PHARMACY NEWSCAPSULE

DEPARTMENT OF HEALTH SERVICES / DIVISION OF QUALITY ASSURANCE

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In This Issue

Pharmacy Label vs. Manufacturing Label

For some medications, a pharmacy will place a pharmacy label directly on the manufacturer's packaging and will not repackage the medication. In many cases, that pharmacy will have an expiration date put on their label. This date is actually referred to as a "Beyond Use Date." However, since the manufacturer's container has been used, there may also be a manufacturer's expiration date on the packaging. These dates may not match.

In these situations, which date should be used? In a perfect world, a single date would be used. Due to label technology limits, logistical issues, and cost concerns, these multiple dates exist and facilities and patients want to maximize the availability of the medication.

From a survey perspective, if the medication is stored appropriately, the date providing the longest length of time can be used. However, facilities should have a procedure in place so that staff know which date they should be using. As a surveyor, if you observe a medication that is expired by the pharmacy label but not expired by the manufacturer's date, you should ask multiple staff to tell you which date the facility uses. You should ask the facility for their policies on medication labeling as it relates to expiration and beyond use dating. If the facility does not have a procedure or is not implementing the

policy consistently, and you have an observation of expired medications, this can be cited.

Oral Syringe Reuse

This question has come up across all provider types but, in assisted living and in home health, where there is more patient involvement or self-administration occurring, surveyors have observed oral syringes being reused. The question has come up, is this allowed?

The only standard of practices would be manufacturer's guidelines, infection control standards, sanitation, and the American Society of Parenteral and Enteral Nutrition (ASPEN). Some manufacturer's guidelines for oral syringes may limit use to single-use only approaches. In these instances, the oral syringe would need to be discarded after each use or the facility would need to have documentation that the syringe can be cleaned.

ASPEN guidelines only state that the syringe being used should be clean. (See standards in G-Tube article below.) Infection control standards would address cleaning of health care facility equipment. Sanitation standards would address cleaning of various utensils.

Considering all of these standards, oral syringes need to be clean but not sterile. If the manufacturer allows cleaning, these syringes could be cleaned and sanitized. Facilities should develop a procedure specific to the systems they are using.

If, as a surveyor, you have a concern with dirty equipment, you should interview staff and review the facility policies for cleaning and reusing oral syringes.

Prevnar-13 Update

With influenza season and, now, the pandemic, the changes for Prevnar-13 approved by the Advisory Committee on Immunization Practices (ACIP) in late 2019 may have been missed. With the influenza season upon us, it's a good time to review the pneumococcal immunization recommendations. The following are those recommendations:

- Adults 65 years or older should receive one dose of pneumococcal polysaccharide vaccine (PPSV23). In addition, CDC recommends PCV13 based on shared clinical decision-making for adults 65 years or older who do not have an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant. Clinicians should consider discussing PCV13 vaccination with their older patients to decide if vaccination might be appropriate.

  For adults 65 or older who don't have an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant, and want to receive PPSV23 ONLY:

Administer one dose of PPSV23.

- For adults 65 or older who do not have an immunocompromising condition, cerebrospinal fluid leak, or cochlear implant and want to receive PCV13 AND PPSV23:

  You should not administer PCV13 and PPSV23 on the same day.

  Administer one dose of PCV13 first, then give one dose of PPSV23 at least one year later.

  CDC also recommends PCV13 for all adults 19 years of age or older with immunocompromising conditions, cerebrospinal fluid (CSF) leaks, or cochlear implants:

  These adults should receive a dose of PCV13 first, followed by a dose of PPSV23 at least eight weeks later. Subsequent doses of PPSV23 should follow current pneumococcal recommendations for adults at increased risk for pneumococcal disease. Specifically, CDC recommends a second PPSV23 dose five years after the first PPSV23 dose for persons aged 19 through 64 years with immunocompromising conditions. However, with some conditions (i.e., cochlear implants, CSF leaks), CDC doesn't recommend a second dose of PPSV23 for persons 19 through 64 years of age. Additionally, those who received one or more doses of PPSV23 before age 65 years for any indication should receive one final dose of the vaccine at age 65 years or older once at least five years have elapsed since their most recent PPSV23 dose.

  The CDC has some wonderful diagrams and frequently asked questions that can be very helpful in determining what pneumococcal immunizations are required. See this website: https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf?fbclid=IwAR2fMH6JiqsbZdZy9tnRVmwoMs3OJX1C50N8BfgjRV7hN47lxK2aE7FIdRU

Mixing Medications for G-Tube Administration

The American Society of Parenteral and Enteral Nutrition provides some specific standards of practice for administering medications through a tube. Facilities should be using this standard as they develop and implement their procedures. Some specific standards that routinely come up on surveys include:

- Develop policies and procedures to ensure safe practices by staff across all departments involved with enteral medication preparation and administration.
- Conduct a pharmacist review of each medication order to determine whether the enterally administered medication will be safe, stable, and compatible as ordered.

- Don’t add medication directly to an enteral feeding formula.
- Administer each medication separately through an appropriate access.
- Avoid mixing together different medications intended for administration through the feeding tube given the risks for physical and chemical incompatibilities, tube obstruction, and altered therapeutic drug responses.
- Prior to administering medication, stop the feeding and flush the tube with at least 15 mL water.
- Administer the medication using a clean enteral syringe.

These standards are the ones that have come up on surveys and, where facilities have failed to implement them, have led to citations. There are other standards and they can be accessed at: https://onlinelibrary.wiley.com/doi/pdf/10.1177/0148607116673053

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Millspaugh, Charles Frederick, *American Medicinal Plants: An Illustrated and Descriptive Guide to the American Plants Used as Homeopathic Remedies; Their History, Preparation, Chemistry, and Physiological Effects,* Boericke & Tafel, New York, Philadelphia, 1887.