January - February 2014

ICP ConsultantConnection

Institutional Care Pharmacy • Tiffin, Ohio • Mason, Ohio • Sharpsville, Pennsylvania

Ohio Nurse Practice Act Updates 2013

By: Mary Burkart, RN

In March 2013, a new law took effect that directly affects nursing practice in the administration & care of intravenous fluids & medications in adult patients. Ohio Revised Code, Section Sec. 4723.18, further clarifies the LPN IV therapy courses & permitted tasks.

Section 4723.18(D)(1)(d) states that an LPN may not provide IV therapy with "Solutions administered through any central venous line or arterial line or any other line that does not terminate in a peripheral vein, except that a licensed practical nurse authorized by the board to perform intravenous therapy may maintain the solutions specified in division (D)(6)(a) of this section that are being administered through a central venous line or peripherally inserted central catheter." (emphasis added)

This is a change in the law, saying that an IV certified LPN is legally permitted to perform central line or PICC infusions. HOWEVER, currently there are no corresponding rules (Ohio Administrative Code) promulgated by the Board of Nursing to guide us on what the required education & skills training are; who will be instructing these updates; where the skills may be performed; if an RN has to be on-site or available by telecommunication; and many other concerns to keep all nurses safely within their scope of practice and maintain the health & safety of our patients. The Ohio Board of Nursing reported that it was meeting to discuss the wording of the new rules in November 2013, with finalization coming in February or March 2014.

Many long-term care facilities are anticipating utilizing their LPN's in this expanded role. While we appreciate their excitement at providing this new skill and service, ICP's Nursing Department recommends waiting until the Board reviews, writes & releases the updated rules as the interpretation of the law may change. Those licensed under the Ohio Board of Nursing are well aware they are required to practice in compliance with all laws and rules. We would not want to jeopardize any nurse's licensure status by recommending one interpretation only to find out the board has a completely different interpretation!

ICP's Nursing Department is closely watching this developing situation. As the Ohio Administrative Code rules are written & published, information will be disseminated, new education programs will be developed, and assistance provided in order for the facilities to comply with the Nurse Practice Act.

Should you have any questions on this hot topic, please call your ICP Nurse Consultant or the Nursing Department at 800-228-8278 ext. 132.

OHCA / OCAL / OCDD CHAMPION Partners Club Member 2011

LeadingAge™ Ohio

The Advocate of Not-For-Profit Services For Older Ohioans

Contents

Flomax® (tamsulosin) for Urinary Issues in Women

The use of alpha-blockers (tamsulosin, alfuzosin, terazosin, doxazosin) has been the mainstay of treatment for men with benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS), but little data has been published supporting the use of alpha-blockers in women with voiding dysfunction. Some urologists are now prescribing alpha-blockers for women with lower urinary tract symptoms associated with bladder outlet obstruction (BOO) or underactive detrusor muscle, but are they doing any good?

Alpha-blockers can help increase urine flow by acting on receptors in the bladder neck and urethra leading to relaxation. The majority of the receptors are located within the prostate, which is why alpha-blockers have been studied and used for BPH and LUTS in men. Since some of these receptors are also located in other parts of the urinary tract, it is presumed that alpha-blockers should have an effect in females as well.

Recent studies have been done evaluating the use of tamsulosin in women with bladder outlet obstruction and detrusor underactivity. The results have shown some promise, but with inconclusive results. Most studies have been outside of the United States and using a dose of tamsulosin 0.2mg, which is not available in the US. Another problem with the studies, is they were only ran for a few short weeks and they were not compared to a placebo. Despite the weaknesses in study design, the majority of female participants reported that treatment with tamsulosin had a good clinical response and an improved quality of life.

Even though strong evidence may be lacking, tamsulosin and other alpha-blockers seem to be the first line medication choice of some urologists. Alpha-blockers as a class are associated with minimal side effects, mostly those related to orthostatic hypotension. Tamsulosin is the most well tolerated, with the most prominent side effect noted being dizziness. In some cases, alpha-blockers lead to worsened stress incontinence, so they may want to be avoided in female patients with stress incontinence. Tamsulosin is also commonly being prescribed for short-term use in women with kidney stones. In this case, tamsulosin should only be used until the kidney stones are passed and then discontinued.

Urinary retention can impair quality of life and potentially lead to recurrent UTI's and upper urinary tract damage, so if there is an effective treatment, it should be used. Women prescribed tamsulosin or other alpha-blockers for voiding dysfunction should be monitored for efficacy. At this point, most studies have been done with tamsulosin, so it will most likely be the preferred agent used in women.

References:
1. Lee KS, Han DH, Lee YS, et al. Efficacy and safety of tamsulosin for the treatment of non-neurogenic voiding dysfunction in females; a 8-week prospective study. J Korean Med Sci 2010;25:117-22.
2. Chang SJ, Chiang IN, Yu HJ. The effectiveness of tamsulosin in treating women with voiding difficulty. Int J Urol 2008;15:981-5.
3. Nitti VW. Primary bladder neck obstruction in men and women. Rev Urol 2005;7 (Suppl 8):S12-S17.
4. Constantini E, Lazzeri M, Bini V, et al. Open-label, longitudinal study of tamsulosin for functional bladder outlet obstruction in women. Urol Int 2009;83:311-15.

Gut Microbes Associated with Presence of Rheumatoid Arthritis

New-onset rheumatoid arthritis (NORA) has been found to correlate with presence of *Provotella copri* microbes in the gut of untreated patients. The presence of *P. copri* was associated with lower levels of beneficial microbes such as Bacteroides. *P. copri* levels in patients with established RA were the same as those in healthy individuals, leading researchers to believe that the microbe requires an inflammatory environment to survive since patients already undergoing treatment with anti-inflammatory medications would not have this type of gut environment.

New Treatment Guidelines for Dyslipidemia

The American Heart Association and the American College of Cardiology have released new guidelines for dyslipidemia treatment that will change how medications such as statins are prescribed. Previous guidelines suggested treating to achieve an LDL level of 70mg/dL. The new guidelines suggest using a statin for LDL levels > 190 mg/dL, but there are no set numerical goals. A new risk calculator examines age, blood pressure, and total cholesterol levels to determine whether a patient should receive medications. In general, the guidelines recommend treatment if the patient has a 7.5% risk of developing heart disease or stroke within 10 years. It is thought the guidelines may result in more people taking statins, but fewer using multiple agents, such as statin plus ezetimibe to achieve an LDL of 70 mg/dL.