

# HOLLADAY HEALTHCARE PHARMACY

# HOLLADAY HAPPENINGS

VALUE - DEDICATION - QUALITY



### Inside this Issue:

- Antibiotic Stewardship(1)
- LeadingAge and PACE Supporters(1)
- Toujeo: A New Long-Acting Insulin(2)
- Geriatric Clinical Pearls(2)
- HELP 2016(2)
- Melatonin Use within the Geriatric Population(3)
- Meet the Staff(3)
- Santyl App(4)
- True/False: Test Your Knowledge(4)

### ANTIBIOTIC STEWARDSHIP IN NURSING HOMES

“Antibiotic stewardship” refers to a set of coordinated strategies to improve the use of antibiotic medications in order to enhance health outcomes, reduce resistance to antibiotics and decrease unnecessary costs and adverse events. The Centers for Medicare and Medicaid Services (CMS) has proposed a rule that would require long-term care facilities to incorporate an antibiotic stewardship program into their infection control programs. New recommendations from the Centers for Disease Control and Prevention (CDC) advise all nursing homes to improve antibiotic prescribing practices and reduce the inappropriate use of antibiotics to protect residents from potential consequences such as the spread of antibiotic-resistant organisms and diarrheal infections from C-difficile. Is YOUR facility ready to meet this challenge? The CDC has published a resource called *Core Elements of Antibiotic Stewardship for Nursing Homes* which includes a guide, checklist and practical tools to help initiate or expand on existing antibiotic stewardship activities. The CDC recommends that ultimately, nursing home antibiotic stewardship programs should, at a minimum, include the following:

- LEADERSHIP COMMITMENT – demonstrate leadership support for safe and appropriate antibiotic use
- ACCOUNTABILITY - identify staff leader(s) for antibiotic stewardship activities
- DRUG EXPERTISE - establish access to individual(s) with antibiotic stewardship expertise
- ACTION - establish policies and procedures to improve antibiotic prescribing/use
- TRACKING - measure how antibiotics are used and the complications from antibiotics in the facility
- REPORTING - share information with health care providers and staff about how antibiotics are used in the facility
- EDUCATION - provide training and educational resources and materials about antibiotic stewardship to clinicians, staff, residents and families

### LeadingAge NC and PACE Trade Shows

Holladay Healthcare Pharmacy will be supporting the NC PACE association at their trade show on April 28th-29th. Holladay is proud to be a PACE partner for the past 5 years and celebrate the work PACE does for our community. Holladay will also be attending the LeadingAge conference in Myrtle Beach May10-11th. This is another great organization that provides education, advocacy and networking to its members. Please visit the Holladay booth # 46 for some prizes, education and fun!

Find out more at: <http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

Charlotte Matheny, PharmD, CGP is a consultant pharmacist with Holladay Healthcare Pharmacy.

## TOUJEO: A NEW LONG ACTING INSULIN

Toujeo (insulin glargine) is a long-acting human insulin analog indicated to improve glycemic control in patients with diabetes. Toujeo is available in pens only, with 300 units/ml in a 1.5ml pen, three times more insulin per ml than other long-acting insulins.

Toujeo is injected subcutaneously once a day in the thigh, abdomen, or upper arms at the same time each day. The site should be rotated to minimize the risk of lipodystrophy. The main side effect of Toujeo in clinical trials was hypoglycemia, so the titration of doses should not be done more frequently than every 3 to 4 days. FSBS should be monitored carefully when adjusting doses.

Some safety information about the use of Toujeo (or any insulin pen):

1. Never use a pen for different patients even if the needle is changed.
2. Store unopened pens in the refrigerator.
3. Needles should not be reused.

Injection technique for Toujeo:

1. Take the pen out of the refrigerator 1 hour before first use.
2. Date the pen on first use. Toujeo expires 42 days after opening.
3. Wipe the seal with alcohol swab and attach new needle.
4. Perform a 3-unit air shot to make sure the needle is not blocked.
5. Select dose. If you dial past the correct dose, the pen can be dialed down.
6. Inject dose at 90 degree angle to skin of thigh, abdomen or upper arms. Slowly count to 5 before removing the pen.
7. Detach needle and discard in sharps container.
8. In long term care facilities the pens for different residents must be separated from each other in the cart, e.g. different bins or plastic bags.

*Candice Teeter, R.Ph., is a consultant pharmacist with Holladay Healthcare Pharmacy*

## GERIATRIC CLINICAL PEARLS

Old age itself doesn't cause geriatric problems - delirium, incontinence, and falling are not normal consequences of aging. The decision to perform preventive interventions should be based on informed clinical judgment and the preference of the patient rather than routine screening guidelines.

- Elderly patients often have multisystem disease, superimposed on social and quality of life issues. This requires multidisciplinary individualized care.
- Don't assume all older people are hearing impaired - however, hearing impairment is common in the elderly - always look for cerumen impactions.
- Pneumonia and other infections may not present with fever and leucocytosis (elevated white blood cells).
- In older patients, diarrhea alternating with constipation should raise suspicion for an underlying colon malignancy, not irritable bowel syndrome.
- Always check orthostatic blood pressures in the elderly. Medication side effects, baroreceptor dysfunction, and autonomic neuropathy are common causes of orthostatic B/P changes.
- Elevated respiratory rates may be an early clue for pneumonia.
- Smoking cessation should be stressed at every visit regardless of the patient's age.
- Elderly patients should be considered as a family package to include spouse, caregivers, and friends in care planning.
- Listening, looking and touching are important parts of the encounter with elderly patients and should not be forgotten in this era of high tech medicine.

*Jerry D. Evans PA, PharmD, is a consultant pharmacist/Director of Clinical Services with Holladay Healthcare Pharmacy*

## HELP 2016

Holladay's 7th annual HELP education program was once again a huge success. Over 85 long term care professionals received useful information on topics pertinent to long term care today. Highlighting this year's agenda were Drug Diversion and Response, Fall Prevention, eCommunications, Employee Praise and Appreciation and The Impact of Alzheimer's in the Community. The attendees also had some fun learning how to prepare "green" smoothies and line dancing techniques to take back to their residents. Holladay partnered with Northwest AHEC to award 10+ CE hours for those who attended. HELP 2017 will be held again at the Proximity Hotel in Greensboro, NC. The 2017 HELP date will be announced soon on [holladaycare.com](http://holladaycare.com).

## MELATONIN USE WITHIN THE GERIATRIC POPULATION

Melatonin is a hormone produced in the brain's pineal gland from the amino acid tryptophan and secreted into the blood and cerebrospinal fluid. It conveys signals to distant organs, principally the brain, and ultimately affects sleep and circadian rhythms. In humans, nocturnal plasma melatonin concentrations are at least 10 times as elevated as daytime concentrations. This nocturnal rise in melatonin plays an important role in both the initiation and maintenance of sleep. There are three main variables that suppress nocturnal melatonin plasma concentrations: light-exposure, drugs, and age. Of these three, age is the only nonreversible variable.

Nocturnal melatonin plasma concentrations decline with age; many older individuals develop age-associated insomnia (e.g. waking up at night, diminished sleep efficiency). Therefore, physiological doses of melatonin may be beneficial for these individuals. In the U.S., melatonin is available as an over-the-counter preparation, and falls under the FDA's Dietary Health and Education Act as a "dietary supplement." Although melatonin isn't referenced in the CMS Manual System, there is mention of ramelteon, a melatonin receptor agonist. Therefore, from a clinical standpoint, it is best to taper melatonin over a period of 1-2 weeks when deciding to stop the medication, but is technically not required by the CMS Guidelines.

The recommended dosage for treatment of insomnia within the elderly is 3-5mg daily taken 2 hours prior to bedtime over 4 weeks. Melatonin has a few reports of interactions. Caffeine and fluvoxamine may increase the effects of melatonin. Exogenous melatonin may potentiate the effects of warfarin. Common side effects include somnolence, dizziness, drowsiness, enuresis, and transient depression. Melatonin is contraindicated in patients receiving concurrent immunosuppressive treatment, and in patients with an autoimmune disease. *Charlie Yates is a Doctorate of Pharmacy Candidate/Holladay Healthcare Pharmacy Intern.*

### MEET THE HOLLADAY STAFF: JESSICA HIGGINS - CONSULTANT PHARMACIST

In July of 2009, Jessica Higgins joined Holladay as a vital member of the pharmacist consultant team. She came to Holladay with extensive knowledge and expertise. Jessica completed her Bachelor of Science degree at the University of Minnesota and her Doctorate of Pharmacy at Wingate University. Jessica lives in the Charlotte area with her husband Justin, and they have two precious children ages 3 and 11 years old. When Jessica is not at one of her facilities, she enjoys bowling and camping in the summer. Jessica also has a beautiful voice and has sung at several weddings. One thing that someone may be surprised to know about Jessica is that her favorite foods are Thai and Indian. What makes Holladay such a great place to work? Jessica feels it is the ability to use her clinical knowledge to make a difference in the customers she serves and also the opportunity to reach out to her colleagues. The staff at Holladay is like another family to Jessica, and Holladay is proud to have her on our team!

### A Special Thank You to Holladay's HELP 2016 Sponsors:

**AMT, Allergan, Avanir,  
Boehringer Ingelheim,  
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### WHAT IS THE SANTYL DOSING CALCULATOR APP?

**ORDER** the exact quantity of SANTYL with the easy by using the **DOSING CALCULATOR APPLICATION FREE** from your APP store by searching “SANTYL.”

The healthcare professional can quickly estimate the amount of Collagenase SANTYL® Ointment in grams needed to prescribe and apply. Also included is the 3-step protocol for proper application. Please note that the estimates are only intended as a guide, contain rounded values where appropriate, and assume a constant wound size throughout the treatment period. Therefore, one needs to adjust these estimates based upon the clinical experience and individual wound characteristics. By entering the wound width, length and duration of treatment, one can easily estimate the total grams of ointment needed to complete the therapy. The ointment comes in a 30 gram tube and now a new 90 gram tube. The SAFETY and PRESCRIBING information is also included on this “APP.”

*Jennifer Hamilton, PharmD, CGP is a consultant pharmacist with Holladay Healthcare Pharmacy.*



### PHARMACOGENOMICS TRUE/FALSE

1. Pharmacogenomics is the study of how genes affect a person's response to medications.
2. This will help predict whether a medication will be effective for a particular person.
3. This information will cause more adverse drug reactions.
4. The long-term goal of this is to help select medications and dosages that are best suited for each individual.
5. The use of pharmacogenomics is used widely across the country.

Answers:

1. True
2. True
3. False - this will help prevent adverse drug reactions
4. True
5. False - its use is currently limited