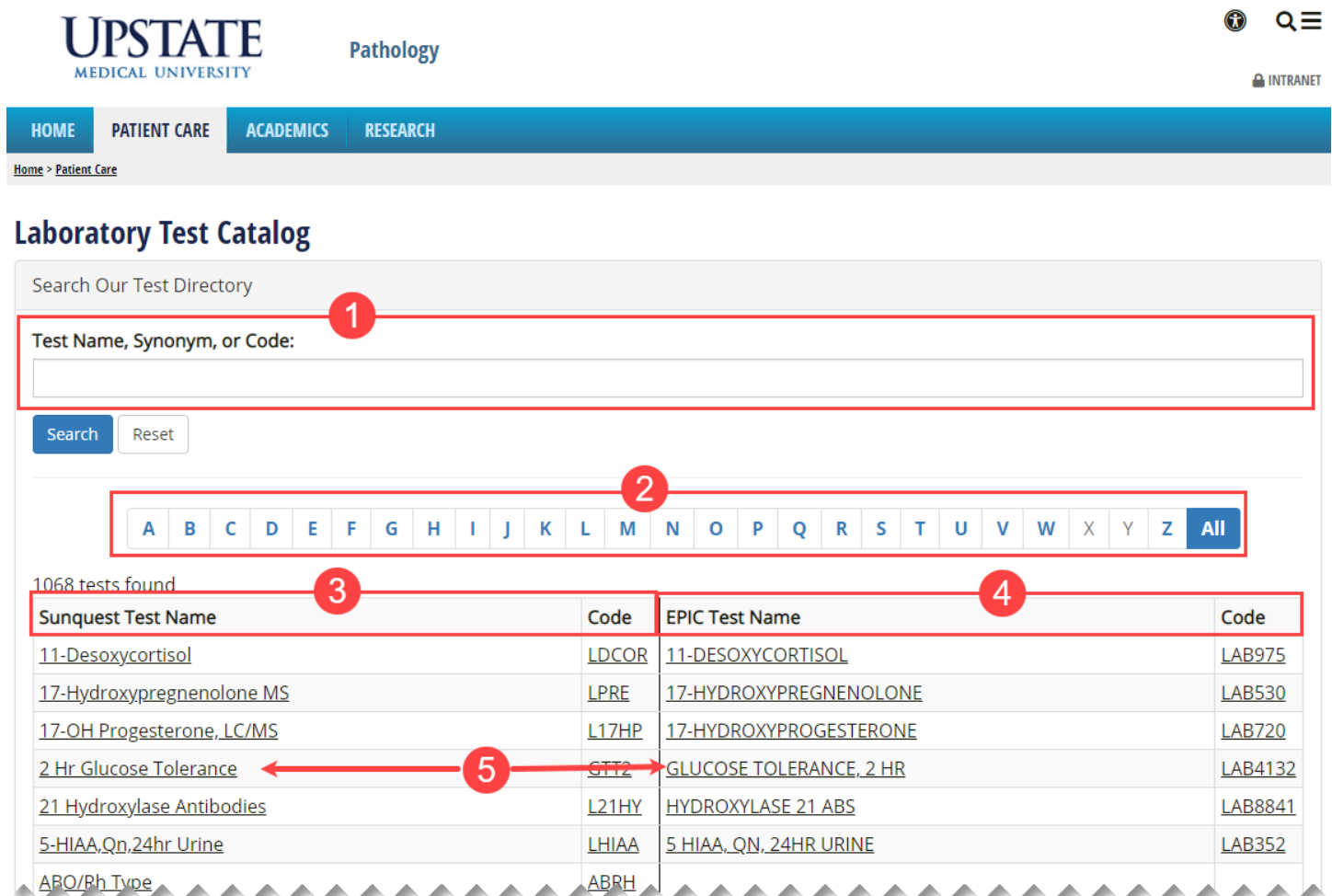
9. Your new shortcut will show on your Desktop for easy access.



Updated Laboratory Test Catalog

The Upstate Medical University Pathology website has been updated to provide a new, sleek, comprehensive, user-friendly Laboratory Catalog. Each test description includes comprehensive details including specimen requirements, special instructions, clinical indications, links to forms and more. The new test catalog will be available to both internal and external providers of Upstate Medical University.

