

Paul Hom Asian Clinic

University of California, Davis
School of Medicine

~ A Passion to Serve~

Commitment to Primary Care

The Paul Hom Asian Clinic is a student-run free clinic that was established in 1971 with the goal of providing medical care to the underserved. It is the oldest Asian health clinic in the United States.

600 Broadway Street
Sacramento, CA 95818
(916) 445-0370

| Clinic Hours: Saturday, 9-12pm

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INTRODUCTION

Welcome first-year medical students!

Congratulations on your acceptance to UCD School of Medicine. We are excited about your enthusiasm and interest in patient care early on in your medical career. Most UCD medical students would agree that volunteering in the student-run clinics is an integral part of the complete medical school experience. However, coming to clinic and seeing patients for the first time may be a little overwhelming. With this in mind, we put together this "PHAC Orientation Manual" to ease you into Paul Hom Asian Clinic (PHAC) and help you navigate PHAC better. Your upper classmen, undergraduate Patient Advocates (PAs) and volunteering physicians are other great sources of information. Thank you for your interest in PHAC. We hope to see you regularly at our clinic!

Sincerely,
PHAC '06-'07 Officers, UCD SOM class of 2009

HISTORY

The Paul Hom Asian Clinic is the oldest existing Asian clinic in the United States. It was started by a group of UC Davis medical students and activist undergraduate students from the California State University of Sacramento led by Paul Hom. The students saw that many elderly Asians and newly-arrived immigrant families were having difficulty obtaining adequate health care due to socioeconomic and language barriers, so the students decided to start a free clinic to target this problem. The clinic continues to serve the community in downtown Sacramento every Saturday.

ANNOUNCEMENTS

Charts must be signed both by MS and MD

Please leave unsigned charts in the black file holder and make sure that you write the name of the physician you worked with at the bottom right of the chart. The physician you worked with will need to sign your chart after you have completed it.

Fill out labs properly & Where to put the specimen

Please have a PA fill out the requisition forms and label the tubes properly. Leave the lab bags open for the medical student co-director to review at the end of the day. The PA will log out the specimen on the lab sheet located in the main office. If you have urine specimens, please put them in the fridge in the vitals/immunization room, and put a post-it in the yellow lab box to let the co-director know that there are urine specimens in the fridge. Your PA will help you with the labeling. Please double check all pertinent patient information such as name, address, birth date, SSN and phone number of the patient.

Sharps and biohazards

Please dispose of needles and other sharps in the sharps containers in the two laboratory rooms. Trash cans labeled as “biohazards” should only be used to dispose of biohazardous materials, such as tissues or materials heavily contaminated by blood. Used speculums are not considered as biohazards.

Blood draws

There is a separate waiting line for patients who only need a blood draw. If your patient wants to come back the following week to do a blood draw, please remember to fill out the green referral slip detailing what labs need to be done and ask the patient to bring the slip with them when they come back. Also remember to write on the patient chart what labs need to be done or what labs you ordered for the patient. There is a box at the lower right corner on the chart specifically for this purpose. With the purple vials, make sure that you turn the tube about 8 times since EDTA needs to be thoroughly mixed with the blood.

Medications

If patients have insurance, give patients a prescription instead of medicine in our pharmacy (note that Medicare does not cover medications). Please ask patients with low income and certain chronic conditions if they are interested in the PAP program.

COMMON MALADIES AT PHAC

1. Hypertension

Blood pressure is the force of blood against the walls of arteries, and is a measure of the force and amount of blood pumped, as well as the flexibility of the arteries. It is recorded as a systolic and diastolic pressure, which measures the pressure of blood against the arteries when the heart beats, and when the heart is at rest, respectively. Blood pressure measurements are broken down into the following categories:

Below 120/80: Normal

Between 121/81 and 139/89: Pre-hypertensive

Above 140/90: Hypertensive

People in the pre-hypertensive category are likely to develop high blood pressure in the future. Measurements that exceed 140/90 at two different visits put the patient into the hypertensive category. High blood pressure increases the risk for heart disease and stroke and can cause a host of other problems including heart failure, kidney disease, and vision loss.

