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PUBLISHED FOR THE FAMILIES AND FRIENDS OF SUMMERSVILLE MEMORIAL HOSPITAL

ENCEPHALITIS

What is encephalitis? Encephalitis is an inflammation of the brain and spinal cord itself, usually caused by a viral infection. Diseases such as rabies, polio, and herpes encephalitis are quite serious and are all caused by virus infections that affect the brain and spinal cord and are transmitted in a variety of ways. Another form of encephalitis, called "Arboviral" encephalitis, refers to similar illnesses that are transmitted by "arthropods" - mainly mosquitoes. The type of encephalitis we tend to see most in West Virginia is an arboviral encephalitis called "La Crosse Encephalitis". The name comes from a town in Wisconsin where the disease was first described.

What are the signs and symptoms of encephalitis? Although the majority of cases of arboviral encephalitis infection either lack symptoms altogether or have only very mild symptoms, the disease can sometimes damage nerves and can rarely even cause death. The most common symptoms include sudden fever, headache, vomiting, unusual visual sensitivity to light, stiff neck and back, confusion, drowsiness, clumsiness, difficulty walking, and irritability.

How is encephalitis diagnosed? Like meningitis, early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made by the presence of symptoms and by sampling the patient's spinal fluid by doing a spinal tap. Blood tests can also be performed to identify some types of encephalitis (including the La Crosse type), however, this test takes several days to get results. A specific cause is found in less than half of cases. At times, a CT or MRI scan can be used to aid or even make the diagnosis.

Can encephalitis be treated? During the "acute" phase (while the patient is actively ill with encephalitis) patients are usually treated for their symptoms and made as comfortable as possible. A quiet, dark environment and medication for headaches are most helpful. Narcotics are sometimes given for pain, but used sparingly to avoid any drug-induced changes in brain function. Drugs like dexamethasone (a steroid) injections or other steroids may be given to reduce the inflammation and swelling of the brain. If seizures occur, they will require treatment as well. In rare, severe cases where the patient is unconscious, he or she may need help with breathing. Patients are monitored closely to watch for any possible complications. As the patient recovers, the focus often shifts to rehabilitation if there appears to be any lingering neurological problems. Follow-up evaluations for psychiatric, intellectual, vision or hearing abnormalities are usually warranted. If problems are found, a rehabilitation specialist can prepare a course of treatment to correct them.

Is encephalitis contagious? Most forms of encephalitis, especially the type we tend to see in central West Virginia (La Crosse encephalitis), are not transmissible from person to person. However, it is always important to check with your doctor. One particular form of encephalitis (caused by the herpes virus) can be transmitted to a newborn if a pregnant mother has genital herpes. If you are pregnant, make sure to inform your doctor if you have ever been diagnosed with herpes or any other sexually transmitted disease.

Are there vaccines against encephalitis? Unfortunately there are no vaccines currently available for the types of encephalitis we see in this country. If you are traveling overseas, be sure to discuss it with your doctor. There may be vaccines or medications you may need to take to prevent encephalitis or other diseases that are common in that area.

Can encephalitis be prevented? In our part of the country, prevention of the disease involves mostly protection against the bite of infected mosquitoes. Personal measures include the use of repellents containing DEET, and the use of protective clothing (long sleeved shirts and long pants) when exposed to mosquitoes. Flowerpots and saucers, clogged gutters, old tires, and any other vessel that could hold stagnant water should be eliminated from homes and yards. Birdbaths may also harbor breeding mosquitoes unless the water is changed at least twice a week. Keep lids or tight fitting screens on rain barrels. Avoiding exposure during the time of day when mosquitoes are most active (dawn and dusk) is also recommended.

What kind of repellent should I use? The three most common chemicals in repellants are DEET, picaridin, and oil of lemon eucalyptus. The CDC considers DEET and picaridin to be the most effective. DEET is by far the most widely used and studied. One thing we do know is that the higher the concentration of DEET, the longer it will last. For example, a 24% DEET repellent will last an average of 5 hours, while a repellent with 4-6% DEET will last only an hour or two.

Are insect repellents safe for children? The American Academy of Pediatrics recommends using a DEET containing repellent with a concentration less than 30% for children 2 months of age and older. Under 2 months, repellents are not recommended. There is no official recommendation on the use of picaridin or oil of lemon eucalyptus, although according to the label, oil of lemon eucalyptus should not be used in children under 3 years of age. Always make sure you follow the directions for whatever product you use; and if you are unsure about a product, ask the child's doctor.

SUNBURN AND SUN PROTECTION

Sunburn is an inflammation of the skin that follows over exposure to ultraviolet (UV light) from the sun, sun lamps, or occupational light sources.

Signs and symptoms: Red swollen, painful and sometimes blistered skin, fever, nausea, vomiting and delirium with severe burns, tanning or peeling of skin after recovery.

There is increased risk if you are fair skinned; have red or blonde hair; are exposed to industrial light sources (welding arcs); or are on a medication which increases sensitivity of the skin to UV light. These medications are sulfa antibiotics, Tetracyclines, Amoxicillin, and oral contraceptives. The sunburn can result in skin changes that lead to premature wrinkling and loss of skin elasticity, as well as more serious outcomes such as keratosis, premalignant skin lesions, skin cancer, and malignant melanoma.

