

# HOLLADAY HAPPENINGS

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## KEEP IT CLEAN—HAND HYGIENE

Infection control always comes up during cold and flu season, but with public health concerns like enterococcus and ebola in the news, it is on everyone's mind!

Good hand washing procedures are the key to infection control in LTC. Hands may be cleaned with alcohol-based gel if not visibly soiled. If alcohol gel is used, hands should be rubbed together until dry before proceeding to the next task.

Hands may also be washed with soap and water. They should be

rubbed together vigorously for at least 15 seconds after wetting and applying soap. Dry thoroughly with a disposable towel. Soap and water are the preferred method for cleaning visibly soiled hands.

Hands should also be cleaned after performing procedures that require donning gloves. This is because there may be tiny imperfections in the gloves or hands may become contaminated when removing them.

There are a wealth of resources on the web to help educate



Hand washing procedures are the key to infection control in long-term care.

staff and promote infection control:

- [spice.unc.edu](http://spice.unc.edu)
- [cdc.gov](http://cdc.gov)
- [compepi.cs.uiowa.edu/iscrub](http://compepi.cs.uiowa.edu/iscrub) (Link for the iScrub app which helps monitor hand hygiene)

## SPECIAL POINTS OF INTEREST:

- *What is NCPDP Script 10.6 and are you ready? Turn to page 2 to find out.*
- *Need a break? Do the puzzle on page 3.*
- *An overview of drugs doses and schedules that need to be adjusted for patients on hemodialysis is available on page 4.*
- *Ever talked to Ken at Holladay? Find out more about him on page 4.*

## SAVE THE DATE...

Holladay Healthcare Pharmacy is pleased to announce our 6<sup>th</sup> annual educational program will be held March 19<sup>th</sup> and 20<sup>th</sup>, 2015 at the Proximity Hotel in Greensboro.

H.E.L.P., the Holladay Educational Learning Program, offers a variety of educational and networking opportunities tailored to those who care for seniors. CE hours will be offered to

nurses and nursing home administrators.

Information can be found on the Holladay website [www.holladaycare.com](http://www.holladaycare.com). Make plans to join us today!

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## NEW DRUG UPDATE: BREO ELLIPTA

By C. Teeter

BREO IS AN INHALER USED FOR ONCE DAILY MAINTENANCE TREATMENT OF COPD.

Breo Ellipta is a combination of the inhaled corticosteroid fluticasone and long-acting beta agonist vilanterol. It is approved for once daily maintenance treatment for COPD, including chronic bronchitis and emphysema. It is not approved for the treatment of asthma. Breo has a black-box warning about an increase in asthma-related deaths in patients taking long-acting beta agonists like vilanterol. Breo Ellipta is contraindicated in patients with a hypersensitivity to milk proteins or any ingredients in the product. It should not be used for acute symptoms.

The most common adverse reactions are nasopharyngitis, upper respiratory infections, headache and oral candidiasis. The mouth should be rinsed with water after each use of Breo to lessen the risk of candidiasis.

Drug interactions with Breo include CYP3A4 inhibitors (e.g. ketoconazole, clarithromycin), tricyclic antidepressants, monoamine oxidase inhibitors, and beta-blockers (e.g. metoprolol, carvedilol, atenolol).

Beta agonists, like vilanterol, can produce increases in heart rate, blood pressure and cardiac

arrhythmias, including QTc prolongation. If such effects occur, Breo should be discontinued.

Breo Ellipta 100mcg/25mcg should be administered as one inhalation once every 24 hours. No dose adjustment is necessary for geriatric patients. Clinical trials included 2508 subjects over age 64 and 564 over age 75. There were no differences in safety or efficacy in these patients compared to younger ones.

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

## NCPDP READINESS AT HOLLADAY

By B. Cross & N. Brown

Effective November 1, 2014, LTC must comply with the CMS e-prescribing regulation mandating a to NCPDP Script 10.6 formatting. This regulation impacts e-prescriptions on new medication orders. Refills are not affected.

Pharmacies must receive e-prescribing in the NCPDP 10.6 standard for the "electronic transmission" of a prescription. Computer generated faxes are considered a form of electronic transmission and will no longer be allowed unless they are NCPDP 10.6 compliant. Unfortunately, many eMAR/eHR systems have not completed their testing with pharmacy soft-

ware, so they are not yet NCPDP compliant.

New medication orders can still be accepted by Holladay Pharmacy when phoned in or manually faxed to the pharmacy. Holladay Pharmacy's software provider, QS/1 Data Systems, will be in compliance by the effective date.

Contact Holladay Pharmacy for more information on the NCPDP Script 10.6 formatting or on how your eHR software company interfaces with Holladay Pharmacy. Let Holladay Pharmacy guide you through this technology transition.

*Becky Cross, RN, is Director of Customer Relations for Holladay Healthcare Pharmacy. Nicole Brown, Pharm.D., is a pharmacist with Holladay Pharmacy.*



11/1/14—NCPDP Script 10.6 formatting goes live!

# JUST FOR FUN: SEEK & FIND



## Medical Conditions

By J. Higgins



N A M T Y H P Y T U L P P Z A E M D V W  
 Q V T V A B J P C W W L O I N S S I R F  
 L T O C E P H M S J H Y M Y I O I A X F  
 T B F M S J A C Q E W E B Y G P D B G B  
 K I E L C Y H E V W D W D G N H I E J V  
 A S D Z O E G Y M I S V D I A A O T Y I  
 I I Z O S T E O P O R O S I S G R E K U  
 R B M F K X F I S E H G B U L I Y S G G  
 Y V W E M L L T S Y R E J K L T H G K U  
 X Z X K N R C M P I I T Z D K I T E G D  
 P P I Z E A I O Z Q T N E W W S O C K Q  
 M N O P R G K Z A O U I S N I C P A S I  
 F I Y A R A D B I P V P L O S Y Y D E I  
 Y H T A L D E M E N T I A U M I H O I M  
 W A I E Z V U R I M Q N I L L N O N G D  
 C N M D H G G A B W V Z P C O L I N R N  
 E I E M M U P M I Y V L N N W B E A E M  
 A N O I S S E R P E D G B V L V F C L D  
 U K V B T N Q K Y T E I X N A N B Z L Z  
 G S R B Q S E F Q R U G H R H O B Q A W



ALLERGIES  
 ANEMIA  
 ANGINA  
 ANXIETY  
 CATARACTS  
 CELLULITIS

DEMENTIA  
 DEPRESSION  
 DIABETES  
 ESOPHAGITIS  
 HYPERLIPIDEMIA  
 HYPERTENSION

HYPOKALEMIA  
 HYPOTHYROIDISM  
 INSOMNIA  
 MIGRAINE  
 OSTEOPOROSIS  
 PAIN

*Jessica Higgins is a consultant pharmacist with Holladay Healthcare Pharmacy.*

## TAKING A GERIATRIC HISTORY

By J. Evans

There is no single, correct way to take a medical history. With time and practice you will develop a comprehensive and effective technique for history taking.

Factors which help to establish rapport with the patient include:

- Introduce yourself in a warm, friendly manner
- Maintain good eye contact
- Listen attentively and avoid interruptions if possible
- Encourage the patient with verbal and non-verbal cues

Ask about specific symptoms for each of the following major systems using lay terms whenever possible:

**General:** Fatigue, Anorexia, Weight change, Itching, Rashes, Low mood / anxiety, Fevers / night sweats, Heat / cold intolerance, Change in appearance.

**Cardiorespiratory:** Chest pain, Shortness of breath, Orthopnea, Paroxysmal nocturnal dyspnea, Palpitations, Cough,

Sputum production, Wheezing, Hemoptysis.

**Gastrointestinal:** Swallowing difficulty, Nausea and vomiting, Hematemesis, Heartburn / indigestion, Abdominal pain, Change in bowel habits, Change in color / consistency of stool.

**Genitourinary:** Dysuria, Frequency, Nocturia, Change in color or odor of urine, Prostatic symptoms (urinary retention), Urethral / vaginal discharge, Incontinence, Menstrual difficulties (rare), Post-menopausal bleeding.

**Central Nervous System:** Headaches, Fainting spells, Weakness, Sensory symptoms (burning / tingling), Changes in taste / smell, Hearing disturbances, Visual disturbances, Speech disturbances, Dizziness.

**Locomotion / Extremities:** Pain, Stiffness, Immobility, Swelling, Discoloration, Loss of joint function.

*Jerry Evans, PA, Pharm.D., is a consultant pharmacist with Holladay Healthcare Pharmacy.*



“There is no single, correct way to take a history.”

## MED ADMINISTRATION, HOLD THE DAIRY!

Many residents require their medication to be mixed with soft food for administration. Historically, applesauce or jelly has been used as the vehicle for administering medications. This does cause concern for some patients with strict, sugar-free diets but sugar-free or no sugar added versions are available.

