A Message from John Kepros, M.D.,
Chief of Medical Staff:

My Genetic Odyssey

Sometimes when I first meet people they ask whether my name is Greek. I have to answer “sort of” because it is an Americanized version of Kipourgos which was my grandfather’s name before he immigrated to the United States in the early part of the 20th century. In Greek letters it is: ΚΗΠΟΥΡΓΟΣ

Although many of my ancestors were from Western, Central, and Eastern Europe as well as Asia Minor, I have retained an interest in Greek history for a large part because I am fascinated by the intellectual advances in the classical age and the insight they had into science and philosophy. This is particularly true in medicine. For example, Hippocrates wrote:

“It is more important to know what sort of person has a disease than to know what sort of disease a person has”

This predates the modern era of genetically based personalized medicine by over two millennia but the concept is the same. Now we are able to tell, for example, the variation in a single nucleotide in a specific position in the genome, termed single nucleotide polymorphism or SNP (pronounced snip). Although SNP’s have been found to be the cause of human diseases such as cystic fibrosis or sickle cell anemia, they can also increase susceptibility to disease, for example Alzheimer’s disease.

Some SNP’s do not cause disease at all but can still be used to trace genetic ancestry and help in the determination of genetic haplogroups which are groups of genes that are inherited together. These type tests are easy to do, not very expensive, and personally interesting. For example, I found that I am a member of the J-M267 haplogroup. Piecing together this with my family history and online resources I am quite certain that my paternal ancestors were goat herders near the Black Sea 15,000 years ago and likely migrated westward through modern day Turkey to Greece before my grandfather came to the United States relatively recently.

One of the great things about medicine is that we can study any discipline that helps bring better care to the patient. Studying genomics for the purpose of ancestry helped me understand medical genetics better. I plan to continue learning about this relatively new field as it is likely we will be seeing more care that is gene specific.

Follow the Chief of Medical Staff on Twitter!
Chief of Medical Staff John Kepros, M.D., has a Twitter feed to promote and share Medical Staff-related events, news and information. It is a fast and easy way to stay connected using social media.
Are you on Twitter? Follow @KeprosSparrow.

Sparrow New Physicians Network now on Facebook
The Sparrow New Physicians Network (SNPN), a group for new Physicians (and their spouses) at Sparrow Health System to facilitate
communication, professional networking, share experiences, and coordinate fun events, now has a group page on Facebook. Founded in 2016, SNPN is organized by the Sparrow Guiding Coalition of Physicians and is generously supported by the Sparrow Foundation.

Past editions of the Sparrow Med Staff Newsletters
This edition of the Sparrow Medical Staff Newsletter and past editions are available online through the Intranet here (when you are on the Sparrow Network), or on our website here.

Publishing Physicians

Agranulocytosis occurrence following recent acute infectious mononucleosis.
Massoll, Anthony F; Powers, Stanlyn C; Betten, David P.

Cardioembolic Stroke.
Thakur, Ranjan K; Hijazi, Ziyad M; Natale, Andrea.

Device-Detected Atrial Fibrillation-Perils and Pitfalls: An Update.
Surapaneni, Phani; Safadi, Abdul; Contractor, Tahmeed; Patel, Mehul B; Thakur, Ranjan K.

Gastric adenocarcinoma: the role of Helicobacter pylori in pathogenesis and prevention efforts.
Laird-Fick, Heather S; Saini, Shivani; Hillard, James Randolph.

Request from the Sparrow Health Sciences Library

Impact of Home- and Hospital-Based Exercise in Cardiac Rehabilitation on Hopelessness in Patients With Coronary Heart Disease.
Dunn, Susan L; Dunn, L Maureen; Rieth, Nicole P; Olamijulo, Grace B; Swieringa, Lien L; Holden, Theresa P; Clark, Jacob A; DeVon, Holli A; Tintle, Nathan L.

