



# InPharmation

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## Staff Spotlight

### Dominique Brown, CPHT

Dominique is one of our latest technicians. Originally from New Orleans, she enjoys playing with her dog, Coco, at the park, eating pizza, and hanging out with her family. Her guilty pleasure is eating ice cream late at night. She has a younger brother who loves to play football. One thing she cannot leave the house without is her headphones because she loves listening to all sorts of music. Her dream vacation would be to go to Paris, France. Welcome to the team Dominique!



### Shaquana Miller, CPHT

All the way from Donaldsonville, LA, Shaquana has joined our pharmacy technician team. Her favorite part about being a technician is learning about all the different drugs and their side effects, but her dream job would be a teacher or psychologist. She is an avid online shopper, who enjoys eating green onion sausage, corn, and rice on the weekends and sleeping when she can. Her kids mean the world to her! She also has 3 little sisters. Shaquana is excited to be here and we're excited to have her!



## Anticoagulation Reversal

Over six million Americans are currently taking anticoagulants. Some of the top indicators for therapy include atrial fibrillation, mechanical heart valves, and venous thromboembolism. Both vitamin K antagonists (VKAs) and direct oral anticoagulants (DOACs) carry the risk of bleeding. This includes life-threatening bleeding, such as intracranial hemorrhage.

Studies have shown that DOACs reduce the rate of intracranial hemorrhage in patients with atrial fibrillation by 52% and acute venous thromboembolism by 63% compared to warfarin. Major bleeding was also decreased compared to warfarin in both subsets of patients. However, in atrial fibrillation patients, gastrointestinal bleeding was increased by 25%.

One issue with dosing strategies and potential adverse events is dose adjustments in renally impaired patients.

Table 1 shows a list of DOACs and their

percent of renal elimination.

Yao and colleagues investigated the dosing patterns and associated outcomes in patients. Results from the study showed that 43% of patients were potentially overdosed. This also led to higher rates of bleeding. The potential for overdosing DOACs in renal impairment may be harmful to those who do not regularly have their renal function assessed.

While vitamin K is the reversal agent for warfarin, some DOACs do not have any current reversal agents on the market, which may cause issues for those who present with a major bleed.

Although studies show a lower risk of intracranial hemorrhage in patients taking DOACs, they should still be considered when a patient presents with any major bleed. Pharmacists should follow the algorithm on Formweb when making the decision for Kcentra use and dosing.

**Table 1. Pharmacokinetics**

	Warfarin (Coumadin)	Dabigatran (Pradaxa)	Rivaroxaban (Xarelto)	Apixaban (Eliquis)
Inhibiting factors	Factors II, VII, IX, X and proteins C & S	Directly inhibits thrombin	Directly inhibits factor Xa	Directly inhibits factor Xa
Renal elimination	None	80%	33%	25%
Half-life	~40 hours	12-17 hours	5-9 hours	~12 hours
Antidote	Vitamin K	Idarucizumab	—	—
Life-threatening bleed	Kcentra	Idarucizumab	Kcentra	Kcentra

### Dinitza “Dee” Nelson, CPhT

Dee is a new member of the team who is a local from Port Allen, LA. Being a mother of 6, she really enjoys her sleep when she can squeeze some time in. She and her fiancé have 3 boys and 3 girls and she has 10 siblings! What a huge family! There is never a dull moment at Dee’s house. Her favorite performer is Bruno Mars and her guilty pleasure is dancing along to his music videos. Dee really enjoys helping our patients and preparing medications as a technician, but she would also like to be a funeral director or an embalmer.



### Emily Ballard, CPhT



Emily is from Livingston, LA. She really enjoys being a technician, but her dream job would be being a cat sitter. Her favorite animal is a cat. She enjoys curling up in bed to watch Netflix. Her favorite shows include Gilmore Girls, One Tree Hill, and Supernatural. Her guilty pleasure is watching the Lion King and singing along with Justin Timberlake. She has 3 older brothers, and her favorite food is fried chicken and mashed potatoes. Her dream vacation would be to go to Hawaii so she could try surfing and relaxing on the beaches.

## Policy Changes

### Non-Formulary Medication Communication:

The non-formulary communication and storage process has been updated! The purpose of this is to provide a workflow that allows us to track and communicate the amount of non-formulary medications we have on-hand.

