

NENIC Member Highlights 2022

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Reducing Specimen Mislabeling Errors Using Lean Six Sigma

Danielle Perley, MSN, RN-BC, CPHON & Rose Mintor, MSN, RN-BC, CPN

April, 22, 2022



Introduction

Improving specimen collection improves patient satisfaction and safety due to the reduced need to have additional labs drawn, decreasing painful procedures and infections related to line accessing.¹

- Lab specimens are rejected due to mislabeling
- Laboratory results direct patient care

Mislabeled specimens can:

- Delay patient care
- Require recollection
- Result in a patient safety event.²

The project goal was to improve the mislabeling rate from 3.5% to 2.6% (25% reduction) post-implementation.



Assessment/Improvement

Lean Six Sigma Methods

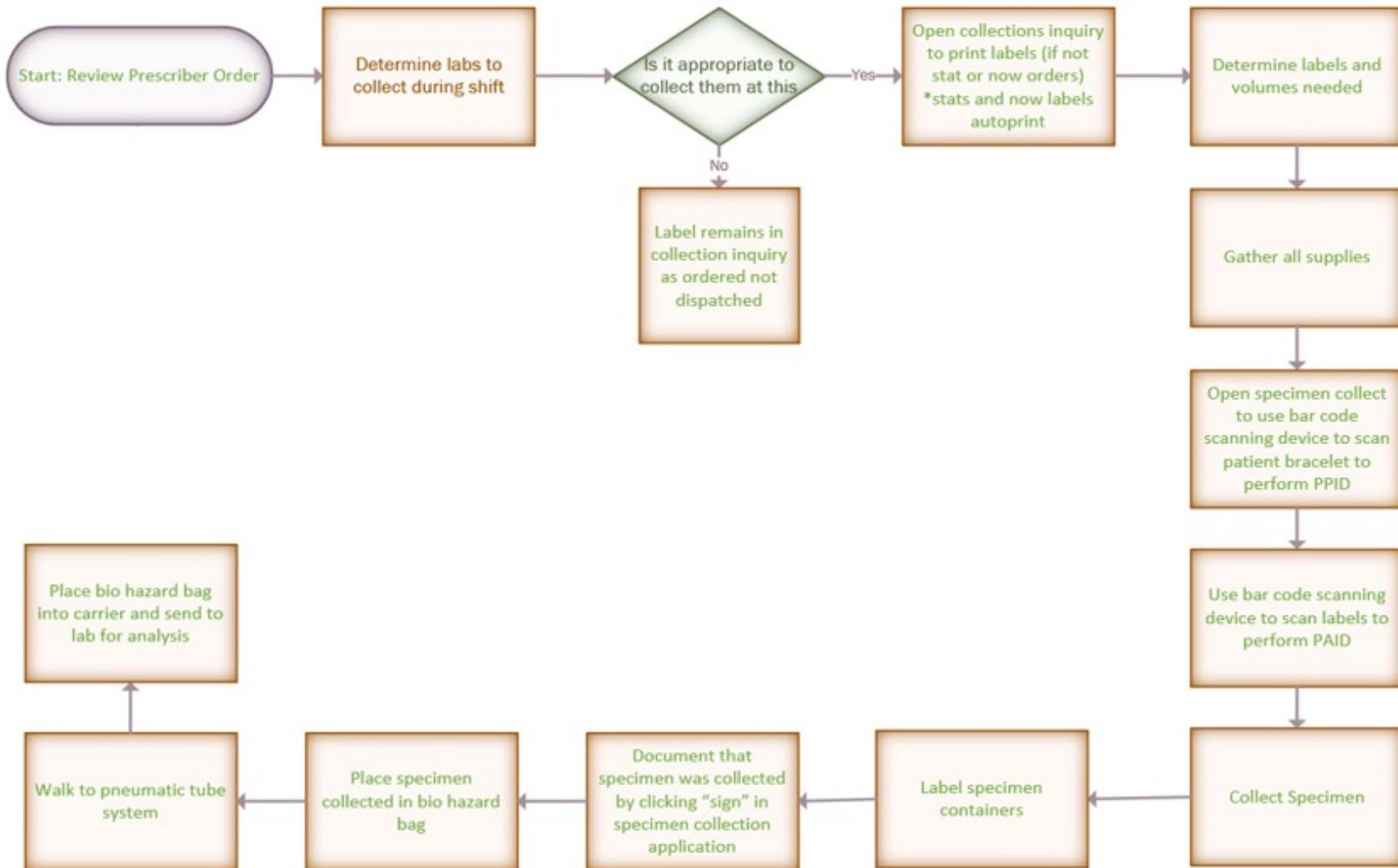
- **Workflow Analysis**
- Fishbone Diagram
- Cause and Effect
- PICK Matrix
- Development of SOP
- Data Analysis
- Development of Control Plan