New Look



The screenshot shows the Upstate Medical University Pathology website. The header includes the Upstate Medical University logo, the word "Pathology", and navigation links for HOME, PATIENT CARE, ACADEMICS, and RESEARCH. A search bar is located at the top right. The main content area is titled "Laboratory Test Catalog" and features a search interface. A red box labeled "1" highlights the search input field. Below it, a red box labeled "2" highlights the alphabet navigation buttons (A-Z and All). A red box labeled "3" highlights the "Sunquest Test Name" and "Code" columns. A red box labeled "4" highlights the "EPIC Test Name" and "Code" columns. A red box labeled "5" highlights the "2 Hr Glucose Tolerance" test name and its corresponding "GLUCOSE TOLERANCE, 2 HR" EPIC name, with a red arrow pointing from the Sunquest name to the EPIC name.

1068 tests found

Sunquest Test Name	Code	EPIC Test Name	Code
11-Desoxycortisol	LDCOR	11-DESOXYCORTISOL	LAB975
17-Hydroxypregnenolone MS	LPRE	17-HYDROXPREGNENOLONE	LAB530
17-OH Progesterone, LC/MS	L17HP	17-HYDROXYPROGESTERONE	LAB720
2 Hr Glucose Tolerance	STT2	GLUCOSE TOLERANCE, 2 HR	LAB4132
21 Hydroxylase Antibodies	L21HY	HYDROXYLASE 21 ABS	LAB8841
5-HIAA,Qn,24hr Urine	LHIAA	5 HIAA, QN, 24HR URINE	LAB352
ABO/Rh Type	ABRH		

1. Type the Test Name, Synonym or Test Code in the search field to search for the test name.
2. Use the alphabet buttons to search test names starting with that letter.
3. The Sunquest Test Name and Test Code will show.
4. The corresponding Epic Test Name and Test Code will show next to its Sunquest counterpart.
5. Click on the test hyperlink to review the test details.



Continued...

Test Description

1. Test Name
2. Specimen Requirements
3. Methods
4. Turnaround Time
5. Reference Ranges
6. Clinical Indications
7. Performed – location of test and additional consent forms
8. Interpretative Information
9. CPT
10. References
11. Contact Information
12. Email the test page to a friend
13. Print the page
14. Not the test you're looking for? Return to the Lab catalog or use the search field to type in the test name, synonym or code to search again.

[← back to catalog](#) 14 [Search again](#)

2 Hr Glucose Tolerance (GTT2) 1

  12 13

Specimen Requirements 2

plasma	
Minimum Volume:	1 mL
Collection:	Collect specimens using standard laboratory procedures.
Transport:	Room Temperature ASAP
Stability:	After separation, Room Temperature: 8 hours at 25 degrees C Refrigerated: 72 hours at 4 degrees C
Container:	GREY
Processing/Storage:	Separate the sample from the cells ASAP
Rejection Causes:	Hemolysis, Insufficient Sample Volume

Methods 3

Photometric assay using Hexokinase

Turnaround Time 4

Specimen	Turnaround Time	Frequency
plasma	1 day	24/7

Reference Ranges 5

GLUFG (Fasting) - Photometric assay using Hexokinase

All Range	Unit
65-99 mg/dL	mg/dL

GLU2G (2 hour tolerance) - Photometric assay using Hexokinase

All Range
<140 mg/dL

Clinical Indications 6

GTT is performed to check for prediabetes and diabetes and pregnant women for gestational diabetes.

For preparation, since activity can affect test results, patients are asked to sit quietly during the entire test, to inform physician about all medicines that are taking, and may be advised to stop taking certain medicines before the test. Patients should not eat, drink, smoke, or do strenuous exercise for at least 8 hours before first blood sampling.

The first blood sample is taken upon arrival testing for fasting blood glucose value. For adult patients with normal body mass, patient will take a small cup of glucose drink containing 75 or 100 grams of glucose within 5 min, additional blood drawn at 2 hours.

Performed 7

Lab
Chemistry - Downtown

Interpretative Information 8

According to the criteria by International Association of Diabetes and Pregnancy Groups (IADPSG) propose, the diagnosis of GDM is made if at least one value of plasma glucose concentration is ≥ 92 , ≥ 180 and ≥ 153 mg/dL, for fasting, one-hour and 2-hour post glucose load glucose values, respectively, after performing a 75 g OGTT.

CPT 9

82950
82947

References 10

1. International association of diabetes and pregnancy study groups recommendations on the diagnosis and classification of hyperglycemia in pregnancy. International Association of Diabetes and Pregnancy Study Groups Consensus Panel., Metzger BE, Gabbe SG, Persson B, Buchanan TA, Catalano PA, Damm P, Dyer AR, Leiva Ad, Hod M, Kitzmiller JL, Lowe LP, McIntyre HD, Oats JJ, Omori Y, Schmidt MI. Diabetes Care. 2010;33:676-82.

