THE QUARTERLY CONNECTION

Quarterly from Pharma-Care, Inc. / Creative Care Consulting / The Rasa Group — Fourth Quarter 2023

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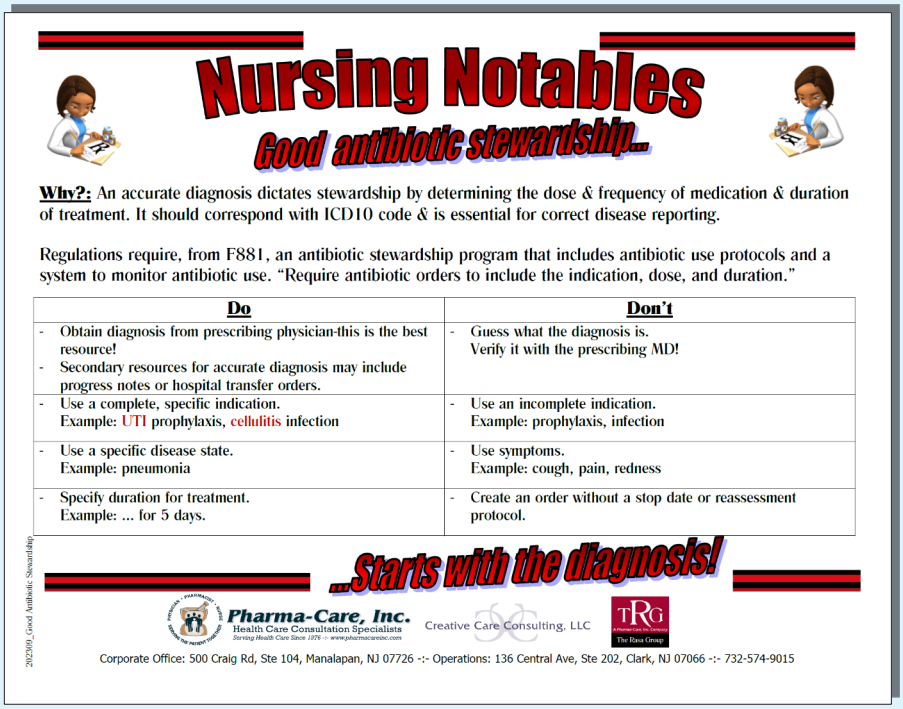
Pharma-Care continues to support The Rasa Group family with a separate distribution of new Nursing Notables quarterly, along with Quarterly Connections



Nursing Notables

Good antibiotic stewardship...

Why?: An accurate diagnosis dictates stewardship by determining the dose & frequency of medication & duration of treatment. It should correspond with ICD10 code & is essential for correct disease reporting.

Regulations require, from F881, an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. "Require antibiotic orders to include the indication, dose, and duration."

Do	Don't
- Obtain diagnosis from prescribing physician-this is the best resource! - Secondary resources for accurate diagnosis may include progress notes or hospital transfer orders.	- Guess what the diagnosis is. Verify it with the prescribing MD!
- Use a complete, specific indication. Example: UTI prophylaxis, cellulitis infection	- Use an incomplete indication. Example: prophylaxis, infection
- Use a specific disease state. Example: pneumonia	- Use symptoms. Example: cough, pain, redness
- Specify duration for treatment. Example: ... for 5 days.	- Create an order without a stop date or reassessment protocol.

...Starts with the diagnosis!

Pharma-Care, Inc. Health Care Consultation Specialists — Creative Care Consulting, LLC — TRG The Rasa Group

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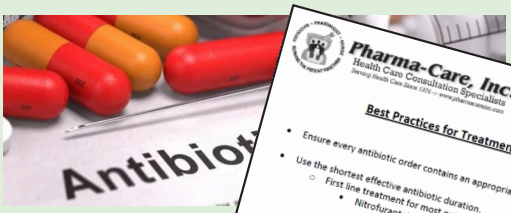
202309_Good Antibiotic Stewardship



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Best Practices for Treatment of UTIs in Long Term Care

- Ensure every antibiotic order contains an appropriate indication and a duration of therapy.
- Use the shortest effective antibiotic duration.
  - First line treatment for most patients should be:
    - Nitrofurantoin (100mg BID for 5 days)
      - Avoid if creatinine clearance is less than 30 ml/min
    - Trimethoprim/sulfamethoxazole (160/800 BID for 3 days)
      - Reduce dosage if creatinine clearance is 15-29 ml/min
      - Avoid if creatinine clearance is less than 15 ml/min
- Avoid fluoroquinolones due to development of resistance and adverse effects.
  - Common fluoroquinolones: ciprofloxacin, levofloxacin, and moxifloxacin
- Avoid treatment of asymptomatic bacteriuria
  - Assess residents for infection using standardized tools and criteria such as SBAR tool for urinary tract infections or McGeer criteria.
- Prolonged antibiotic prophylaxis for UTIs is not recommended.
  - There is no clear evidence supporting prolonged antibiotic use for prevention of recurrent UTIs in nursing home residents with asymptomatic bacteriuria.
  - Antibiotic use can cause adverse drug events and contribute to antibiotic resistance.
  - Identify residents on prolonged antibiotic use for prevention of UTI and discuss with providers to identify a duration of therapy.
  - Long-term use of nitrofurantoin for suppression should be avoided because of concerns of irreversible pulmonary fibrosis, liver toxicity, and peripheral neuropathy.
  - Prescribing Hiprex (methenamine) in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increase the risk of the development of drug resistant bacteria. Hiprex requires an acid urine pH of 6 or below to convert to the active antibacterial formaldehyde. Urine pH should be checked on initiation and periodically.
  - See F881: §483.80(a) Infection prevention and control program.
    - The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:
    - §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
- When possible, urine culture and sensitivity should be obtained prior to initiating antibiotic therapy.
  - Antibiotic orders are required to include the indication, dose, and duration.
  - The results should be reviewed with the prescriber for susceptibility.
  - Note: when reviewing susceptibility for UTIs, use nitrofurantoin and SMX/TMP first line if susceptible.
  - Reserve fluoroquinolone use for when alternative treatment is contraindicated.

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INS_1844 Best Practices for Treatment of UTIs In Long Term Care 20230830.docx

New Inservice: Best Practice for Treatment of UTIs in Long Term Care

RSV

Respiratory Syncytial Virus

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild symptoms. Most people recover from the cold-like symptoms within a week or two. However, in vulnerable populations, RSV can lead to serious infections with severe symptoms that may require hospitalization. Infants, people with underlying conditions, chronic respiratory diseases, and older adults are more likely to develop sever RSV.

Two vaccines have been FDA approved to prevent RSV in older adults and those with certain chronic medical conditions.

ABRYSVO (RSV vaccine by Pfizer) is indicated for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in people 60 years of age and older and pregnant individuals at 32 through 36 weeks gestational age for the prevention of LRTD and severe LRTD caused by RSV in infants. It is administered as a single IM dose. Abrysvo must be reconstituted prior to administration. Store unopened in the refrigerator and avoid freezing. After reconstitution, administer ABRYSVO immediately or store at room temperature (59°F to 86°F) and use within 4 hours. Discard reconstituted vaccine if not used within 4 hours.

Fainting can happen after getting injectable vaccines, and precautions should be taken to avoid falling and injury due to fainting. Adults with weakened immune systems, including those receiving medicines that suppress the immune system, may have a reduced immune response to ABRYSVO. In adults 60 years of age and older, the most common side effects (≥10%) were fatigue, headache, pain at the injection site, and muscle pain.

Arexvy (RSV vaccine by GSK) has similar indications, side effect profile, storage and administration requirements as Abrysvo.

According to the CDC, Healthcare providers can co-administer the vaccines for which a patient is eligible in the same visit, including RSV, COVID-19, and influenza vaccines. When deciding whether to co-administer vaccines, providers can consider the feasibility of returning for additional vaccine doses, their risk of acquiring vaccine-preventable disease, the vaccine reactogenicity profiles, and patient preferences.

DOES YOUR FACILITY HAVE AN OPIOID OVERDOSE POLICY IN PLACE?

According to the Substance Abuse and Mental Health Administration (SAMHSA), opioid overdose deaths can be prevented by administering naloxone, a medication approved by the Food and Drug Administration to reverse the effects of opioids. The United States Surgeon General has recommended that naloxone be kept on hand where there is a risk for an opioid overdose. Facilities should have a written policy to address opioid overdoses.

OPIOID OVERDOSE SAMPLE POLICY

REGULATION:

F697

§483.25(k) Pain Management.

The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

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POLICY

Upon a physician's order or general standing order promulgated by the state, naloxone (Narcan) may be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors as indicated for the complete or partial reversal of opioid respiratory depression, including depression induced by natural and synthetic opioids.

EDUCATION

Appropriate staff will be educated regarding the signs and symptoms of opioid overdose and the administration of naloxone

IDENTIFY WHAT PRODUCT WILL BE AVAILABLE IN EMERGENCY KIT

- Naloxone intranasal spray (Narcan) 4mg/0.1ml
- Auto-injector naloxone 2mg/2ml
- Naloxone solution for injection 0.4mg/ml

PROCEDURE

- Person observed with signs or symptoms of opioid overdose (refer to naloxone inservice)
- Administer naloxone.
- Call 911 as soon as naloxone is administered.
- Stay with the patient until paramedics arrive.
- Move the person on their side.
- If the person does not respond repeat dose of naloxone every 2 to 3 minutes until the person responds or paramedics arrive.
- After administration notify the physician and document in the medical record.

Contact your Consultant Pharmacist for a Copy of the Sample Policy

STATE SURVEY TRENDS

F550 (resident rights) Surveyor heard what she felt was abusive language directed at a resident from Staff. Surveyor felt that incident should have been reported by the next day.

F637 (Significant changes) Assessment for significant changes not completed within 14 days

F641 (Accuracy of assessment) Inconsistent documentation regarding diagnosis, incomplete assessment

F658 (Professional Standards) Food services (diet slip did not match tray contents). Crushing EC ASA. Documentation for flushes with medication via G-tube. Improperly crushing and discarding of medication. DEA 222 forms not filled out correctly.

F684 (Quality of care) Follow up on complaint.

F755 (Pharmacy services) Medication left at bedside, improper disposal of medications , medication not available. Inaccurate and incomplete declining sheet documentation.

F756 (DRR) Lack of Follow up on Consultant's report. Examples- Request for duration on a PRN Ativan order. Separate PRN orders for different indications, request for updated psych monitoring and possible GDR review. Erythromycin being used for gastric paresis without a duration. Per surveyors all Antibiotic orders require a duration regardless of DX.

F758 (Psychoactive medication) Inconsistent documentation. Non-drug interventions not documented.

F761 (Storage of biologicals) Discontinued medications and expired medications found on the cart. Incomplete labeling. (opened date not on the unit of use, resident name not on unit of use). PPD not dated when opened. Unmarked and unlabeled drugs present in med cart (includes loose tablets). Incomplete and inaccurate documentation on the declining sheet. Declining sheet not signed immediately after medication is removed from cart.

F812 (Food Services) Failure to maintain kitchen equipment to prevent microbial growth. Failure to properly store food items. Air drying pans.

F842 (Resident records) Identifiable information.

F880 (Infection control) Hand-washing after removing a phone from her pocket, nurse did not wash her hands before going back to resident care. Not using appropriate sterile handling of a tracheotomy. Incorrect hand-washing technique. Neb mask improperly stored. Oxygen tubing on the floor. Improper storage on linens

F881(Infection Prevention and ABT stewardship) All antibiotic orders, regardless of the DX must include a duration of therapy.

S560 (Staffing) Staffing Ratios not meet.

New Drugs In the Spotlight

Rebyota™ enema is indicated for the prevention of recurrent *C. diff* Infection in individuals 18 years and older following antibiotic treatment for recurrent CDI. Rebyota is a fecal microbiota enema. Prior to use it must be thawed in the refrigerator for approximately 24 hours. Rebyota can be stored in the refrigerator and used within 5 days, including thaw time. Administer Rebyota 24 to 72 hours after the last dose of antibiotics. See package insert for specific enema instructions.

Vowst™ is indicated to prevent recurrence of *C. diff* in individuals 18 years of age and older following antibacterial treatment for recurrent *C. diff*. Vowst is an oral fecal microbiotic product. Prior to taking Vowst, complete antibacterial treatment for *C. diff* 2 to 4 days before initiating Vowst. Drink 10 ounces of magnesium citrate on the day before and at least 8 hours prior to taking the first dose of Vowst. The dosage of Vowst is 4 capsules taken orally once daily for 3 consecutive days.

INPEFA™ is a sodium-glucose cotransporter 2 (SGLT2) inhibitor indicated to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visit in adults with: • heart failure (1) or • type 2 diabetes mellitus, chronic kidney disease, and other cardiovascular risk factors. Correct volume status before starting INPEFA at 200 mg daily and titrate to 400 mg as tolerated. (2.2) In patients with decompensated heart failure, begin dosing when patients are hemodynamically stable. (2.1) Withhold INPEFA at least 3 days, if possible, prior to major surgery or procedures associated with prolonged fasting.

Seglentis® is a class IV CDS which contains tramadol HCL 44mg and Celecoxib 56mg in each table. It is approved for the management of acute pain in adults which is severe enough to require treatment with an opioid and for which alternative treatments were ineffective. Boxed warnings for both opioids and NSAIDs accompany the package labeling for this product. Most common side effects include nausea, dizziness, headaches. Noted drug interactions include drugs that interfere with hemostasis, ACE inhibitors, ARBs, Digoxin, and diuretics.

Jesduvroq is an oral agent used to treat anemia in patients with CKD on dialysis for 4 months or more. It is administered once daily, without regard to time of dialysis. Jesduvroq must be swallowed whole, with or without food. It is available in multiple strengths and starting dose and titration are based on Hemoglobin, lever function, dose of current ESA, if switching, and other concomitant medications. Literature contains a boxed warning regarding "Increased, risk of death, myocardial infarction, stroke, VE, thrombosis of vascular access." These risks are increased if HGB above 11g/dl is targeted.

ASConnection
News and Updates for Ambulatory Surgery Centers

Increase in the use of Precedex® by anesthesia providers noticed in some surgical centers.

The following is a summary of some important information with the use of Precedex®.

Precedex® selectively stimulates alpha-2 adrenergic receptors in the brain, leading to inhibition of norepinephrine release. Which results in sedation and analgesia without causing significant respiratory depression. The drug acts by reducing sympathetic outflow from the central nervous system, resulting in a decrease in blood pressure and heart rate.

It is indicated for sedation of adult and pediatric patients in intensive care units (ICUs) or during surgical procedures or procedural sedation in adults and pediatric patients undergoing diagnostic or therapeutic procedures

For General Anesthesia, the usual dosage range is 0.1 to 0.8 mcg/kg/hour; titrate to desired effect.

For Procedural sedation or monitored anesthesia care, the initial loading dose of 0.5 mcg/kg over 10 minutes, followed by a continuous infusion of 0.2 to 1 mcg/kg/hour. Titrate to desired level of sedation.

The dosage and infusion rate should be individualized based on the patient's age, weight, and clinical response.

The maximum recommended infusion duration is 24 hours.

The concentrated solution is (100 mcg/mL) must be diluted with Normal Saline to achieve the concentration of 4 mcg/ml prior to administration. Add 2 ml (200 mcg) of Precedex® to 48 ml of Normal Saline for a total volume of 50 mL (4 mcg/ml).

Errors have occurred due to clinical misinterpretation of dosing units. The maintenance dose is expressed as mcg/kg/hour.

Precedex® may cause hypotension and bradycardia with loading doses. Blood pressure and heart rate should be monitored closely during administration, and appropriate interventions should be initiated if necessary.

Precedex® should be used with caution in patients with severe cardiovascular disease, hypovolemia, or receiving other medications that can lower blood pressure or heart rate.

Precedex® should be used with caution with elderly or debilitated patients, as they may be more sensitive to its effects.

Unopened vials of Precedex® should be stored at room temperature.

For full prescribing guide:
https://labeling.pfizer.com/ShowLabeling.aspx?id=4404

For additional information on Pharma-Care's and Creative Care Consulting's services to both the Ambulatory Surgery Centers and Dialysis Centers contact Cheryl Bruno, Director. Call 732-574-9015, extension 253

COVID-19 VACCINATION UPDATE

- Individuals 5 years of age and older regardless of previous vaccination are eligible to receive a single dose of an updated 2023-2024 mRNA COVID-19 vaccine at least 2 months since the last dose of any COVID-19 vaccine.
- The updated vaccines are each approved for individuals 12 years and older and are authorized under emergency use for individuals 6 months through 11 years of age.
- The updated vaccines should work well against currently circulating variants of COVID-19, including BA.2.86, and continue to be the best way to protect against severe disease.
- Simultaneous administration of all age-appropriate vaccinations is appropriate if there are no contraindications. It is acceptable to co-administer the COVID-19, influenza, and RSV vaccines to eligible patients.
- Bivalent mRNA vaccines (Moderna and Pfizer) are no longer authorized/approved – remove and discard any supply.

E.P.I.C. Corner

Electronic Pharmacist Information Consultant
(Medication reviews within 48 business hours)

Phone: 732-943-3573
Fax: 732-574-3469 or 3926
Email: epic@pharmacareinc.com

EPIC REVIEW INFORMATION

1. The format of the EPIC reviews is separated into two sections-one for the nursing comments and the other for the prescriber. There is a signature line at the bottom of nursing suggestions to acknowledge recommendations, and space under each prescriber recommendation for response.
2. Each patient review is sent out as it is completed through fax, email, or both, based on facility preference.
3. At the bottom of the cover sheet sent along with the review, you will be able to see who the recipients of the review were.
4. **Medication reconciliation** is a healthcare team effort between nurses, prescribers, and pharmacists. To streamline and standardize the medication reconciliation process along with the medication regimen review, our policy is for the facility to scan and download the hospital medication discharge list separately from the hospital medical record in your EMAR system and label it accordingly. This should be done after medication orders are reviewed and approved by an admitting physician, with documentation of any order changes. Hospital medication discharge lists not available or separated correctly at the time of review will not be included in the new admission review.
   a. Exceptions are facilities still on paper, facilities that cannot provide access to their EMAR system, and those who do not have the capability of scanning and downloading. Then these facilities will need to fax in the hospital medication discharge list.

Any questions about EPIC should be directed to the EPIC department at epic@pharmacareinc.com or please call Stella Malouhos, Director of EPIC Services, at (732) 882-4273. Virtual training sessions or in-person in-services are available upon request.

Please make sure your fax machine is sending over legible information. Many times, EPIC receives requests with blank lines going through the pages which makes it difficult to read. If your not sure, send a fax from one device to another device at your facility and review.

EPIC has 4 fax numbers:

732-574-3469
732-574-3926
732-943-3571
732-943-3572