



InPharmation

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Staff Spotlight



Demetria White,
Pharm.D.

“Hakuna Matata!”

Demetria, born and raised in New Orleans is one of the newest pharmacists on the team. In a perfect world, she would be a celebrity stylist, shopping on someone else’s dime. For now, she will stick to styling her friends and impacting the lives of patients. Demetria loves her family! They mean the world to her. She would literally be lost without her daddy, 3 older sisters and boyfriend. Coming in a close second to her family is the New Orleans Saints. Demetria plans to watch her “boys” take it all the way....to the first round of the playoffs this football season!

Some of Demetria’s favorite things include shopping and eating cereal and pizza. She is easy to please. So any kind of cereal and cheese pizza, to ward off calories and the guilt, would be perfect for her!

For now, you can find Demetria around the main pharmacy. When you see her, be sure to give her a big “WHO DAT” welcome!

A Pharmacist in the Midst of the Louisiana Flood Zone

The following article is an interview conducted by Timothy Gauthier, Pharm.D., BCPS-AQ ID. Tim curates an online blog (www.idstewardship.com) and interviewed one of our staff about the pharmacist’s role during the Great Flood of 2016.

During the time of a natural disaster the role of the pharmacist can change dramatically. Here, a pharmacist who found herself in the midst of the 2016 Louisiana flooding discusses her experiences working in the setting of a natural disaster.

In August 2016 prolonged rainfall in the American state of Louisiana caused catastrophic flooding. Thousands of houses and businesses were submerged or substantially damaged, many human lives were lost and the natural disaster was labeled by many as the worst in the United States since Hurricane Sandy hit the east coast in 2012.

Unfortunately natural disasters may occur anywhere. So what can we do to prepare?

One thing we can do is familiarize ourselves with information provided by leading organizations. For pharmacists, both the [National Association of Boards Of Pharmacy](#) and [American Society of Health-System Pharmacists](#) have provided insight on emergency preparedness.

A second thing we can do to prepare for emergency scenarios is to learn from the experiences others have been through. This is the purpose of the following interview.

Here, a pharmacist working in the midst of the 2016 Louisiana flooding reflects on her experiences and provides insights on what it is like to be a pharmacist during a natural disaster. The following is an interview with Katie Aymond Ducote, Pharm.D., BCPS.

1. Could you briefly discuss your background as a practicing pharmacist?

I obtained a doctor of pharmacy degree from the School of Pharmacy at University of Louisiana at Monroe. Following pharmacy school I completed a Post-Graduate Year-1 Pharmacy Practice Residency at Louisiana State University Health Science Center in Shreveport. I have been working in the hospital setting since that time and currently work as a Cardiology Clinical Pharmacist Specialist at large hospital in Baton Rouge.

Of note, I worked as a community pharmacy technician during hurricane Katrina in 2005.

2. What has been the most surprising task you have found yourself doing as a pharmacist working in the area of a natural disaster?

There is a rather large movie studio in Baton Rouge with eight sound stages. A shelter facility was created there after the storm. Many physicians and nurses have volunteered there to triage people and assist in preventing the emergency departments from becoming overwhelmed.

Our clinical director received a call asking for pharmacists to help organize medications at the movie studios as many pharmaceutical company representatives, doctors offices and pharmacies in the city had donated medications. When I arrived it was a bit striking just how much medication had been donated. There were many boxes full of prescription drugs.

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Cefepime

- Due to the current national shortage of cefepime and limited supply, all new orders for cefepime MUST be converted to an appropriate agent.
- Ceftazidime (Fortaz) is the appropriate agent for most indications and is dosed 1-2 g q8h. Renal dosage adjustments can be found on FormWeb
- If the anaerobic coverage is needed, add metronidazole (Flagyl) 500 mg IV q8h to ceftazidime.
- If the patient has a CNS infection and streptococcus pneumoniae is suspected, meropenem 2g IV q8h is an appropriate alternative
- Please note that any of these changes requires a phone call to the physician as there is no P&T approved automatic interchange.

Protocol of the Month: Rasburicase

Rasburicase (Elitek) is a non-chemo agent that is used to treat hyperuricemia associated with certain malignancies. While it is allowed to be given on a non-oncology floor, there are several restrictions to the dosing based on the P&T approved protocol.

