



Modern medicine, old-fashioned care.

O M C
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THE Wellness REPORT

Summer 2015

Electronic Medical Records: It's Amazing!

SMA has completed implementing an electronic medical record. Amazing Charts was designed by physicians for physicians which is why we felt it would best suit our needs. We wanted software that was user friendly, provide good patient handouts, as well as worked with voice recognition software which enables the doctor to complete patient charting as efficiently as possible. Now that we are well on our way, it has been fairly amazing, although not without a glitch every now and then. We are working through the challenges successfully.

Upon your next visit, you will be asked to update your account with the receptionist. Please bring your current insurance cards as well as all your medications in their bottle. Getting you into the new system is a bit cumbersome so we ask for your patience as we gather your information and complete the update in the system. The nurse will also be charting your visit which may take a little more time as she updates your medication, immunization and medical history. Again....your patience will be most appreciated.

While we continue to work within Amazing Charts, your feedback is always welcome. Most importantly, please let us know if the process ever becomes a barrier to your care here. We are diligently working to create processes that will enhance our services and increase the quality of the care we provide to you.

Check out this website...



www.amazon.com/Med-lert-Automatic-Dispenser-Single/dp/B002B51358

Med-e-lert Automatic Pill Dispenser
28 Day Single Dose /
7 Day 6 Times Daily

Dispenser beeps and opens the section with pills up to 6 times per day and for 4 weeks.

We need your help...



- When submitting a payment, please note on the check clearly who the patient is, and if the payment is for medical or monthly. If the check is for more than one patient, tell us how much for each patient and/or account. This is critical to getting the funds applied accurately. This applies to check AND autopays set up thru your bank. The more information we have, the less likely a mistake will be made when applying.
- As always, please let us know when your insurance changes. We will be happy to make copies of your insurance cards at your next appointment.
- For those with their monthly fee set up as an autopay to their credit card, please notify us when your card expires or is reissued.
- Please do not drop off your old magazines in our waiting room. We only have room for one recycle bin and it fills up quickly.

Thank You.

*Tell us
how we're
doing...*

24 HOURS A DAY, 7 DAYS A WEEK...

(360) 582-2850

www.sequimmed.com

OFFICE HOURS: MONDAY-FRIDAY 8:00 am to 4:30 pm
APPOINTMENTS: (360) 582-2850
AFTER HOURS: (360) 582-2850 or (888) 810-3116 (urgent care)
FAX: (360) 582-2851
EMAIL: pam@sequimmed.com
REFILLS: CALL YOUR PHARMACY
EMERGENCY: **DIAL 911**

A Prescription for Exercise

Presenters:

**Elyse Grosz/YMCA Mikki Reidel/YMCA
Leonard Anderson/OMC Shelley Stratton/SARC**

June 18, 2015 1:30 – 2:30 pm

Olympic Medical Park

840 N 5th Ave, Sequim
Second Floor Conference Room



**OMC, SARC and the YMCA
have partnered to offer
the following classes:**

• **Camp Cardio/SARC**

A transition program geared toward helping graduates of the Cardiac and Pulmonary Programs to establish a consistent, independent exercise program in a community based setting

• **Exercise and Thrive/YMCA**

A program for Cancer survivors with a strong desire to improve their strength and fitness.

**Please call Casey at
582-2850 to sign up.**

Family and friends welcome...

Are Allergies Driving You Crazy?



Your immune system is very good at fighting off foreign entities. **Rhinitis** (inflammation of the nasal passages) is a response to help flush away organisms that are trying to invade your body.

Most acute cases of rhinitis are due to the common cold. Most chronic rhinitis is due to **allergic rhinitis**, which is a nasal reaction to small airborne particles called **allergens**. They don't pose a threat to your body, but your immune system sees them as foreign and mounts an attack. These reactions often start in childhood or young adulthood, and they may wax and wane throughout a person's life. Allergens trigger the activation of mast cells and basophils, two kinds of inflammatory cells that produce and release histamine and other substances that cause fluid to build up in the nasal tissues. This leads to nasal congestion, itching, sneezing and runny nose. Over several hours, other inflammatory cells are activated which can cause persistent symptoms (this is why treating early or flushing away the allergen is so important). Other allergy symptoms include postnasal drip, loss of taste, facial pressure, sore throat, and a hoarse voice. Itching of throat or ears and congestion or popping of the ears is common. Some patients get itchy, red eyes and a feeling of grittiness in, or swelling under, the eyes. Mouth breathing and poor sleep can cause daytime fatigue and difficulty performing work.

