

THE QUARTERLY CONNECTION

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

First Quarter 2023

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Antibiotic Dose and Duration

One way to improve antibiotic use is to focus on shortening antibiotic therapy duration that are longer than necessary and too frequently given for 7- 10 days.

ANTIBIOTIC STEWARDSHIP RECOMMENDATIONS

Diagnosis	Drug Options	Dose (normal Renal)	Duration
Cellulitis	Cefadroxil	500 BID (2)	5-7 days
	Cephalexin	250-500 QID (2)	5-7
	Dicloxacillin	500 QID (2)	5-7
	Clindamycin	300 TID	5-7
UTI	Nitrofurantoin	100 BID (1)	5d
	TMP/SXT	1 BID (2)	3d
	Gentamicin	3mg/kg	1x dose IM/IV
	Cephalexin	250 QID (2)	5d
	Levofloxacin	250 QD (2)	5d
LRTI	Azithromycin	500 QD	3d
	Levofloxacin	500 QD (2)	5-7d
	Cefpodoxime	200 BID (2)	5-7d

Notes:

1. Macrodantin for GFR more than 30
2. Dose adjustment for reduced GFR needed

References

1. UTI - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4079031/>
2. Cellulitis - <https://academic.oup.com/cid/article/59/2/e10/2895845>
3. LRTI - <https://www.upToDate.com/contents/treatment-of-community-acquired-pneumonia-in-adults-who-require-hospitalization#H20>

Information provided by Dr. Ronald G. Nahass, MD, MHCM, President of ID Care
The largest organization in NJ dedicated to the diagnosis, treatment, and prevention of infectious diseases

Avoiding Fluoroquinolone Antibiotic Use



Updated FDA warning

Avoid prescribing fluoroquinolone antibiotics to patients who have an aortic aneurysm or are at risk for an aortic aneurysm, such as patients with peripheral atherosclerotic vascular diseases, hypertension, certain genetic conditions such as Marfan syndrome and Ehlers-Danlos syndrome, and elderly patients. Prescribe fluoroquinolones to these patients only when no other treatment options are available.

Black box warnings from FDA

Fluoroquinolones should not be used for acute bacterial sinusitis, acute bacterial exacerbations of chronic bronchitis, and uncomplicated UTIs when other treatment options are available. In these conditions, the risks of serious adverse events generally outweigh the benefits of treatment with fluoroquinolones.

Fluoroquinolones have been associated with disabling and potentially irreversible serious adverse reactions that have occurred together including:

- Tendinitis and tendon rupture
- Peripheral neuropathy
- Central nervous system effects

INFLUENZA

Tamiflu (oseltamivir phosphate)

- For patients who cannot swallow capsules, TAMIFLU for oral suspension is the preferred formulation.
- Initiate treatment with TAMIFLU within 48 hours of influenza symptom onset.

CDC dosing/ duration recommendations:

TREATMENT dosing for adults is 75mg BID for 5 days

Longer daily dosing can be considered for patients who remain severely ill after 5 days of treatment.

PROPHYLAXIS dosing for adults (in institutional settings) is 75mg once daily for **minimum of 14 days** and continuing up to 1 week after last know case was identified

Antiviral chemoprophylaxis is recommended for all residents, including those who have received influenza vaccination"

(one 75 mg capsule equivalent to 12.5 mL)

Dosage in Patients with Renal Impairment

This Table displays the dosage recommendations for the treatment and prophylaxis of influenza in adults with various stages of renal impairment (estimated creatinine clearance of less than or equal to 90 mL per minute). Dosage modifications are recommended in adults with an estimated creatinine clearance less than or equal to 60 mL per minute.

Renal Impairment (Creatinine Clearance)	Recommended Treatment Regimen*	Recommended Prophylaxis Regimen†
Mild (>60-90 mL/minute)	75 mg twice daily for 5 days	75 mg once daily
Moderate (>30-60 mL/minute)	30 mg twice daily for 5 days	30 mg once daily
Severe (>10-30 mL/minute)	30 mg once daily for 5 days	30 mg every other day
ESRD Patients on Hemodialysis (≤10 mL/minute)	30 mg immediately and then 30 mg after every hemodialysis cycle (treatment duration not to exceed 5 days)	30 mg immediately and then 30 mg after alternate hemodialysis cycles
ESRD Patients on Continuous Ambulatory Peritoneal Dialysis‡ (≤10 mL/minute)	A single 30 mg dose administered immediately	30 mg immediately and then 30 mg once weekly
ESRD Patients not on Dialysis	TAMIFLU is not recommended	TAMIFLU is not recommended

Table 2 Recommended Dosage Modifications for Treatment and Prophylaxis of Influenza in Adults with Renal Impairment or End Stage Renal Disease (ESRD) on Dialysis

STATE SURVEY TRENDS

F 755 Failure to follow up on the Pharma-Care reports.