Solution Ideas

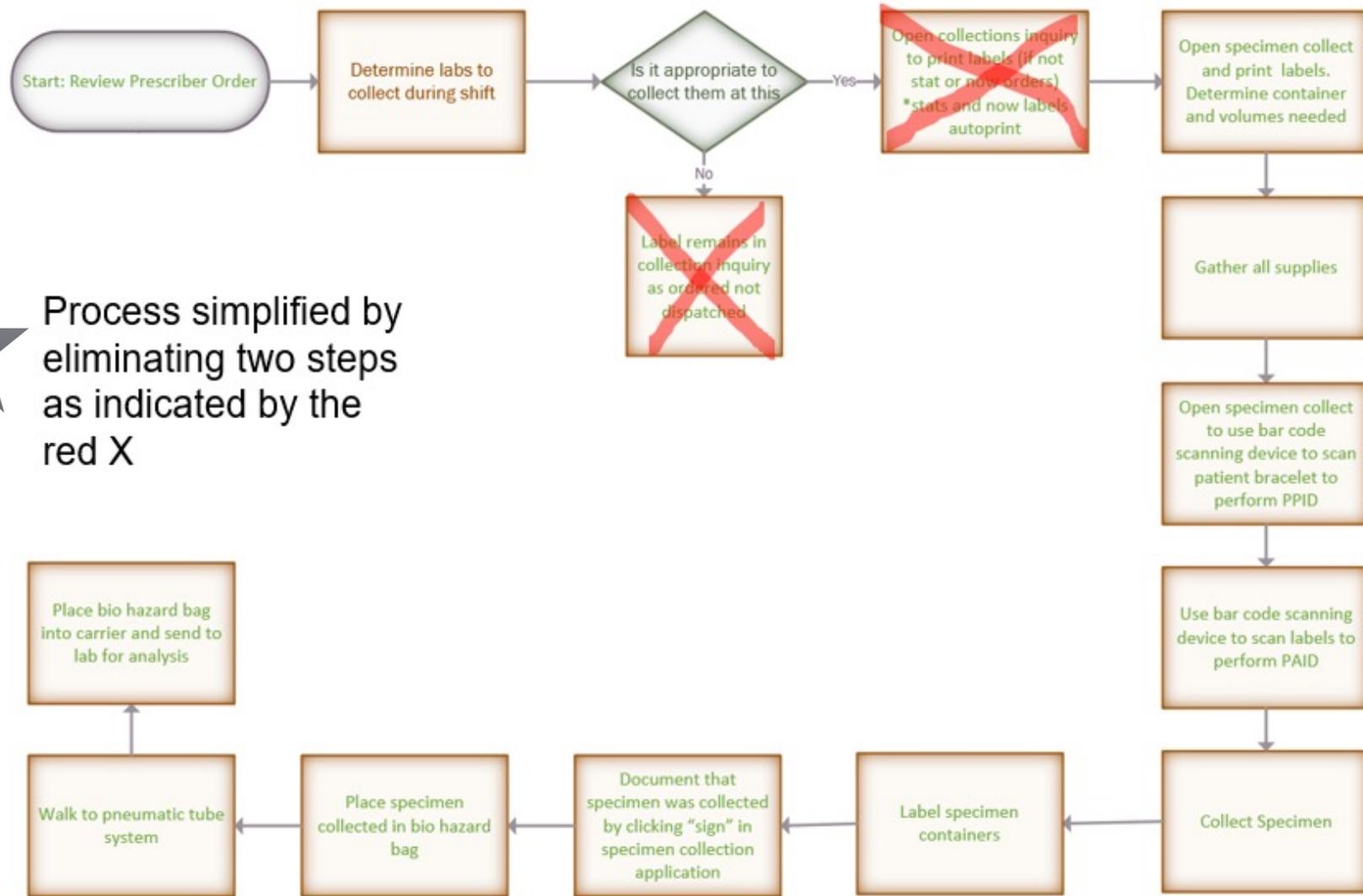
- Pilot Auto-Accessioning Specimens with Plan to Implement in Inpatient Areas
- Implement visual reminders on units and in the system (Poster)
- Standardized operational definitions



Workflow Analysis: BEFORE



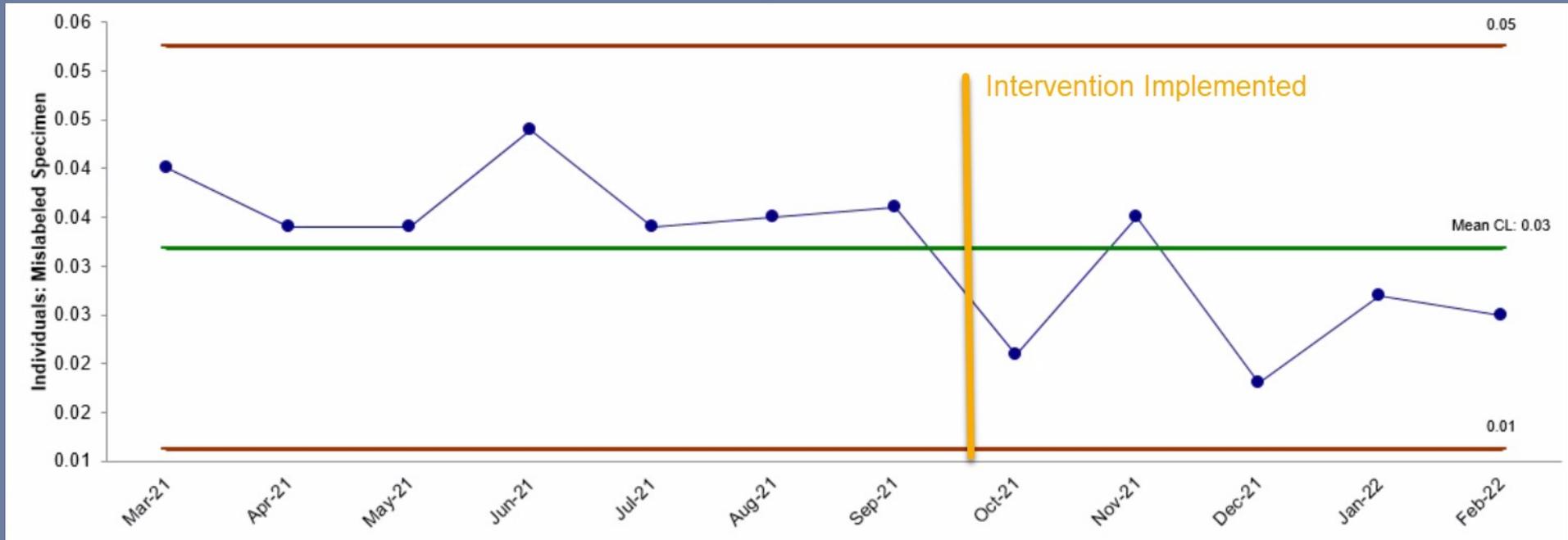
Workflow Analysis: AFTER



Process simplified by eliminating two steps as indicated by the red X



Results



Control Chart of mislabeled specimen rate pre and post intervention implementation.



Results, cont.