Interpretation of Complex Arrhythmias: A Case-Based Approach.
Thakur, Ranjan; Natale, Andrea.
Cardiac electrophysiology clinics. 8(1):xix, 2016 Mar.

Retrieval of the Leadless Cardiac Pacemaker: A Multicenter Experience.
Reddy, Vivek Y; Miller, Marc A; Knops, Reinoud E; Neuzil, Petr; Defaye, Pascal; Jung, Werner; Doshi, Rahul; Castellani, Mark; Strickberger, Adam; Mead, R Hardwin; Doppalapudi, Harish; Lakireddy, Dhanunjaya; Bennett, Matthew; Sperzel, Johannes.
Circulation: Arrhythmia and Electrophysiology. 9(12), e004626, 2016 Dec.
In March 2016, Mark Lewis, D.O., Associate Program Director of the Sparrow/MSU OB/GYN Residency Program completed the Surgical Education Scholars (SES) program through the Association of Professors in Gynecology and Obstetrics (APGO). Dr. Lewis was one of only 24 OB/GYN physicians chosen from around the US. The SES program is an 18 month academic program with a project requirement for which Dr. Lewis performed an RCT (Randomized Control Trial) involving surgical instrument training. This project and the SES program were sponsored by Sparrow through the Sparrow Foundation and the Sheets Fund. The project involved Mohammad Islam M.D., a Sparrow/MSU OB/GYN resident as well as Ashley Hesson M.D., PhD, an MSU-CHM medical student, and Deb Collier BSN, MPA from the MSU SIM Lab in Sparrow Hospital.

Dr. Lewis presented his research project titled “Instrument Training for Gynecologic Laparoscopy: A Randomized Control Trial to Improve Safety” at the international SLS (Society of Laparoendoscopic Surgeons) conference in Boston on Sept. 1, 2016. A poster presentation of the project was also presented at the annual APGO/CREOG meeting in New Orleans in March 2016. The abstract for the study was published in the Journal of Obstetrics and Gynecology (aka the Green Journal) supplement October 2016.

Full-text of the articles are available through title links above (please note: a connection to the Sparrow Network may be required to access the full-text), or by request from the Sparrow Medical Library. You may also reach them via medical.library@sparrow.org or 364.5660 (option 1). If you have been recently published and do not see your article listed, please contact Michael Simmons at michael.simmons@sparrow.org or 364.5656.

**Physicians in the News**

**Karen Kent VanGorder, M.D., named Sparrow’s Senior VP and Chief Medical and Quality Officer**

Karen Kent VanGorder, M.D., has been named Sparrow Health System’s new Senior Vice President – Chief Medical and Quality Officer.

As the Chief Medical and Quality Officer, Dr. Kent will be a champion for quality and Provider leadership for Sparrow. She began her new position Dec. 1, 2016.

Dr. Kent, of Haslett, is a family Physician and has been a valued member of the Sparrow team since 1993, providing excellent Patient care, educating Sparrow’s next generation of Physicians, and guiding the growth and development of Sparrow’s Medical Staff. She most recently served as Executive Medical Director of Physician Performance.

**Norman J. Beauchamp Jr, M.D., MHS, named Dean of Michigan State University College of Human Medicine**

Norman J. Beauchamp Jr, M.D., MHS, became dean of the Michigan State University College of Human Medicine in October 2016.

Prior to his MSU appointment, Dr. Beauchamp was a professor and chairperson of the Department of Radiology at the University of Washington, a position he assumed in 2002. While there, he served as vice chairperson and chairperson of the University of Washington Faculty Senate, was president of the clinical practice of 1,600 physicians employed by the university, and was medical director of the Seattle/King County Clinic, which provided dental, vision and medical care to thousands of low-income and uninsured patients. Dr. Beauchamp also served as professor of neurological surgery and industrial and systems engineering at UW.
Dr. Beauchamp received his Bachelor of Science degree from Michigan State University and was selected as one of MSU’s top 25 of 10,000 undergraduate students. He received his Master of Health Science degree from the Johns Hopkins School of Public Health.