- Failure to obtain EPIC reviews, or to follow up if preformed.
- Keep the completed reports, with documentation of action taken, easily accessible.

F 656 Care Plans

- Care Plans not up to date
- Did not write separate plan for each issue

F 658 Professional Standards

- Medication found at bedside/resident not observed to ensure medications swallowed
- EPIC policy not followed for new admissions
- Hold parameters not followed as ordered
- Doses left in inhaler did not match open date or MAR doses given

F 686 Treatment to Prevent/Heal Pressure Injuries

- Wound consult recommendations not followed
- Wound care supplies unavailable

F 695 Respiratory/Tracheotomy Care

- Oxygen not provided as ordered

F 698 Dialysis

- Dialysis assessments not completed upon return
- Medications not timed correctly for dialysis schedule

F 880 Infection control

- Improper Personal Protective Equipment (PPE) of non-nursing staff
- Improper hand hygiene during kitchen tour
- Improper hand hygiene during treatment

F 888 Vaccination of Staff

- Not following facility policy for Covid Vaccinations

Where is your Pharma-Care Report and EPIC Review?

In several recent surveys, the Department of Health has requested copies of the consultant pharmacist's monthly report and EPIC reviews. If there appears to be a lack of follow-up, or the facility delays in supplying these reports, the survey teams have been requesting up to a year's worth of reports. Pharma-Care is able to retrieve and reprint reports; however, this may indicate that the reports were not completed in a timely manner.

What are your policies concerning the distribution, follow-up and maintenance of the monthly pharmacy reports?

As each unit is completed, the Pharma-Care office sends the reports to your designated staff. Where does it go from there?

For nursing recommendations: There should be a procedure that allows for a responsible nursing staff member to review the report, make the appropriate corrections, document where indicated, and then return it to the director of nursing for filing.

For prescribes recommendations: Appoint a nurse to call the prescribe on the day the recommendations are received. They may provide an order over the phone or indicate that they will review it when they come to the facility for the next visit. The nurse may document this conversation on the recommendation page and then leave to be signed and dated. It is important that if an order is left or if the "accepted" line is signed, the nurse must ensure that the changes/orders are carried out before the page is filed or scanned into the computer. The therapeutic recommendations are a permanent part of the resident's medical record.

Create a Policy that works for your facility

There should be a time frame set in which the EPIC reviews and reports are completed and returned to nursing administration. The policy should indicate who will be responsible for reviewing, addressing and documenting actions taken. Although there are no specific timelines found in the CMS guidelines, it is recommended that the reports are kept through at least one survey. Consider keeping them for two survey cycles in an easily accessible binder. Your Pharma-Care consultant is available to help with a sample policy and in-servicing if necessary.

2023 COVID-19 Booster Clinic

Primary Series

Pfizer-BioNTech
Moderna

Bivalent Booster

Pfizer-BioNTech
Moderna

NO J&J Booster

Once again the New Jersey Department of Health has requested Pharma-Care, Inc. to work with and assist in the continuation of a COVID-19 booster vaccination program for all healthcare facilities. For additional information on how Pharma-Care can help your facility, please contact :

Maureen Ziegler, Asst Director Education, *Booster Clinic Coordinator*

mziegler@pharmacareinc.com

732-943-3527 or 732-574-9015 x 105

Increased Scrutiny



In the coming months, there will be increased scrutiny by the DOH during surveys on the prescribing patterns of alternative agents used to address behaviors in the elderly LTC population. The concern is that the CMS goal of lower the use of antipsychotic agents for behaviors related to AD has lead to increased prescribing of alternative agents for off-labeled uses.

“CMS guidance states that the ‘use of psychotropic medications, other than antipsychotics, should not increase when efforts to decrease antipsychotic medications are being implemented, unless the other types of psychotropic medications are clinically indicated.’

Anticonvulsants such as Valproic acid will be specifically targeted by DOH surveyors. Other medication categories of concern may include antihistamines and muscle relaxers.

Reports have also identified an increase in new DX of schizophrenia and delusions, often used to support a DX of “psychosis” in the elderly residents without supporting history, and consequently miss coding in the MDS. Residents with these late on-set DX of behaviors and DX will be a target of coming surveys.

Facilities must take a hard look at all new DX related to behaviors and ensure that their documentation and resident’s medical history supports these findings. Staff, regardless of position, should consider a non-drug approach to resident’s behaviors whenever possible. These interventions should be individualized and resident centered. Documentation of all approaches and specific episodes of harmful behaviors will be the best method for supporting use of any class of medication in the elderly resident with Dementia.