	BEFORE	AFTER
Total number of specimens cancelled due to mislabeling March 2021 – September 2021	147	76
Rate of specimens cancelled due to mislabeling October 2021 – February 2022	3.6%	2.5%



Discussion

Made process easier and more streamlined

- Eliminated duplicative steps in the workflow
- Automated the accessioning of labs to facilitate label printing

Clarified institutional definitions regarding lab mislabel cancellations

- Clinical staff and Laboratory staff had different definitions of mislabel
- Updated protocols across departments with institutional definition

Encouraged use of mobile technology to facilitate patient safety and satisfaction

- Allowed staff to print specimen labels on the go from their Spectralink smartphones

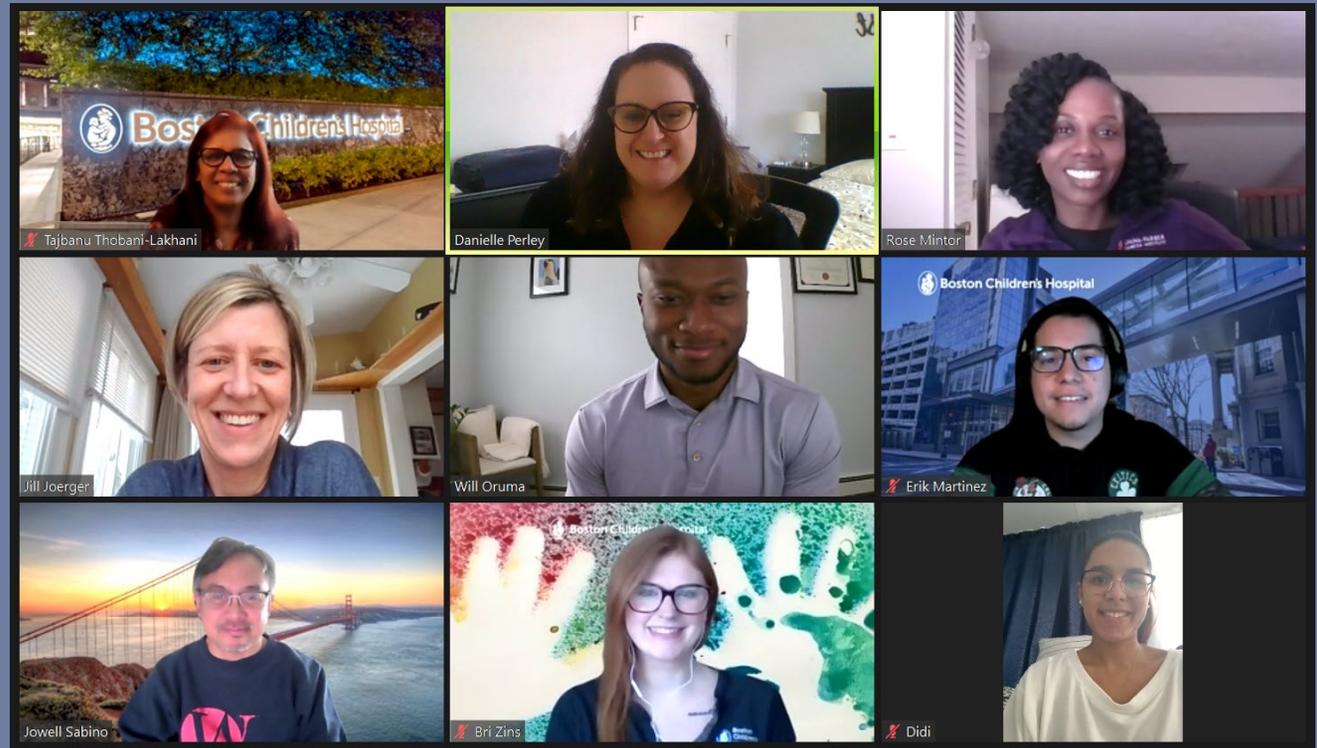
Keep it simple – technology can't fix everything

- Re-education and visual signage were also used as part our overall change



Acknowledgement

The authors would like to extend our gratitude to our Green Belt team for their dedication and effort for implementing a successful change. Thank you to Lee Williams, Brianna Zins, Princewill Oruma, Tajbanu Thobani-Lakhani, Jill Joerger, Jowell Sabino, Erik Martinez and Yandiris Baez.



References

1. Saathoff, AM, MacDonald, R, Krenzischek, E. Effectiveness of Specimen Collection Technology in the Reduction of Collection Turnaround Time and Mislabeled Specimens in Emergency, Medical-Surgical, Critical Care, and Maternal Child Health Departments. CIN: Computers, Informatics, Nursing, 2018 Mar; 36(3):133-139.
2. Rees, S, Stevens, L, Mikelsons, D, Darcy, T. Reducing Specimen Identification Errors. J Nurse Care Qual, Jul-Sept 2012; 27(3):253-257.





Implementation of an Enhanced Staffing Grid

NENIC 2022

Ingrid Rush, MHA, BSN, RN
Nancy Giacomozzi, MEd, RN-BC,
CNOR
Adrienne O'Brien, MSN, RN, CNOR

Disclosure

**No
disclosures**

Boston Medical Center consolidating campuses

By Robert Weisman Globe Staff, March 6, 2014, 12:00 a.m.



