

# ICP Consultant Connection

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

## ICP's Growth & Expansion

Established in 1969, ICP has been dedicated to providing services to long term care, assisted living and alternative care facilities. In this ever changing business keeping up with industry, government and reimbursement issues is paramount to our success. We have also recognized the benefits of business diversification. Our location in Tiffin, Ohio has expanded to provide pharmacy, respiratory, Medicare Part B, enteral & nutritional, and incontinence services to our customers. Providing a comprehensive package of services offers the benefits of convenience, cost effective purchasing and expertise to our customers.

Our pharmacy located in Sharpsville, Pennsylvania services our customers in the western part of that state. We also provide medical supplies, enteral, incontinence and Medicare Part B services.

ICP acquired Dabe Medical in Mason, Ohio in 2012. This has enabled us to provide more efficient delivery to our customers in southern Ohio and expand our services into northern Kentucky and southeast Indiana. The location in Mason offers the same ancillary services as our Tiffin location:

### Respiratory

- Qualified and experienced Respiratory Therapy Consultants
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- Aerosols Machines
- BiPAP & CPAP Machines
- Conserving Devices
- Ventilators
- 24/7 support

### Enteral/Nutritional

- Nestle & Abbott products
- Pre-mixed enteral nutrients
- Feeding Pumps & Supplies
- IV poles
- Inventory Control
- 24/7 support
- Free delivery

### Medicare Part B Services

- Enteral Products & Supplies
- Ostomy Supplies
- Urological Supplies
- Trach Supplies
- Wound Care Supplies
- 24/7 support
- Free delivery

When it comes to taking care of your residents, you have choices. ICP's open communication and commitment to a common goal are rare qualities. ICP works with your healthcare team to develop individualized plans for care and provide ongoing patient/staff education. Our ultimate goal is to give you unmatched peace of mind, knowing all your concerns will be attended to promptly and courteously.

Call for more information about our pharmacy, oxygen, enteral/nutritional or Medicare Part B Services, by calling Lori Earnhart, Director of Sales & Marketing at 1.800.228.8278 , ext. 137.



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

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# FDA Approves Oral Treatment for Multiple Sclerosis

As of March 2013, the FDA approved Tecfidera (dimethyl fumarate) as a first-line therapy for relapsing forms of multiple sclerosis (MS). Tecfidera is an immunomodulator that is thought to produce its therapeutic effects from its anti-inflammatory and cytoprotective properties. Tecfidera is one of three oral medications approved for this specific indication. It is taken twice daily and comes in two strengths as 120mg and 240mg. As it is a delayed release capsule, it should be taken whole or sprinkled on food.

Monitoring parameters for Tecfidera include obtaining a complete blood count within six months of initiating treatment, then at least every year once treatment has begun. Specifically, white blood cell levels should be closely monitored as Tecfidera can cause leukopenia. Furthermore, due to its therapeutic immunosuppressive properties, it is recommended that treatment with Tecfidera be withheld if serious infection is suspected, and resumed only when the infection resolves.

Currently, there are no known major drug interactions and no dosing adjustments necessary in the case of renal or hepatic impairment. However, some adverse reactions associated with Tecfidera in clinical trials include nausea, vomiting, diarrhea, along with mild-moderate flushing (redness with a burning sensation). The incidence of both the gastrointestinal effects and the flushing tend to decrease with use, and may also be decreased with the administration of food.

While taking Tecfidera, patients may look for an improvement of MS symptoms, lessening of relapses, and a slowing of disability progression. Patients considering this treatment should be made aware that there is currently no cure for MS, but medications such as Tecfidera can help reduce the amount and severity of MS symptoms and greatly improve quality of life.

Written by:

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U.S. Food and Drug Administration. FDA Approves New Multiple Sclerosis Treatment: Tecfidera. 28 March 2013. [Cited 23 July 2013]. Available from: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm345528.htm>

Lexicomp [database on the Internet]. Hudson (OH): Lexi Comp Online. 2013. [cited 22 July 2013]. Available from: <http://0-online.lexi.com.polar.onu.edu/crlsql/servlet/crlonline>

## ***Aspirin in Stroke Patients: Does Dose Matter?***

The American Stroke Association (ASA) released their updated guidelines for acute ischemic stroke management this year. They emphasized how to properly use aspirin in the treatment algorithm, in particular when to decrease doses from 325 mg/d to 81mg/d. This is due to side effects that a larger dose causes. GI bleeds are the main concern as a patient takes higher doses of aspirin. There are also concerns for GI bleeding when aspirin is given with other NSAIDs, excessive alcohol use and steroids. Enteric coated (EC) doses can help decrease the amount of bleeds, but it does not solve the issue completely. EC aspirin also absorbs at a slower speed, which could have an effect in overweight patients and people who need aspirin immediately.

