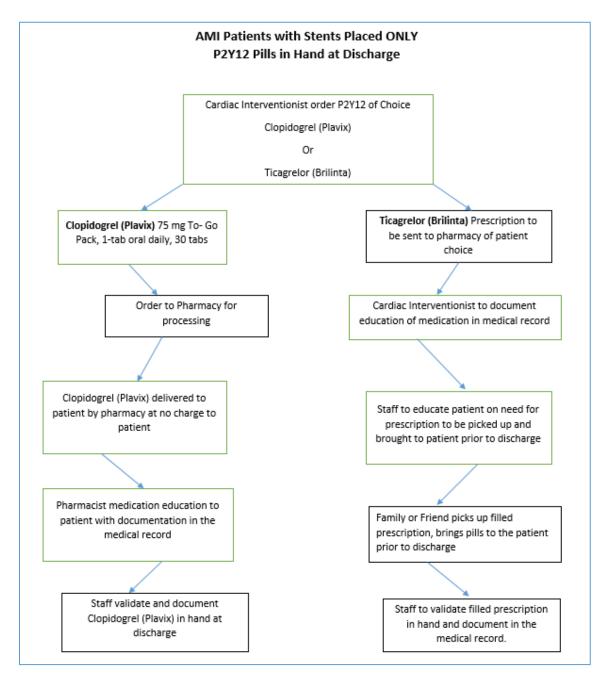
	<b>30 Day Supply of P2Y12 Inhibitor for AMI Patients with Stent Placement</b> Go-Live: May 16, 2023
Purpose:	Chest Pain Center Accreditation requires the following measure:
	The facility has a process in place or mechanism to create a method to fill P2Y12 inhibitor prescriptions prior to hospital discharge for patients in whom a stent has been placed. (EC7.M8)
Picture:	Iredell Health System sees approximately 10 patients per quarter that meet this definition (in 2019 a total of 28 patients met this criteria). The pharmacy department will provide a 30 day supply of the following P2Y12 inhibitor, Plavix, at no charge to the patient. A written prescription in hand does not meet this standard.
	<ul> <li>Price per agent:</li> <li>Plavix 75 mg tablet #30 \$1.81 - Anticipated cost to health system per year: \$72.40</li> </ul>



## Plavix Program PROCEDURE:

## 1) Order to be placed through the INTER CARD - Post-Intervention Order Set-IMH

- a. Order for the Plavix to-go pack to populate in PharmNet for verification
  - b. Consult to Pharmacy for counseling

+4 hr	😙 clopidogrel (THP clopidogrel 75 mg tab)	1 bottle(s), Oral, Once
		Take 1 tablet by mouth daily. Nursing to ensure given as a To Go Pack prior to discharge.
	🔀 Consult to Pharmacy	T;N, Provide counseling for clopidogrel to go pack
	📕 clopidogrel (clopidogrel 75 mg oral tablet)	75 mg = 1 tab(s), Oral, Daily, Take clopidogrel 75mg daily that was given to you at the hospital before filling this prescription., # 30 tab(s), 0
	🗳 OR	
	ticagrelor (ticagrelor 60 mg oral tablet)	60 mg = 1 tab(s), Oral, BID, # 60 tab(s), 0 Refill(s)
	ticagrelor (ticagrelor 90 mg oral tablet)	90 mg = 1 tab(s), Oral, BID, # 60 tab(s), 60 Refill(s)
	🖄 Misc Nursing Task	T;N, Ensure family/responsible person fills Brilinta (ticagrelor) and patient has in hand prior to discharge.

## 2) VERIFY the patient has had an AMI with STENT Placement

3) Process the order in PharmNet. Utilize the "*Pass*" function and create a label for the 30 Day supply bottle.