BOSTON TRAUMA



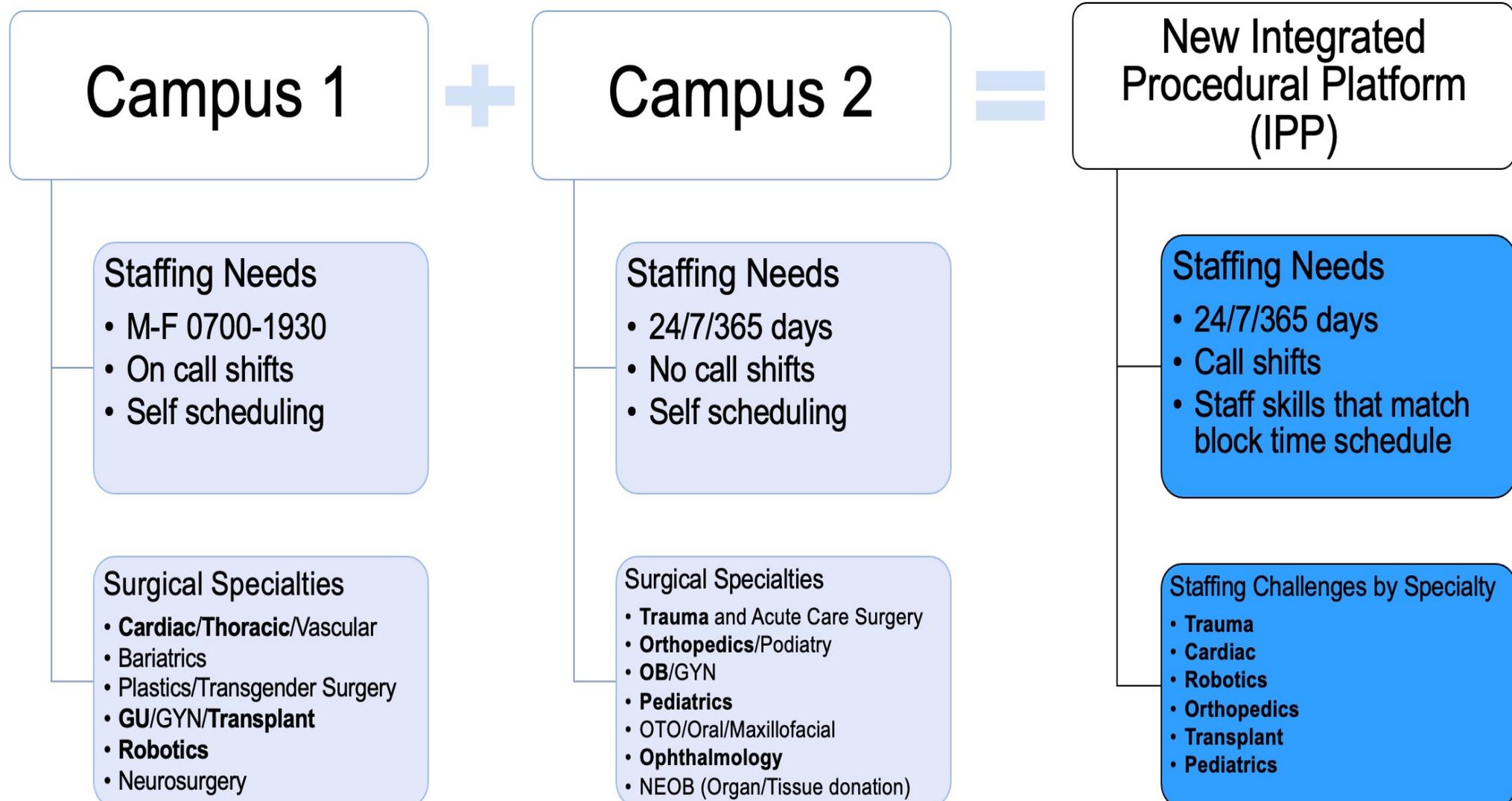
CENTER
BOSTON
MEDICAL

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Who we are

- **1996**
- Two independent hospitals (Campus 1 & Campus 2) merged to become Boston Medical Center
- **2018**
- Consolidated into 1 building
- New perioperative space renamed Integrated Procedural Platform (IPP)
- All surgical specialties and staff together

One Hospital, Two Campuses, Different Staffing Needs



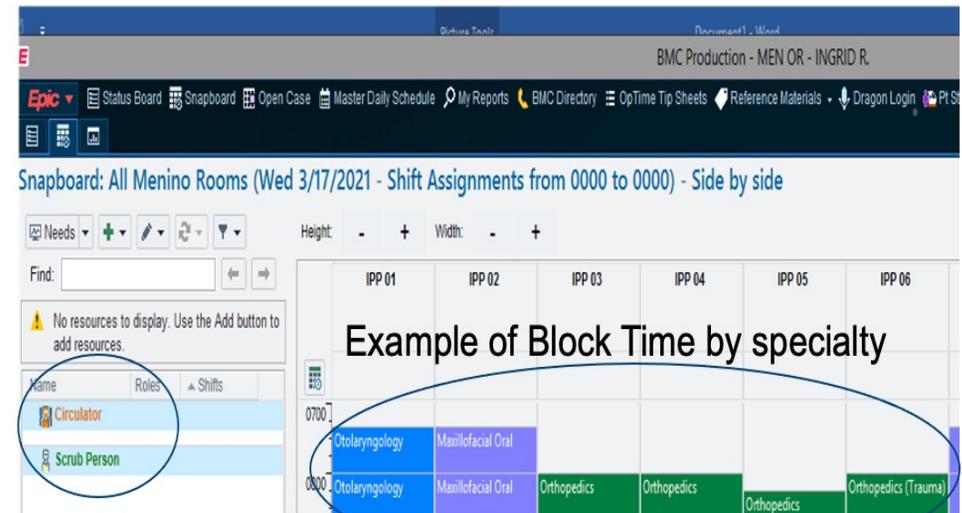
Post-consolidation Challenges to Address

OR Schedule

- Difficult to match skills to cases
- **5 Week** Surgical Block Time Schedule
 - Surgeon owns room for allotted time
- **4 Week** Staffing Schedule
- Add-on Cases
 - Unpredictable
 - Needed skillsets may not be available

Staffing Assignments

- Charge nurses assign staff
 - Manually input takes <3 hours
 - Use recall for staff assignments
- Don't know all staff's abilities or high performance teams (HPT)
- Staff reassigned to correctly match skills to case load
- Staff self-schedule does not match surgical specialty days



Empty Resource Sidebar on Snapboard

Is it Possible?