- Adult patients may receive a maximum of rasburicase 6mg IV x 1 dose if they:
 - Have an established diagnosis of malignancy associated with a high risk of tumor lysis syndrome (acute leukemias with WBC >50,000), Burkitt's or lymphoblastic lymphoma, other lymphomas with bulky disease)
 - Or, meet two of the following criteria
 - Hematologic malignancy which may be associated with TLS, but not listed above
 - Solid tumors with high proliferative rates and rapid response to therapy (germ cell tumor, small cell lung cancer, etc)
 - Uric acid >7.5 mg/dL
 - Signs of renal dysfunction in patients with a malignancy diagnosis
- Patients may receive an additional dose of rasburicase 6 mg IV X1 within 7 days if the uric acid >2.5 mg/dL

This policy has been posted in FormWeb under Medication Use Guidelines.

Cerner Additions

Although many of these agents are nonformulary or formulary restricted, they are now built in Cerner to allow for accurate drug interaction checking.

- Propylthiouracil 5 mg/mL oral syringe
- Lemtrada 1mg/0.1mL
- Tabloid 20 mg/mL oral syringe
- Study-PioneerHF
- Dr. Cataldo's mouthwash 130 mL
- Suboxone 8 mg/2mg SL film
- Pulmozyme 5mg/30mL NS syringe
- Prolixin 5mg & 10mg tablet

ISMP Safety Practice Guidelines

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

Safe Practice Guideline 2: Aseptic Technique

2.1 Use aseptic technique when preparing and administering IV push medications, flush/locking solutions, and other parenteral solutions administered by direct IV injection. Aseptic technique includes:

2.1a Hand hygiene prior to and after preparation and administration of the medication or solution

2.1b Disinfection of the medication access diaphragm on a vial or the neck of an ampule prior to accessing the medication or solution

2.1c Disinfection of the IV access port, needless connector, or other vascular access device (VAD) prior to administration of the medication or solution

2.1d The use of personal protective equipment (PPE) if contact and exposure to blood or bodily fluids are possible when administering the medication or solution.

Aseptic technique is the most important part the process in ensuring the sterility of IV push medications, flush/locking solutions, and other parenteral solutions. Hand hygiene and the use of PPE (gown, gloves, mask, etc.) are vital in participating in the preparation of any of the aforementioned products. Also, "pop-off" vial caps are sometimes thought to maintain sterility of the vial access point, however that is not the case. These caps are merely "dust covers" and therefore once removed, the vial access point should be disinfected and allowed to dry for 10 seconds before continuing.

Safety Opportunities

Liposomal amphotericin B (AmBisome) is not compatible with NS, ½ NS, or other saline-containing solutions. If using an existing line, it should be flushed with D5W before and after infusion. Furthermore, due to risk of nephrotoxicity, it is important to keep the patient hydrated. If necessary, reach out to the physician and discuss giving the patient fluids after administration of amphotericin B. Also, remember the lipid-based and conventional formulations of amphotericin B are not interchangeable and have different dosing recommendations.

Flood (continue)

People came to see us at the shelter with their prescription bottles and we did our best to provide them with a “refill” using the supplies on hand. We also worked in shifts to give support to the physicians filling medications from our makeshift pharmacy in a non-air conditioned warehouse which was about the size of two football fields.

Each of the eight sound stages housed about a 1,000 flood victims on cots making it a sizable production.

This was not the environment I ever envisioned myself working in as a pharmacist, but it was an excellent learning opportunity and we were able to help a lot of people.

3. With all of the flooding, exposure of wounds to water must have become an issue. Can you talk about your experience with this?

Many people helping with clean up had been wading through water to get access to homes and people in need of assistance. While most of the water came from rain, some areas had rivers or sewage systems overflow.

Being a hot and humid part of the country, we traditionally see an increase in admissions for cellulitis during summer months, but with the floods we have had many more patients being admitted with cellulitis plus water exposure. Additionally, puncture wounds and lacerations sustained to lower extremities while wading through turbid water have become frequent.

We have had to be conscious as a group that the patients we are treating now have exposure to pathogens we are not typically used to seeing with traditional cellulitis. We have been adding drugs such as clindamycin, metronidazole or doxycycline to traditional regimens at times to cover for bacteria found in sewage or the water environment (e.g., *Vibrio vulnificus* and *Aeromonas hydrophilia*).

4. Are there any drugs that you have been surprised to see used with increased frequency?

Being in south Louisiana we are not strangers to snakes. I suppose it should not be surprising that with rising waters we have had an increase in the mobilization of the snake population, but it has been a bit striking. Many of these snake bites have been the result of wading through murky water.

With more snake bites we have seen an increased need for crotalidae polyvalent immune FAB (Ovine), which is best known by its much easier to pronounce brand name of CroFab.

We have also had to acquire a large supply of tetanus vaccines. Physicians had been advised that whether or not a patient was believed to have a wound that warranted a booster, the opportunity should be used to screen people for it.