**Sparrow Physician plays Santa by hitting the skies to bring gifts to kids in need**
A Sparrow Physician took to the air to deliver toys to children in need, but he’s not pretending to be Santa.

*Alan Neiberg, M.D.*, joined numerous other pilots in *Operation Good Cheer*, in which more than 17,000 donated toys are flown to 25 airports throughout Michigan and dropped off for children who are victims of abuse, neglect and abandonment. The program is organized by the Okemos-based Child and Family Services of Michigan, Inc.

Dr. Neiberg, an Internist, will fly with his piloting partner William Beecroft, M.D., formerly of Sparrow Behavioral Health and currently with Blue Care Network. The pair have flown Angel or Mercy Flights for years, donating their time and planes to transport Patients with financial need to specialized care throughout the Midwest.

See more about the pair’s work by watching this video on SparrowTV.org.

---

**Medical News**

**Policy changes regarding surgical scrubs**
Per Sparrow policy, all individuals who enter the semi-restricted and restricted areas of the perioperative environment will wear freshly laundered surgical attire that has been laundered in a healthcare-accredited laundering facility. Caregivers will need to change into street clothes whenever they leave the building/hospital. Two changes are outlined in the attached memo and related policy.

**Connectivity Issues with the Private Physician’s Wireless Network**
Sparrow IT is aware that some Providers’ personal (non-Sparrow) mobile devices are not reliably connecting to the Private Physician’s Wireless Network at the Sparrow main campus. This is due to an interoperability issue between certain versions of Android, iOS, Windows and our Private Physician’s Wireless Network.

An approved project to upgrade this wireless network is scheduled to be completed in summer 2017. Once this upgrade is complete, personal mobile devices should connect to the network more reliably. In the meantime, we are continuously working with the vendors to try and remediate this situation and we will keep you apprised of any changes.

You can still make the attempt to connect to the Private Physician’s Wireless Network, as it will work on some devices. If your device won’t connect, you do have the option of using our Public Wireless Network.

We apologize for any inconvenience this causes, and, as always, please contact the Help Desk at 517.364.4357 with any issues. Thank you.

**New Workflow for Reading After-Hours Preliminary Radiology Results**
Beginning Wednesday, Dec. 21, preliminary radiology results from Nighthawk will be available in iSparrow (Epic) immediately after they are read. This change was made to increase the efficiency of your workflow and to enhance Patient confidentiality by bypassing faxes. Nighthawk provides preliminary, after-hours (1-6 a.m.) radiology interpretations (“reads”) for Sparrow Main, Clinton, and Ionia. *There are no changes to Radiology workflow that occurs between 6 a.m and 1 a.m.*

What does this change mean for me?
Currently, preliminary radiology results are faxed from Nighthawk to the nearest ED and Radiology fax machines for immediate reference for ED physicians. While faxes will continue to be sent until Tuesday, Jan. 3, 2017, after Wednesday, Dec. 21, you will have the option to review these results directly via iSparrow (Epic), making your workflow simpler and more efficient. Please note that preliminary results will only be available through iSparrow (Epic) and not Agfa IMPAX.

As of Tuesday, Jan. 3, 2017, faxes will no longer be sent and you will need to reference iSparrow (Epic) for all preliminary radiology results.

When will the final report be available?
There are no process changes to the over-read that is completed by Lansing Radiology Associates (LRA). The final report will continue to be available in iSparrow (Epic) the following day.

*Where in iSparrow can I find the preliminary and final radiology results?*

The results will be available to you via three methods: ED Trackboard, Chart Review, and Results Review. For more details, please review the attached Tips and Tricks.