Create a tool to identify and track staff skills
(staff complete a self-assessment)



Build import from HR software to OpTime
OR Schedule (EPIC)



Populate names, schedule and skills into
OpTime



Goals



**Decrease
time to
complete
assignments
to <180 min**



**Accurately
assign skills
by case load
>60%**



**Improve
patient
outcomes
related to
staff
knowledge
and skills**



**Staff
satisfaction**
Work at highest level
of ability



**Physician
satisfaction**

The Task



Two Phase Project



Phase 1

Integration of staffing software export files into OR schedule



Phase 2

HR software as a resource for staff skills and skill level

Phase 1: Staffing Software Import to OR Schedule

November 2019 – March 2020

Prior to start of Phase 1

Goals

- Eliminate manual entry of names
- Reduce steps in assigning staff
- List staff scheduled by shift (including call)

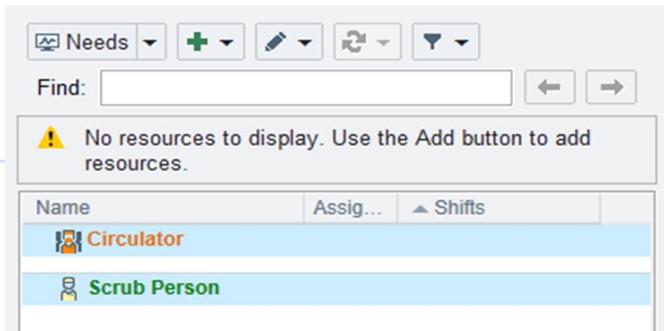


Figure 1: Pre-implementation view of Resource Sidebar

Following completion of Phase 1

Resource Sidebar on OR schedule shows names, but not skills

Name	Assignments	Shifts	
∨ Circulator			
∨ None			
Armyday, Dana-Circ, RN		0700 - 1530	✕
Ascensionday, Dana-Circ, RN		0700 - 1530	✕
Ashwednesday, Dana-Circ,...		0700 - 1900	✕

Figure 2: Resource Sidebar view following completion of Phase 1

Phase 2: Competency and Skills in HR Software

Workday interface for skills / competency

March 2020 – September 2020

Workday ability to store skills and skill level

Build individual skills

Attach skills to staff names

Data sent daily to Kronos to capture staff schedules

Staff name, schedule, skills, and team sent to OR schedule daily

Skills

Category	Competency	Assessed Rating	
Nursing IPP	High Performance Team 4	Orientee	 Edit
Nursing IPP	High Performance Team 5	Expert	 Edit
Nursing IPP	Orthopedic Joint Surgery	Expert	 Edit
Nursing IPP	Orthopedic Trauma	Expert	 Edit

Not able to send Assessed Rating (skill level) to OR schedule at completion of Phase 2

Final View: Resource Sidebar with Staff Names, Skill and Shift Auto Populated

Snapboard: BMC Menino OR (Tue 4/6/2021 - Shift Assignments from 0000 to 0000) - Default

Needs + - Refresh Filter

Find:

Name	Roles	Shifts
Circulator		
IPP 01 (Shift assignment)		
Allsaints, Dana-Circ, RN	HPT1, CARD, GEN	0500 - 1515
IPP 02 (Shift assignment)		
Arborday, Dana-Circ, RN	TRAU	0630 - 1845
IPP 03 (Shift assignment)		
Anzacday, Dana-Circ, RN	HPT5, OTO, CHG	0630 - 1845
Scrub Person		
IPP 01 (Shift assignment)		
Armistace, Dana-Circ, RN	HPT1, CARD, THOR	0630 - 1845
IPP 02 (Shift assignment)		
Ashwednesday, Dana-Circ, RN	TRAU	0600 - 1745
IPP 03 (Shift assignment)		
Armyday, Dana-Circ, RN	HPT5, OTO	0700 - 1730

Height: - + Width: - +

	IPP 01 -08:00	IPP 02 -08:00	IPP 03 -08:00
1500	Allsaints, Dana-Circ, RN 0000 - 2359 Armistace, Dana-Circ, RN 0000 - 2359	Arborday, Dana-Circ, RN 0000 - 2359 Ashwednesday, Dana-Cir... 0000 - 2359	Anzacday, Dana-Circ, RN 0000 - 2359 Armyday, Dana-Circ, RN 0000 - 2359
1600	(Eggf...y) Laparoscopic Repair He... ZzTRNOR, B ; F; 20 yrs	Laparoscopic Repair He... Diomedes, B ; F; 20 yrs	Laparoscopic Repair He... Lampedo, B ; F; 20 yrs
1700	Exploratory Laparotom... ZzTRNOR, B ; F; 20 yrs OR VIRTUAL (MEN OR); M.	Exploratory Laparotom... Armyday, B ; F; 20 yrs OR VIRTUAL (MEN OR); M.	Exploratory Laparotom... Banglanyd, B ; F; 20 yrs OR VIRTUAL (MEN OR); M.
1800	Laparoscopic Repair He... Achilles, B ; F; 20 yrs	Laparoscopic Repair He... Eurypyle, B ; F; 20 yrs	Laparoscopic Repair He... Marpesia, B ; F; 20 yrs
	Exploratory Laparotom... Allsaints, B ; F; 20 yrs OR VIRTUAL (MEN OR); M.	Laparoscopic Repair He... Ganymede, B ; F; 20 yrs	Laparoscopic Repair He... Melanippe, B ; F; 20 yrs
	Laparoscopic Repair He... Aegea, B ; F; 20 yrs	Exploratory Laparotom... Ascensionday, B ; F; 20 yrs OR VIRTUAL (MEN OR); M.	Laparoscopic Repair He... Myrina, B ; F; 20 yrs
	Exploratory Laparotom...	Laparoscopic Repair He...	Laparoscopic Repair He...

Assigned staff



Results



**Time
assigning
staff <90 min**



**Accurately
assign skills
to case load
≥70%**



**Patient
outcomes
data not
available**



**Staff
satisfaction
data not
available**



**Physician
satisfaction
data not
available**

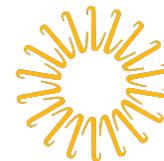
October 2021		
Skills	% of Cases with matching skills (1 or More Staff)	Total Case
Neuro/OTO/Oral	82%	160
Gyn/Uro	90%	135
Ortho	80%	190

Contact Information

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Implementation of a Process for Sending Patients Home with Take Home Medications in the Emergency Department

Donalynn Roberts MSN, RN-BC
Clinical Informaticist
Lifespan Providence, RI



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Lifespan Health System Details

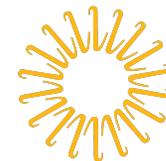
- Rhode Island's largest health system-state's largest employer with 14,000+ employees
- Four acute care facilities-full spectrum from level one trauma to community hospitals, children's hospital, and pediatric BH
- 1155 inpatient beds across all facilities
- 100+ outpatient clinics and labs
- AMC primary affiliation-Warren Alpert School of Medicine, Brown University



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Why Implement the Process?

