

# THE QUARTERLY CONNECTION

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

Second Quarter 2022

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## CDC Recommendations on Pneumococcal Vaccine Timing for Adults

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria. There are two kinds of pneumococcal vaccines available in the United States:

- Pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20)
- Pneumococcal polysaccharide vaccine (PPSV23)

CDC recommends PCV13 for all children younger than 2 years old and people 2 through 18 years old with certain medical conditions.

For those who have never received any pneumococcal conjugate vaccine, CDC recommends PCV15 or PCV20 for adults 65 years or older and adults 19 through 64 years old with certain medical conditions or risk factors. If PCV15 is used, this should be followed by a dose of PPSV23.

Make sure your patients are up to date with pneumococcal vaccination.

**CDC recommends pneumococcal vaccination for**

- Adults 65 years old and older
- Adults 19 through 64 years old with certain underlying medical conditions or other risk factors:
  - Alcoholism
  - Cerebrospinal fluid leak
  - Chronic heart/liver/lung disease
  - Chronic renal failure\*
  - Cigarette smoking
  - Cochlear implant
  - Congenital or acquired asplenia\*
  - Congenital or acquired immunodeficiencies\*
  - Diabetes
  - Generalized malignancy\*
  - HIV infection\*
  - Hodgkin disease\*
  - Iatrogenic immunosuppression\*
  - Leukemia\*
  - Lymphoma\*
  - Multiple myeloma\*
  - Nephrotic syndrome\*
  - Sickle cell disease or other hemoglobinopathies\*
  - Solid organ transplants\*

\* Considered an immunocompromising condition

**Pneumococcal vaccines**

**PCV13:** 13-valent pneumococcal conjugate vaccine (Pevnar13®)

**PCV15:** 15-valent pneumococcal conjugate vaccine (Vaxneuvance®)

**PCV20:** 20-valent pneumococcal conjugate vaccine (Pevnar20®)

**PPSV23:** 23-valent pneumococcal polysaccharide vaccine (Pneumovax®)

**For those who have never received a pneumococcal vaccine or those with unknown vaccination history**

**Administer one dose of PCV15 or PCV20.**

If **PCV20** is used, their pneumococcal vaccinations are complete.

**PCV20**

If **PCV15** is used, follow with one dose of PPSV23.

- The recommended interval is at least 1 year.
- The minimum interval is 8 weeks and can be considered in adults with an immunocompromising condition\*, cochlear implant, or cerebrospinal fluid leak.
- Their pneumococcal vaccinations are complete.

**PCV15** → At least 1 year apart (8 weeks can be considered) → **PPSV23**

**For those who previously received PPSV23 but who have not received any pneumococcal conjugate vaccine (e.g., PCV13, PCV15, PCV20)**

**You may administer one dose of PCV15 or PCV20.**

Regardless of which vaccine is used (PCV15 or PCV20):

- The minimum interval is at least 1 year.
- Their pneumococcal vaccinations are complete.

**PPSV23** → At least 1 year apart → **PCV15 or PCV20**

### Pneumococcal vaccine timing for adults who previously received PCV13 but who have not received all recommended doses of PPSV23

The previous pneumococcal recommendations remain in effect pending further evaluation. Use the following information for guidance on the number of and interval between any remaining recommended doses of PPSV23.

**Adults 65 years or older without an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant**

**PCV13** (at any age) → At least 1 year apart → **PPSV23** (at ≥ 65 years)

**CDC recommends 1 dose of PPSV23\*\* at age 65 years or older.** Administer a single dose of PPSV23 at least 1 year after PCV13 was received. Their pneumococcal vaccinations are complete.

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# New Drugs In the Spotlight

## Austedo (deutetrabenazine)

- Indication: Huntington's chorea and tardive dyskinesia
- Mechanism of Action: depletion of excess monoamines, such as dopamine, from nerve terminals
- Dose & Administration: Take twice daily, swallowed whole with food. Medication can be discontinued without titration.

