

Critical Drug Shortages

On-going shortages and strategies to minimize the impact to patient care for drugs with limited availability

Shortage:	<i>Dextrose 50% vials</i>
Action:	<i>glucagon</i>
Shortage:	Morphine, Hydromorphone PCA
Action:	<i>oral alternatives, intermittent dosing</i>
Shortage:	Heparin
Action:	<i>oral or injectable alternatives</i>
Shortage:	Lidocaine, Bupivacaine injection with and without epinephrine
Action:	<i>alternative concentrations, sizes</i>

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If you have any questions or concerns, please contact the NMH Pharmacy Purchasing Department: 402-354-4337.

Potassium Limit in TPN for Safety

To enhance safety of parenteral nutrition, a limit on the amount of potassium additives in the TPN will be limited to 60mEq/L and/or a total amount of 100mEq/bag. The maximum per bag includes potassium from all components – potassium chloride, potassium phosphate, and potassium acetate. Intravenous piggyback supplementation (bolus) orders should be written for patients requiring additional potassium supplementation over the 100meq/bag limit. The standard Adult TPN rate is 75ml/hr, providing a total amount of ~64mEq potassium/day. There is no potassium in the Adult Renal TPN formula.

Cerner 4M Medication Initiative: Plan Filtering, Alerts for Older Adults

In April 2019, Nebraska Methodist Health System (hospitals and Physicians Clinic sites) began a performance improvement journey to enhance the care of the older adult by participating in a national Age-Friendly Health System initiative. The initiative focuses on establishing evidence-based practices called the 4Ms Framework. The 4M focus areas include aligning care with patient's health outcome goals (what Matters), assessing and managing Mentation issues, ensuring safe Mobility, and the safe use of Medications in the older adult. The initiative asks that use of certain medications that have a higher potential for adverse events in the older adult be avoided or have doses reduced and/or titrated off. These medications include opiates, benzodiazepines, high-anticholinergic medications, prescription and OTC sleepers, muscle relaxants, tricyclic antidepressants, and antipsychotics.

The Medical Executive Committee approved safety measures for a limited number of these higher risk medications in patients > 65 years old. Beginning in early March, Cerner functionality will be implemented to filter of certain medications out of powerplans for patients > 65 years old. Providers may order the product outside of the powerplan, however, if doing so, will receive a general alert asking that alternative agents be considered if appropriate. Medications in the program include: metoclopramide, oral diphenhydramine, diazepam IV & oral, metaxalone, carisoprodol, orphenadrine. Other medications may be included in the future.

Cerner Diabetic & NPO Alert

To enhance safety for patients receiving diabetic medications who have NPO orders, a new Cerner alert will be implemented in March. Providers will receive an alert to evaluate current diabetic therapy for patients receiving sulfonylurea or scheduled short or long acting insulin therapy and who have a NPO order.

COVID-19 Link-o-Rama

The outbreak of the 2019-novel Coronavirus (2019-nCoV), which was renamed **Covid-19** on February 11, 2020, is evolving quickly and data quickly becomes out of date. All are encouraged to check in with the excellent guidance and information from the CDC, WHO, and IDSA all of which are updated regularly.

- CDC (<https://www.cdc.gov/coronavirus/index.html>)
- WHO (<https://www.who.int/health-topics/coronavirus>,
- IDSA (<https://www.idsociety.org/public-health/Novel-Coronavirus/>)

Covid-19 symptoms are similar to the flu or common cold and include fever and cough. The risk in the U.S. remains low, however, Methodist is taking steps at all our hospitals and clinics to be prepared should the need arise.

Standard recommendations include (which in general protect you from any of the multiple circulating respiratory viruses):

- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water aren't available
- Avoid touching your eyes, nose and mouth with unwashed hands
- Avoid close contact with people who are sick
- Stay home when you're sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces

These links as well as additional information is posted on the **NMH Infection Control Department** web page.

Departments

Methodist Health System

- [Construction/Facility Project Management](#)
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Welcome to The Department of Healthcare Epidemiology & Infection Prevention

The goal is to identify and reduce risks of endemic (common) causes and epidemic (special) causes, reduce risks of transmission of infections, and reduce risks of infection from environment to population of interest. The scope of the plan applies to all services which include direct patient care activities and supportive care activities.

[Type and Duration of Precautions Recommended for Selected Infections and Conditions](#)

[2020 ED Respiratory Illness Screening Tool](#)

[2020 MPC Respiratory Illness Screening Tool](#)

2019 Novel Coronavirus (2019-nCoV)

- [CDC.gov/coronavirus/2019](https://www.cdc.gov/coronavirus/2019)
- [Information for Healthcare Professionals](#)

4M Initiative: Delirium Assessment & Therapy

Beginning March 1st nurses will screen all non-ICU patients ≥ 65 years old each shift using the Nursing Delirium Screening Scale (NuDESC). The scale evaluates disorientation, inappropriate behavior, inappropriate communication, illusions/hallucinations, and presence of psychomotor issues. The following outlines how the screening will be utilized:

- ✓ Providers will be notified of initial positive results (score of ≥ 2) and clinical concerns.
- ✓ Nurses will complete the NuDESC delirium screen early in their shift along with their assessments.
- ✓ Nursing will implement non-pharmacological interventions.
- ✓ Providers should consider ordering/evaluating the following labs/diagnostics as a starting point:
 - FBG, CBC, CMP, UA, EKG, CXR
- ✓ Medications should be considered only if key target symptoms cannot be managed with non-pharmacologic measures. Benzodiazepines are not appropriate for delirium unless patient is going through alcohol withdrawal.

There are currently no FDA approved medications for the management of delirium in hospitalized patients. Traditionally, haloperidol and other second-generation antipsychotic medications have been utilized as pharmacologic interventions in delirium management. However, there is no evidence to support the use of these agents. A systematic review of 26 randomized controlled trials found no difference between use of haloperidol and second-generation antipsychotics compared to placebo in reducing the incidence or duration of delirium, length of hospital stay, severity of delirium, or morbidity. The best approach is to ensure all preventative measures are taken, which includes non-pharmacologic interventions and careful consideration of patients' medication therapy, discontinuing agents that contribute to delirium whenever possible. Nikoie, R et al. Ann Intern Med. 2019;171:485-495.

Pharmacy and Therapeutics Update

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