

PHARMACY NEWSCAPSULE

Wisconsin Department of Health and Family Services
Division of Quality Assurance
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Newsbytes By Doug Englebert, R.Ph.

The following is a compilation of new information/trends that may prove useful to surveyors and facilities:

Shingles

The American Pain Foundation is sponsoring a campaign to increase consumer awareness about shingles. They have a significant number of resources that you may find useful in your practice. The resources include information on: Signs & Symptoms, Treatment Options for Shingles, Treatment Options for Post-Herpetic Neuralgia (PHN), Shingles/PHN Links & Resources, Shingles/PHN Clinical Trials, PainAid: Spotlight on Shingles Discussion Board, and a Health Professional Shingles Webinar. You can access this information at

<http://www.painfoundation.org/page.asp?file=ManageYourPain/Shingles/Intro.htm>.

Respiratory Virus Test

The U.S. Food and Drug Administration has cleared approved a test that simultaneously detects four common respiratory viruses, including the flu, in a patient's respiratory secretions. The ProFlu+ test provides results in as few as three hours. Other diagnostic tests for respiratory viruses are fast, but not as accurate, or are accurate but not as rapid. For more information go to:

<http://www.fda.gov/bbs/topics/NEWS/2008/NEW01780.html>

Rapid Blood Test for MRSA

The U.S. Food and Drug Administration (FDA) announced it has cleared for marketing the first rapid blood test for the drug-resistant staph bacterium known as MRSA (Methicillin-Resistant Staphylococcus Aureus), which can cause potentially deadly infections. For more information go to:

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01768.html>

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New Medications

Brand Name	Generic Name	Use
Pristiq	Desvenlafaxine	A medication used for the treatment of depression.
Alvesco	Ciclesonide	Oral inhalation corticosteroid for asthma.
Emend	Fosaprepilant	Injectable medication for chemotherapy induced nausea and vomiting.
Simcor	Niacin/simvastatin	Combination medication for high cholesterol.

Glucose Meter Sharing By Doug Englebort, R.Ph.

The Centers for Disease Control and Prevention (CDC) has published recommendations for infection control and safe injection practices to prevent patient-to-patient transmission of bloodborne pathogens. The following is an excerpt of the specific infection control recommendations targeting diabetes care procedures in healthcare and group residence settings.

- Prepare medications such as insulin in a centralized medication area. Multiple-dose insulin vials should be assigned to individual patients and labeled appropriately.
- Never reuse needles, syringes, or lancets.
- Restrict use of fingerstick capillary blood sampling devices to individual patients. Consider selecting single-use lancets that permanently retract upon puncture.
- Dispose of used fingerstick devices and lancets at the point of use in an approved sharps container.
- Environmental surfaces, such as glucose meters, should be decontaminated regularly and anytime contamination with blood or body fluids occurs or is suspected.
- Glucose meters should be assigned to individual patients. If a glucose meter that has been used for one patient must be reused for another patient, the device must be cleaned and disinfected between uses.
- Maintain supplies and equipment such as fingerstick devices and glucose meters in individual patient rooms, if possible.
- Any trays or carts used to deliver medications or supplies to individual patients should remain outside patient rooms.
- Do not carry supplies and medications in pockets. Because of possible inadvertent contamination, unused supplies and medications taken to a patient's bedside during fingerstick monitoring or insulin administration should not be used for another patient.

Additional information beyond diabetes care recommendations can be accessed at:

<http://www.cdc.gov/ncidod/diseases/hepatitis/spotlights/glucose.htm> or
http://www.cdc.gov/ncidod/diseases/hepatitis/spotlights/diabetes_handout.pdf

Nursing Home Guidance Update By Doug Englebort, R.Ph.

Where do we cite labeling that is missing expiration dates?

F Tag 431 corresponds to the regulation that requires prescription drug labeling to include an expiration date. The guidance to surveyors recognizes that this places a requirement on the facility which is really the responsibility of the pharmacy. This guidance recognizes that all medications sent by the pharmacy must contain an expiration date. If a facility is receiving medications from a pharmacy where the labeling does not contain an expiration date, then F 431 is the tag cited.

