

HEALTH *Matters*

A RESOURCE TO HELP KEEP YOU INFORMED

March - April 2010

High Alert Drugs in the eye of ISMP!

A safe medication system needs the collaboration of a wide variety of resources both directly and indirectly involved in patient care and include:

- manufacturing
- packaging
- prescribing
- dispensing including labeling
- administering (an independent double check when preparing the insulin to scale to administer)



Part of a safe medication system is also for the health care provider to recognize some common drugs in which the incidents are not necessarily more common but the consequences and/or side effects may be more devastating in the elderly population. Drugs that apply to Community and Long-Term Care are:

oral antihyperglycemic agents ("hypoglycemia increases exponentially with age and appears to be higher with glyburide"(1))

narcotics/opiates (trans-dermal, oral, injection, including liquid concentrates, immediate and sustained released formulations)

insulin, subcutaneous

methotrexate, oral, non-oncologic use (usual dosage : once a week only in one, two or three consecutive doses)

warfarins (narrow therapeutic window)

These drugs are part of a list based on error reports submitted to the USP-ISMP Medication- Errors Reporting Program.

The complete list can be found at:
<http://ismp.org/Tools/highalertmedications.pdf>

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Dine and Learn!

Wednesday April 21st
2010 at the Ramada
Inn, Suzanne Eckert,
pharmacist from St-
Vincent Bruyere's
Continuing Care
presented on High
Alert Drugs. There
was a good turn-out.
Thank You for your
suggestions. We are
planning one in the
Fall 2010.

If you have requests,
suggestions or comments
for future issues, your
feedback may be directed to

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New Auxiliary Label: High Alert Drugs

The pharmacy is now labeling some narcotics as **High-Alert Drugs** such as fentanyl patches, hydromorphone (Dilaudid®), Hydromorph Contin®), morphine (Statex®, MS Contin®), oxycodone (Oxycocet®, Oxycontin®), injectable hydromorphone and morphine

Meperidine (Demerol®), propoxyphene (Darvon N®) are also considered high alert medications but are not considered appropriate for use in elderly patients.

Fentanyl Patches:

A few rules should always be taken into consideration to reduce potential for patient harm when using fentanyl patches:

1. Do NOT prescribe to opioid-naïve patients
2. Know how and where to apply the patch
3. Document appropriately
4. Matrix system patches can be cut. **Ratio-Fentanyl**® is a matrix transdermal system dispensed by Medical Arts Pharmacy. If any other brand is dispensed, **ask the pharmacist if it can be cut.**
5. Do not cover the patch with occlusive dressing, absorption is increased.
6. Dispose of the used patch by folding in half in a one-way container e.i. sharp container.

Safeguards by ISMP (US) and ISMP Canada!

- Stop using dangerous abbreviations such as “u” and the trailing zero on a dosage (e.g. 5.0 units should read 5 units)
- Use a leading 0 for a decimal (.2ml should read 0.2ml)
- Use of visible coloured auxiliary warning labels (FOR INHALATION ONLY is now affixed to Spiriva® to avoid inadvertent oral administration of these capsules) .
- Enforce independent double checks on dosage calculations

Medical Arts Pharmacy Policies and Procedures for Long-Term Care have been reviewed and now include P&Ps for warfarin, insulin, narcotics, oral antihyperglycemic agents, methotrexate, digoxin, heparin and low molecular weight heparins (LMWH) and will be available for distribution in June 2010.

Can Transderm-V® be applied to another site than behind the ear?

The pharmaceutical company does not recommend an alternative site application. Although when a patient is removing the disc from behind the ear, applying the disc under the upper arm or on their back may be acceptable. Monitor for effectiveness of the medication and side effects when administering on an alternate site. Transderm V® is an anticholinergic used to prevent nausea, vomiting and also used to control drooling. This anticholinergic drug may cause confusion, drowsiness, headache, loss of memory, dry mouth, constipation, orthostatic hypotension, palpitations, tachycardia. The topical disc is programmed to deliver 1mg of scopolamine over three days. It is recommended to monitor blood pressure, pulse and anticholinergic effect. An alternate site should only be considered when the patient will not accept the disc behind the ear (ex.: patient with dementia inadvertently removing the disc)



1. Graydon Meneilly MD FRCPC and Daniel Tessier MD MSc. Diabetes in the Elderly. Diabetes Clinical Practice Guidelines. 2008; S181-S186.