One of the places 325mg aspirin is still used regularly is by neurologists to manage strokes and TIAs (Transient Ischemic Attack). Immediately after a stroke or TIA, the CHEST guidelines recommend a dose of 160-326mg/d within 48 hours. After this acute treatment (1-2 weeks) the dose can be reduced to 75-100mg/d. Studies have been done that have compared doses as low as 30mg/d to 300mg/d and have found that the low dose is no less effective in preventing vascular events involving a stroke or TIA and has fewer adverse effects. There is evidence that higher doses of aspirin actually inhibit the anti-platelet actions. The problem with taking lower doses is it takes longer to get the full amount of anti-platelet effects, therefore it is recommended for prevention of strokes to start at a higher dose (at least 120mg/d) for the first 3-5 days then lower the dose (30-81mg/d) for the duration of the prevention.

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Joel Nelson 7/24/13 APPE

## **FDA Releases New Resources, Guidance on Fentanyl Patch Disposal**

The Food and Drug Administration (FDA) has updated its guidance on fentanyl patch disposal and created new online resources as part of its “Safe Use Initiative.” FDA’s guidance recommends that for all used fentanyl patches, upon removal from the skin, “the adhesive side of the patch should be folded together and then the patch should be flushed down the toilet.” This advice is consistent with that from the Centers for Medicare & Medicaid Services, which raised concerns about used fentanyl-patch disposal in a November 2012 memo to state survey agencies. Both agencies have highlighted concerns about the potential for accidental exposure and overdose from used patches, particularly for young children. Additionally, the Ohio State Board of Pharmacy requires the destruction of used fentanyl patches to be documented and witnessed to avoid any potential for diversion.

# MULTITASKING

## **The lie of multitasking**

The ability to perform multiple activities at once is usually regarded as an asset. Recent research may prove that wrong. Multitasking has been defined as the ability to perform multiple activities at once and has been regarded as an asset. Managers have encouraged their staff to multitask, and they frequently speak of employees who are effective multitaskers in a positive light.

However, recent research into how the brain functions suggests that multitasking isn’t the asset we once thought, and that those long-admired employees and peers are more likely better at focusing and shifting on single tasks, rather than possessing some super-human ability to simultaneously perform multiple tasks. Previously, the brain was regarded much like the processor in our computers and phones. You could allocate a percentage of the processor’s overall capacity to a task, and the task would be completed commensurate with the allocation it received.

## **Multitasking in the field**

Unlike our computers, the human brain’s capacity to process degrades significantly the more tasks it’s trying to manage. Rather than a 50% reduction in performance when trying to do two similar tasks at once, the reduction tends to be more in the area of 80-95%.

For an example of how ineffective we are at multitasking, do some “field research” during your next conference call. Even a task like triaging email or playing Solitaire significantly degrades one’s ability to follow the conversation.

While the research clearly indicates the human brain struggles to perform multiple tasks at once, most of us have met people who have a seemingly inhuman ability to perform several distinct activities under pressure. However, if you study these people, they tend to gather a collection of tasks, sequence them logically, and then focus with laser-like intensity on a single activity. These are the people who are not fondling their smartphones in meetings or stopping to open their email application every time the new email beep occurs. Rather than performing several activities at once, they’re able to focus on a single activity, then rapidly shift to the next activity.

## **Practical multitasking**

To apply these lessons to your own organization, stop trying to foster some inhuman ability to simultaneously perform multiple tasks. A critical component of managing multiple tasks is gathering and prioritizing each, so work to develop your task management and tracking capabilities. This might be a well-defined system and set of tools, or merely sitting for a few moments and gathering your thoughts before jumping to the next email or beeping device.

Finally, work on applying 100% of your focus to the task at hand. With these easily applied techniques, you can become far more efficient at managing multiple tasks and using the human mind to its most effective capacity. While this may seem subtly nuanced from the old idea of multitasking, try these techniques for a day or two and you’ll notice a world of difference.

Submitted by Martha Somers  
from Patrick Gray in Tech Decision Maker, August 13, 2013

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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.*

## **Acetaminophen Linked to Rare, Serious Skin Reactions**

BETHESDA, MD 02 August 2013—Acetaminophen products can cause rare but serious skin reactions, FDA announced August 1.

According to FDA, a review of adverse event reports revealed a small number of cases of Stevens–Johnson syndrome, toxic epidermal necrolysis, and acute generalized exanthematous pustulosis in patients who had taken acetaminophen-containing products. In some cases, the skin reaction recurred or worsened after rechallenge with acetaminophen.

Most cases of serious drug-induced skin reaction lead to hospitalization, and some are deadly, FDA noted.

FDA stated that the labeling for acetaminophen-containing products will be revised to warn patients about the risk of skin rashes. Patients who use the drugs should seek the advice of a health care provider at the first sign of rash and immediately stop taking the product.

FDA stated that serious skin reactions can occur the first time a person takes acetaminophen or after any subsequent dose.

Serious skin rashes have also been associated with the use of nonsteroidal antiinflammatory drugs and other analgesics. FDA stated that patients who have a skin reaction to one type of analgesic are not necessarily more likely to react to another such drug.

The agency advised health care providers to talk to their patients about the risk of acetaminophen-related skin reactions and what to do if a rash occurs while taking the drugs.