In some cases, however, preparation of the medication, opening the medication, mixing the medication, etc., may decrease or change the expiration date of the medication. In these instances, facilities do have a direct responsibility for this expiration date. Facilities should work with their pharmacy consultant to have a procedure in place to make sure items with shorter expiration dates are identified. For example, when Lantus insulin is opened, the vial expires within 28 days of opening. The facility should have a procedure in place like a special label that would indicate when the insulin needs to be discarded. If the facility does not have a procedure to address expiration dating, this would be cited at F Tag 425.

Consultant Corner By Doug Englebort, R.Ph.

1. What happens when a pharmacist misses the mandatory monthly medication review for one month for a specific resident in a nursing home?

Federal regulation requires the pharmacist to conduct medication reviews at least monthly. In some cases, however, when a pharmacist is conducting reviews, a resident may be out seeing a physician, having therapy, or engaged in some other activity that takes the resident and their chart out of the nursing home. Facilities should have procedures to address these specific situations. For example, a facility may have a procedure that indicates medication changes or concerns will be discussed with the pharmacist at a later time via the telephone or fax.

In general, facilities will not be cited for a single monthly review missed for one resident. Instead, as a surveyor, you are looking to see if the facility has a pharmacist who conducts the review at least monthly for all residents. As a surveyor, you are also determining if the facility has a process that includes alternative methods for medication review for residents who have short-term stays or have missed their review.

2. As a surveyor, if we know a medication error is about to occur, what do we do?

Occasionally, as a surveyor, you may become aware that a medication error is imminent. In these situations, you have a responsibility to intervene to protect the resident. The challenge for the surveyor, however, is to intervene and gather evidence that will enable you to protect the resident while preserving the findings and the integrity of the investigation. The following are some items to consider.

During your observations, note the staff's patterns for administering medications. If a staff person administering medications does a final check of medications at the resident's or patient's bedside,

intervene in a professional manner at the bedside and ask the staff person to stop medication administration and to leave the resident/patient room so that you can discuss your concerns about a possible medication error. The pattern of the person administering medications will determine the best time to intervene. As a surveyor, you want to intervene at the moment just before medication administration. When this is done, you maintain the integrity of your observation, and fulfill your responsibilities as a surveyor.

After you intervene, immediately conduct a pointed interview. The interview should determine if there was a medication error. The error should be confirmed by the facility staff person.

In some cases, based on the information available, you may anticipate that an error is going to occur. During an interview, however, the staff person may provide information that indicates that there is no error. In such cases, apologize and move forward.

3. What is going on with tamper-resistant prescription paper?

As of April 1, patients who have Medicaid are required to have prescriptions written or typed on tamper-evident paper. The following are exclusions to the tamper-resistant prescription pad requirement:

- 1) Refills of prescriptions presented at a pharmacy before October 1, 2007.
- 2) Prescriptions faxed directly from the prescriber to the pharmacy.
- 3) Prescriptions electronically transmitted directly from the prescriber to the pharmacy.
- 4) Prescriptions telephoned directly from the prescriber to the pharmacy.
- 5) Prescriptions paid for by a Medicaid Managed Care Organization (MCO).
- 6) Prescriptions provided to recipients in nursing facilities, intermediate care facilities for the mentally retarded, and other specified institutional and clinical settings where drugs are part of their overall rate. However, written prescriptions filled by a pharmacy outside the walls of the facility are subject to the tamper-resistant requirement.

For surveyors, especially those assigned to assisted living facilities and other community programs, this change may cause some problems when photocopies of the prescriptions written on tamper-resistant paper are made. Some of these community programs routinely make photocopies of the prescriptions to satisfy the requirement to have a physician's order so they can administer medications. The problem with the tamper-proof paper is that words like "void" may appear on the paper. This can cause confusion as to whether or not the order is still valid. In these cases, facilities should have procedures in place to assure that staff members know which orders are valid.