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at Great Wolf Lodge, Mason, Ohio
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Mission Statement:

ICP is committed to exceeding our customers' and employees' expectations through quality health-care service, continuous education, and effective communication.

Statin Medications No Longer Require Routine Lab Monitoring

In the past, patients have had liver function tests performed prior to starting a statin and then every 6 to 12 months thereafter. New labeling does not require routine monitoring during treatment. Recent studies suggest that any increase in liver enzymes is transient. The incidence of liver failure in patients taking a statin is essentially the same as patients not on a statin.

New recommendations for monitoring are to check liver function tests prior to initiation of a statin and then if patient experiences symptoms. Such as, unexplained nausea, abdominal pain, or jaundice. In fact, Statins are ok to take if a patient has chronic stable liver disease. The Statin may act to decrease liver enzymes by decreasing inflammation. They should however be avoided in patients with acute liver failure.

Patients may be skeptical of new changes in monitoring given the frequency of lab draws previously but the need for less monitoring will bring a big savings to the patient and the healthcare industry.

Submitted by Kathleen Duncan RPh.
Reference: Pharmacist's Letter May 2012 Vol: 28 No5

Contents

New Drug Update: Difcid@.....	2
Falls.....	3
Usage of Flomax@.....	4

New Drug Update: Dificid® (fidaxomicin)

Product Information

Dificid® is an oral antibiotic approved to treat *C. difficile*- associated diarrhea (CDAD) in adults. *C. difficile* infection is associated with approximately 14,000 deaths each year in the US with more than 90 percent of deaths in patients 65 years of age or greater. Dificid® is manufactured as a 200 mg tablet. It is a poorly absorbed macrolide antibiotic that works locally in the GI tract to fight *C. difficile*. The recommended dose for treatment of CDAD is 200 mg twice a day for 10 days. The most common side effects are nausea, vomiting, and abdominal pain.

Place in Therapy

The Infectious Disease Society of America (IDSA) guidelines for the treatment of *C. difficile* infection were published prior to the approval of Dificid® and have not yet been updated to include its place in therapy. The current guidelines recommend specific treatments based on the severity of the infection and whether the infection is a first time infection or recurring infection. The recommended drug for treatment of a mild or moderate infection is metronidazole. For a more severe infection, vancomycin is the drug of choice. The current guidelines are further defined in Table 1. Updated guidelines are expected to be released by the IDSA in the fall of 2013.

Table 1. IDSA Recommendations for the Treatment of *C. difficile* Infection in Adults

Type of infection	Defining characteristics	Recommended treatment
Initial – mild or moderate	WBC < 15,000 and SCr < 1.5 times baseline	Metronidazole 500 mg by mouth TID x 10-14 days
Initial - severe	WBC \geq 15,000 or SCr \geq 1.5 times baseline	Vancomycin 125 mg by mouth QID x 10-14 days
Initial - complicated	WBC \geq 15,000 or SCr \geq 1.5 times baseline WITH hypotension, shock, ileus, megacolon	Vancomycin 500 mg QID by mouth or NG tube +/- metronidazole 500 mg Q8H
1 st Recurrence	---	Same as initial episode based on type of infection
2 nd Recurrence	---	Tapered or pulsed vancomycin

Published clinical trials have shown Dificid® to be at least as effective as vancomycin for the treatment of CDAD. A study conducted by Louie and colleagues looked at the effectiveness of Dificid® compared to vancomycin for the treatment of CDAD. Trial participants were given either a 10 day treatment regimen of oral Dificid® (200 mg twice daily) or oral vancomycin (125 mg four times a day). Dificid® was found to be as effective as vancomycin for the treatment of CDAD, and the recurrence of infection caused by certain strains of *C. difficile* was found to be lower with Dificid® treatment. When comparing costs, Dificid® is significantly more expensive than vancomycin. The cost of 10 days of therapy with Dificid® is close to \$3000. More studies are needed to determine when the use of Dificid® will be the most beneficial. Until this information is available, current treatment guidelines should be followed, and Dificid® will likely be reserved for patients that have previously failed treatment with vancomycin.

Taylor Gauthier, ONU, PharmD Candidate 2013, ICP Clinical Pharmacy Student

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Falls-Everyone's Responsibility!

A simple Google search produces more than these results on 'nursing home related falls':

- Improper Transfer Leads To Fall & Ultimately Death Of Rehab Patient
- How Many Falls Is Enough To Impose Responsibility On Nursing Home?
- 2 Residents Fall From Wheelchairs With 2 Days At Nursing Home
- Nursing Homes Post-Fall Care Of Injured Patient Criticized By State Investigators
- Nursing Home Sued After Resident Fractures Both Hips In Separate Falls

The public, our consumers, are well aware of issues relating to nursing home duty to protect patients from falls and the nursing homes liability for falls. How well equipped is your staff to handle the task?