## Gemtesa (vibergon)

- Indication: Overactive bladder
- Mechanism of Action: beta-3 adrenergic agonist, works by relaxing the detrusor muscle to increase bladder capacity
- Dose & Administration: Taken once daily with a dosing of 75 mg, may be taken with or without food. It is a crushable tablet that can be mixed with 15 mLs of applesauce and taken with water.
- Clinical Pearls: There are no blood pressure warnings or anticholinergic side effects traditional overactive bladder medications

## Lokelma (sodium zirconium cyclosilicate)

- Indication: Non-acute hyperkalemia in adults
- Mechanism of Action: Exchanges potassium with sodium, resulting in lower serum potassium levels and its most common side effect, edema.
- Dose & Administration: Mix with 45 mL of water. All other medications should be administered at least 2 hours before and after its administration.

## Viberzi (eluxadoline)

- Indication: Irritable bowel syndrome with diarrhea.
- Mechanism of Action: mixed opioid modulator which locally reduces abdominal pain and diarrhea.
- Dose & Administration: Usually taken twice daily with food. Renal dosage adjustment is necessary.
- Clinical Pearls: Viberzi is a CIV controlled substance. Severe constipation requiring hospitalization has been reported with its use so avoid use with other drugs that can cause constipation.

## Paxlovid (nirmatrelvir and ritonavir)

- Emergency Use Authorization: Mild-to-moderate COVID-19 with positive results of direct viral testing, and who are at high risk for progression to severe COVID-19
- Mechanism of Action: Nirmatrelvir is an inhibitor of the SARS-CoV-2 main protease (Mpro), preventing viral replication. Ritonavir is not active against SARS-CoV-2 Mpro, but inhibits the metabolism of nirmatrelvir, resulting in increased plasma concentrations of nirmatrelvir.
- Dosage & Administration: 300 mg nirmatrelvir (two 150 mg tablets) with 100 mg ritonavir (one 100 mg tablet) with all three tablets taken together orally twice daily for 5 days. Tablets can be taken with or without food and should be swallowed whole. Renal dosage adjustments are required.
- Clinical Pearls: Paxlovid is not authorized for use as pre-exposure or post-exposure prophylaxis for prevention of COVID-19. Paxlovid is not authorized for initiation of treatment in patients requiring hospitalization due to severe or critical COVID-19 .

## How many copies of your Consultant Pharmacist's Monthly Report and/or EPIC Service Reviews do you receive?

### What is in your Monthly Report?



At the end of a visit from your Pharma-Care, Inc. consultant pharmacist, a Summary Report is generated. The Report contains important suggestions, information, comments, summaries and recommendations for your nurses and physicians in regards to resident care. Each report includes topics such as:

- Overall facility comments
- Unit inspection results
- Unit wide comments
- Nursing recommendations as applied to resident care
- Therapeutic suggestions to the attending Physician in regards to resident care
- Special physician sign-off action sheets designed to present to each doctor.
- Medication observations

### How many staff members actually review the reports in a timely manner?

In a recent three month study conducted by our technical services department on the emailing of reports the results indicated the following average for the period of November 2021-January 2022.

17,850 Emails SENT	17,593 98% DELIVERED	6,383 38% OPENED	257 2% DROPPED
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*The results of this study has show that 11,010 were never opened by the recipient. The 257 emails dropped were mainly caused by email address that no-longer existed*

### How do you get your Final Monthly Report?

The report can be faxed to one number and/or mailed to the attention of one person as designated by your facility. Also, up to four staff members can receive an email copy from us. This final report contains all summaries and comments may also include several optional summaries on topics like psych monitoring, medication errors, adverse drug reactions, pain management, time savings, labs, cost savings, medication observations, general dose reductions and antibiotic stewardship.

