GAYCO TABLET

GAYCO HEALTHCARE | A LONG-TERM CARE PHARMACY VOLUME 10, ISSUE 4| OCTOBER 2015

The Federal Regulations dictate everything concerning pharmacy services

by: Sandra Couch, RN, NHA

One area that is reviewed during the survey process concerns drug disposition and destruction.

Tag 425 of the Federal Regulations states that a facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, disposition, and administering of all drugs and biologicals) to meet the needs of each resident.

Part of the regulation requires timely identification and removal (from current medication supply) of medications for disposition. This includes expired and discontinued medications.

Gayco's Pharmacy Services for Nursing Facilities policy and procedure regarding the disposal of medications and medication-related supplies (found on page 31) reads, "When medications are discontinued by a prescriber, discontinued according to automatic stop order policy, a resident is transferred or discharged and does not take medications with him/her, or in the event of a resident's death, the medications are marked appropriately, removed from current supply, and processed for destruction." This policy also includes any medications belonging to the resident that are current but have become expired before used up.

Under the same section, disposal of medications and medication-related supplies, there are policies and procedures that outline the process for disposal of medications (found on page 32).

There are questions about how to log and destroy the new strip package mediations when the medication is discontinued, expired, or left in the facility after the resident is discharged or expires. The policy and procedure in the pharmacy policy and procedure manual is current. For questions about how to handle the strip packaging when medications are discontinued, expired, or left in the facility when the resident is discharged or expires, please refer to the policy.

When affixing the strip package to the drug destruction log sheet, be sure to only place four (4) packages per log sheet. Review the information to be sure that all pertinent information required is legible. If necessary, the nurse may need to record the information by hand on the sheet.

If there are multiple packages of the same medications affix only one of the packages and state how many doses there are all together. For instance, three (3) days of medication for 9 a.m., all having the same medication inside, needs only to have one strip pack affixed to the log sheet and the total number of all of

See page 3, Destruction

Double-lock Controlled Substances

by: Luwana Walton, RN

The DEA says that I need to double-lock my controlled substances…….

This mean that two locks must be in place to adequately secure the controlled substances.

The medication cart lock serves as one of the locks. The Narcotic Drawer lock serves as the second lock, making the controlled substances double locked in the medication cart.

This practice also includes controlled substances stored under refrigerated conditions.

The medication room door serves as one of the locks.

The refrigerator itself should lock or have a secured locked box inside that cannot be moved or transported to serve as the second lock; thus, making the refrigerated controlled substances double locked.

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The New Anticoagulants – Some significant concerns and monitor in the elderly

by Tom Jeter, BS Pharm., R.Ph.

Introduction

Prior to the new anticoagulants, direct-acting oral anticoagulants (DOACs) apixaban (Eliquis), dabigatran (Pradaxa), edoxaban (Savaysa) and rivaroxaban (Xarelto), there was estimated to be 100,000 elderly patients hospitalized through emergency rooms related to Coumadin toxicity and related bleeding episodes between 2007 and 2009 in the U.S. with a majority of these being from the community setting. This threat it would seem should be less with the new anticoagulants with their simplicity of use and the no longer need for close monitoring with INRs. But new data from one emergency department suggest hardly any change. The information contained in this article will help identify when things might go wrong with these new agents and decrease that chance of a hospital readmission.

What is the bleeding risk with DOACs?

Clinical trials comparing the DOACs show a bleeding risk lower or comparable to Coumadin with a higher chance of GI bleeding as opposed to intracranial bleeding which is seen more in Coumadin use. With toxicity of Coumadin the antidote Vitamin K can be administered to counteract the effects of the drug, but with these newer agents there is no antidote. With Pradaxa treated patients for severe life threatening bleeds, emergency kidney dialysis can be completed, activated charcoal given to decrease the absorption of the drug, if administered within two to three hours of Pradaxa and possibly prothrombin complex concentrate, but for Xarelto, Eliquis and Savaysa dialysis isn't an option, because there pathway of metabolism is not primarily through the kidney. Activated charcoal and prothrombin complex concentrate have been shown to help, but not to the extent as Vitamin K to Coumadin.

What can be done to decrease the risk ratio?

Data indicates that bleeding risk is higher in the elderly with these medications because of decreased and varying renal function. This is more prevalent in Pradaxa because of its primary renal metabolism, but can be a factor in the other DOACs as well in higher doses used to treat Atrial Fib, DVT, and Pulmonary Embolus. Age of 75 years of age and older and decreased body weight can also be a factor to increase risk. In the other DOACs hepatic function can play a role as well. Drug interaction can increase or decrease the effectiveness of these medications and need to be considered. Heart arrhythmia medications like amiodarone, verapamil, and antifungal medication ketoconazole, fluconazole, as well as phenytoin, phenobarbital, clarithromycin could all cause increase in toxicity. Some data indicates that aspirin when given in higher dose than 81 mg daily could raise the risk, as well as Ibuprofen and other NSAID medications.

Checklist of those with Higher Risk to Monitor for unusual bleeding symptoms

1. Poor kidney function or hepatic function
2. Body weight of less than 110 lbs
3. Age 75 yoa or older
4. Multiple medications: Specially for Arrhythmias, Fungal infection, Seizures, Aspirin or other NSAIDs
5. High Blood pressure

Signs of unusual bleeding include:

- bleeding from the gums,
- blood in the urine,
- bloody or dark stool,
- a nosebleed,
- vomiting blood, or
- an unusual headache or a headache that is more severe than usual may signal intracerebral bleeding.