Allergic rhinitis can be seasonal or perennial (occurring year-round). The allergens that most commonly cause seasonal allergic rhinitis include pollens from trees, grasses, and weeds, and spores from fungi and molds. The most common perennial allergens are dust mites, cockroaches, animal dander, and fungi or molds. In the Northwest, tree pollen levels are highest mid-February through April. Grass pollens are typically present May through mid-September, and weed pollens are found May through mid-October.

The ideal treatment is to avoid the allergen that your immune system is trying to fight off. In general, use air filters and vacuums with HEPA filters and replace all filters as recommended by the manufacturer. For allergies to animal dander, if removal of the animal is not an option, it should at least be kept out of the patient's bedroom, preferably in a room with a HEPA filter. Since the bedroom is a main source of allergen exposure, cover air ducts that lead to the bedroom with filters.

For dust mite allergies, use allergen-impermeable covers on pillows, mattress and box spring. Wash bedding weekly in warm water with detergent or use electric dryer on hot setting. More costly measures include removing carpets from the bedroom and replacing old upholstered furniture with leather, vinyl or wood.

For indoor mold allergies, clean moldy surfaces with dilute bleach solution and fix any water leaks, reduce indoor humidity to <50%, and avoid humidifiers.

Nasal irrigation flushes the mucus and irritants from your nose and moisturizes the sinus passages. It helps the cells that move mucus to function better. It can be used once or twice daily or following allergen exposure. You can use either a Neti pot, a 30 cc medical syringe, a water

pick with an irrigation tip or a squeeze bottle available at most pharmacies. To avoid contamination, these should be sterilized frequently or replaced every 2-3 weeks. If you are also using a nasal spray medication, use it *after* you use the neti pot.

Recipe – in a clean glass jar, mix together:

- one quart warm tap water (bottled water ok, or you can boil water first to kill germs)
- 1-1.5 heaping tsp salt (preferably non-iodized pickling, canning or sea salt)
- 1 tsp baking soda

Technique:

- Pour amount you will use into a clean bowl (3/4 cup per nostril).
- You may warm solution slightly in microwave, but be sure it's not hot.
- Bending over the sink (or in the shower), with head tilted the side, pour or squirt the solution into the top nostril.
- Aim towards the back of your head, not the top of your head.
- The solution will begin to drain out of your other nostril; some may go down your throat.

If you have thick, mucous in the back of the throat, cough, or frequent throat clearing, then you may get relief from guaifenesin. **Guaifenesin** (Mucinex or Mucous Relief) increases your production of thin, watery mucous, so it moistens the tissues and thins post-nasal drip so it goes down the throat or can be blown out. Plain guaifenesin rarely causes side effects or interacts with other meds. If there are letters after it (ie DM, PE), then another medication has been added. Be sure to read the labels and know which medications you are taking because they often come in combinations.

Antihistamines work well for milder symptoms of itchy and watery eyes and nasal discharge, and many are available over-the-counter. They are less effective than glucocorticoids for congestion and have no effect on nonallergic rhinitis. Older antihistamines, such as diphenhydramine (Benadryl) or chlorpheniramine work well but can make you drowsy. The newer, second-generation antihistamines, such as fexofenadine (Allegra), cetirizine (Zyrtec), and loratidine (Claritin), don't cause drowsiness in most people.

Oral decongestants can be added to help constrict the blood vessels and reduce the swelling in the tissues. This can relieve pressure and congestion in the nose, ears and sinuses as well as reduce post-nasal drip and cough. Pseudoephedrine is the oral decongestant of choice, and it is kept behind the counter but does not require a prescription. **Phenylephrine** is now the usual decongestant in over-the-counter preparations, but it may be somewhat less effective. All oral decongestants can cause insomnia, feeling jittery, anxious, tremor or raise blood pressure.

Men with enlarged prostates should be cautious and avoid decongestants or older antihistamines if they cause urinary retention, making it difficult to urinate. The newer antihistamines are usually tolerated well.

continued next page

Allergies, continued from previous page

Patients with heart disease should avoid decongestants which can be stimulating. Those with arrhythmias (abnormal heart rhythms) should avoid both antihistamines and decongestants. Both antihistamines and decongestants can dry out the mucosal tissues of the nasal passages, though Mucinex and nasal saline irrigation can help counteract that.