**Association Between Early Participation in Physical Activity Following Acute Concussion and Persistent Postconcussive Symptoms in Children and Adolescents**

Although concussion treatment guidelines advocate rest in the immediate postinjury period until symptoms resolve, no clear evidence has determined that avoiding physical activity expedites recovery. According to a [new study published in JAMA](https://www.nejm.org/doi/full/10.1056/NEJMoa1616714), participation in physical activity within 1 week after injury may benefit symptom recovery following acute concussion in children and adolescents.

**Fish Oil–Derived Fatty Acids in Pregnancy and Wheeze and Asthma in Offspring**

Reduced intake of n−3 long-chain polyunsaturated fatty acids (LCPUFAs) may be a contributing factor to the increasing prevalence of wheezing disorders. This [study published in the NEJM](http://www.nejm.org/doi/full/10.1056/NEJMoa1612567) assessed the effect of supplementation with n−3 LCPUFAs in third trimester for pregnant women on the risk of persistent wheeze and asthma in their offspring, concluding it reduced the absolute risk of persistent wheeze or asthma and infections of the lower respiratory tract in offspring by approximately 7 percentage points, or one third.

**eConsults**

An eConsult is a non-visit, electronic consultation between a Mayo Clinic specialist and a Mayo Clinic Care Network provider.

eConsults are intended for ambulatory Patients (3 business days to turn around once all information is received and submitted to Mayo).

- Contact Diane Donovan, RN, BS, CPHQ, Mayo Services Coordinator: 517.364.5432.
- Sparrow Mayo eConsult email: mayoeconsult@sparrow.org
- Sparrow Mayo website: Sparrow.org/MCCNTools
- eConsult service currently offered to attending Sparrow Physicians only

**Dates to Know**

**Upcoming Quarterly Medical Staff Meetings**

5:30 p.m. hors d’oeuvres | 6:00 p.m. dinner | 6:30 p.m. meeting

University Club of MSU, Heritage Room

Tuesday, March 7, 2017 | Invitation extended to CEO & COS of Sparrow Affiliates
Wednesday, June 7, 2017 | Innovation
Tuesday, Sept. 5, 2017 | Special Invite to Michigan State University Physicians
Wednesday, Dec. 6, 2017 | Recognition of New/Past Physicians, Election for Chief of Staff Elect

**2017 Physician Recognition Dinner**

*hosted by the Sparrow Women’s Board of managers*

Saturday, April 29, 2017

Please visit the following link (open year-round) to submit nominations for 2018. [http://www.sparrow.org/formbuilder/forms.aspx?formid=88049&sid=1](http://www.sparrow.org/formbuilder/forms.aspx?formid=88049&sid=1)

**Welcome New Physicians**
New Medical Staff
Stephanie Branam, D.O., Department of Internal Medicine/Hospitalist
Catherine Donahue, D.O., Department of Family Medicine
Mindy McComb, D.O., Department of Internal Medicine/Hospitalist
Lina Nagia, D.O., Department of Surgery/Ophthalmology
Madalina Opreanu, M.D., Ph.D, Department of Internal Medicine
Jose Ospina, M.D., Department of Radiology
Sara Patrawala, M.D., Department of Internal Medicine/Hospitalist per diem
Cristos Sidiropoulos, M.D., Department of Neurology
Yuan Yuan Sun, M.D., Department of Internal Medicine/Palliative Care
Morad Tehrani, M.D., Department of Anesthesia, LOCUM/PAS
Todd Wisser, D.O., Department of Internal Medicine/Palliative Care
Shanti Virupannavar, D.O., Internal Medicine/Rheumatology
Memorandum

To: All Physicians; Medical Residents; Medical Students; Registered Nurses; Surgical Technicians; Pharmacy; Radiology; OR Support

From: Carolyn J. Krombach, MSN, RN, Administrative Director Surgical Services

CC: Dr. Karen Kent; Dr. Ted Glynn; Mary Lou Wesley; Reza Tavakoli; Joy Szilagyi; Linda Buckingham; Tim Ekola; Kathleen Marble; Monica Ladiski.

