



InPharmation

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Staff Spotlight

Andrenika Steyr, CPhT

Favorite Quote: "Be the change you wish to see in the world." ~ Mahatma Gandhi



Andrenika, from New Orleans enjoys helping save the lives of those most in need. She has 3 brothers and 2 sisters and enjoys shopping and baking.

Although Andrenika enjoys the pharmacy life, she would be a flight attendant if given the opportunity. She would be able to travel the world with her niece Jane who means the world to her. Andrenika also enjoys tailgating at the Saint's home games where you might find her munching on Cajun seafood pasta or butter pecan ice cream.

Andrenika's idea of joy is a feeling of contentment and pure happiness. She displays that feeling every day in the pharmacy. You can find Andrenika and her joyful smile on the evening shift!

American Pharmacists Month

By Laura Carrell, PharmD

October is American Pharmacists Month. For many, this may simply mean a little extra recognition from hospital peers and the public, but it can also be a good opportunity for us to advocate for our profession. In fact, the American Pharmacists Association (APhA), states that the purpose of American Pharmacists Month is to draw attention to the profession of pharmacy. With this increased focus comes increased questions from the public. Below are some suggested answers to commonly asked questions about the profession of pharmacy.

Don't pharmacists just count pills all day?

Pharmacists are highly educated medical professionals that work in over 200 careers over various healthcare settings. Pharmacists not only dispense medications, but also provide direct patient care. After extensive time spent in school, pharmacists are able to optimize drug therapy regimens and improve health outcomes for all patients. In some instances, pharmacists are able administer vaccines, provide patient health and wellness screenings, serve on a team of healthcare professionals, and manage chronic disease states. Pharmacists are the most easily accessible healthcare professionals who are highly qualified to manage patients' drug therapy regimens. The profession of pharmacy is continually growing and changing in ways that allow pharmacists to play a vital role in the treatment of patients.

What are some things that pharmacists do every day?

Although no one pharmacist does all of these things, pharmacists are qualified to administer vaccines, provide patient health and wellness screenings, serve on a team of healthcare professionals, manage patients with chronic disease states, dispense medications, check for medication errors, work

with insurance companies, counsel patients about their medications, respond to medical codes, recommend and adjust doses of medications, compound medications, create public health policy, educate the public about health issues, and manage technicians and pharmacy business.

How much education is required to become a pharmacist?

After high school, students take 3-4 years of college coursework before applying to pharmacy school. Pharmacy school is a 4 year program that awards graduates a Doctor of Pharmacy degree, abbreviated Pharm.D., upon completion. After pharmacy school, graduates may choose to complete a residency program or fellowship, both of which involve 1-2 years of intensive training and further prepare the pharmacist to practice.

If pharmacists don't just work in pharmacies, where else do they work?

Pharmacists work in almost every health care setting (for humans and animals!). Here are some examples of places that pharmacists work:

- Hospitals
- Nursing homes
- Veterinarians' offices
- Physicians' offices
- Drug company headquarters
- Insurance company headquarters
- Universities

How can my pharmacist help me with my medication questions?

In order to receive the most benefit from their medications, it is important for patients to work with their health care providers—including pharmacists. One way to do this is to keep an updated list of all prescription and non-prescription medicine (including alternative medicines or dietary

Oral Hypoglycemics:

- Pioglitazone and sitagliptin are no longer on formulary. The only oral hypoglycemic on formulary are metformin and glipizide.

Albuterol:

- Albuterol 8gm inhalers are now back on the market after the recent shortage. All 18gm inhalers have been eliminated and removed from the pyxis machines and the 8gm inhalers have taken their place. When entering orders for albuterol inhalers, please remember to only use the 8gm.

Zosyn:

- Zosyn 4.5gm has been switched from frozen IVPB to the 4.5gm vial snap on in 100mL of D5W. It has been built as a one-liner (ABXZOS45D5W) in Cerner and Powerchart. Please take note when these orders come across to make sure the right one is being chosen.

Vasopressin:

- Vasopressin 40 units in 100mL has been added to Cerner and Powerchart as a one-liner (CCVASO40U100ML). We are no longer using the 50 units in 50mL anymore.