Nasal steroids are the most effective medications for overall allergy symptoms, but it may not be obvious right away since it takes 5-7 days to reach full effect. Flonase and Nasacort are now available over the counter. These glucocorticoids are very low concentration, so they do not carry the same risks as oral steroids or high-dose, long-term inhaled steroids that are used for lung disease. They can cause nosebleeds, however. But if you spray away from the middle septum of the nose, towards your ear on the same side, you are less likely to have a nose bleed.

Topical decongestant nose sprays, such as oxymetazone (Afrin) should not be used more than 3 days in a row because they can lead to rebound congestion – you can get “hooked” on them. They should not be part of your regular allergy treatment. (But if you ever have a nosebleed that just won't stop, Afrin is your best friend).

Ipratropium is an anticholinergic nasal spray that works for most runny noses, whether the cause is allergic, “nonallergic”, or due to a virus or the common cold.

Leukotriene modifiers such as **montelukast (Singulair)** block the effect of leukotrienes which, like histamine, are chemical triggers for asthma and allergic rhinitis.

Some people need to use multiple treatments to control their symptoms. If still having problems, immunotherapy may be an option. **Allergy shots**, or immunotherapy, desensitize your body's response to some common allergens with weekly injections.

Non-allergic rhinitis is almost as common as allergic rhinitis and usually doesn't develop until adulthood. Symptoms typically occur all year-round, but they may worsen in certain weather conditions or in spring or fall. Triggers include tobacco smoke, traffic fumes, strong odors and perfumes. Pollens and furred animals don't trigger non-allergic rhinitis, but half of the patients with the condition also have allergic rhinitis. Effective treatments include avoidance of triggers, nasal saline irrigation and nasal glucocorticoids. Oral antihistamines don't tend to work with non-allergic rhinitis, but nasal antihistamines, such as azelastine might.

TRAVELING EDUCATIONAL WORKSHOP ABOUT MULTIPLE SCLEROSIS

Experts from the Swedish MS Center and the National MS Society are bringing this traveling roadshow of MS education and information to Port Angeles, WA. Come learn from a nationally recognized team of health care professionals, share your experience, and connect with others in the community living with MS. You do not need to be a Swedish patient to attend; family and friends are welcome! And best thing is...it is FREE!!

DATE: SATURDAY, MAY 30

TIME: 10:00 A.M. - 2:00 P.M. — LUNCH WILL BE PROVIDED

ADDRESS: RED LION HOTEL, 221 N. LINCOLN ST. PORT ANGELES, WA 98362

Sign up today at: <http://wasmain.nationalmssociety.org/site/Calendar?id=339994&view=Detail>

Our philosophy...

IN 2002, Drs Roger Olsen and Charles Sullivan founded Sequim Medical Associates. SMA was built on a promise, to all patients asking to join them, easy access with adequate time with your doctor to review all your medical concerns.

We feel confident that on most days we are able to make good on our promise. We manage to be successful because we are adamant about maintaining a manageable patient count for each doctors panel. Dr. Reiter's practice has been closed for quite some time, and we recently closed Drs Olsen and Sullivan's practice for this very reason.

On the days that we struggle to provide easy access and timely appointments, it is usually the result of situations out of our control, like a medical emergency. When this occurs, we strive to always

keep you informed and present options, such as running an errand, rescheduling or seeing another physician. Your understanding and patience is always appreciated.

Some days we struggle with patients (not the doctor) running late, and presenting to the front desk without an appointment. These situations are a bit more challenging and require thoughtful consideration on our part. Our ultimate goal is to get you what you need. However, we must not take away from another patient that is scheduled. It is always best to call ahead before coming to the office. It enables us to meet your needs efficiently, while considering the doctors schedule as well as those patients already scheduled.



Remember...

We're here to provide you quality healthcare. Part of our job is to educate and assist you with your healthcare needs. Use the numbers below to get in touch with the people who can answer your questions.

Office 582-2850

Office Fax 582-2851

After Hours
(Urgent Care) 582-2850
or 888-810-3116

Email:
pam@sequimmed.com
FOR NONURGENT NEEDS ONLY

Monthly Fee Questions,
Pam 582-2850

Insurance Billing Questions
Deck. 582-2850

Referrals
Stacey 582-2850

Prescription Coverage
Becky 582-2850

Protine/Cholesterol/
Hemoglobin A1C
Mon & Wed 8-12, 1-4
Haley 582-2850

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