A healthy lifestyle can prevent or even lower high blood pressure. This includes following a healthy eating pattern, reducing salt and sodium intake, maintaining a healthy weight, being physically active, and avoiding alcohol and smoking. High blood pressure can also be controlled with medication.

There are many types of blood pressure medications available at PHAC, each with a different mechanism of action. Diuretics cause the kidneys to excrete excess water and sodium from the body; Beta blockers act on the heart to cause it to beat slower and with less force; ACE inhibitors inhibit the formation of angiotensin, relaxing blood vessels; Angiotensin antagonists inhibit the action of angiotensin II; Alpha blockers reduce nerve impulses to blood vessels thereby relaxing arteriolar smooth muscles; Calcium Channel Blockers prevent calcium from entering heart or blood vessels, thereby relaxing them.

2. Diabetes Mellitus (Type II)

Many patients that come to PHAC have Type II DM, which requires long-term medical attention to limit the development of potentially devastating complications. Type II DM is characterized by peripheral insulin resistance along with an insulin-secretory defect. Complications from unmanaged diabetes include hypo- or hyperglycemia, increased risk of infections, microvascular complications (such as retinopathy and nephropathy), and neuropathic complications. It is more prevalent among people that are older, obese, have a family history of Type II diabetes, or are of African or Asian descent.

Diagnosis:

Two fasting blood glucose test results greater than 125 mg/dL are diagnostic of diabetes. A history for a diabetic patient should include the following information:

- Is the patient's diabetes well controlled or not? Check by asking the patient and/or by doing a fasting fingerstick or HbA1C test.
- What medications is the patient currently taking? Is the patient compliant?
- Does the patient have hypoglycemic reactions, such as episodes of weakness and fainting?
- Does the patient have symptoms of hyperglycemia? Ask about polyuria, polydipsia, nocturia.
- Does the patient have any unrecognized foot ulcers or lesions that need treatment?

- Does the patient have peripheral neuropathy? (Check by palpating the dorsalis pedis and posterior tibialis pulse and by performing a monofilament test.)
- What is the patient's diet? Does the patient exercise? If so, how often?
- Does the patient have retinopathy? Check with a fundoscopic exam or refer to an ophthalmologist.
- Does the patient have symptoms of nephropathy? Check urine protein and serum creatinine levels. Does the patient have hypertension, CAD, or a family history of CAD?

Treatment:

There are a variety of drugs at PHAC available for patients with diabetes. A few of the more common ones are listed below:

- Sulfonylureas (Glipizide) stimulate insulin release from the pancreatic beta cells.
- Biguanides (Metformin) decrease the amount of glucose produced by the liver and help improve insulin sensitivity.
- Thiazolidinediones (Actos) improve target cell response to insulin. An insulin agents (Humulin) acts as artificial insulin and stimulates proper utilization of glucose by cells to reduce blood sugar levels.

3. Dyslipidemia

Patients at PHAC often present with what clinicians call the “metabolic syndrome” or “the triple threat.” These patients have not only hypertension and type II diabetes mellitus, but also dyslipidemia, commonly referred to as “high cholesterol.” All of these illnesses are associated with the risk factors of family history, age, and lifestyle (diet, exercise, smoking, alcohol, and stress). If uncontrolled, they can lead to complications, such as myocardial infarction (i.e. heart attack) or stroke.

Patients with dyslipidemia may come to the clinic already knowing something about cholesterol. Most likely, they know that eating fat is bad because it clogs up the arteries and can cause heart attacks. But whether they practice healthy habits on a daily basis is another issue, and that's where you come in. During your interview with the patient, be sure to uncover any risk factors:

- Men >45 years old, and women >55 years old
- Past medical history of angina (i.e. chest pain) or heart attacks
- Family history of chest pain or heart attacks
- Tobacco use
- Hypertension
- Diabetes mellitus

Diagnosis:

On physical exam, a good CARDIO exam is a must! The lipid panel 1 test (LP1) is useful to screen for dyslipidemia. Ideally, we want the patient's cholesterol levels to be within normal values:

- Total cholesterol (<200 mg/dL)
- LDL (<100 mg/dL) Low-density lipoprotein, the BAD cholesterol
- HDL (>40 mg/dL) High-density lipoprotein, the GOOD cholesterol

Treatment:

Counsel the patient on eating less saturated fat (no greasy food, no egg yolks, no skin on chicken, no fried foods, less red meat, no fast food) and exercising 30 minutes per day. If necessary, prescribe statin drugs to lower LDL, raise HDL, and lower triglycerides. Statin drugs are HMG-CoA reductase inhibitors, and the major one we use is Lipitor by Pfizer.

4. Gastroesophageal Reflux Disease (GERD)

Essentially, GERD is “heart burn.” Too much acid in the stomach and a weak lower esophageal valve cause acid reflux. GERD has been shown to be caused by the *Helicobacter pylori* bacteria at the cardiac sphincter, and antibiotics may help to treat the symptoms by killing the bacteria.

Patients often present to the clinic with “chest pain” or “stomach pain,” so be wary in your differential diagnosis. If you suspect GERD, ask:

- if the pain is a burning sensation
- if it hurts more after eating, whether it is associated with certain foods
- if it wakes the patient up at night
- if patient sleeps right away after dinner
- On a scale of 1-10, 1 being little pain, and 10 being the worst pain, what number is the pain?

Patients may already be taking over-the-counter (OTC) antacids. Foods that tend to cause GERD are chocolate, peppermint, coffee, orange juice, fatty foods, and alcohol.

Diagnosis:

On physical exam, good CARDIO and ABDOMINAL exams are a must! Have the patient rotate the upper body to see if the pain may be muscular. Labs include *H. pylori* test.

Treatment:

Tell the patient to avoid the above foods and not to sleep right after dinner (i.e. sleep at least three hours after dinner). Counsel the patient on how to sleep with the head elevated 4-6 inches, reduce his or her weight, and not to smoke. Patient may take a 10-day course of antibiotics to kill the bacteria. For symptom relief, prescribe Pepcid AC, Prilosec, Prevacid, Tagamet, or Nexium. We often try the OTC drugs first before using the more expensive Nexium drug.

PHARMACY

Drug Categories

There is a “drugs in our pharmacy” list posted in all exam rooms and hallways stating what drugs are available at our pharmacy. The broad categories that we carry are the following:

- *Blood pressure* - beta blockers, calcium channel blockers, ARBs, ACE inhibitors, diuretics
- *Statins* (cholesterol/lipid lowering medications) - main one we carry is Lipitor
- *Pain medications* - Tylenol (acetaminophen), Advil/Motrin (ibuprofen), Aspirin (325 regular or 81 mg baby ASA for prophylaxis heart disease), Aleve (naproxen), Celebrex, some others
- *Antibiotics* - Many available
- *Psychiatric* - We have a variety including sleeping pills (Ambien)
- *Diabetic* - We have a variety
- *GI* - Prevacid, Pepcid AC, Acidphex are the main ones
- *Allergy/antihistamine* - Allegra, Zyrtec, Claritin, Clarinex
- *Decongestant* - Sudafed/Sudogest (Pseudoephedrine, not to be used in patients with HTN). Use Sudafed if possible as the other brand name allergy meds are hard to come by.
- *Nasal Sprays* - We have various
- *Pulmonary* - Singulair, Advair and some others.
- *Osteoporosis* - Actonel (sometimes out of stock)
- *Dermatology* - topical creams (mainly hydrocortisone)
- *OB/GYN* - birth control pills, estrogen supplement
- *Erectile Dysfunction Disorder* – Viagra
- *Miscellaneous* - multivitamins, cough syrup, eye drops (sometimes out of stock), Ambien (sleeping pill), pill cutters and weekly pill boxes.

General Pointers

It is a good idea to familiarize yourself with the general drug categories but do not feel overwhelmed in the beginning. You’ll get lots of help!