Some facilities choose to use yogurt, pudding, or ice cream as the soft food for medication administration. These products contain calcium, which may interact with certain medications. The drug-food interaction with calcium-containing foods is most often seen with certain antibiotics. The calci-

um in the food decreases the antibiotic's efficacy.

Holladay Pharmacy affixes warning labels to the containers of medications that interact with dairy products. You may also call your Holladay Pharmacist with questions about drug-food interactions.



Some medications interact with dairy products.

## MEET THE STAFF: KEN REEVES

Ken Reeves is an integral part of the Holladay team. An employee with Holladay Pharmacy for 10 years, Ken wears many hats in the pharmacy. His primary responsibility is managing the IV medication workflow. He handles everything from order entry to mixing the product!

Ken grew up in a large family as the youngest

of six children. He is married and enjoys gardening, photography and traveling in his spare time. Ken also is a dedicated volunteer counselor for families and youth, which speaks to his ability and passion for helping others.

Ken has been described as “the best IV tech in the industry”. Holladay customers feel confident

that when an IV medication is requested, Ken is at the helm, meeting their needs and exceeding expectations. Ken states that “his wonderful co-workers make Holladay a great place to work”.

Ken, thank you for your years of service with Holladay Healthcare Pharmacy and we are proud to have you on our team!



Ken enjoys volunteering with families and youth.

## EFFECTS OF HEMODIALYSIS ON DRUGS

By N. Batchelder

Medications are eliminated by the body in many ways. Some are removed by the kidneys, so when someone is in renal failure those drugs may accumulate in the body. Most patients in end-stage renal failure will be on hemodialysis (HD). HD removes waste products from the blood and it can also lower the drug concentrations of medications the patient takes that would normally be removed by the kidneys. Patients receiving HD may need supplemental doses or changes in their medication schedule to ensure therapeutic concentrations remain in the body.

Antihypertensives are an example of a medication class that definitely needs to be given after the HD procedure. A side effect of HD is hypotension (low blood pressure) and giving a medication that also lowers blood pressure increases this risk.

Other medications in the elderly that should be given AFTER hemodialysis include:

- Antibiotics (Check links below for HD instructions for each antibiotic)

- Anticonvulsants such as Gabapentin or Lacosamide (May need supplemental dose after HD)
- Antihypertensives
- Antipsychotics
- Lithium
- H2 Receptor Blockers (e.g., Famotidine, Ranitidine)
- Water soluble Vitamins (e.g., B vitamins, Vitamin C, Folic Acid, Niacin)

For more information on whether a medication dose or administration time should be adjusted:

[renalpharmacyconsultants.com/assets/2013dodbooklet.pdf](http://renalpharmacyconsultants.com/assets/2013dodbooklet.pdf)

Global RPh has recommendations for dosing drugs in regards to HD. Click on the specific medication and find the section about HD for a recommendation on HD dosing using this link:

[www.globalrph.com/index\\_renal.htm](http://www.globalrph.com/index_renal.htm)

*Nathan Batchelder, Pharm.D. Candidate, is a pharmacy student at Wingate University School of Pharmacy.*

PATIENTS  
RECEIVING  
HEMODIALYSIS  
MAY NEED A  
CHANGE IN  
THEIR  
MEDICATION  
SCHEDULE.

QUALITY  
- DEDICATION -  
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Winston-Salem, NC 27104  
2560 Landmark Drive

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PHARMACY



## DEA RULES FOR DRUG DISPOSAL

By B. Cross

Effective October 9, 2014, the U.S. Drug Enforcement Administration (DEA) implemented a new rule for the Disposal of Controlled Substance called the Secure and Responsible Drug Disposal Act of 2010. This act is in response to the growing US epidemic of prescription drug abuse and seeks to provide safe methods for the disposal of controlled substances for the public.

The Act authorizes the DEA to develop and

implement regulations that outline methods to transfer unused or unwanted pharmaceutical controlled substances to authorized collectors for the purpose of disposal. It also allows LTC facilities to do the same on behalf of residents or former residents of their facilities.

The DEA's goal in implementing this act is to expand the options available to safely and securely dispose of potentially dangerous prescription medications on a routine basis. The public may find au-

thorized collectors in their communities by calling the DEA Office of Diversion Control's Registration Call Center at 1-800-882-9539. Holladay Pharmacy offers options for medication disposal for all residents in your community. Contact us for more information on how we can assist you with the safe disposal of prescription drugs.

*Becky Cross, RN, is the Director of Customer Relations for Holladay Healthcare Pharmacy.*



There are new options for disposing of unused controlled substances.