- To provide a mechanism for distribution of doses remaining in a multi-use package to our patients in a manner compliant with Rhode Island Department of Health regulations and hospital policy.
- Reduce waste, save dollars, potential prevent readmission to ED

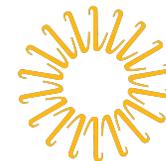


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Requirements of the Project

- The ED orders will appear on the Medication Administration Record (MAR) as expected.
- Take home orders will auto verify and generate a label from a centrally located printer in the ED.
- These labels must be affixed to the product by the prescriber before distributing to the patient to take home. Regulation: *“Medication dispensing, and labeling shall be limited to prescribers only and may not be delegated to other personnel.”*

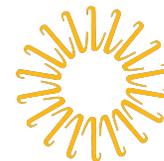


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Identify Medications

- Ophthalmic and otic preparations
- Respiratory inhalation medications available in an inhaler device
- Topical ointments, creams, lotions and solutions



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Fifteen medications

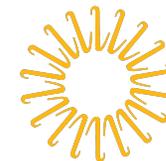
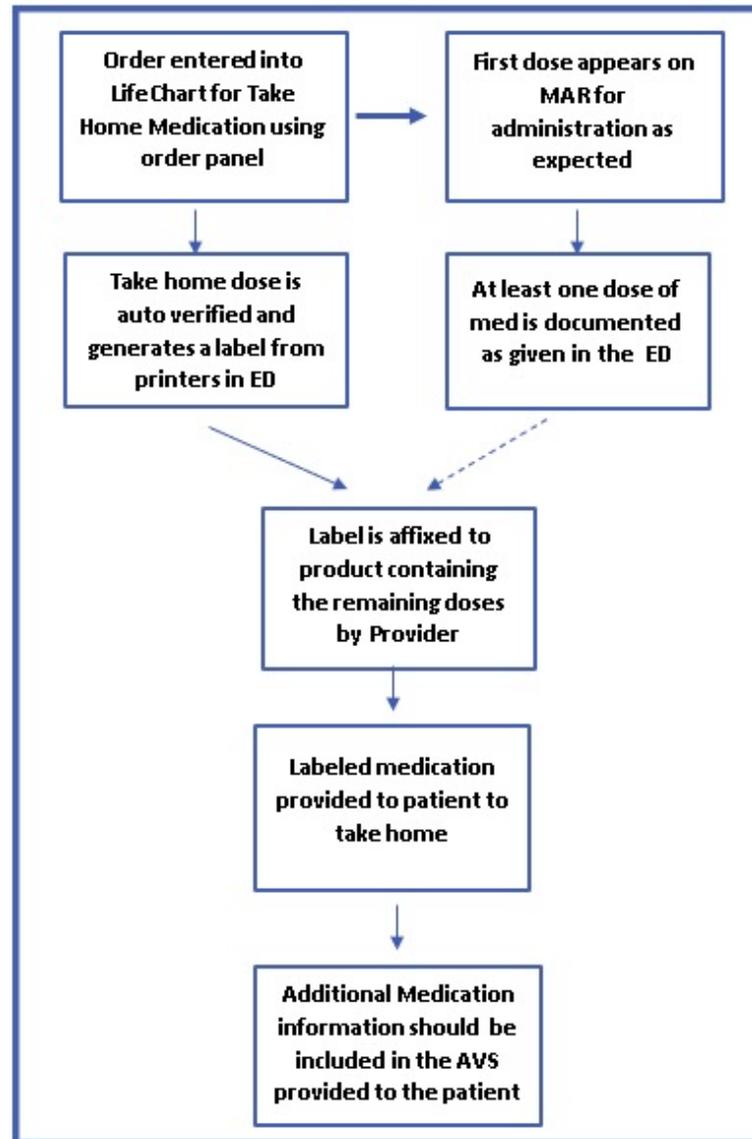
- **ALBUTEROL SULFATE HFA 90 MCG/ACTUATION AEROSOL INH**
- **BACITRACIN ZINC 500 UNIT/GRAM TOPICAL OINTMENT**
- **CARBAMIDE PEROXIDE 6.5 % EAR DROPS**
- **CIPROFLOXACIN 0.2 %-HYDROCORTISONE 1 % EAR DROPS,SUSPENSION**
- **CIPROFLOXACIN 0.3 % EYE DROPS**
- **CIPROFLOXACIN 0.3 %-DEXAMETHASONE 0.1 % EAR DROPS,SUSPENSION**
- **ERYTHROMYCIN 5 MG/GRAM (0.5 %) EYE OINTMENT**
- **FLUTICASONE 110 MCG/ACTUATION HFA AEROSOL INHALER**
- **FLUTICASONE 220 MCG/ACTUATION HFA AEROSOL INHALER**
- **FLUTICASONE 44 MCG/ACTUATION HFA AEROSOL INHALER**
- **NEOMYCIN-POLYMYXIN-HYDROCORT 3.5 MG/ML-10,000 UNIT/ML-1 % EAR SOLUTION**
- **OFLOXACIN 0.3 % EAR DROPS**
- **OFLOXACIN 0.3 % EYE DROPS**
- **POLYMYXIN B SULFATE 10,000 UNIT-TRIMETHOPRIM 1 MG/ML EYE DROPS**
- **SILVER SULFADIAZINE 1 % TOPICAL CREAM**



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Workflow Identified



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Order panel

- Set of three orders provider can place at once
- Order dose and frequency are defaulted in orders
- Route may be required to be entered (hard stops !)

neomycin-polymyxin-hydrocortisone (CORTISPORIN) otic solution - ED first dose and take home ✓ Accept

✓ neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution 4 drop ✓ Accept ✗ Cancel

Reference Links: • Lexicomp

Dose: 4 drop 4 drop

Route: Both Ears Left Ear Right Ear

Frequency: Once 3 times daily 4 times daily

At
4/13/2022 Today Tomorrow
1100

Admin Instructions: Otic SUSPENSION is the preferred otic preparation. Otic SOLUTION is used ONLY for bacterial infections of external a...

