

QA Corner

By [REDACTED]

Some Recent "Tips" From Nurses and SRS Reports:

- 1. Keep This in Mind When Labeling-** All the following make barcodes unscannable by the RN:
 - Partially covered barcodes
 - Barcodes on rounded surfaces (must be flat)-careful on PCAs and inhalers!
 - Barcodes caught in a "fold" of a label
- 2. Be Careful Pulling Medications From the Refrigerator and Returning to the Refrigerator!** Make sure you are pulling from and/or returning to the correct bin. Binocrit was recently dispensed for octreotide.
- 3. Any Patient Given KCL 20meq/100ml Must Have a Central Line or PICC-** this info can be found in "Summary" section under "LDA.". IT IS PAHRMACY'S RESPONSIBILITY TO CHECK THIS PRIOR TO VERIFICATION.
- 4. Patient Own Medications-** when changing an order from pharmacy-dispensed to "Patient Supplied" - MODIFY the order. Do not "reverify"- this keeps the same tablet form as was assigned from the pharmacy carousel, often different from what is in the patient bottle (amlodipine 10mg tablets vs 5mg x2).

Pharmacy Tech Highlights

-Famotidine in Anesthesia Workstations and on the Floors:

Famotidine has been added to anesthesia workstations. Please label the famotidine vials with a **3 month expiration** since we don't have refrigerators in the OR suites.

-On the floors, famotidine vials are assigned to refrigerators, so the manufacturer's expiration date may be used.

- Technician Reminder to Carry a Phone:



Techs and Med Rec Techs should carry a phone when they step out of central pharmacy. The tech may bring either the 3717 wireless phone or use his/her personal cell phone. Please post the number the pharmacists should contact you on with your name and date on the bulletin board facing the pharmacists. Once your shift is over, please remove your contact info.

New Staff:

Welcome to our newest staff members!!!

-PRN Inpatient Pharmacists: [REDACTED] and [REDACTED]

-Full Time Technicians: [REDACTED]

-PRN Technician: [REDACTED]

Pharmacist Clinical Pearls:



-Following up on Patient Own Medications: If we need to see if a patient can supply his/her own med, an IVENT should be opened and a first attempt inquiry should be made right away by the verifying pharmacist. Clearly document your intervention and the communication that occurred in an IVENT.

- **Helpful documentation examples:** "Contacted RN, patient family will bring in the morning", or "Patient is currently sleeping. RN will inquire in AM, please f/u."
- **Unclear documentation example:** "Need to see if patient can supply"-this leaves the next pharmacist confused as to if the RN was ever contacted. Please be mindful of this. See [REDACTED] 3/5 email for details.

-Emergency Room

Holding Patients:

ED24

If you see ED orders for a hold patient, please verify the medications. Holding patients are dark purple on the ED track board.

-Order Verification Tips to Cut Back on Missing Med Calls:

To help set the RN and the pharmacy up for success and to reduce "missing med" calls, please evaluate "due times" on order verification and adjust times as appropriate (keep in mind that you should allow adequate time for tech IV dispense prep/carousel med pull, a pharmacist check, delivery and RN administration). I.e. If at 8:55 am, a non-urgent, maintenance medication coming from the pharmacy carousel is entered with a due time of 9 am, it is unlikely the med will be pulled and delivered by 9 for the nurse to administer. Pushing the first dose due time out to 10:30/11, may be a more reasonable. Please see [REDACTED] 3/5 email for details.

-Follow-up on Verification Comments Placed on Unverified Orders:

Frequently used Verification Comment post-op med comments include, "floor meds" or "post-op meds." If pharmacists don't frequently review these comments, orders end up sitting after the patient transfers and are left unverified. Please watch for this!

-Cardinal Drug Ordering: Our Cardinal po# [REDACTED] changed. Please see [REDACTED] 2/12 email for details. Instructions are also posted in the Main Pharmacy!

-Vancomycin Trough Ordering Reminder: Please order all drug levels and labs as 'urgent.'

-Infed and IVIG Policy Access: Epic updates have been made to add the Infed and IVIG policy links directly to the MAR for nursing.

