

# THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc. / Creative Care Consulting

Fourth Quarter 2019

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## Pharma-Care, Inc. Monthly Report

Pharma-Care's policy is to provide a detailed monthly report to your facility. The report will be sent to the attention of the Administrator, Director of Nursing and Medical Director. If those three, at a minimum, are not receiving the monthly report, please send an email to [dvaeth@pharmacareinc.com](mailto:dvaeth@pharmacareinc.com) with those names and emails. Please include full names and titles. It is important that the appropriate people review the reports monthly.

Your facility should have a policy for following up including time frames and QAPI if indicated. Any concerns should be addressed with your consultant pharmacist.

### State Survey Trends and Focus

#### ✓ Failure to Follow Parameters for Blood Pressure and Blood Sugar

Documentation of blood pressures are being omitted, documented incorrectly, and given outside of parameters. This applies to all blood pressure meds and to Midodrine (for hypotension). Blood sugar parameters and sliding scale doses are being documented incorrectly -- either by not following the scale or omitting doses. This continues to be an ongoing issue. If you would like an inservice or assistance on educating your staff in this area, please reach out to your consultant pharmacist.

#### ✓ Discharged Residents

Please remember to remove medications from active storage areas such as carts, refrigerators and cabinets for residents that have been discharged.

## EPIC Corner

ELECTRONIC PHARMACIST INFORMATION CONSULTANT  
(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

**EPIC Phone: 732-943-3573**

**EPIC Fax: 732-574-3469 or 3926**

**Email: [epic@pharmacareinc.com](mailto:epic@pharmacareinc.com)**

### When Changes Occur...

**...Please Let Us Know!**

#### *It is so important to maintain good lines of communication*

When EPIC accesses your facility's EMAR, we use an ID, username, and password. If your facility's computer system is changed and a different ID, username, or password is issued, EPIC must be made aware of the change. If we are not notified, the facility may be accessed using the old information, and subsequently, no new admissions will show from the date of the change. This will result in a significant delay in your facility's receipt of EPIC reviews.

#### **No faxes needed when using EMAR**

Facilities that use EMAR for EPIC access do not need to send faxes. Some of our clients are still sending faxes, creating extra and unnecessary work for nursing, administrative, and professional staff. Another consideration is that, despite our best efforts to prevent duplicate billing, your facility may be billed for a second review within 72 hours for the same resident. This situation requires accounting departments on both sides to spend additional time rectifying the second bill.

Please remind your staff that faxing EPIC is no longer necessary if EPIC has access to the facility EMAR system.

Any questions? As always, any clarifications can be addressed to the EPIC administrator by calling EPIC at (732) 943-3573 or via email to [rcorritore@pharmacareinc.com](mailto:rcorritore@pharmacareinc.com).



**Pharma-Care, Inc.**  
Health Care Consultation Specialists  
[WWW.PHARMACAREINC.COM](http://WWW.PHARMACAREINC.COM)



Creative Care Consulting, LLC

# WHAT NURSING HOMES NEED TO KNOW ABOUT THE SHINGLES VACCINE

- The Shingrix vaccine is indicated for prevention of shingles (herpes zoster) in adults 50 years and older.
- The Shingrix vaccine needs to be refrigerated - do not freeze.
- The product is packaged as a **single** dose of two vial: the vaccine powder and a diluent.
- Prior to administration, the diluent should be injected into the powder and shaken until the powder completely dissolves.
- Administer the reconstituted solution intramuscularly (IM) into the deltoid region of the upper arm.
- A second dose is required 2-6 months later. Reorder and repeat instructions.
- Watch for these adverse events: localized pain and swelling; myalgia; fatigue; headache; shivering; fever; gastrointestinal symptoms.



## ADMINISTRATION GUIDE FOR SHINGRIX

### STORAGE, RECONSTITUTION, AND ADMINISTRATION

- Refrigerate between 2° and 8°C (36° and 46°F). Discard if frozen and protect from light
- Reconstitute and use immediately
- Reconstituted vaccine is stable for 6 hours refrigerated between 2° and 8°C (36° and 46°F), and should be discarded after 6 hours

**DO NOT FREEZE**



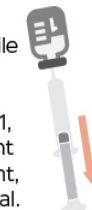
**Vial 1 of 2**  
AS01<sub>B</sub> Adjuvant  
Suspension Component  
(blue-green cap/red ring)



**Vial 2 of 2**  
Lyophilized VZV gE  
Antigen Component  
(brown cap/green ring)



**1** Cleanse both vial stoppers. Using a sterile needle and sterile syringe, withdraw the entire contents of vial 1, containing the adjuvant suspension component, by slightly tilting the vial.



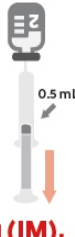
**2** Slowly transfer entire contents of syringe into the lyophilized antigen component in vial 2.



**3** Gently shake the vial to thoroughly mix contents until powder is completely dissolved. The reconstituted vaccine should be a pale brownish liquid.



**4** After reconstitution, withdraw 0.5 mL from the vial containing the reconstituted vaccine and administer **Intramuscularly (IM)**.



VZV=varicella zoster virus; gE=glycoprotein E.

Reconstituted Vaccine



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