Policy Changes

- Buprenorphine/naloxone (Suboxone SL film) can be automatically interchanged to buprenorphine tablets.
- Dexmedetomidine (Precedex):
 - ◇ This medication will now have restricted ordering privileges to critical care providers for the follow service line:
 - * CCMS
 - * LSU ICU
 - * Trauma
 - * CVT
 - * Emergency department
 - * Anesthesiology

Pharmacists Month (continued)

supplements you may be taking. Share that list with your doctor and pharmacist to be sure that the entire health care team can make decisions about how to optimize your treatment. Working together, we can make sure that you receive the best treatment possible.

ISMP Safety Practice Guidelines

InPharmation will be bringing you a new series from the ISMP IV PUSH Safety Summit in 2015

Safe Practice Guideline 3: Clinician Preparation

3.1 Withdraw IV push medications from glass ampules using a filter needle or straw, unless specific drugs preclude their use.

3.2 Only dilute IV push medications when recommended by the manufacturer, supported by evidence in peer-reviewed biomedical literature, or in accordance with approved institutional guidelines.

3.3 If dilution or reconstitution of an IV push medication becomes necessary outside of the pharmacy sterile compounding area, perform these tasks immediately prior to administration.

3.4 Provide instructions and access to the proper diluent when reconstitution or dilution is necessary outside of the pharmacy sterile.

- This may consist of “pharmacy-prepared kits,” or having the information readily available in an electronic medication administration record (eMAR).

3.5 Do **NOT** withdraw IV push medications from commercially available, cartridge-type syringes into another syringe for administration.

- This unsafe practice can lead to contamination, dosing errors, drug mix-ups, and other medication errors. Carpuject syringes were introduced to save time and reduce the potential for medication errors by limiting the number of steps required for preparation of a medication.

3.6 Do **NOT** dilute or reconstitute IV push medications by drawing up the contents into a commercially available, prefilled flush syringe of 0.9% sodium chloride.

3.7 When necessary to prepare more than one medication in a single syringe for IV push administration, limit preparation to the pharmacy.

- Compounding of more than one drug in a single syringe should be carried out in the pharmacy, in compliance with USP <797>.

3.8 **NEVER** use IV solutions in containers intended for infusion, including mini-bags, as common source containers to prepare IV flush syringes or to dilute or reconstitute medications for one or more patients in clinical care areas.

- IV infusion bags are labeled by the manufacturer as single-dose containers, and as such, are intended for administration as a single dose for use promptly after the container is opened.

Regulatory

Recent FDA Approvals

First automatic insulin pump approved. This device, Medtronic's MiniMed 670G, automatically monitor's blood glucose and provides appropriate basal insulin doses. It is approved for patients aged 14 years and older with type 1 diabetes and can be used as long as the typical daily dose of basal insulin is at least 8 units.

FDA Med Safety Alert

- Homeopathic teething tablets or gels
 - ◇ These products are not regulated by the FDA, but there have been reports of seizures and other events in children given these products. For alternatives, the FDA recommends consulting with a health care professional.
- Triclosan and triclocarban removed from OTC antimicrobial soaps
 - ◇ Since manufacturers were not able to demonstrate that these ingredients were both safe for long term daily use and more effective than plain soap,

the FDA ruled that these ingredients may no longer be marketed. Of note, this rule does not apply to antibacterial products used in health care settings or consumer hand sanitizers or wipes. Manufacturers have one year to remove these ingredients from their products

- Rivaroxaban (Xarelto)
 - ◇ Although there was some question as to whether or not Xarelto (rivaroxaban) is safe and effective in patients with atrial fibrillation, the FDA has stated that it is safe based on a variety of analyses completed by the agency. The results of the pivotal ROCKET-AF study were called into question when the INR-measuring device used was recalled over its potential to generate inaccurate results, but the FDA has concluded that the drug is still safe and effective for use in patients with atrial fibrillation.

Do you want to join the pharmacy newsletter?

We are recruiting new members to help with content selection and the staff spotlight. If you are interested, please contact Jennifer Jones!

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Reminders

October 17-21st: Pharmacy Week, refer to Celeste's emails for events

October 27th: Trick or Treat Trail, dress in your Mickey Mouse themed best and donate candy to Tommy

November 31st: Happy Halloween!

November 8th: Election Day! Exercise your right to vote!