-Acetylcysteine Approved Locations: -Last month, an acetylcysteine was verified for a patient on the third floor. The approved locations are identified below. This information may be found in the 'IV Standard Concentration Policy.'

Acetylcysteine (Acetadote)	ICU/ ED (Bolus +4hr initial infusion)
Acetaminophen overdose	PCU/SDS/NSU-maintenance infusion

-Phosphorus Protocol: The 'Phosphorus Protocol' can ONLY be found in the 'Electrolyte Replacement' order set. This is STILL a one-time order put in by the provider. It has both Kphos and Na phos as well as oral options. See [REDACTED] 2/27 email for details.

Recognition Corner:



Pharmacy Superstar of the Month:

[REDACTED]!

"Jenny is definitely doing a great job with the antimicrobial stewardship position. She is always available to answer, explain and educate without any hesitations. A great team role player!"

Gold Star Employees:

- ★ Thank you, [REDACTED] - "They both stayed late to compound all the TPNs on the weekend as the pharmacists were implementing the new TPN Consult Service!"
- ★ Thank you, [REDACTED] "Please send a shout out to Yna. She has been helping out second and third shift for weeks now and she worked for me last week when I was feeling terrible from the flu."
- ★ Thank you, [REDACTED] "For the phenomenal job you have done training new technicians! We greatly appreciate your patience, leadership and teamwork!"
- ★ Thank you, [REDACTED] "For contributing creative column ideas for monthly newsletters!"



When pulling midazolam vials from the narc vault to make a PCA, Thomas noticed that the WRONG concentration was stocked. In the 5 mg/1mL slot, 1 mg/1mL vials were stocked. Thomas caught this error, alerted a pharmacist and proactively prevented a drug error prior to mixing! GREAT Catch Thomas!

Prepared by [REDACTED] PharmD.

North Carolina is #1 for Snake Bites!
CroFab to the Rescue!



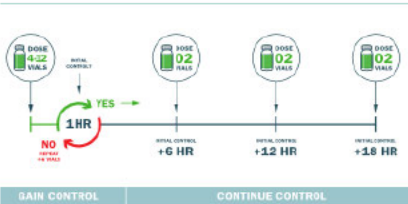
Snake season is here! Let's make sure we are all "fresh" on CroFab dosing and mixing!

Key Take Home Points:

Indication: CroFab is indicated for the management of North American crotalid snake bite (rattlesnakes, copperheads and cottonmouths/water moccasins).

- CroFab works best if administered **within 6 hours of envenomation.**

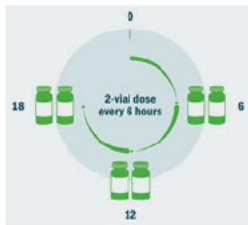
Dosing:



Initial Dosing to GAIN CONTROL: is typically 4-6 vials but may vary from a minimum of 4 vials to a maximum of 12 vials (based on clinical judgement and severity of envenomation). If control is not gained after the initial 4+ vials, an additional 4-6 vials may be repeated ~1 hour after the end of the first infusion. **Pediatric CroFab dose= Adult dose.**

Maintenance Dosing to CONTINUE Control:

Once initial control has been achieved, treat patients with scheduled maintenance dosing. Maintenance therapy is additional CroFab given after initial control to prevent recurrence of venom effects.



- Administer an additional 2 vial dose of CroFab every 6 hours for up to 18 hours (a total of 3 doses).

Initial Infusion Rate: Infuse over 60 minutes; proceed slowly during the first 10 minutes at a rate of 25 -50 mL/hr with careful observation for any allergic reaction. The infusion rate may then be increased to 250 mL/hr until completion if no reaction occurs.

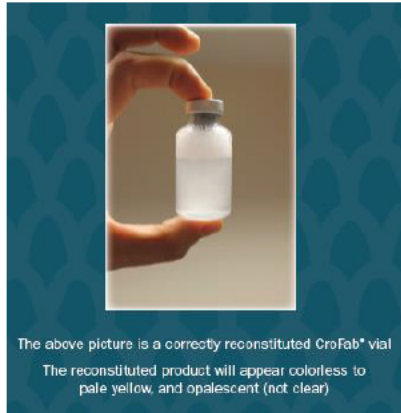


Monitoring: The patient should be observed for 60 minutes after completion of infusion. Post marketing data reports low rate of acute (8%) and delayed (13%) hypersensitivity.

