

Novant – Winston Salem Market Pharmacy & Therapeutics Update Drug Information for Health Care Professionals



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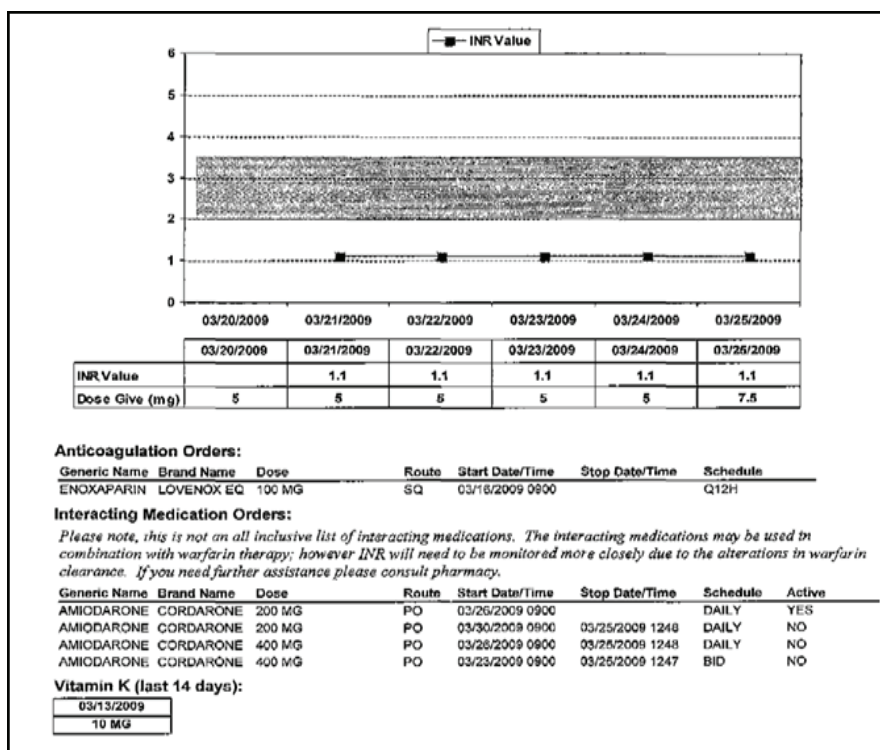
Warfarin Flow Sheet added to Patient Charts

Cheryl Ezman, PharmD

mezman@novanthealth.org

Beginning 5/11/2009, a warfarin flowsheet will be added daily to the lab section of patients' charts for patients with active warfarin orders. Information in the flowsheet includes:

- A graph of recent INR values
- Recent warfarin doses
- Any concurrent anticoagulation orders
- Key interacting medications active on the patients profile within the past 48 hours.*
 - Amiodarone
 - Rifampin
 - Moxifloxacin
 - Ciprofloxacin
 - Bactrim
 - Metronidazole
 - Fluconazole
 - Any Vitamin K doses given in the last 14 days



This information will not be available electronically in Net Access. The flowsheets print daily to nursing units and unit secretaries will be placing the flowsheets in the lab section of the chart by 6:00 am. Any labs drawn after this time will not be captured on the flowsheet and would need to be taken into consideration for decisions on anticoagulation dosing.

* If is important to note this not a complete list and the medication does not need to be stopped but closer attention to INR monitoring is needed.

Physician Order Policy Updated

The physician order policy was recently updated for the Triad region. Revisions include:

- 1) orders must be both dated and timed
- 2) orders must be written legibly

Ceftriaxone & Calcium IV— The Latest

Charles Hartis, PharmD
cehartis@novanthealth.org

In 2007 the FDA issued a warning statement forbidding the use of ceftriaxone within 48 hours of IV solutions containing calcium. This was based only on data from neonates without any documented issues in adult patients. A new FDA bulletin relaxes restrictions, but maintains the following warnings:

- Ceftriaxone should not be used in neonates (<28 days) if they are receiving or expected to receive calcium containing solutions
- In patients >28 days of age, ceftriaxone and calcium-containing products may be administered sequentially, provided the infusion lines are thoroughly flushed between infusions with a compatible fluid
- Ceftriaxone must not be administered simultaneously with intravenous calcium-containing solutions via a Y-site in any age group

FMC has rescinded the therapeutic substitution of ceftriaxone to cefotaxime for all patients getting calcium containing IV products. Nursing should flush before and after ceftriaxone administration in any patient on Lactated Ringers (LR), TPN, or Procalamine.

Formulary Compliance

Chris Lowe, PharmD
clowe@novanthealth.org

In response to the challenging economic climate, the pharmacy department would like to ask our physician partners for a renewed effort to utilize formulary approved medications in the care of their patients. The P&T Committee has deemed these medications to be the preferred agents for use in our facilities. Drug contracts and acquisition prices are negotiated for medications with this designation; often resulting in them being the most inexpensive agent in a therapeutic class. The pharmacy will be contacting all physicians who write orders for non-formulary agents in a “DAW” or “dispense as written” format unless a clearly described clinical indication that merits the use of the non-formulary agent is described in the order.

With your assistance, we can save hundreds of thousands of dollars every year with improved formulary compliance. If you have any questions regarding the formulary or its related request process, please contact Chris Lowe, PharmD at 336-718-4687 or clowe@novanthealth.org.

Editorial Staff:

Michael Nnadi, Pharm.D
 Senior Director of Pharmacy

Chris Lowe, PharmD
 Asst. Dir. Clinical Pharmacy Services

Kathryn Montanya, PharmD, FISMP
 Director of Pharmacy

Cheryl Marie Ezman, PharmD
 Clinical Pharmacy Manager

Christina Roels, PharmD
 PGYI Pharmacy Resident

5HT3 Therapeutic Interchange Approved

<i>Drug Ordered</i>	<i>Dispensed</i>
Dolasetron (Anzemet) 12.5mg IV	Ondansetron 4 mg IVP
Dolasetron (Anzemet) 100mg IV once/daily	Ondansetron 8 mg IVP once/daily
Dolasetron (Anzemet) 50mg PO once/daily	Ondansetron 8 mg PO once/daily
Dolasetron (Anzemet) 100mg PO once/daily	Ondansetron 16 mg PO once/daily
Dolasetron (Anzemet) ≥200mg PO once/daily	Ondansetron 24 mg PO once/daily
Granisetron (Kytril) 1mg IV once/daily	Ondansetron 8 mg IVP once/daily
Granisetron (Kytril) 1mg PO once/daily	Ondansetron 8 mg PO once/daily
Granisetron (Kytril) 2mg PO once/daily	Ondansetron 16 mg PO once/daily
Trimethobenzamide (Tigan) 300mg PO TID/QID	Ondansetron 4 mg PO QID
Trimethobenzamide (Tigan) 100-200mg IM TID/QID	Ondansetron 4 mg IVP QID