- Medication storage locations are labeled throughout the main pharmacy
- The pharmacist verifying the order will be responsible for updating the spreadsheet for active orders
  - The spreadsheets are located on the T-drive. One is for all Active orders and the other is all Inactive stock of non-formulary medications. They can be found at **T:\Data\Pharmacy\Non-Formulary Inventory**
- Communication to the clinical pharmacy distribution list is required when there is 72 hours of stock remaining.
- The count is to be done by the Charge pharmacist on Mondays and Thursdays.
- If you notice any improvements that can be made to either worksheet, please let Lenore know, as this is a new process and feedback is highly encouraged.

### ISMP Safety Practice Guidelines

*This patient safety corner is brought to you by the 2018-2019 ISMP Targeted Medication Safety Best Practices for Hospitals.*

#### Best Practice 14:

Seek out and use information about medication safety risks and errors that have occurred in other organizations outside of your facility and take action to prevent similar errors.

Rationale:

- One of the most important ways to prevent medication errors is to learn from errors that have occurred in other organizations and to use that information to identify potential risk points or practices within your organization to prevent similar ones.
- Experience has shown that a medication error reported in one organization is also likely to occur in another.
- Within our own hospital system, we have started emphasizing the use of identifying errors through the Quantros reporting system.
- If you, or your neighboring pharmacist, have been involved in an incident, please report your experience so that we can review the information and assess the organization’s vulnerability to similar events.
- Ashley has been working hard to share the stories of risk and errors with all staff, along with any changes that will be made in the hospital.
- Please review the Quantros events in your spare time to be aware of any recent events and changes that have been implemented as a result.

# Regulatory

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## Recent FDA Approvals

- **Giapreza** (angiotensin II): to increase blood pressure in adults with septic or other distributive shock (December 2017). This will be given as a continuous infusion via a central venous line.
- **Steglatro** (Ertugliflozin): to improve glycemic control in adults with type 2 diabetes mellitus. (December 2017). This is a new SGLT-2 inhibitor that comes in a 5mg and 15mg tablet.
- **Ozempic** (Semaglutide): to improve glycemic control in adults with type 2 diabetes mellitus. (December 2017) This is a new GLP-1 inhibitor that is given as a subcutaneous injection once weekly.
- **Biktarvy** (Bictegravir, Emtricitabine, Tenofovir Alafenamide): To treat HIV infection in adults who have no antiretroviral treatment history or to replace the current antiretroviral regimen (February 2017). This is a once daily combination tablet.

## Reminders

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- “The Lake is a great place to work. Are we ready for our guests today? Check your dress code, name badge and attitude.” Please make sure you are following the dress code we have in place.
  - All tattoos must be covered. Nose rings are not allowed. No artificial fingernails please.
- Farm to Work enrollment: Open enrollment for boxes of fresh, locally grown fruit and veggies for 10 weeks will be open Monday March 19th to Friday April 13th. You can enroll for a 5-box plan or a 10-box plan. (Subsidized boxes available for employees who make less than \$15/hour).
- Spirit Chips are back! You can receive a spirit chip by getting compliments from patients/families, answering Joint Commission questions correctly, going above and beyond the service standards, getting recognition for a job well done, or by helping a lost visitor. One silver chip is equal to 5 blue chips. You can redeem them in the Cafeteria, the Gift shop or the Company store.

## Shortages

- Hydromorphone 1mg/mL and 2mg/mL injections
- Thiamine injections
- Famotidine 20mg IV injections
- Bicillin L-A and Bicillin CR
- Levophed 8g / 250mL infusions
- Morphine 2mg and 4mg carpjects
- Doxycycline IVPB

## Process Update

### Flolan process

All Flolan doses should be prepared in two 50 mL vials. It is important that we continue to send up Flolan in vials so that the respiratory team can program the pump correctly, prevent confusion and potential for wrong medication administration with mixed delivery of 50ml vials and 100 ml bag.

### INPHARMATION EDITORIAL STAFF

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## Special Feature — Staff Spotlight

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### Special Feature: Donald Meaux



Have you ever wondered who the bald guy in the back office is? Or what he even does? Well, you're not alone. Don is our resident 340B guy. He is not a pharmacist, but he is in law school at Southern University Law Center. His dream job would be a corporate attorney in New York City or London. One thing he cannot leave the house without is some hair gel, and if he is not at work, you can find him still hanging out at work or at school. He is almost fluent in French and his dream vacation would be to go to France by himself. His favorite food is anything sushi related. If he ever won the lottery, he would have a huge party and pay off his friends' and family's debts.