There were some rumors that all people helping in relief efforts should receive a tetanus vaccine, but I have not seen that recommendation directly from a reliable source as of yet.

5. If you could give advice to pharmacists who may find themselves working in an area of a natural disaster, what would it be?

After Hurricane Katrina and now this, I think the greatest thing that we can offer as pharmacists is to be accessible and lend our time plus expertise.

Pharmacists are known as the most accessible healthcare professional, but as a hospital pharmacist it can be hard to feel like this is true. At times like this though, it does not matter what kind of pharmacist you are. Pharmacists can easily provide services to support the relief effort as an accessible healthcare professional. It is important that pharmacists realize their value, using their time and skills to help others during situations like this.

Keeping calm, helping stay organized, and offering your assistance in anyway possible is a great way to give back to your community. I have been recently reminded how little front end practitioners (*i.e.*, physicians, mid-level practitioners) know about what happens after they write a prescription. If we can facilitate that process in any way, it helps tremendously.

In the hospital our greatest help is anticipating need however possible. Being aware of the “odd” things that are happening like water borne diseases, snake bites, vaccinations and educating the pharmacy staff on new important recommendations helps provide better care to the patients. Additionally, coordinating with pharmacy buyers helps to ensure adequate supplies of medications are on-hand or en route.

Dr. Gauthier graduated from Northeastern University's School of Pharmacy in 2008. He then completed a PGY1 Pharmacy Practice Residency and a PGY2 Infectious Diseases Pharmacy Residency at Jackson Memorial Hospital in Miami, FL. He was the first person to complete the Making A Difference in Infectious Diseases Pharmacotherapy Antimicrobial Stewardship Training Program and has been granted certification as Board Certified Pharmacotherapy Specialist with Added Qualifications in Infectious Diseases.

Dr. Gauthier has experience as pharmacy faculty as well as in clinical pharmacy practice. He is the founder and editor-in-chief of www.IDstewardship.com. He has co-authored several book chapters and has published >20 peer-reviewed articles indexed in PubMed, including contributions within top journals such as Clinical Infectious Diseases, Antimicrobial Agents and Chemotherapy, American Journal of Pharmaceutical Education, and American Journal of Health-System Pharmacy. Timothy has presented his research locally, nationally and internationally at premier infectious diseases conferences. He continues to be active in clinical practice, teaching, service and scholarship.

You can find him on social media @IDstewardship, @PharmacyPosts and @TheSocialPharmD

Regulatory

Recent FDA Approvals:

- Adlyxin (lixisenatide) is the newest GLP-1 receptor agonist approved for the treatment of type II diabetes. There are 4 similar agents that carry a BBW for the risk of thyroid tumors. Anticipated availability is currently undetermined.
- Syndros is an oral dronabinol solution recently approved for the treatment of anorexia associated with AIDS, as well as, nausea and vomiting associated with cancer chemotherapy.
- Troxyca ER is a combination of Oxycodone and Naltrexone recently approved for moderate to severe pain. The addition of naltrexone to oxycodone may divert and decrease the risk of addiction, abuse, and misuse.
- Sofosbuvir/Velpatasvir (Epclusa) is the first agent approved to treat all six major forms of hepatitis C virus. It is indicated for adult with chronic HCV both with and without cirrhosis.

FDA Med Safety Alert

FDA Requires Boxed Warning, Medication Guides for Opioids, Benzodiazepines
The FDA “will require tough new warnings on the labels” of opioid pain medications, cough syrups containing opioids, and benzodiazepines in effort to alert patients and physicians to the serious risk of combining the drugs. Listed dangers of using the medications include extreme sleepiness, respiratory depression, coma, and death.

Health Alert Update

The CDC has issued a Health Alert Network update to report on the increased number of people at risk for illicitly manufactured fentanyl overdoses. There is a widening array of toxic fentanyl related compounds being mixed with heroin, and sold as heroin. The CDC is calling for rapid identification of drug overdose outbreaks in order to facilitate effective responses. For healthcare professionals, this may include administering multiple dosages of naloxone due to fentanyl's increased potency relative to other opioids.

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 Katie Ducote or Jen Jones!
katherine.ducote@ololrnc.com or jennifer.jones2@ololrnc.com

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Reminders

It's flu shot season! Starting September 26th, we will begin screening our patients for flu vaccinations. Please pay attention to announcements, emails and TeamLink for information on how **YOU** can receive your flu shot to help protect yourself and our patients!

Please complete your **Healthy Lives screening** by September 30th to receive your premium reductions for 2017. Screening is easy! Register online and schedule an appointment. See TeamLink for morning information!