Reference: PL Detail-Document, Oral Anticoagulants: Maximizing Safety. Pharmacist's Letter/Prescriber's Letter. October 2015.

Weekly Dose

If you want to receive the Weekly Dose, a weekly devotional series, log on to http://wdose.blogspot.com/ and select the Subscribe button. It will ask you for your email and then send you an email to confirm your interest in the blog spot.

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Destruction

Continued for page 1

the tables or capsules in the packages written on the log sheet. The medications may then be placed into the tote. All medications must be logged at the time of pulling the medication from the current supply. **DO NOT** place the medications into the tote without logging the medications.

Log punch cards of medications by pulling the re-order label from the package, affixing it to the log sheet, and recording the number of doses still remaining on the card before placing it into the tote.

Remember, all narcotics are logged on the narcotic log sheet and given to the DON to be locked up until destruction.

Two nurses are still required to sign the log sheet at the time of logging the medication in for destruction and placing it into the drug destruction tote.

The policy for disposal of medications (found on page 32) states if a medication is removed from the package but not used, it will be disposed of via flushing or dropping in a sharps container. There are OSHA guidelines that may not agree with Federal Regulations, so be aware of the facility's policy on disposing of un-used medications. Some facilities have black medications disposal containers on the medication carts that the facility has provided for the nurse to waste medications not used. A nurse may only waste a single dose that might have been refused after pouring up the medication or one dose might have been dropped and needs to be wasted. This does not apply to discontinued and expired packages of medications.

To cut down on waste of unused medications, please notify the pharmacy anytime a resident is out of the facility in the hospital or going to be LOA for several days for any reason. Also, for residents that routinely go to Dialysis on certain days, ask the pharmacy not to pack the medications in the strip pack for those days (i.e. They are always gone on Monday, Wednesday, and Friday for the 9 a.m. med pass). The pharmacy will not send the medication in the strip pack for those days. This cuts down on the disposal and destruction process. Less work and waste for all concerned.

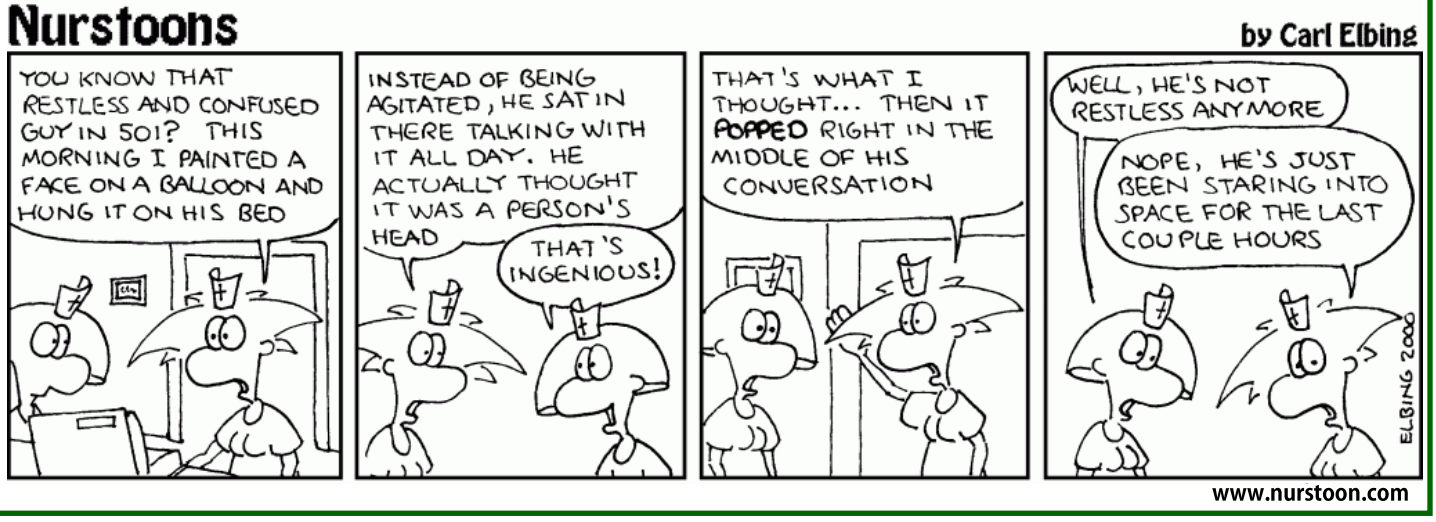
Control Prescription Report

Gayco will fax or upload to the Gayco Healthcare workzone on the same day each week, as instructed by the facility DON, the Control Prescription Report for facilities. This report shows all controlled prescriptions that will either expire or run out of refills in the next 14 days. Please review the report and act more promptly on the orders that will expire or run out the soonest.

Gayco recommends for CIII, CIV, and CV prescriptions that the facility nurse agent, acting under the authorization of the doctor, call for a refill for a month's supply within five (5) refills.

Gayco recommends for CII prescriptions that the nurse forwards the prescription request to the doctor for completion and return at least five (5) days before the refills run out or prescription expires.

AS NEEDED FOR LAUGHTER



FACILITY SPOTLIGHT

Congratulations to **Vero Health and Rehabilitation** (12/2014) and Keysville Nursing Home & Rehab (9/2015) for being deficiency free!

Effingham Extended Care Facility was recognized as a 2015 recipient of the *Gold – Excellence in Quality Award* for superior performance in the long term and post-acute care profession by the National Quality Award Program, presented by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL).

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