Mixing: Vials should be reconstituted with 18 mL of Normal Saline. Then rotate the vial 180 degrees and manually invert up to twice per second until no solid material remains in the vial. DO NOT SHAKE. The reconstituted vials should be further diluted in normal saline to a final total volume of 250 mL for infusion.

***Mixing Tip from the One and Only Bonnie Bass:** If you withdraw the air from the drug vial prior to injecting the diluent, it dissolves faster!

Reconstituting CroFab®



The above picture is a correctly reconstituted CroFab® vial. The reconstituted product will appear colorless to pale yellow, and opalescent (not clear)

Expiration Dating: The reconstituted product should be used within 4 hours!

Other Helpful Drug Information:

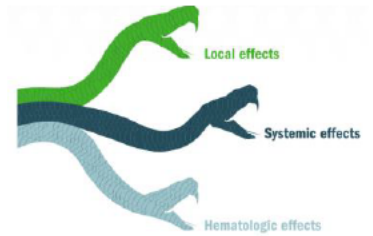
MOA: CroFab consists of venom-specific Fab fragments of IgG that work by binding to and neutralizing venom toxins, facilitating their redistribution away from target tissues and their elimination from the body.

Adverse Reactions (incidence ≥ 5%): urticaria, rash, nausea, pruritus and backpain. Recurrent coagulopathy due to envenomation and requiring additional treatment may occur.

Warnings and Precautions: Coagulopathy, hypersensitivity reactions.

Contraindications: Patients with a known hypersensitivity to any of its components to papaya or papain unless the benefits outweigh the risks and appropriate management for anaphylactic reactions is readily available.

Achieving Control: 3 Areas of Pathological Impact



Link with detailed charts for each of these pathological impacts: [3 Areas of Pathological Impact](#)

Additional Resources:

- [Reconstitution and Dosing Guide](#)
- [Full Prescribing Info](#)
- [Patient Info and PI](#)
- [How to Treat a Snake Bite Algorithm](#)
- <https://www.crofab.com/>

Snake Bite Fact: Approximately 1 in every 4 bites is "dry," meaning NO venom has been injected.

SNAKE BITES: DO'S AND DON'T'S

- | | |
|--|--|
| ✓ Stay calm. | ✗ Don't apply a tourniquet or a constriction band. |
| ✓ Call 911 immediately to be evaluated. | ✗ Don't apply ice; it can cause local tissue damage. |
| ✓ Take off anything constricting the area, such as a ring or watch. | ✗ Don't apply heat. |
| ✓ Position the affected area at or above heart level. If you are bitten on the hand, bring it to heart level, and if you're bitten on the leg or foot, elevate it if possible. | ✗ Don't cut the affected area and attempt to suck the venom out. |
| ✓ Go to the emergency room – the sooner the better. | ✗ Don't use a commercially-available extraction device. |
| | ✗ Don't use electrical therapy. |
| | ✗ Don't apply any type of lotions or ointments. |

SOURCE: DR. SPENCER GREENE, DIRECTOR OF MEDICAL TOXICOLOGY AND ASSISTANT PROFESSOR OF MEDICINE – EMERGENCY MEDICINE AT BCM



Reference:

1. CroFab [prescribing information]. BTG International Inc; May 2017.

Formulary Updates:

-Famotidine: Due to manufacture backorder of IV mini-bags, we switched to 20mg/2ml vials. This is the new formulary product.

-Vashe: We now have 2 products in the pharmacy for Vashe the **118 ml irrigation bottle** and the **475 ml INSTILLATION bottle**.

- The **118 ml** will be used **inpatient/outpatient** for wound care topically.
- The **474 ml bottle** has an instillation tip on it and will **ONLY** be use **INPATIENT** for **WOUND VAC** as it can be inserted/instilled via that machine. It is stored separately and will have notation that it is INPATIENT only. Please see Crystal's 4/5 email for details.

-Glucagon Kit- We now have glucagon kits back in stock. The kit includes the glucagon vial and sterile water for reconstitution. We have paired the remaining glucagon vials in a bag with a sterile water vial. Please use these bags up prior to dispensing the kits!