If the patient has insurance or qualifies for the patient assistance program (PAP), ask the patient to utilize these outside resources instead of our pharmacy.

If at all possible, try to look for substitutes and avoid asking the patient to go outside to buy the drug and pay out of pocket. (e.g. if we run out of Prevacid you can try Pepcid AC unless the patient cannot tolerate it). If we have the medication but just not the right dose, you can consider doubling up on the pills or cutting the pill in half. It is best to check with the physician if you do need to CUT a pill because some pills are not meant to be cut (such as the extended release ones). You can give the patient a pill cutter if they don’t have one.

For any patient recently put on a chronic disease medication such as BP meds, antihyperlipidemics, or a patient who has a chronic pulmonary condition, osteoporosis, or long term GI problems, LOG patients who may potentially qualify for PAP in the PAP binder. They need to be in a certain income range and not have insurance.

For cross-referencing generic vs. brand names or other dosage/precaution information, the physicians and some MSIs may have PalmPilots or Pocket Pharmacopeia for you to use and there is sometimes one in the pharmacy as well. This will be something you'll need to invest in the future.

For drugs available in the our pharmacy-When you're ready to fill or refill a prescription

Usually the PA who is translating for you will assist in filling out the prescription form, and the medication will be filled at our pharmacy at the back.

Be sure to indicate the name of the drug, dosage, directions, and quantity you will like to fill on the form.

On the chart, there is a box for you to record old and new medications. Ex. you can write: Old medications: none. New medications: Allegra po 180 mg qday #30.

For medications you are prescribing for the first time, you need to include a side effects sheet and you should discuss them in person with the patient as well.

Make sure the pill bottle is properly labeled (in Chinese, unless the patient is English-speaking or only understands English writing) before you give it to the patient.

For *nasal sprays*, you need to instruct the patient on the proper technique. Usually, the patients needs to prime and/or wet the pump before first use, hold down one nostril, then spray AWAY from the central septum of the nose (and repeat on the other side). If you're unsure, read the directions included with the bottle yourself. Side effects can be nosebleeds or irritation, especially if not done correctly.

For *antibiotics*, urge the patient to finish the whole course and remind (and re-remind them) that they cannot just stop taking them because they "feel better."

For drugs NOT available in the our pharmacy-When you're ready to fill or refill a prescription

Unless the patient has insurance that adequately covers for the medication, try to avoid doing so. As previously discussed, try looking for substitutes. However, there are a few medications that usually are NOT in our pharmacy. Always consider the price (this information is available on a Palm or Phamacopeia).

If the drug is not available in the pharmacy but is available over the counter, you can just write out the name of the drug in English on a regular piece of paper so that the patient can easily find it at a pharmacy.

For prescription only drugs you'll need to fill out a different prescription form, which a physician must sign with their DEA number. Abbreviations can be used on these forms as they will be read by a pharmacist.

Before you give the form to the patient, be sure vital information such as name, address, DOB, med name, strength, directions, dispense amount, refill # times, physician signature and DEA number are all included.

Make a COPY of this prescription form to include in the chart.

Give the form to the patient and ask him or her to fill it at the nearest pharmacy. As previously discussed, you want to verbally let the patient know what the drug does and the side effects, and it would be nice if you could let the patient know the directions ahead of time since the patient may not be able to read the instructions in English.

Final important reminders

Remember to check for any drug allergies, and if so, document what type/severity of adverse reaction they had.

When the patients come back, you should follow up to see if they have problems with the medication, if they are complying and remembering to take the medication, and if you need to adjust the dosage or type of medication. If they're having trouble, weekly pill boxes can help patients with multiple medications remember to take all their pills.

For patients starting on statins you will need to check their baseline liver function with Liver Function Tests, or LFT's before you start, and you need to recheck it every 6 months or so while they are on the statin.

Other common tests that go along with medications include T3/T4 for thyroid problems; potassium for non-sparing diuretics; fasting glucose (Accucheck finger prick or with Chem 7), creatinine (included in Chem 7) and HbA1C for diabetics.