Prevention of sunburn: Avoid exposure to sun between noon and 3:00 pm. Use a sun block with a sun protection factor (SPF) greater than 15 and reapply after swimming or sweating. Baby oil, mineral oil, and cocoa butter do not filter out UV light and offer no protection. Zinc oxide ointment offers maximum protection and must be reapplied frequently. Wearing bright colors or white will reflect sun onto your face increasing risk of burn. If you insist on getting tanned, gradually increase your sun exposure. For example, 1st day 5-10 minutes each side, 2nd day 10-15 minutes each side, then increase 5 minutes each side per day.

Treatment: Cool moist compresses on the skin can reduce heat and pain. Cold cream or baby lotion adds moisture to the skin. Protect blisters that may form. Soaking in a cool oatmeal bath (Aveeno) or baking soda may soothe the skin. Pat the skin dry, don't rub to avoid further damage. Use Aspirin or Tylenol for pain and fever reduction. Topical pain reducing sprays that contain Benzocaine or Lidocaine should be used with caution. Some persons may develop allergic reactions to these ingredients. Keep pressure off of burned skin to help relieve pain.

Return to the emergency room or seek medical attention if you have: A temperature that is greater than 101°F, vomiting or diarrhea, delirium or pain and fever that persists for longer than 48 hours.

SMH Highlights the Outpatient Nursing Department Changes

Some exciting changes have been happening at the SMH Outpatient Nursing Department. The department moved to the Ambulatory Care Center into a spacious, comfortable atmosphere. The new environment is wonderful for patients, especially those that require longer stays.

The department has also changed the method of obtaining medications administered to patients. Patients are now required to obtain the needed medication and bring it to the department to be administered. With all the new changes in prescription coverage, this change became necessary. Patients now receive a written prescription from the physician and take that to their pharmacy to obtain the medication. Upon obtaining the prescribed medicine, the patient then takes it to the Outpatient Nursing Department to be administered. Appointments are required so that adequate staff and resources are available to provide quality care.

SMH has provided a means to make this process easy for patients by opening the new SMH Pharmacy. If the patient does not have a preferred pharmacy, the SMH Pharmacy is equipped to have most commonly prescribed medications that are used in the Outpatient Nursing Department. Most IV medications that may not be available at some pharmacies are kept in stock at SMH Pharmacy. SMH Pharmacy will also accept most insurances and will assist patients with the precertification needed by some insurance companies.

The Outpatient Nursing Department staff has many years of nursing experience. Sherrell Walker, RN, Ann Greynolds, RN and Carlar Dorsey, RN are local nurses that enjoy caring for patients in our community. There are always willing to assist patients not only with their care, but with obtaining the medication, as well. Their hours are 8:00 a.m. - 3:30 p.m. Monday through Friday. Questions can be directed to them at 304-872-8491. They look forward to serving the folks of our community.



Pictured left to right Sherrell Walker, RN, Carla Dorsey, RN and Ann Greynolds, RN

Watch For Announcement on 5 K race to kick off SMH Building Fund October 2006.

OUTPATIENT SERVICES

Caridac Rehab / Pulmonary Rehab

304-872-8516

Dietation Consultation

304-872-8512

Emergency Department

304-872-8448

Laboratory Services

304-872-8442 /

304-872-8539

Outpatient Nursing Services

•Blood Transfusions

•IV Therapy

•Injections

304-872-8491

Outpatient Pharmacy

304-872-5293

Physical Therapy-

Summersville Sports Medicine

304-872-8563

Radiology Services

•General Diagnostic

Services

•MRI

•Mammography

•Nuclear Medicine

•CT Scan

•Ultrasound

304-872-8464

Respiratory Care

Services

304-872-8529

Rural Health Center

•Internal Medicine

•Family Practice

304-872-7027

Surgical Services

•Preadmission

•Ambulatory Surgery

304-872-8599

304-872-8492

Summersville Sleep Diagnostic Center

304-872-8403

Summersville Surgical Associates

304-872-8404

Summersville Womens' Health Center

•OB/GYN

304-872-5381

Providers List

Physicians Providers

Emergency Medicine

Joseph Dawson, DO

Robert Fleer, MD

Michael Gregory, DO

Stanley Morris, MD

Matt Tymowski, MD

Internal Medicine

Paul Conley, DO

Marvin Wurthm MD

Ophthalmology

John Lackey, DO FFAO

Family Practice

Bruce Greenberg, MD

Sunita Greenberg, MD

Wesley Olson, MD

Stephen Shank, MD

James Shumate, DO

Richard Trenbath, MD

Margaret S. Wantz, MD

Mark Wantz, MD

Orthopedics

William R. Carson, MD

Pediatrics

Scott Luthman, MD

Purificacion T. Salgado, MD

Mark Tomsho, MD

Mid-Level Providers

Jay Copley, PA-C

Ehab Awab, PA-C

Tim Lewis, FNP-C

Eve Johnson, MS PA-C

Marnie Moose, FNP-C

Judy Spencer, PA-C

Chris Tipton, PA-C

General Surgery

Yancy Short, MD

Stephen Wilson, MD

Gynecology and Obstetrics

Michael Lassere, MD

Lukas Rostocki, MD

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on the web at

www.summersvillememorial.org

Or call our medical and physician service at 304-872-8402