### For larger facilities we offer Partial Monthly Reports on the Completion of Units

When a Floor/Unit is completed a Partial Monthly Report may be generated before the review of the entire facility for the month. This allows Recommendations and Suggestions to be acted upon in a more timely manner. Again, this report can contain all summaries and comments along with several optional summaries as mentioned above.

**PLEASE NOTE: AFTER MARCH 31st, we can no longer send partial daily reports before a Floor/Unit is complete. Or, send individual portions of the reports to unit managers, clinical coordinators, wellness directors, program directors, or the like. The distribution of the Monthly Report to additional staff is the responsibility of the facility.**

# STATE SURVEY TRENDS

These issues are from both DOH annual surveys and infection control surveys.

**F 880 Infection Prevention & Control:** All staff (nursing and non-nursing) and vendors should be aware of and follow any infection control precautions.

- Follow all PPE requirements in accordance with CDC guidelines and posted signage in facility.
- Follow proper hand washing technique with soap and water: Lather your hands by rubbing them together with the soap for at least 20 seconds. Dry hands using a clean towel and use a separate towel to turn off faucet.

**F 761 Label/Store Drugs & Biologicals:**

- Multidose insulin vials and pens should be labeled for individual use – do not cross out/ change resident's names.
- Prescriptions not filled by provider pharmacy (home medications, sample medications, alternative pharmacy supplier) require proper labeling. Facility Policy should be in place.
- Expired medications should not be found in medication cart, refrigerator, or emergency cart
- Refrigerator temperature logs and Change of Shift Narcotic Counts should not be missing any signatures.

**F756 Drug Regimen Review:**

- Facility must respond to the consultant pharmacist recommendations in a timely fashion.

**F 755 Pharmacy Services:**

- Orders on Medication Administration Record should match exactly to the pharmacy supply/ house stock. Separate orders are needed for different strengths of the same drug. Orders should clearly indicate if a half tablet is being used. Dosage forms must be consistent for OTC items.

**F 658 Professional Standards:**

- Follow pain scale as ordered for PRN pain medications
- Label and date enteral nutrition formula when hanging

**F 698 Dialysis:**

- Medication administration times should be adjusted if there is a change in resident's dialysis schedule. No medications should be held or administered late due to dialysis.

**F 711& 712 Physician Visits:**

- Physician must sign and date monthly orders. NPs cannot sign monthly order reviews for multiple consecutive months.
- Missing monthly notes, MD should not copy and paste NP note

**Infection Preventionist per NJ Stat 26:2H-12.87:** An infection preventionist assigned to a long-term care facility's infection prevention and control committee shall be a managerial employee and shall be employed:

- in a long-term care facility with a licensed bed capacity equal to 100 or fewer beds, on at least a part time basis; and
- in a long-term care facility with a licensed bed capacity equal to more than 100 beds or that provides on-site hemodialysis services, on a full-time basis.

# 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)**

**If EPIC has EMAR access to your facility, please remind the nurses Do NOT FAX IN A REQUESTS FOR NEW ADMISSIONS AND/OR READMISSIONS, only for Change of Status and Antibiotic Stewardship (if your facility utilizes these types of EPICs.)**

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. 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

If one of those numbers is busy, please go to the next. We have multiple facilities faxing in throughout the day.

Please reach out to the EPIC Department with any concerns or questions about services at (732) 943-3573.

## PROJECT FIRSTLINE IS FOR YOU



Project Firstline is a collaborative of diverse healthcare and public health partners that aims to provide engaging, innovative, and effective infection control training for millions of frontline U.S. healthcare workers as well as members of the public health workforce.

Project Firstline's innovative content is designed so that – regardless of a healthcare worker's previous training or educational background – they can understand and confidently apply the infection control principles and protocols necessary to protect themselves, their facility, their family, and their community from infectious disease threats, such as COVID-19.