te Profile	Ambulatory	Profile	e Result	s Inte	rventio	ons Unverif	ied Orders Monitor
g:							
	ction	_	Status		_	_	Order Sentence
		$\sim$	Active		2	<₽	heparin + Premix D5 Soln IV Per DVT/PE Pro
•		$\sim$	Active		2=	5	heparin + Premix D5 Soln IV Per DVT/PE Prot
		$\sim$	Active		2=	₽.	Lactated Ringers, Intravenous Soln-IV 1,000
•		$\sim$	Active		2	5	ropivacaine 0.2% Disp Bolus + premix Nerve
•		$\sim$	Active		2=	₽.	ropivacaine 0.2% Disp Bolus + premix Nerve
•		$\sim$	Active		5=	8	ropivacaine 0.2% Disp Bolus + premix Nerve
•		$\sim$	Active				CARBOplatin + Sodium Chloride 0.9%, Intrave
•		$\sim$	Active				thiamine + Sodium Chloride 0.9%, Intravenou
		$\sim$	Active		5.		acetaminophen-HYDROcodone 325 mg-7.5
		$\sim$	Active		2.		acetaminophen-HYDROcodone 325 mg-7.5
		×	Active				acetaminophen-HYDROcodone 325 mg-7.5
Ī	/erify	$\sim$	Active	b	2	₽	clopidogrel Tab 1 bottle(s) Oral Once
		$\sim$	Active		5=	2	ePHEDrine Injection 5 mg / 1 mL IV Push g5r
		$\sim$	Active		2	9	fentanyl Injection 11 mcg / 0.22 mL IV Push g
		$\sim$	Active		2.	8	fentanyl Injection 25 mcg / 0.5 mL IV Push g3
		~	Active		-	-	multivitamin Tab 1 tab(s) Oral Daily
		$\sim$	Active		54	8	ondansetron Vial 2.2 mg / 1.1 mL IV Push On
		~	Active			ē	ondansetron Vial 4 mg / 2 mL IV Push Once I
		-	Active			~	abandarbeira Sala 100 mag (1 mL IV Duck a

⊿	Drug	Dose		Ordere		
⊿ 66°	clopidogrel THP clopidogrel 75 mg [	1 bottle	8(8)	THP	clopidogrel 75 mg ta	ib
Route: Dral	*Frequency:	✓ der Custom	PRN doses:	PRN reason: (None)		Physician IONE, DO
uration:	(None)	* Start date: 05/05/2023	*Time: EDT	Stop date: 05/05/2023	Time: EDT	St
revious	scheduled administration:	Next administratio		Following: EDT	↓ 14.00 ↓ Skip	Re
*/**/****				**/**/****		
	mments:		60	duct notes:		
	ablet by mouth daily. Nursing to					
Take 1 ta	ablet by mouth daily. Nursing to lischarge.		~			
Take 1 ta prior to d	lischarge.	*Communication type:		er priority.	Sequence:	
Take 1 ta prior to d losage fr Tab	orm:	* Communication type: Verbal w/ Readback	~ Rou	er priority: ttine  v	(None) V	
Take 1 ta prior to d osage fr Tab Dispens	orm: e category:	* Communication type: Verbal w/ Readback * Dispense from locatio	V Rou	itine ~	(None) V Initial quantity:	
Take 1 ta prior to d losage fr Tab	orm: e category: v )	* Communication type: Verbal w/ Readback * Dispense from locatio	V Rou		(None) V	

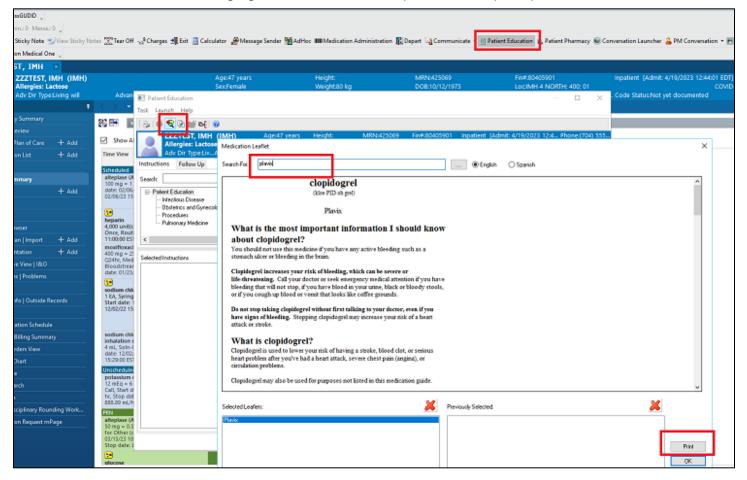
~	Active	2=	9	acetaminophen-HYDROcodone 325 mg-7
Pass 🗸	Active	2=	9	clopidogrel Tab 1 bottle(s) Oral Once
~	Active	2=	₽	ePHEDrine Injection 5 mg / 1 mL IV Push g

	1	$\sim$	Active	2=			
		$\sim$	Active	2.		M PassMed	
Ŀ			Active	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9	*Physician: *Dispense from location: *Printer:	
	Pass	$\sim$	Active	5=	9	NONE, DOC MH Central Pharmacy v 😚 ihsrxud01z	,
Ľ		$\sim$	Active	2=	₽.		-
	•	$\sim$	Active	5=	9	Action Drug Dill Cd	
		$\sim$	Active	5=	9	[None] v clopidogrel Tab 1 bottle(s) Oral Once 30 EA IMH No Charge	: \
	•	$\sim$	Active				
	•	$\sim$	Active	54 54	₽.		
	•	$\sim$	Active	5=	8	Instructions:	
		$\sim$	Active	5=	₽.		
						Take 1 tablet by mouth once daily	