Priority: STAT Routine

Indications:
 chronic suppurative otitis media mastoidectomy cavity infections otitis externa

Indications (Free Text):

Additional Order Details

✓ Accept ✗ Cancel

✓ neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution TAKE HOME 4 drop
4 drop, 3 times daily, First dose today at 1600, 30 doses, Last dose on Sat 4/23 at 0800
Otic SUSPENSION is the preferred otic preparation. Otic SOLUTION is used ONLY for bacterial infections of external auditory canal.

✓ neomycin -polymyxin -hydrocortisone 1% 3.5-10,000-1 mg/mL-unit/mL-% otic solution
You have been provided with a medication to continue taking at home. Take this medication as indicated on the affixed label.

Next Required ✓ Accept

neomycin-polymyxin-hydrocortisone (CORTISPORIN) otic solution - ED first dose and take home ✓ Accept

✓ neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution 4 drop
4 drop, Both Ears, Once, today at 1100, 1 dose
Otic SUSPENSION is the preferred otic preparation. Otic SOLUTION is used ONLY for bacterial infections of external auditory canal.

✓ neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution TAKE HOME 4 drop
4 drop, Both Ears, 3 times daily, First dose today at 1600, 30 doses, Last dose on Sat 4/23 at 0800
Otic SUSPENSION is the preferred otic preparation. Otic SOLUTION is used ONLY for bacterial infections of external auditory canal.

✓ neomycin -polymyxin -hydrocortisone 1% 3.5-10,000-1 mg/mL-unit/mL-% otic solution
You have been provided with a medication to continue taking at home. Take this medication as indicated on the affixed label.
No Print, R-0

Synonym built to facilitate ordering

Orders

Manage Orders Order Sets Options

first dose | + New

Manage Orders Order Sets Options

take home | + New

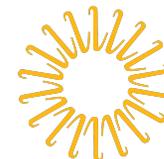


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Second order generates Medication Label

- Label prints when med ordered from the second order in the panel
- Printed label was approved by pharmacy to insure it met all requirements

Rhode Island Hospital 593 Eddy Street, PROVIDENCE RI 02903-4923 Phone number: 401-444-4000	
[Redacted]	
RIH Anderson - Ord#2269992	
50 yrs [5/18/1964]	CSN: [Redacted]
bacitracin zinc topical ointment TAKE HOME	
Apply topically 2 (two) times a day.	
Dispense Qty: [Redacted], MD	14.2 g Tube No Refills
Date Dispensed: 10/31 0928	



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Medication Administration

Acknowledge Orders (2)

New Orders Acknowledge All

- neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution 4 drop
- neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution TAKE HOME 4 drop

MAR (2) MAR

MAR Note - Click to Create

Due

- neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution 4 drop
Due 1015
4 drop : Both Ears
Admin instructions

Due Later

- neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution TAKE HOME 4 drop
Due 1600
4 drop : Both Ears
Admin instructions

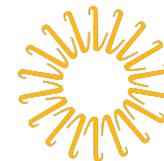
Last Admin Not Given

neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) otic solution TAKE HOME 4 drop
Due 1600
4 drop : Both Ears
Last action :
1036 Dispensed to Pt by Provider
Admin instructions

- Nurse acknowledges the orders
- Two tasks appear in the MAR toolbox of the ED Narrator: the first-dose and the take home medication

- Nurse documents the administration of the first dose

- Nurse documents the take home med was dispensed by provider



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Third order places Medication info on AVS

Third order contains the text “ You have been provided with a medication to continue taking at home. Take this medication as indicated on the affixed label.”

neomycin -polymyxin -hydrocortisone 1% 3.5-10,000-1 mg/mL-unit/mL-% otic solution Accept Cancel

Reference Links: [Lexicomp](#)

Order Instructions: CAUTION: Due to limitations of dispensing, rounding may occur for this product. You MUST check the patient sig to conf...

Product: **NEOMYCIN-POLYMYXIN-HYDROCORT 3.5 MG/ML-10,000 UNIT/ML-1 % EAR SOLUTION**

Sig Method:

Start Date: 4/13/2022 End Date:

Dispense: mL Refill:

Dispense As Written

Renewal Provider: Do not send renewal requests to me

Mark long-term: NEOMYCIN/POLYMYXIN B/HYDROCORT

Patient Sig: **You have been provided with a medication to continue taking at home. Take this medication as indicated on the affixed label.**
[Edit the patient sig](#)

Report: Common sizes:
DROP BTL: 10 mL

Class:



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After Visit Summary (AVS)

- Rules built to generate accurate clinical reference
- English and Spanish available

AFTER VISIT SUMMARY

The Miriam Hospital
Lifespan. Delivering health with care.

3/31/2022 The Miriam Hospital Emergency Department 401-793-3000

Instructions

Your medications have changed.

START taking:
neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN)

Review your updated medication list below.

Today's Visit

Medications Given
neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% (CORTISPORIN) Last given 4/13/2022 10:19 AM

What's Next
You currently have no upcoming appointments scheduled.

Changes to Your Medication List

START taking these medications

START neomycin 3.5 mg/mL-polymyxin 10,000 units/mL-hydrocortisone 1% 3.5-10,000-1 mg/mL-unit/mL-% otic solution
Commonly known as: CORTISPORIN

You have been provided with a medication to continue taking at home. Take this medication as indicated on the affixed label.

ED After Visit Summary Selected to print

Hydrocortisone; Neomycin; Polymyxin B ear solution

What is this medicine?

HYDROCORTISONE; NEOMYCIN; and POLYMYXIN B (nye droe KOR ti sone; nee oh MYE sin; pol I MIX in B) is used to treat ear infections.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

COMMON BRAND NAME(S): AK-Spore HC, AK-Spore HC Otic, Antibiotic Otic, Cortisporin, Cortomycin, Oti-Sone, Oticin HC, Otimar, Oticidin

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- any other active infections
- chronic ear infections or fluid in the ear
- perforated ear drum
- an unusual or allergic reaction to hydrocortisone, neomycin, polymyxin B, sulfites, other medicines, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

How should I use this medicine?