2. Hyperglycemia and adverse pregnancy outcomes. HAPO Study Cooperative Research Group., Metzger BE, Lowe LP, Dyer AR, Trimble ER, Chaovarindr U, Coustan DR, Hadden DR, McCance DR, Hod M, McIntyre HD, Oats JJ, Persson B, Rogers MS, Sacks DA. N Engl J Med. 2008;358:1991-2002.

Contact Information 11

Chemistry - Downtown: (315)464-6729

Continued...

Tests with Additional Consent Forms



In the test description, under the **Performed** section, you will find hyperlinks to any additional consent forms that need submitted with the specimen.

[« back to search results](#)

Test Name, Synonym, or Code

Search again

Molecular Diagnostics, Genetics, Factor V (MLCR1)



EPIC Test Name
Molecular Diagnostics, Genetics

Reference Lab

Internal Information

Specimen Requirements

Media

Performed

Lab	Form
Molecular	LABAP2706
Molecular	F82858
Molecular	F91019

Interpretative Information


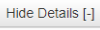
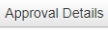

Test Includes
CPT
81241

References

Contact Information
Molecular: (315)464-6806

F82858 - Authorization for the Genetic Test for Factor V and Prothrombin 2021G>A


Manuals / Forms / Public Forms (Duplicating Forms)



Keywords:
Cystic Fibrosis, Cytogenetics Testing

Related Documents:
[FBC D-01 - Fetal Demise/Neonatal Death](#)

1 of 2



UPSTATE
UNIVERSITY HOSPITAL

**AUTHORIZATION FOR THE
GENETIC TEST FOR
FACTOR V (LEIDEN) AND
PROTHROMBIN 2021G>A**

Patient Name: _____ MR#: _____

Account #: _____ DOB: _____ Date: _____

Thrombosis Venous thrombosis is abnormal clotting of blood within the veins of the body. Normal clotting of blood occurs when blood components, called coagulation factors, are "turned on." When adequate clotting has taken place, the coagulation factors must be "turned off." Too much clotting can lead to the formation of clots (thrombosis) and blockage of blood vessels, and this in turn results in an increased risk of stroke or heart attack. Two of the coagulation factors that play an important role in normal regulation of blood clotting are Factor V and Prothrombin (F2). There are two copies each of the Factor V gene, called Factor V Leiden, and Prothrombin (F2) gene in an individual's cells. At present, one genetic variation (mutation) in the Factor V (**Factor V Leiden**) and one in the Prothrombin gene (**2021G>A**) have been identified. These abnormal variants can fail to function normally to stop the blood from clotting, thus resulting in an increased risk of venous thrombosis (presence of a blood clot in the circulatory system).

Approximately 1 in 10 people have one normal copy of the Factor V gene and one copy of the **Factor V Leiden** mutation. Some people have two copies of the abnormal Factor V Leiden mutation. **Prothrombin (2021G>A)** is less common, being found only in about 1% of the general population and 18% of patients with a family history of venous thrombosis.

Molecular Test for Thrombosis You will be required to donate 10 mL of blood, which is equal to about two teaspoons. In addition, you may be asked to provide information regarding your medical history. A correct history is critical for proper interpretation of the data. This is a routine clinical laboratory test and the results may aid in diagnosis, so you or your health insurer will be billed for the procedure.

Significance of the Results If the Factor V and/or Prothrombin mutations tested for are found by the testing procedure, you may be predisposed to venous thrombosis. The significance of the results will depend on which mutations are found and what other inherited or acquired risk factors or symptoms are also present. **A positive result by itself should not be used as the sole criteria for determining risk.** Rare (less than 1% of the time) errors may occur, for example due to sample mix-ups, or due to technical errors such as rare genetic variants that mimic or mask the mutation being tested. **To understand your results, you should consult your physician and may wish to consider further independent testing or pursue genetic counseling.**

Limitations The Factor V Leiden and Prothrombin (2021G>A) mutations are the only genetic variations that will be tested. Other abnormalities of the Factor V gene, the Prothrombin gene, or other risk factors associated with developing a thrombosis will not be detected with this test. The results of this test should not be used to make decisions about your health or the health of your family.

Send Out Test Description

« [back to catalog](#)

Test Name, Synonym, or Code

Search again

11-Desoxycortisol (LDCOR)

Reference Lab

This test is performed by a partner lab as indicated below.

Lab

Core Lab Sendouts - Downtown

Referral

[Click Here to visit LabCorp](#)

Specimen Requirements

Rejection Causes: Recently administered isotopes

Special Instructions

No isotopes administered 24 hours prior to venipuncture.

