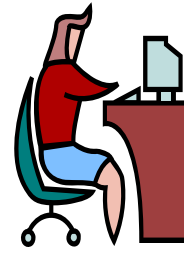


**Special points of interest:**

- Disease Update
- Featured New Resident
- Phone Response Time

**What Would You Like to See in the Newsletter?**

Please use the attached sheet to ask questions or make comments. Turn it into the receptionist when you check out



APRIL , 2005

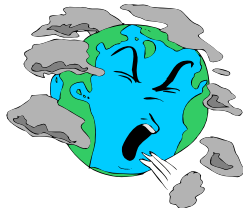
*Carolyn  
Abrahamson*

RACINE FAMILY MEDICINE CLINIC & RESIDENCY PROGRAM 262/687-5600

The Practice Pipeline

1320 Wisconsin Ave., Racine, WI 53403

## ***Patient Communication Newsletter***



### **DISEASE UPDATE**

#### **Pertussis (Whooping Cough)**

Pertussis is a highly contagious bacterial disease which affects the breathing (respiratory) system and produces spasms of coughing that usually end in a high-pitched, deep sounding breath (the “whoop”).

**Causes, incidence, and risk factors:**

Pertussis is caused by infections with the **Bordetella pertussis** bacteria. The infection is spread through the air by droplets from an infected person.

Whooping cough can affect people of any age. Prior to the advent of widespread immunization, the disease occurred mostly in infants and your children. Now that the majority of children are immunized before school age, a higher percentage of cases are seen among adolescents and adults. Early immunization can usually prevent the occurrence of this serious disease, which can sometimes be deadly or lead to permanent disability when it affects babies.

The infection usually starts with symptoms similar to the common cold, and progresses to spasms of coughing after 10 to 12 days. Recovery begins about four weeks after the onset of symptoms and may take several weeks. Paroxysms of coughing may recur over the next several months, usually due to irritation from an upper respiratory infection.

**Prevention:**

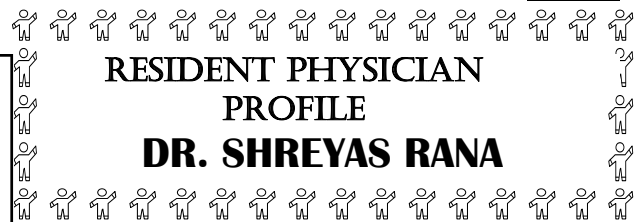
DtaP vaccine (pertussis immunization) starting in babies helps protect children against this disease. The immunization is not 100% effective and it slowly becomes less effective over the years; therefore healthcare providers or others at risk may be advised to receive a booster dose of the vaccine. During epidemics, unimmunized children under the age of seven should be excused from school and public gatherings for 14 days after the last reported exposure and isolated from anyone known or suspected to be infected. DtaP vaccine should be administered at 5 intervals: at age 2 months, 4 months, 6 months, 15 months and at 5 years.

**Symptoms:**

Cough, slight fever, severe coughing attacks, vomiting, diarrhea, choking spells in infants.

**Signs and Tests:**

A lab test that looks at secretions from the nose, mouth, or throat and/or a blood test.  
**(Cont'd)**



RESIDENT PHYSICIAN  
PROFILE

**DR. SHREYAS RANA**

**1st Year resident, Dr. Shreyas Rana received his undergraduate degree in Biology from Loyola University in Chicago and his Medical Degree from Spartan Health Sciences in Saint Lucia.**

**He is fluent in Gujurati and Hindi besides English.**

**His personal interests are tennis, running, football, computers and traveling.**

**(Cont'd from Pg. 1—Pertussis)**

**Treatment:**

Erythromycin, an antibiotic, may shorten the duration of symptoms somewhat if started early enough. Unfortunately, most patients are diagnosed after the period of time when antibiotics should have been started, and so most times they are not used. Babies under 18 months of age require constant watching because breathing may temporarily stop during coughing spells. Babies with severe cases should be hospitalized.

An oxygen tent with high humidity may be used or sitting in a bathroom with a steaming, hot shower running may be helpful. Intravenous fluids may be needed if coughing spells are bad enough to prevent drinking enough fluids. Sedatives may be prescribed for young children. Cough mixtures are usually not helpful and should not be used.

Call your healthcare provider if you or your child develops symptoms of pertussis.

Dr. Mark Santa Ines

**ON HOLD TOO LONG?**



**Health can be squandered,  
but not stored up!  
Mason Cooley**

Recently, a patient asked why they sometimes have to wait on hold for a long period of time and other times they immediately get through.

There are many reasons that could cause long hold times such as a large number of calls during certain times of the day. We recently did a study looking at incoming phone calls. It was discovered that the highest number of calls occurs between the hours of

**8:00 – 10:00 A.M and 2:00 - 4:30 P.M..**

How many staff people are handling the phones also plays a part in how long you could be on hold.. The clinic has a set amount of people who answer the phones. If they are helping other patients in the lobby or on the phone, it may take them longer to answer other calls.

There are calls that could be handled by other people and you would not have to wait on hold to speak with one of our receptionists. For example:

- \* **Prescription Refills** - These calls could be handled by the pharmacy where you had the medication filled. The pharmacy contacts the clinic for refill authorization if needed. This would help us be more available for the patients that need to speak with us.
- \* **Billing Questions** - All Saints billing questions can be handled by calling 687-8800 and Medical College of Wisconsin billing questions can be handled by calling 687-5605 or 1-800-242-1649.

We are always looking for ways to improve our process. If you have any comments or suggestions, please feel free to contact Marcy Smallwood, Business Office Supervisor, at 687-5600. **By Marcy Smallwood**