This medicine is only for use in the ears. Follow the directions on the prescription label. Wash hands before and after use. Clean your ear of any fluid that can be easily removed. Do not insert any object or swab into the ear canal. Gently warm the bottle by holding it in the hand for 1 to 2 minutes. Lie down on your side with the infected ear facing upward. Try not to touch the tip of the dropper to your ear, fingertips, or other surface. Squeeze the bottle gently to put the prescribed number of drops in the ear canal. Stay in this position for 30 to 60 seconds to help the drops soak into the ear. Repeat the steps for the other ear if both ears are infected. Do not use your medicine more often than directed. Finish the full course of medicine prescribed by your doctor or health care professional even if you think your condition is better.

Talk to your pediatrician regarding the use of this medicine in children. While this drug may be prescribed for selected conditions, precautions do apply.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at

- Medication appears on Home med list

Review Home Meds

Ongoing Comment: [+ Add Ongoing Comment](#)

Additional Home Meds [+ Add](#)

View by: **Rx/Patient Reported**

No Pharmacy Selected

Prescribed

neomycin-polymyxin-hydrocortisone 1% 3.5-10,000-1 mg/mL-unit/mL-% otic solution

You have been provided with a medication to continue taking at home. Take this medication as indicated on the affixed label, No Print, Last Dose: Not Recorded

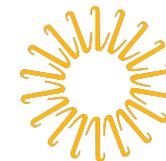
Refills: 0 ordered

Check Interactions Informants Find Medications Needing Review

Mark Unselected Taking Mark Unselected Not Taking

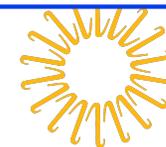
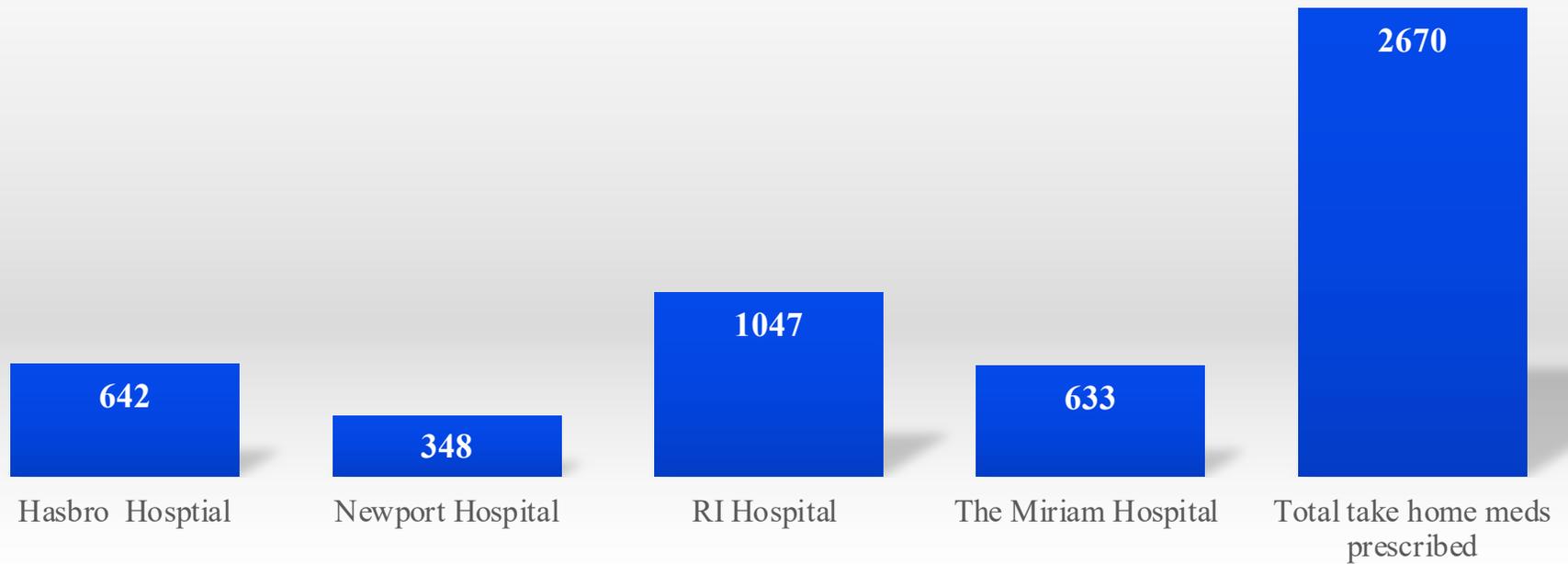
Taking PRN Not Taking Unknown Taking Differently Last Dose Taking?

Last Dose



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**Total Take Home Prescriptions
per Lifespan Emergency Department from
12/18 /2019 and 2/28/2022**



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Potential Savings

Medication	Number of Prescriptions	Average patient \$ copay with Insurance	\$ cost savings
Albuterol inhaler	246	45	1,170
Bacitacin topical ointment	229	31	7,099
Carbamide Ear drops	35	11	385
Ciprofloxacin ear drops 0.2%	39	30	1,170
Ciprofloxacin ear drops 0.3%	427	60	25,620
Ciprofloxacin eye drops	39	13	507
Erythromycin eye ointment	1100	21	23,100
Fluticosone inh 100mcg Inhaler	28	50	1,400
Fluticosone inh 250 mcg Inhaler	5	50	250
Fluticosone inh 50 mcg inhaler	29	50	1,450
Cortisporin ear drops	118	35	4,130
Ofalxacin ear drops	109	20	2,180
Oflaxacin eye drops	50	21	1,050
Polymycin B Sulfate eye drops	38	15	570
Silver Sulfadiazine topical cream	193	20	3,860
Totals	2685		73,941

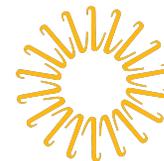


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Thank you

*Do you
have any*



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