Date: 2/6/2017

Re: Surgical Scrubs

Two changes to our policy regarding surgical scrubs

Per Sparrow Policy: Perioperative Dress Code: All individuals who enter the semi-restricted and restricted areas of the perioperative environment will wear freshly laundered surgical attire that has been laundered in a healthcare-accredited laundering facility. Caregivers will need to change into street clothes whenever they leave the building/hospital.

1. If it is necessary for any caregiver to leave the building/hospital for a break or to smoke wearing hospital scrubs they will be required to change into fresh surgical scrubs when entering or re-entering the hospital’s restricted and semi restricted areas in the perioperative environment.

2. Any caregiver requiring special accommodations for laundering of surgical scrubs are to report this to their assigned leader.

The policy is attached.
1.0 Policy: Surgical attire and appropriate personal protective equipment (PPE) are worn to promote worker safety and a high level of cleanliness and hygiene in the perioperative environment.

2.0 Scope: EWS Departmental Specific – Surgical Services

3.0 Definitions:

CSS: Central Sterile Supply

**Semi-Restricted Area:** This area includes peripheral support areas, storage areas for clean and sterile supplies, scrub sink areas, work areas for processing instruments, and access corridors that provide entrance into the restricted zone.

**Restricted Area:** A designated space contained within the semi-restricted area and accessible only through a semi-restricted area. The restricted area includes the operating and other rooms in which operative or other invasive procedures are performed.

4.0 Responsibilities & Procedures

<table>
<thead>
<tr>
<th>Topic</th>
<th>Actions</th>
</tr>
</thead>
</table>


I. Attire

A. All individuals who enter the semi-restricted and restricted areas of the perioperative environment will wear freshly laundered surgical attire that has been laundered in a healthcare-accredited laundering facility.

B. Body covering consisting of:
   1. Surgical attire made of reusable woven fabric that is low-linting will be worn.
   2. Street clothes will not be worn in semi-restricted or restricted areas of procedural room/CSS.
   3. Change into approved surgical attire in the locker rooms before entering restricted and semi-restricted areas.
   4. Caregivers will need to change into street clothes whenever they leave the hospital or when traveling between buildings outside of the hospital.
   5. Change surgical attire daily and whenever attire becomes soiled or wet.
   6. Pantyhose and/or socks are to be worn.
   7. Remove jewelry, necklaces not long enough to be covered by scrubs, and watches before scrubbing for procedures.
   8. Other garments will be contained completely within or covered by the surgical attire. Clothing that cannot be covered by the surgical attire will not be worn.
   9. The use of hooded jackets, and fleece material is prohibited.
   10. When in the semi-restricted and restricted areas, all non-scrubbed Caregivers must completely cover their arms with a reusable or disposable long-sleeved scrub jacket that is buttoned or snapped closed during wear.

C. Hair covering will completely cover all head and facial hair, including sideburns, beards, and necklines.
   1. Disposable bouffant or hood type head cover are to be used – if personal cloth hats, or skull caps are used, they must be laundered daily and a disposable bouffant must be worn over it when in restricted and semi-restricted areas.
   2. Discard disposable bouffant or hood type head cover whenever leaving perioperative area(s).
   3. Earrings must be contained within the hair covering.

D. Footwear
   1. Supportive shoes with closed toes, no holes or perforations, and heels are recommended to help relieve fatigue and provide protection for feet.
   2. If the caregiver does not have designated shoes for the perioperative environment, shoe covers should be worn if it is expected that the feet may become contaminated with blood or body fluids or when
splashes/spills are likely.

a. Change and discard shoe covers after every surgical procedure and if they become soiled, wet, or ripped and prior to leaving the perioperative areas.

