

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.

4653 Folsom Blvd, Sacramento, CA

phone number

Clinic Hours: Saturdays 9am-2pm

First Sunday of the month (Cancer Screening) 9am-1pm

TABLE OF CONTENTS

Introduction

History & Announcements

Common Maladies at PHAC

Pharmacy

Blood Draws

Social Services & Dental Care

About Us

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 Co-D's

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 Sacramento every Saturday.

ANNOUNCEMENTS

Charts must be signed both by MS and MD

Please leave unsigned charts on the main table in the office 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

Please have a PA fill out the requisition forms and label the tubes properly. The PA will log out the specimen on the lab sheet located in the main office. 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. 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 to do a blood draw, please remember to fill out the green referral slip detailing what labs need to be done, when to return, 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.

Medications

Please ask patients with low income and certain chronic conditions if they are interested in the PAP program (patient assistance 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 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:

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.

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

There is a Target and Wal-Mart \$4 drug list posted in the office. We try to prescribe the generic drugs on this list. If the patient requires an expensive drug not on the list, we have a Patient Assistance Program (PAP Program) that provides brand name medications for free to patients who qualify.

Remember to **make a copy** of any prescriptions you write and put it behind the visit sheet.

BLOOD DRAWS

Most common laboratory tests:

Blood test (see below for instruction)

Urine test

Pap smear

Fecal occult blood

**All lab specimens sent to UCDCM 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 booklet on the counter 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 (PAs will help you with this). REMEMBER to check if patient is fasting (especially for Lipid Panel and glucose).

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 order of the rainbow (ROYGBIV).
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.

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.

External Contacts:

1. Sacramento County Clinic 2921 Stockton Blvd (916) 874-9670

ABOUT US

Medical Director of PHAC - Ronald Jan, MD

PHAC Co-Directors, Class of 2014

Yen Hsieh
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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.