BLOOD DRAWS

Most common laboratory tests:

Blood test (see below for instruction)

Urine test

Pap smear

Fecal occult blood

Pregnancy test

**All lab specimens sent to UCDCMC laboratory MUST be labeled properly and logged-in at the front desk!*

Blood Collection:

Preparation:

Identify the tests to be done and select the appropriate color test tubes.

Most common tests performed at clinic include:

- CBC (complete blood count)
- Chem 7 (Na, K, Cl, CO₂, Glucose, BUN, Creatinine)
- Lipid panel (for cholesterol, triglyceride)
- HbA1c (for diabetes)
- LFT (liver function)

Consult the purple booklet on the counter inside the laboratory to know which color tube to use for each test. Fill out the test order form and test tube labels appropriately following the guideline posted on the cabinet. (REMEMBER to check if patient is fasting.)

Materials Needed:

1. Butterfly needle or green straight needle
2. Vacutainer blood collection tube(s)
3. Tourniquet
4. Alcohol Wipes
5. Cotton ball
6. Bandages
7. Gloves

How to draw blood:

1. Apply the tourniquet 3-4 inches above the elbow. Do not place it too tightly or leave on more than 2 minutes.
2. Ask patient to make a fist, open and close hand several times.
3. Select a suitable site for puncture.
4. Cleanse area in a circular fashion with alcohol swab, beginning at the site and working outward. Allow to air dry and do not touch area again.
5. Anchor vein firmly above and below puncture site with thumb and index finger of free hand.
6. Have patient continue to make a fist and hold still.
7. Insert the needle with bevel up at about 15 degree angle with the surface of the arm.
8. When you see a flash of blood at the tip of the plastic tube connecting to the needle (applicable when using a butterfly needle), insert the blood collection tube into the plastic hub containing the other end of the needle that is covered with gray rubber.
9. When filling multiple tubes, fill the test tubes in the following order: YellowRedBlueLavenderGreen.
10. When the last tube to be drawn is filling, remove the tourniquet.
11. Place cotton ball over the needle and remove the needle from the patient's arm using a swift backward motion.

After blood is drawn:

1. Press down on the cotton ball once the needle is out of the arm, applying adequate pressure to avoid formation of a hematoma.
2. Have patient press on the puncture wound for 5 minutes.
3. Dispose of contaminated materials/supplies in designated containers.
4. Gently mix the tubes by repeatedly inverting.
5. Place a bandage over the puncture wound.
6. Place properly labeled tubes in the front pocket of the plastic lab bag.
7. Place the lab order form in the back pocket of the plastic lab bag.

DON'T seal the bag.

Place the bag in the specimen collection area near the front office.

Fill out the log-in sheet next to it properly.

SOCIAL SERVICES

In order to better serve the Asian population here in Sacramento, Paul Hom Asian Clinic refers patients to different health and social services available for low-income patients. For specialty care, patients are directed to Sacramento County Clinic. Female patients can receive free breast screening and mammogram at the Breast Cancer Clinic. For other human resources like Medi-Cal/Medi-Care information, patients are referred to the County Human Resources. For any other information, Chinese patients can contact the Sacramento Chinese Community Service Center that has Cantonese and Mandarin speakers.

At the moment, Paul Hom has initiated a program called Patient Assistance Program “PAP,” whereby patient can apply for free medications directly from pharmaceutical drug companies if they are eligible.

External Contacts:

1. Sacramento County Clinic
2921 Stockton Blvd
(916) 874-9670
2. County Human Resources
(916) 874-2112
3. Sacramento Chinese Community Service Center
915 T St. Sacramento, CA 95814
(916) 442-2523

DENTAL CARE

Patients who need dental care can be referred to Sacramento County Dental Clinic to receive free or reduced-fee services.

Sacramento County Dental Clinic
1500 C. St.
Sacramento, CA 95814

ABOUT US

Medical Director of PHAC - Ronald Jan, MD
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PHAC 2006 – 2007 Co-Directors:

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*Information contained in this manual is to the best of our knowledge. Please note that the manual is a working document as is medical knowledge.