**Through a grant from the New Jersey Department of Health, HCANJ is pleased to be able to provide this free training to healthcare personnel.**

**We can present at your building live and in-person, or you may request a virtual training!**

**To receive this valuable training, email us at [PLF@hcanj.org](mailto:PLF@hcanj.org) for future information.**



## Encourage a thorough Medication Reconciliation!

When patients present their current drug regimens, they should be inclusive not only of prescription medications, but also over the counter products such as analgesics, gastrointestinal agents, and yes...herbals.

The following are some blood thinning over the counter (otc) medications and supplements:

- aspirin-containing otc products
- ginger
- bromelain
- ginkgo biloba
- cassia cinnamon
- grape seed extract
- cayenne peppers
- turmeric
- dong quai (female ginseng)
- vitamin e
- feverfew
- Ginseng
- garlic
- Marijuana

It is important that the ASC team, via its medication reconciliation process, captures all drug therapies so that adjustments, particularly by anesthesia providers, can be instituted. Since a stigma may still remain regarding marijuana use, a lot of patients may be reluctant to provide this information unless directly asked.

It is imperative that anesthesia providers and nursing staff be made aware of its use. Marijuana will possibly lead to increased oxygen consumption and poor oxygenation during and after the procedure and may lead to slower wound healing and/or increased scarring. Marijuana may also increase the risk of bleeding, decrease blood pressure or increase the amount of drowsiness caused by some medications utilized during the surgical procedure.

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

Additional Resources for Articles in this Issue

The screenshot shows the CDC website page for Pneumococcal Vaccination. The page includes sections for 'Key Facts', 'Who Should Get Pneumococcal Vaccines?', and 'PCVs'. It also features a 'What Everyone Should Know' section with a list of healthcare professionals and a 'References' section.

<https://www.cdc.gov/vaccines/vpd/pneumo/public/index.html>



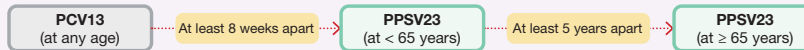
The New Jersey Department of Health has requested Pharma-Care, Inc. of Clark to work with and assist in their booster Covid-19 "BOOST NJ WEEK" vaccination program to all health care facilities. For additional information on how Pharma-Care can help your facility please contact:

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## Pneumococcal Vaccine

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### Adults 19 years or older with a cerebrospinal fluid leak or cochlear implant

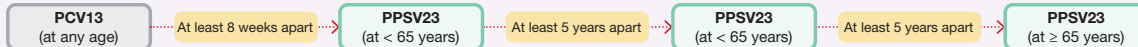


**CDC recommends 1 dose of PPSV23\*\* before age 65 years and 1 dose of PPSV23\*\* at age 65 years or older.**

Administer a single dose of PPSV23 at least 8 weeks after PCV13 was received.

- If the adult is 65 years or older, their pneumococcal vaccinations are complete.
- If the adult was younger than 65 years old when the first dose of PPSV23 was given, then administer a final dose of PPSV23 once they turn 65 years old and at least 5 years have passed since PPSV23 was first given. Their pneumococcal vaccinations are complete.

### Adults 19 years or older with an immunocompromising condition



**CDC recommends 2 doses of PPSV23\*\* before age 65 years and 1 dose of PPSV23\*\* at age 65 years or older.**

Administer a single dose of PPSV23 at least 8 weeks after PCV13 was received.

- If the patient was younger than 65 years old when the first dose of PPSV23 was given and has not turned 65 years old yet, administer a second dose of PPSV23 at least 5 years after the first dose of PPSV23. This is the last dose of PPSV23 that should be given prior to 65 years of age.
- Once the patient turns 65 years old and at least 5 years have passed since PPSV23 was last given, administer a final dose of PPSV23 to complete their pneumococcal vaccinations.

\*\* For adults who have received PCV13 but have not completed their recommended pneumococcal vaccine series with PPSV23, one dose of PCV20 may be used if PPSV23 is not available. If PCV20 is used, their pneumococcal vaccinations are complete.