Pharma-Care’s consulting services to long-term care facilities started many years ago. In that span of time the company has expanded the scope of services to the community in all areas of healthcare including the following:

Long-Term Care/Skilled Nursing Facilities • 48 hour Review of Medication for New Admissions and Re-Admissions • Antibiotic Stewardship Reviews • Assisted Living/Personal Care Facilities • Ambulatory Surgery Centers • Dialysis Centers • Drug and Alcohol Rehabilitation • Pediatric and Adult Medical Day Care • Medication Therapy Management • Disease State Management • COVID-19 Vaccinations Clinics (Pfizer or Moderna) • COVID-19 PCR Testing • Mock Survey-Preparedness, Education and Audit.

To discover how some of these services many benefit your facility call our corporate office and speak to one of our area managers: 732-574-9015

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

Avoid re-writing orders and save nursing time!

Common EPIC reasons recommendations are made

- Classification of medication, instead of diagnosis listed, i.e. *Eliquis for anticoagulant.*
- Pain and laxative PRN indications not sequenced or overlapping, i.e. *Tylenol for mild pain, Percocet for pain.*
- BP/pulse not being documented with BP/pulse hold parameter order. *Make sure supplementary documentation is attached to order.*
- Two indications for PRN orders, i.e. *Tylenol PRN for pain or fever. i.e. morphine for SOB and pain.*
- Certain antibiotics not scheduled correctly. Interactions with certain supplements and probiotics.
 - Please refer to Pharma-Care’s provided Antibiotic Administration Times handout prior to plotting the Times for antibiotics.

Note: Antibiotics MAY be given and scheduled with probiotic Florastor, *saccharomyces boulardii*.

Did you know that EPIC also offers two other services in addition to reviewing medications for new admissions and readmissions?

These are the two other services:

Change of Status

Residents who experience a change of status as defined by the federal guidelines such as falls, bleeding, and mental status changes can have their medications reviewed.

Antibiotic Stewardship

This review addresses the use of antibiotics to improve resident outcome and possibly reduce adverse events.

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. 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

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.

Annual Collection of Non-Perishable for Area Food Banks Donated by Pharma-Care Employees

Employees' donated various food items at their annual Year-End Meeting to be distributed to several Pantries in the area: Rahway Food for Friends, Food Pantry at St. Theresa in Kenilworth, Soup Kitchen of St. John's in Newark, Food Pantry of First Presbyterian Church of Cranford.



Picture display's some of the donations received along with Pharma-Care's Consultant Pharmacist, (l to r) Doug Wessel, Karen Federman, Tracy Lao, Julia Kim, Kirti Gohel, Maria White, Belinda Cella, Harry Thibodeau, and Kathleen Batchelor.

'Triple-Threat' - RSV, Influenza, COVID-19 packs NJ hospitals and emergency rooms.

COLD/UPPER RESPIRATORY INFECTION	INFLUENZA	COVID-19
<p>Runny/stuffy nose/sneezing</p> <p>SOMETIMES: Sore throat</p> <p>SOMETIMES: Fatigue</p> <p>RARE SYMPTOM: Aches and Pain</p>	<p>Fatigue</p> <p>Aches and Pain</p> <p>Fever</p> <p>Cough</p> <p>Runny/stuffy nose</p>	<p>Fatigue</p> <p>Dry Cough</p> <p>Fever</p> <p>SOMETIMES: Runny nose</p> <p>MAJOR SYMPTOM: Shortness of breath or difficulty breathing</p>

Information compiled from Florida Dept. of Health, CDC

Three serious respiratory infections Respiratory Syncytial Virus, Influenza, and COVID-19 are straining healthcare systems as they continue to spread across New Jersey.

New Drugs In the Spotlight

INGREZZA® (*valbenazine*) capsules are indicated for the treatment of adults with tardive dyskinesia

- vesicular monoamine transporter 2 (VMAT2) inhibitor

AUSTEDO® (*deutetrabenazine*) tablets are indicated in adults for the treatment of chorea associated with Huntington's disease and for the treatment of tardive dyskinesia

- vesicular monoamine transporter 2 (VMAT2) inhibitor
- is contraindicated in patients who are suicidal, and in patients with untreated or inadequately treated depression
- Increases the risk of depression and suicidal thoughts and behavior (suicidality) in patients with Huntington's disease
- Swallow tablets whole; do not chew, crush, or break

Note: Cogentin (benztropine) is indicated for drug-induced EPS, but not tardive dyskinesia and may exacerbate condition

NAYZILAM® (*midazolam nasal spray*) is indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients with epilepsy 12 years of age and older.

- Rescue medication that doesn't require priming or preparation before administration
- Supplied as a single-dose nasal spray unit containing 5 mg

VALTOCO® (*diazepam nasal spray*) is indicated for the acute treatment of intermittent, stereotypic episodes of frequent seizure activity (i.e., seizure clusters, acute repetitive seizures) that are distinct from a patient's usual seizure pattern in patients with epilepsy 6 years of age and older.

- Rescue medication that doesn't require priming or preparation before administration
- Dosage is dependent on the patient's age and weight
- Packaged in dosage cartons of 5 mg, 10 mg, 15 mg, or 20 mg



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