Clinical Indications

Evaluate hypothalamic-pituitary-adrenal axis and pituitary ACTH reserve.

Additional Information

11-Deoxycortisol is the same as cortisol. It is a steroid hormone that serves as a precursor for cortisol. It is used to control blood pressure and occurs in some patients with myxedema.

Common Codes

CPT

82634

LOINC

1657-6

References

Sindler BH, Griffing GT, Melby JC, et al. The superiority of the metyrapone test versus the Cushing's syndrome. Am J Med. 1983 Apr; 74(4):657-662. PubMed 6837591

Spark RF. Simplified assessment of pituitary-adrenal reserve: Measurement of serum 11-Deoxycortisol. J Clin Endocrinol. 1975(5):717-723. PubMed 4330677

Contact Information

Core Lab Sendouts - Downtown: (315)464-6818

Upstate Medical University

Patient Care

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Upstate Leadership

Upstate University Hospital

Upstate News

labcorp

Bill Pay & Insurance

Labs & Appointments

Results

Test Menu

Q Use a keyword, test name or number

11-Deoxycortisol

TEST: 500550 CPT: 82634

Print

Share

☐ Include LOINC® in print

Synonyms

- 11-Desoxycortisol
- Compound S for Metyrapone Test

Expected Turnaround Time

6 - 10 days

Turnaround time is defined as the usual number of days from the date of pickup of a specimen for testing to when the result is released to the ordering provider. In some cases, additional time should be allowed for additional confirmatory or additional reflex tests. Testing schedules may vary.

Related Information

- [ACTH Stimulation Test](#)

Related Documents

For more information, please view the literature below.

[Adrenal Steroid Response to ACTH: Pediatrics](#)

- [Sample Report](#)

Specimen Requirements

Specimen

Serum, **frozen**

Volume

0.5 mL

Minimum Volume

0.2 mL (**Note:** This volume does **not** allow for repeat testing.)

Container

Red-top tube or gel-barrier tube

Collection

Transfer the serum into a LabCorp PP transpak frozen purple tube with screw cap (LabCorp N° 49482). Freeze immediately and maintain frozen until tested. To avoid delays in turnaround time when requesting multiple tests on frozen samples, **please submit separate frozen specimens for each test requested.**

Storage Instructions

Freeze.

Stability

At room temperature: 24 hours

At 4°C: 72 hours

At -20°C: 6 months

At -80°C: 1 year

CDI Tip of the Month – January 2022

Applies to all providers

Are you thinking malnutrition? Ask a Dietician! Nutrition Consults are available for all inpatients and will be performed by Registered Dietitians.

Stay tuned for more information about a SMART Phrase. IMT will be introducing (developed in collaboration with CDI) to help improve your documentation of nutrition conditions

- Be sure to review the Registered Dietician's (RD) Note and document findings in your Assessment and Plan
- Document if you institute the Nutrition Recommendations for management of malnutrition and, if not, address the reason in your documentation.
- Document validation of your diagnosis – this includes physical signs, symptoms, and characteristics
- Acuity and etiology of malnutrition is always important, as well as discussing a treatment plan.

Physical Findings

Malnutrition typically results in changes to the physical exam, please ensure that your documentation does not have inconsistencies due to template usage and copy/paste. The RD may perform a physical exam and document any of exam findings below as an indicator for malnutrition.

Body Fat	Loss of subcutaneous fat (orbital, triceps, fat overlaying the ribs)
Muscle Mass	Muscle loss (wasting of temples, clavicles, interosseous muscles, shoulders, scapula, thigh, and calf)
Fluid Accumulation	Generalized or localized fluid accumulation evident on exam (extremities, scrotal/vulvar edema, ascites). Weight loss is often masked by fluid retention and weight gain may be observed.
Reduced Grip Strength	Normative standards should be documented.
A minimum of two characteristics are recommended for diagnosis of either severe or non-severe malnutrition.	

Keep in Mind

- ❖ As a licensed independent provider, you have the final say. It is your patient and diagnosis.
- ❖ Height and weight should be actual and measured, rather than estimated, to determine BMI.
- ❖ Usual weight should be obtained in order to determine the percentage and to interpret the significance of weight loss.
- ❖ Basic indicators of nutritional status such as body weight, weight change, and appetite may substantively improve the refeeding in the absence of inflammation.
- ❖ Serum proteins such as albumin and prealbumin are not included as defining characteristics of malnutrition because recent evidence analysis shows that serum levels of these proteins do not change in response to nutrient intake.