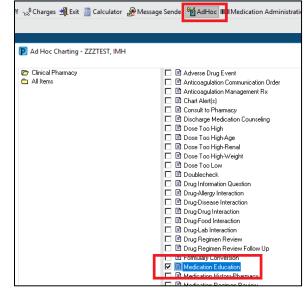
4) Label to print out from Cerner and adhered to the bottle. Plavix 30 days Supply bottle will be stocked in Omnicell Carousel. Count will be kept per bottle, not per tablet. Will keep a PAR of 5.

[THP = Take Home Pack]

5) Patient education needs to be printed from Cerner and should be dispensed with the Plavix. See screenshot below and click the items highlighted in **red** to access the printout. Example of printout attached.



- 6) *Coordinate with floor nurse* when would be the best time to provide patient counseling prior to discharge.
  - a. Pharmacist are only responsible for providing counseling when patient is on an acute care floor.
  - b. If patient is doing same day discharge from the Cath Lab Cath lab nursing/provider shall provide the counseling and document. \*Pharmacy should still provide the education printout with the bottle.
  - c. Counseling only to be provided by pharmacy when there is at least 2 pharmacist on staff. If not the case, the acute care nurse/provider is to provide the counseling and document.
- 7) Documentation of Counseling encounter should be completed in Cerner as seen below:



8) Nursing will chart on MAR as 1 bottle given to patient prior to discharge. No charge to the patient.

Name of Medication	Responsible Learner(s)	Teaching Method
Plavix	Patient Spouse	Demonstration     Electronic     Electronic     Explanation     Printed materials
Home Caregiver Present for Session		✓ Trinied Indenias ✓ Teach-back □ Video/Educational TV □ Web-Based
● Yes ○ No		
Barriers To Learning		
Acuity of illness       Emotion         Cognitive deficits       Finance         Cultural barrier       Hearing	cial concerns 🔲 Vision impairment	
Documentation of the following respon deficit, Difficulty concentrating, Memo	uses to "Barriers to Learning" will create an order for any problems	r a Morse Fall Risk assessment if not done within last 24 hours:
Documentation of the following respon deficit, Difficulty concentrating, Memo Document Learning Evaluation for Res Med Dosage, Route, Scheduling Medication Diet Medication Indication Medication Lab Monitoring	ny problems sponsible Learner(s) Verbalizes understanding Demonstrates Need	
deficit, Difficulty concentrating, Memo Document Learning Evaluation for Res Med Dosage, Route, Scheduling Medication Diet Medication Indication	iry problems sponsible Learner(s) Verbalizes understanding Cemonstrates Need X X X X X X X X X X X X X X X X X X	
deficit, Difficulty concentrating, Memo Document Learning Evaluation for Res Med Dosage, Route, Scheduling Medication Indication Medication Indication Medication Mode of Action	ry problems sponsible Learner(s) Verbalizes understanding X X X X X X	
deficit. Difficulty concentrating, Memo Document Learning Evaluation for Res Med Dosage, Route, Scheduling Medication Diet Medication Indication Medication Lab Monitoring Medication Mode of Action Medication Precautions Medication Side Effects Education Referral Made To	vry problems  sponsible Learmer(s)  Verbalizes understanding  X  X  X  X  X  X  X  X  X  X  X  X  X	ds further teaching Needs practice/supervision Comme
deficit, Difficulty concentrating, Memo Document Learning Evaluation for Res Med Dosage, Route, Scheduling Medication Indication Medication Indication Medication Precautions Medications Medication Precautions Medications Medicatio	In problems	ds further teaching Needs practice/supervision Comm
deficit, Difficulty concentrating, Memo Document Learning Evaluation for Res Med Dosage, Route, Scheduling Medication Indication Medication Indication Medication Indication Medication Precaultons Medication Medication Precaultons Medication Medication Precaultons Medication Medicati Medication Medication Medication Medication Medication Medi	In problems	Additional Learner(s) Present  Additional Learner(s) Present  Significant otil  Frierd Significant otil  Grandmother Gitter Gitter
deficit, Difficulty concentrating, Memo Document Learning Evaluation for Res Med Dosage, Route, Scheduling Medication Indication Medication Indication Medication Indication Medication Precautions Medication Displays Di	In problems	Additional Learner(s) Present  Additional Learner(s) Present  Significant oti  Frierd Son  Grandrather Other:  Grandrather Other: