

THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc., Health Care Consultation Specialists

First Quarter 2015

Phone: (732) 574-9015

136 Central Ave., Clark, New Jersey 07066

Fax: (732) 499-6778

Important Medication Issues to Note

Below are some areas of concern that have been noted by our consultants.

- Consultants have noticed that when nurses remove a used “controlled patch”, they often sign for its destruction on the same line that they signed for the new patch application-- thus making it appear to be a wasted patch! Always sign for destruction of a patch on the correct line- one line up.
- There seems to be confusion about the Exelon Patch’s 14-site rotation (1,2,3,4, etc.) schedule. Consultants have mentioned that the log sheets which indicate the location of the site application are missing. Also noted is a random order of patch application which does not allow for the 14-day break required before reusing an application site.
- Proper medication scheduling for dialysis patients remains an issue in many facilities. In particular, many nurses remain unaware of the need for RenaGel, PhosLo and other such medications to be given with meals, not at bedtime or with a snack.

Medication orders have been noted as often being incomplete. In particular, it was noted that when a new dosage is written for a resident, the previous dosage needs to be discontinued. (See the side bar for writing complete orders.)

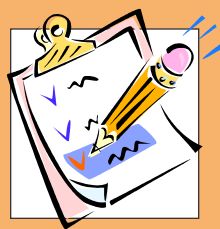
Changes to Pneumonia Vaccines

Adults 65 years and older are now advised to receive both Pneumovax 23(PPSV23) and Prevnar 13(PCV13) vaccines based upon recently revised recommendations from the CDC. Using both is expected to prevent more pneumococcal infections.

- Adults 65 years and over should first receive the PVC 13 injection followed by PPSV23 six to twelve months later.
- Adults 65 years and over who were previously immunized with PPSV23 should wait a year before receiving PCV13.

Since Medicare B currently pays for only one pneumococcal vaccine, it is suggested that eligible patients receive PVC 13 now and PPSV23 next year when Medicare is “likely to catch up with CDC and pay for both”.

*from Pharmacists's Letter
November 2014*



Writing Complete Medication Orders

Every written order must include:

Name and strength of medication

Dosage form (e.g. tablet, capsule, chewable tablet, suspension, drops, sprays, injections, topicals)

Quantity to administer

Route of administration (e.g. oral, g-tube, eye/nostril/ear, injection, topical, include specific site of application)

Frequency (e.g. once daily, before meals, etc.)

Accurate scheduling of dose (i.e. with meals, with food, on an empty stomach)

Accurate diagnosis is required in the medical record

Each PRN medication requires an indication for use and words “as needed” or “PRN”.

Sequence PRN medications that have same indication (i.e. mild, moderate, severe pain).

Double- or triple-check entries against transfer sheet from previous facility or hospital when admitting or re-admitting.

Reconcile dosages with physicians

Be aware of any medications that were added or discontinued during period of time when resident was out

Watch for formulary changes as resident transfers between facilities



Pharma-Care, Inc.
Health Care Consultation Specialists
WWW.PHARMACAREINC.COM



Changes in Schedule of Hydrocodone Combos

The DEA's switch of all hydrocodone combos (Vicodin, Tussionex, etc.) to Schedule II on October 6 will cause lots of confusion. Existing refills on a C-III hydrocodone combo Rx issued before October 6 are still allowed if they are dispensed before April 8, 2015. But pharmacy dispensing software will likely NOT be able to process C-III refills once these meds are rescheduled as C-IIs.

New prescriptions for hydrocodone combos issued on October 6 or later must comply with Schedule II regulations: no refills, no phone/fax Rxs except in rare situations, and no e-Rxs unless allowed by your state and system. (This is not allowed in New Jersey.)

from Pharmacist's Letter, October 2014

Inappropriate Drug Prescribing & Polypharmacy Lead to Poor Outcomes

Inappropriate prescribing of medications is a major reason for hospital readmissions from long-term care facilities. Six studies published in a recent issue of *The Journal of Post-Acute and Long-Term Care Medicine (JAMDA)* found that:

- potentially inappropriate prescribing occurs more often in sicker persons, those receiving a psychiatric consult, and in those without dementia.
- focusing on excess psychotropic medicines used in residents with dementia, four major areas were found that can affect outcomes:
 - 1) the beliefs of physicians & advanced practice nurses
 - 2) previous experiences and education of the health care professionals
 - 3) effective communication between physicians and family
 - 4) staffing issues and policies

The study highlights the appropriateness of soliciting the opinions of residents and family as a way to help reduce medications when possible. An important component in reducing psychotropic medications in nursing homes is to have available behavior therapy programs, meaningful activities, and exercise programs.

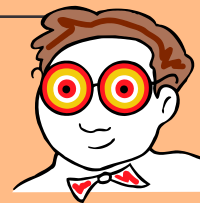
- three major transgressions in inappropriate medications were proton pump inhibitors for longer than eight weeks, nonsteroidal anti-inflammatory drugs for longer than three months, and long-term use of neuroleptics.
- very few persons in nursing homes should be on a statin...hypertension is overtreated...increasing drug treatment of hypertension has been shown to increase falls. Weight loss, which is highly prevalent in nursing homes, results in lowering of blood pressure, allowing most medications (statins) to be reduced or discontinued.

EPIC Corner

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

EPIC Phone: 732-943-3573

EPIC Fax: 732-574-3469



Help us to help you!

Reading prescriptions all day long can certainly cause us eyestrain.

When submitting a review to EPIC, you can be of great help by making sure that the resident's name is clearly printed on the physician orders or on a cover sheet. Cover sheets are available at the Pharma-Care Inc.'s website at pharmacareinc.com or by contacting EPIC directly at the number above.

EPIC is proud to announce that it reached an all-time high of more than 4000 resident reviews in October 2014. We take satisfaction in the knowledge that EPIC reviews continue to help residents receive their medications properly, alerting nursing to potential medication interactions and possible cross-reactions. EPIC remains focused on the safety of your residents' information.

As EPIC continues to grow, our staff increases as well. We are pleased to welcome Glenda Amador, RPh, CCP. Glenda brings with her a thorough knowledge of the practice of pharmacy and years of experience in long-term care.

WELCOME TO OUR NEWEST CLIENTS

Advanced Care Center at Lakeview
Arista Care at Alameda Center
Bergenfield Surgical Center
B Well Rehab
Eye Surgicenter of NJ
John Brooks Recovery Center
Matawan Dialysis
Newark Health & Extended Care
Northeastern Plastic Surgery
Wall Twp Home Training
Water's Edge Health Care & Rehab



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