



Pharmacy Newscapsule

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Nursing Home Guidance Update: Sleep Meds

by Doug Englebert, R.Ph.

The following is a summary of a conversation overheard in a nursing home between a nurse and the administrator:

The physician started Mrs. J on a hypnotic medication for chronic insomnia. We have to make sure the consultant pharmacist requests a dose reduction within three months so we do not get cited; otherwise, we should be alright using the medication.

For sleep medications, it seems like a lot of focus is on the dose reduction. However, most of the attention should be placed on the reasons the medication was started. As a surveyor, when sleep medications are being used and it is early in the treatment phase, make sure to determine if the facility fully assessed the reason the resident was not sleeping. For example, was the insomnia due to loud noises, reflux disease, pain, etc.? Other medical and environmental issues can dramatically affect the quality of sleep. These environmental and medical causes should be assessed and ruled out. If this has not been done, then adequate indications have not been established and the sleep medication may be unnecessary.

Beyond indication, the dose of the medication may also be a concern for those elderly individuals. Typically, lower doses should be initiated at the beginning to decrease any potential adverse effects of the medication.

In addition to indication and dose, appropriate monitoring should be initiated looking at effectiveness and adverse effects. The facility should have steps in place to monitor the sleep of the resident when put on the sleep medication.

(continued on page 2)

In This Issue ...

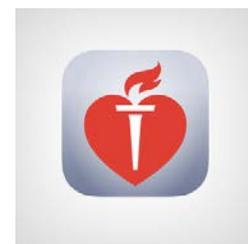
NH Guidance: Sleep Meds	PG 1
App for That	PG 1
Tubes	PG 2
Consultant Corner	PG 3

There is an APP for That!

Pocket First Aid & CPR

This app is a real lifesaver. Pocket First Aid & CPR is an easy-to-use emergency guide that includes information on First Aid Basics, CPR, automated external defibrillators (AED), and medical, injury, and environmental emergencies.

All content is provided by the American Heart Association, the nation's oldest and largest voluntary health organization.



If the medication is not working, the medication should be discontinued or adjusted. If the medication is causing side effects that are not manageable, the medication should be discontinued.

In the above conversation, the assumption was made that the physician diagnosed chronic insomnia and, therefore, the use has adequate indications. In some cases, the sleep medication may have been prescribed by the on-call physician due to a call from staff the night before and based on an assumption that an assessment was completed. The point is that the label of "chronic insomnia" may not be supported and, therefore, the primary concern should not be the three month reminder to complete a dose reduction. The point of initiation of the sleep medication is the best time to limit the sleeping medication use. Once the medication has been used for multiple weeks or months, it becomes more difficult to eliminate.

What's Happening in the World of Tubes?

by Doug Englebert R.Ph.

Patients in health care settings receive medications and other therapies through a variety of tubes and catheters. These delivery systems often use parts called small-bore connectors to link various components. Small-bore refers to the small size of the opening of the connector. Luer connectors are a commonly used type of small-bore connector.

Because these connectors are compatible between different delivery systems, patient injuries and deaths have occurred when medicines, liquid feeding formulas, or air were accidentally delivered through the wrong tubing. These errors are sometimes called tubing misconnections, wrong route errors, catheter misconnections, or Luer misconnections. It is vitally important that all health care clinicians receive appropriate orientation and training that emphasizes the risk of tubing misconnections. These errors have been well known to occur and the Food and Drug Administration has many case examples on their website at:

<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/TubingandLuerMisconnections/default.htm>

Since 2012, ISO (International Organization for Standardization), an independent, non-governmental membership organization and the world's largest developer of voluntary International Standards, introduced new standards for enteral tube connectors so that errors can be prevented. These standards enter a new phase this year and new connectors will be in place where the tubing sets connect to the tube. Facilities should be preparing for these changes, including risks that will occur with the new system during transition. More information is available at: <http://stayconnected2014.org/>

Consultant Corner

by Doug Englebert, R.Ph.

1. When do eye drops expire?

The answer to this question is, "It depends." It depends on the eye drop product you are using. In some cases, the eye drops are single use unit dose products which often have no preservatives. If these eye drops are opened they typically have a short shelf life and may need to be disposed within hours. Therefore, if administration of the eye drop must be delayed, there should be a process in place to dispose of the eye drop when appropriate.

In other cases, the eye drops that are being used are compounded products that may have short shelf lives as low as 24-72 hours. These are eye drops that may not be available commercially or are not available due to drug shortages. In these situations, pharmacists may make the eye drops. This is more frequent in hospitals with eye clinics or eye surgery centers. The eye drop expirations in these cases will be limited based on studies and preparation techniques. Often in these cases, the eye drops will expire in 30 days or less. Compounding pharmacists will label the eye drop with the appropriate storage requirements and expiration date.

In most cases, however, the eye drops that most surveyors and facilities will see are multiple dose bottles of eye drops. Some of these eye drops will, once opened, have decreased shelf life. For example, Xalatan must be stored in a refrigerator when unopened. Once Xalatan is open, it can be stored at room temperature for six weeks. Most eye drops, however, are not like Xalatan and are stored at room temperature at all times and can be used up until the stamped expiration date provided by the manufacturer. The package inserts will contain the manufacturer requirements for storage of eye drops. Those storage requirements need to be followed in order for the eye drops' integrity to be maintained. For some facilities, due to infection control concerns, even eye drops in multidose bottles will be destroyed in 30 to 60 days. Those policies are acceptable.

2. What happens when a pharmacist misses the mandatory monthly medication review 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 across 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 their review missed.

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

Occasionally, you may become aware of a medication error that is going to occur, while at the facility. You have a responsibility in these situations 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 investigation and findings. The following are some items to consider.

- During your observations, have an understanding of the patterns the staff have for administering medications. If a staff person administering medications does a final check of medications at the resident's or patient's bedside, then intervene at the bedside in the most professional manner and ask the staff person to stop medication administration and leave the room to discuss with you the potential medication error. The pattern of the person administering medications will determine when the best time is to intervene. As a surveyor, you want to intervene at the moment just before medication administration. When this is done, your investigation and preservation of the observations remain most intact.
- After you intervene, immediately conduct a pointed interview. The interview should determine if there was a medication error. In some cases, based on the information available, you may have thought that an error was going to occur; but, during the interview, the staff person will have other information that indicates there was no error. In such cases, apologize and move forward.
- In some cases, you may intervene too early and prevent an error; however, your investigation may be compromised. Please realize that, although you may have compromised your investigation, you have prevented an error from impacting a person receiving care. The prevention of harm to individuals residing or receiving care in the facilities you survey is the main priority of the survey process.