New Order Panel for Cefazolin Dosing in HD/CRRT Patients.

The panel appears on the FACILITY tab as with other panels/order sets. You can add it to your 'preference list' by:

1. Single click on it.
2. Then choose 'select and stay'
3. Then right click on the order to add to the preference list. See [redacted] 2/25 email for details.

Alpha-gal Allergy Reminder

-Epic has a pharmacist specific alpha-gal allergy BPA. The BPA will trigger for all pharmacist users in the setting of an Alpha-Gal Allergy or Beef/Pork Allergy with a reaction of anaphylaxis.

-Alpha-gal allergy, also known as a delayed mammalian meat allergy, is a reaction to galactose-alpha-1,3-galactose (Alpha-Gal). The allergy is caused by a lone star tick bite. Many animal by-products may contain the alpha-gal epitope. Patients with an Alpha-gal allergy should avoid medications, supplements and foods that contain/may contain alpha-gal. **Several inactive ingredients, such as gelatin, glycerin, glycerol, lactic acid, stearic acid, and magnesium stearate; may be animal derived.**

A comprehensive list of medications that should be avoided with an alpha-gal allergy is unavailable. A list of medications that [redacted] has contacted manufacturers to inquire about Alpha-gal content is available on form web and was recently updated in March. The direct link is:

Drug Information

- [Allergy Guidance](#)
- [Alpha-Gal Allergy Medication List](#)

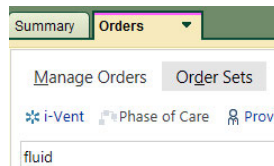
Want to contribute to the newsletter or see a topic covered? Please let [redacted] know.
*Thank you to all contributing staff!

Heparin IVENTS + RN Work Sheet:

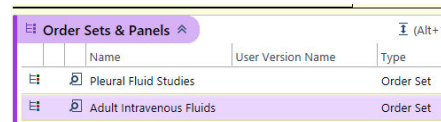
We went live with Heparin IVENTs on 3/25. An IVENT should be opened on all new drips and updated for all rate changes. A step by step guide was e-mailed and is posted to formweb. Additionally, the Heparin RN worksheet is now available on the MAR. Please encourage nurses to print this out and use it for all rate changes the dual sign-off checks!

IV Fluid Ordering Tips:

Click "order set" and then type "fluid"



Select "Adult Intravenous Fluids" and click accept.



Then click the box for "Adult Common IV Fluids" to expand list. If the infusion you are looking for is not listed, try "Adult Less Common IV Fluids." See [redacted] 4/10 email for details.

CE Credit Opportunity:



Mark your calendar!

**Penicillin Allergy Assessment:
1 CE**

Date: April 24th!

Two sessions: 1-2 pm and 3-4 pm

Location: Cancer Center 1

Facts of the Month:



The national animal of Scotland is a unicorn.



Pharmacy Spotlight:

New Faces in the Pharmacy!



Pharmacy Technician

"I grew up and currently live in Pine Level, NC. I have been a technician since 2009 and have worked in retail and long term care. My husband and I enjoy camping and traveling. We have a dog named Diva and two ferrets names Thelma and Louise."

Quote of the Month:

Successful people are always looking for opportunities to help others. Unsuccessful people are always asking, 'What's in it for me?'

Relaxation & Resiliency Corner:

Japanese Shiatsu for Relaxation

Relaxation Technique 1



1. Hold your right foot in both palms & apply pressure on the sole of your foot with both your thumbs.
2. Massage the entire sole with both the thumbs for 10 min. You can alternate between circular and scooping motions.
3. Switch feet and repeat the exercise.
4. Perform this relaxation technique twice daily.

Relaxation Technique 2



1. Kneel on the floor, so your feet are placed below your buttocks.
2. Reach around with your hands & place one thumb on the mid-point of each sole.
3. Apply pressure and thumb walk along the length of each sole for 10 min.
4. Perform this relaxation technique twice daily.

Top10

STAFF PICKS



Restaurant Recommendation:



-Movie Recommendation:

Prepared by [redacted] PharmD.