Studies find that one in five newly admitted nursing home patients has a fall within one month, and that higher levels of staffing with certified nursing assistants reduces the risk of patient falls. This is likely because certified nursing assistants provide most of the hands-on patient care during high fall-risk activities such as dressing, using the bathroom, and moving around. Identifying and managing fall risks among these residents is a challenge because these people are in a new place and are unfamiliar to staff. It can be noted that some newly admitted nursing home residents are there for rehabilitation with the eventual goal of sending them home. Falls can delay or permanently prevent the patient from returning to the community, and identifying risks of falling is essential for implementing fall-prevention strategies and facilitating successful discharge back to the community.

The statistics are alarming:

- The largest single cause, at 36 percent, of potentially preventable hospital emergency room visits made by nursing home residents is injury due to a fall.
- The death, sometimes wrongful death, of approximately 1,800 nursing home residents each year can be attributed to fall-related injuries.
- A typical, 100-bed nursing home reports 100 to 200 falls per year -- more than one per patient -- and many falls aren't reported.
- Adults 65 and older are four times more likely to die of fall-related injuries if they live in a nursing home than if they do not.
- Up to 75 percent of nursing home residents fall each year -- more than double the rate for seniors who don't live in nursing homes -- and the average is over 2.5 falls per person per year.
- Over a third of fall-related injuries happen to residents who can't walk.
- Although a relatively small number (2 to 6 percent) of falls result in fractures, 10 to 20 percent of nursing home falls do cause serious injuries, which can lead to loss of function and disability; the resulting fear of falling can also lead to further loss of function, social isolation, and depression.

It's true that nursing home residents are on average older and in poorer health than seniors who live in the community, so therefore may be more prone to fall. However, a well-run nursing home should be able to prevent most falls. Staff should be attentive to patients at risk of falling and ensure that they receive proper foot care and shoes and have (and know how to use) appropriate walking aids. They should eliminate environmental hazards, such as poor lighting, slippery floors, and incorrect bed height, which cause nearly 30 percent of nursing home falls.

All health care professionals in the nursing home setting must work together to help encourage nursing home safety. Nursing homes are required to conduct a fall-risk assessment for every resident to determine who may be at risk for falls. The fall-risk assessment is particular to preventing falls because it sets forth what accommodations should be in place for each resident.

Staff should always be on the lookout for residents who may require assistance getting about. If residents have a history of falls, the facility should consider using alarms on chairs or beds to notify the staff when the person attempts to walk on their own.

Some of the more common causes of nursing home falls include:

- Hazards in the nursing home – wet floors, poor lighting, improper bed heights, improperly maintained wheelchairs, equipment left out of place
- Medications – Drugs that affect the central nervous system, such as sedatives and anti-anxiety drugs (psychoactive drugs)
- Improperly fitting shoes or incorrect walking aids
- Frequent use of restraints
- Facilities failing to provide assistance or provide specialized bathing equipment including chairs, stands and grips
- Transfer into and out of bed
- Failing to engage locks on wheelchairs
- Poorly maintained stairways and walkways

Centers for Medicare & Medicaid the Federal Regulation related to falls can be found at 483.25

F-tag 323: Accident, plus potential related F-Tags for additional investigation include:

- F- Restraints
- F-223 Abuse
- F-272 Comprehensive Assessments
- F-279 Comprehensive Care Plans
- F-280 Comprehensive Care Plan Revision
- F-281 Professional Standards
- F-353 Sufficient Staff
- F-520 Quality Assessment & Assurance

Falls will occur despite your best efforts. ICP Nursing Services has tools to help with assessing your current programs and protocols, call Mary Burkart, RN Nurse Coordinator for assistance or forms and contact your ICP Nurse Consultant at any time.



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- Page 4 -

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Usage of Flomax® (tamsulosin) in Women

Flomax® (tamsulosin) belongs to the group of medications known as the alpha blockers. Early forms of alpha blockers were used to treat hypertension and benign prostatic hyperplasia (BPH). Tamsulosin, however, is a selective blocker of the α_{1A} receptor so its hypotensive effects are considerably milder than non-specific blockers. When these receptors are blocked in men, smooth muscle tissue in the urinary bladder neck and prostate relax which improves urine flow; in women, α_{1A} receptors are known to be located only in the urinary bladder neck. While tamsulosin only has a labeled use for BPH in men, its off label indications include relief of symptoms in patients passing kidney stones and relief of symptoms in patients with bladder outlet obstruction (BOO). A BOO is blockage at the base of the urinary bladder that reduces or prevents the flow of urine into the urethra. Studies have been conducted to verify the effectiveness of tamsulosin in women with BOO symptoms and have found that tamsulosin is a suitable option for initial treatment.

Jared Smith, ONU, PharmD Candidate, ICP Clinical Pharmacy Student

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