E. Masks, disposable

1. A single surgical mask should be worn in procedural room /CSS to contain and filter droplets of microorganisms expelled from the mouth and nasopharynx during talking, sneezing, and coughing.
2. Masks are to be worn in areas where open sterile supplies or scrubbed persons are located.
3. A mask should cover both mouth and nose and be secured in a manner that prevents venting.
4. Remove used masks carefully by handling only the ties and discard.
5. Do not allow mask to hang loosely around neck.
6. A fresh surgical mask will be donned before each procedure
7. Masks will be discarded at the end of a procedure and prior to leaving the perioperative environment.

F. Protective eyewear or face shield should be worn whenever the possibility of splashing or spraying exists.

1. All personnel, regardless of proximity to the sterile field, should wear protective eyewear as routinely as surgical masks.

G. Briefcases, backpacks, and other personal items that are taken into the semi-restricted or restricted areas should be cleaned with a low-level disinfectant and should not be placed on the floor.

H. Accommodations outside of the actions listed in this policy must be cleared by surgical leadership.

| II. Basic Standards for Personal Hygiene | A. Hands must be washed with liquid soap and water when visibly soiled or after contact with blood, body fluids or other potentially infectious material including soiled linen and trash for fifteen (15) seconds. |
| | B. Other indications for hand hygiene include after glove and/or protective apparel removal, before and after eating, drinking and after restroom use. |
| | C. Fingernails should be kept short, clean, natural, and healthy. |
| | 1. No personnel may wear artificial nails or have long nails. |
| | 2. Remove nail polish with acetone or nail polish remover if scrubbing. |
| | D. Wash eyeglasses or protective eyewear after each operation and when visibly soiled. |

| III. Protocol for outside personnel in the Restricted/Semi-Restricted Environment | A. Cover outside or street clothing before entering a restricted area. |
| | 1. Put on a jumpsuit, disposable hat or hood to cover all hair, and disposable cover boots over shoes. |
| | 2. Remove jumpsuit, hair cover, and shoe covering and discard after leaving the restricted area. |

5.0 Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision #</th>
<th>Changes</th>
<th>Referenced Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/03</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Action</td>
<td>Description</td>
<td>Version</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>05/06</td>
<td>Added</td>
<td>protective eyewear</td>
<td>4.0</td>
</tr>
<tr>
<td></td>
<td>New format</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/07</td>
<td>Corrected</td>
<td>“should” to “shoulder”</td>
<td>4.0, III, D4c</td>
</tr>
<tr>
<td>2/2013</td>
<td>Deleted</td>
<td>must be dressed in appropriate attire</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>Deleted Definition of</td>
<td>appropriate attire</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>Definitions for CSS</td>
<td>restricted and semirestricted area</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>Surgical attire</td>
<td>made of reusable woven fabric that is</td>
<td>4.0, I</td>
</tr>
</tbody>
</table>

**Title:** Perioperative - Dress Code

**01/30/2017**

**Manual:** Nursing Practice Manual

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>low-linting should be worn. The use of hooded jackets, fleece material, and bags/purses in the OR is prohibited.</td>
<td></td>
</tr>
<tr>
<td>Other garments should be contained completely within or covered by the surgical attire. Clothing that cannot be covered by the surgical attire should not be worn.</td>
<td>4.0, I, A, 5</td>
</tr>
<tr>
<td>Disposable bouffants or hood type head cover are to be used – if personal cloth hats are used, they must be laundered daily and a disposable cap must be worn over it when in restricted areas</td>
<td>4.0, I, B, 1</td>
</tr>
<tr>
<td>Deleted &amp; added References: Phippen, M.L. and Papanier Wells &amp; Gruendemann B.J. and Stonelocker Magnum, S. Added AORN Standards and Alexander’s Care of the Patient in Surgery</td>
<td>6.0</td>
</tr>
<tr>
<td>Moved into PPM</td>
<td></td>
</tr>
<tr>
<td>Deleted: E. Warm-up jackets Non-scrubbed personnel should wear long-sleeved jackets that are buttoned or snapped closed during wear. Added: H. Briefcases, backpacks, and other personal items that are taken into the semirestricted or restricted areas should be cleaned with a low-level disinfectant and should not be placed on the floor.</td>
<td>4.0, I, E</td>
</tr>
<tr>
<td>4.0, I, H</td>
<td></td>
</tr>
<tr>
<td>Added: 7. When in the semi-restricted and restricted areas, all nonscrubbed personnel should completely cover their arms with a long-sleeved scrub jacket that is buttoned or snapped closed during wear. Added: or skull caps need to be covered with a disposable bouffant</td>
<td>4.0, I, A, 7</td>
</tr>
<tr>
<td>4.0, I, B, 1</td>
<td></td>
</tr>
</tbody>
</table>
6.0 References


