

# HOLLADAY HEALTHCARE PHARMACY

# HOLLADAY HAPPENINGS

## VALUE - DEDICATION - QUALITY

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### WHAT IS DRUG DIVERSION AND WHAT ARE CONTROLLED MEDICATIONS?

The Uniform Controlled Substance Act defines drug diversion as “ the transfer of a controlled substance from a lawful to an unlawful channel of distribution or use”. Drug diversion occurs any time a drug is given, sold, or otherwise transferred to someone other than the patient to whom it was prescribed. Drug diversion can occur in the community as well as in hospitals or other health care facilities. The most commonly diverted drugs are narcotics, stimulants, benzodiazepines, muscle relaxants and pseudoephedrine. The US Drug Enforcement Administration (DEA) classifies certain medications as controlled medications and places them in schedules II through V according to their potential for abuse with schedule II

drugs being those with highest potential for abuse. These scheduled drugs have special requirements and restrictions for prescribing, storage and accountability.

Here are some ways you can protect your facility from diversion of controlled medications:

#### HIRING/STAFFING -

Conduct background checks (criminal and references) on all staff. Remember that if you are a facility that is a DEA registrant, federal law prohibits you from employing any person who has been convicted of --or pleaded guilty or no contest to -- a felony involving controlled substances. Ensure all staff who administer controlled medications have thorough training and continuing education on facility Policies and Procedures regarding controlled medications.

#### RECEIPT -

Ensure that multiple individuals are accountable for receipt of controlled medications from the pharmacy. Consider having TWO staff members receive, count, return and sign for controlled medication deliveries from the pharmacy and immediately put controlled medications and accompanying inventory (or “count”) sheets in the medication storage area. Give delivery forms to facility administration promptly, for additional confirmation of the quantity delivered, and returned. Be sure these forms are kept in a locked drawer or file.

#### USE -

Require staff to sign out all controlled medications on the controlled drug inventory sheet (“count form”) immediately upon removal. Perform routine and random audits of inventory count sheets to ensure they

match the supply on hand. Adhere to automatic stop date policies for PRN controlled medications not used for 60 days and of medication from locked storage area. Discontinue and return these medications to the pharmacy promptly.

#### RECONCILIATION -

Require controlled medication counts of both the medication and the number of inventory sheets be performed and documented any time there is a change in personnel responsible for the medication cart, including meal breaks. If the count is not correct, the keys should not be accepted and the supervisors should be notified. *Charlotte Matheny, Pharm.D*

## **BYETTA (Exenatide) INJECTION FOR TYPE 2 DIABETES**

Byetta is a glucagon-like peptide-1 (GLP-1) receptor agonist for use with diet and exercise to improve glycemic control in adults with Type 2 diabetes. The class of drugs that include Byetta, Victoza (liraglutide) and Bydureon (long-acting exenatide) are also called “ incretin mimetics.” Byetta is NOT a substitute for insulin and should not be use in Type 1 diabetes. Byetta is supplied as 5mcg per dose or 10mcg per dose in a prefilled injectable syringe. Byetta should be started at 5mcg injected subcutaneously\* twice a day within 60 minutes before the morning or evening meal (or before the largest two meals of the day with at least 6 hours between doses). Byetta should not be administered after a meal and can be given in the thigh, abdomen or upper arm. Byetta pens should not be shared between patients. Pen sharing, even if the needle has been changed, can pose a risk of transmission of blood-borne pathogens. As with all medications for diabetes, the patient should be monitored for hypoglycemia. In the 24 week clinical trial with Byetta monotherapy, the change in HgbA1c was -0.9 and the change when used in combination with Insulin Glargine (Lantus) was -1.7. Starting at a 5mcg dose twice a day can minimize the gastrointestinal side effects which are the most

common adverse effects seen with Byetta. After one month of therapy, the dose can be increased to 10mcg per dose twice a day. The GI side effects seen with Byetta include nausea (44%), vomiting (13%), and diarrhea (13%). With continued use, the frequency and severity decreased over time in those patients who experienced nausea. Based on post-marketing reports, Byetta has been associated with acute pancreatitis and Byetta has not been studied in patients with a history of pancreatitis. Therefore, other antidiabetic therapies should be considered in patients with a history of pancreatitis. Byetta should not be used in patients with severe renal impairment ( $CrCl < 30 \text{ ml/min}$ ) or in those on dialysis. (\* Of note, if Byetta is used in an assisted living facility, the medication technicians MUST be trained by a registered nurse or the physician and competency validated by return demonstration prior to performing the task and their ongoing competency is assured through facility oversight and supervision. ) *Candace Teeter, R.Ph*