Author: Lynn Raynor, RN, MSN, CNOR Clinical Nurse Specialist
Owner: Patient Care Services
Related Policies: none
Keywords: surgery, CSS, uniforms, uniform, fingernails, dress code

7.0 Other Documentation: AORN Standards, Recommended Practices and Guidelines
Interface for Nighthawk Radiology Reads

Audience: Inpatient ED Providers

This document will direct Caregivers to the correct process for reviewing Nighthawk radiology results within iSparrow (Epic) EMR. Nighthawk provides preliminary, after-hours (1-6 a.m.) radiology interpretations (“reads”) for Sparrow Main, Clinton, and Ionia.

While you can review preliminary radiology reports from Nighthawk immediately after their review, you will not be able to review the final report (over-read by Lansing Radiology Associates) until the following day. You can access both reports via three methods:

- ED Trackboard
- Chart Review
- Results Review

Please Note: When adding Smartlinks with preliminary results they will not update when the report is finalized.

ED Trackboard
Reivewing the Preliminary Report after Final Report has filed

After the final report from Lansing Radiology Associates has filed to iSparrow, you can still review the preliminary report via Chart Review and Results History.

Chart Review

![Chart Review Image]

Distribution List: Inpatient ED Providers

Author: Radiant Team

Results Review

Results History

CT Brain/Head wo Contrast (Order #7212202)

Result Information

<table>
<thead>
<tr>
<th>Entry Date and Time</th>
<th>Status</th>
<th>Entered by</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/19/2016 2:41 PM</td>
<td>Final result</td>
<td>Edi, Rad In</td>
</tr>
</tbody>
</table>

Narrative

CT HEAD WO CONTRAST

HISTORY: stroke

COMPARISON: None.

TECHNIQUE: CT HEAD WO CONTRAST

FINDINGS:
- Brain Parenchyma: Negative. No infarction, hemorrhage, or mass.
- Ventriclees and Suici: Negative.
- Extra-axial Spaces: Negative. No extra-axial fluid collections or hematoma.
- Other: No fracture or bony destructive process. Imaged orbits are negative. Imaged paranasal sinuses and mastoid sinuses are negative.

Impression

Negative.

WS: 129673-RAD

Signed by: Jasmine Holloway on 12/19/2016 2:41 PM

Result Information

<table>
<thead>
<tr>
<th>Entry Date and Time</th>
<th>Status</th>
<th>Entered by</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/16/2016 1:20 PM</td>
<td>Preliminary result</td>
<td>Edi, Rad In</td>
</tr>
</tbody>
</table>

Narrative

Report generated by: Online Radiology Medical Group, Inc.
PRELIMINARY RADIOLOGY REPORT
Correction: She drank them both together.
Brother bought a coconut, paid a dime.
Sister had another one, paid it for a lime.

** REPORT SIGNATURE ON FILE 5/22/2013 ( 5:01 Pacific Time ) **
Signed by: Glenn Welby, M.D.
EXAM: CT HEAD WO CONTRAST

HISTORY: Drinking lime and coconut together