## NURSING PEARLS OF WISDOM

### Tips for Caring for Long-Term Care Patients

- 1 -Review with your ancillary staff as to when you want to be notified about changes which would require the Physician or Practitioner to be called – change in mental status, functional decline, dysphagia, congestion, agitation, changes in posture, etc. Nursing Assistants and housekeeping staff often spend the most time with residents, and can detect early changes in condition.
- 2 -When a resident who has been medically stable has a change in mental status, the top 3 things to be considered as a cause for the change are: 1. UTI 2. Fecal Impaction 3. Pneumonia.
- 3 -Some residents with Parkinson's Disease who drool may benefit from a piece of carrot or chewing gum (when appropriate). Often these items may remind the resident to swallow and may decrease the drooling.
- 4 -When asking residents about pain, be sure to have the Whaley-Wong faces scale nearby (available free online). This scale uses facial images to help determine a level of pain. Residents often can relate more to the smile, frown, or tears than to a number or scale on a line.
- 5 -Keep a plant nearby. Depending on the season, keep plant bulbs such as hyacinth or crocus inside the resident rooms where appropriate. Typically these plants show growth daily, and observation of this growth has been shown to be therapeutic and is enjoyed by residents.
- 6 -When working around residents, hum an older melody or a show tune. Residents may begin to sing along, or the tune may become a conversation starter.
- 7 -Always keep a positive attitude – even with dementia, residents may still be able to sense your mood. The residents may not remember what you said, or everything that you did for them during your shift, but they very well may remember how you made them feel.
- 8 -Take 10 minutes every day to sit down with each resident. Hold the resident's hand and learn something about his/her life. Your attention will brighten the resident's day and his/her touch will fill your heart and reaffirm why you have chosen to dedicate your practice to Long-Term Care. *Jerry D. Evans,PA,PharmD*

### MEET THE HOLLADAY STAFF: ASHLEY MAINS - PHARMACY TECHNICIAN

An integral part of the Holladay Healthcare Pharmacy team is Ashley Mains. Ashley graduated from GTCC with an Associates Degree in Pharmacy Technology. She was married in September 2011. Ashley and her husband Larry are the proud parents to a “fur baby”, Skylar. Skylar, their Jack Russell Terrier, keeps them on their toes! In her spare time, Ashley loves to stay healthy by working out and enjoys spending time with her family and friends. Ashley has worked for Holladay Healthcare Pharmacy since August of 2010. Her primary responsibilities are the packaging of the seven day medication packs and managing the automated dispensing machines. She is always willing to help out and fill in on the floor or wherever needed. Ashley states that “Holladay is a great place to work, because we are like one big family”. She says the atmosphere in the pharmacy is pleasant, even when it is a busy, stressful day. Ashley is thankful for her job everyday and loves working at Holladay. And Holladay is thankful for Ashley and proud to have her on the Holladay team!

### SKIN CANCER TRUE OR FALSE

1. The most common location for melanoma is the back.
  2. Melanoma is the deadliest form of skin cancer.
  3. More than half the population will ask another to help apply sunscreen.
  4. You should make an appointment to see a dermatologist if you notice changes, itching or bleeding on your skin.
  5. The best time to avoid sun exposure is 8-10am.
  6. You should always use sunscreen with at least SPF +15.
  7. Skin cancer is the abnormal growth of skin cells.
  8. Skin cancer affects people of all races and ages.
  9. Squamous cell carcinoma is the most common type of skin cancer.
  10. Basal cell carcinoma looks like a flesh-colored, pearl-like bump or pinkish patch of skin.
- visit [holladaycare.com](http://holladaycare.com) for answers



[holladaycare.com](http://holladaycare.com)



CLICK YOUR SMART PHONE HERE  
TO LINK TO:

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### CHEERS TO NCDONA

The NC Directors of Nursing Administration (NCDONA) is celebrating their 20 year anniversary at their upcoming annual conference and trade show. Congratulations NCDONA! The conference is being held Wednesday, September 23rd – Saturday, September 26th at the beautiful

Hilton Resort in Myrtle Beach, SC. As we have done for many years, Holladay Pharmacy along with Holladay Surgical is supporting NCDONA with a Silver Level Sponsorship. Holladay will also have a booth at the trade show during the conference. Please stop by the Holladay Booth to learn more about our services and recent technology

advancements. The Holladay booth is always fun and not to be missed! Holladay is committed to sponsoring the associations that support our clients and residents as we all strive to provide exceptional care in an ever changing healthcare environment. We look forward to visiting with you at the NCDONA conference!

### HOLLADAY ANNOUNCES CLOUD FAXING

Holladay Healthcare Pharmacy is excited to announce we have recently converted from a land-line fax system to a cloud fax system. This change will allow us to better handle the increasing fax load from all systems including email to fax, eMar to fax and land-line faxes. We have already noticed this change drastically decreased the number of both incoming and outgoing “failed faxes”. In addition to the increased volume capacity to send and receive faxes, cloud faxing is also quicker, allowing us to respond in a timelier manner to your requests and orders. Another crucial benefit in the healthcare setting of cloud faxing is the enhanced security. All cloud faxes are encrypted before they are faxed, during processing and transfer, which translates into more security HIPAA information. Holladay recognizes the importance and need for technology advancements to better serve our customers and our residents. This is one of the reasons Holladay is the technology leader in LTC pharmacy.