



Pharmacy Update April 12, 2019

From the previous P&T we have had a number of initiatives passed and would like to inform your staff in regards to the items & go-live dates. The updates include the following:

1. Antimicrobial Restricted List
2. Controlled Substance Formulary Maintenance
3. Insulin Sliding Scale Update

For items 1 & 2 the projected go live is May 1st, 2019. Item #3 is slated for go live of June 1st at the request of nursing management to give more time to prepare nursing to the protocol change. The following pages will include the documents for your viewing. Thank you for your cooperation in improving the quality of care at SVMC.

RESTRICTED ANTIMICROBIAL AGENTS LIST

SVMC-2019

As an integral part of Sierra View Medical Center's Antimicrobial Stewardship Program, the following antimicrobial agents have been restricted to use by selected specialists:

Restricted Antibiotics

Carbapenems

Meropenem (Merrem): Formulary, Restricted to Infectious Disease, Intensivist

Note: Carbapenem's may be ordered by Non-Infectious Disease physician in event of confirmed case or known history of positive ESBL.

Anti-MRSA Agents

Ceftaroline (Teflaro): Non-formulary, Restricted to Infectious Disease

Daptomycin (Cubicin): Restricted formulary to Infectious Disease

Linezolid (Zyvox): Restricted formulary to Infectious Disease, Intensivist and Pulmonologists

Others

Aztreonam (Azactam): Formulary, No restrictions for PCN-allergic patients

Fidaxomicin (Dificid): Non-formulary, Restricted to Infectious Disease

Minocycline (Minocin): Formulary, Restricted to Infectious Disease

Antifungals

Amphotericin B Liposome (AmBisome): Formulary, Restricted to Infectious Disease, Intensivist

Amphotericin B Lipid Complex (Abelcet): Formulary, Restricted to Infectious Disease, Intensivist

Micafungin (Mycamine): Formulary, Restricted to Infectious Disease, Intensivist

Voriconazole (Vfend): Formulary, Restricted to Infectious Disease, Intensivist

Miscellaneous

Colistin, aka Colistimethate (Coly-Mycin): Non-formulary, Restricted to Infectious Disease

Pharmacist action

Pharmacists receiving orders for any of the above restricted antibiotics will contact the ordering physician IF use is deemed inappropriate or available information is insufficient to make a clinical determination of appropriateness, to discuss alternatives.

Controlled Substance Formulary Maintenance

Possible Removals + Reasoning for removal

Bulk packaging - need to be manually unit dosed

1. Hydrocodone/APAP 5/300 BULK*
 - a. Use ASD, URO, CTC, in house
 - b. Remove and replace with 5/325 UD
2. Hydrocodone/APAP 7.5/300 BULK*
 - a. Use ASD, URO, in house
 - b. Remove and replace all with 7.5/325
3. MS CR 30mg BULK*
 - a. Use in house
 - b. Remove & keep 15mg

Other options to meet patient needs (May be able to re-order in event there is patient need)

4. Methadone 40mg
 - a. Use in house
 - b. Remove and keep 10mg
5. Oxycodone CR 20mg (Not bulk just reduce options for space)
 - a. Use in house
 - b. Remove & keep 10mg CR
6. Librium 25mg
 - a. Use in house
 - b. Have 10mg
7. Meperidine 100mg
 - a. Only used in ENDO
 - b. Audit of 30 rx's only 1 dose >50mg given

Complete Removal

8. Meprobamate *(Complete removal from formulary)
 - a. Use in house
 - b. Remove never used anti-anxiolytic
 - i. Alternatives- Benzo's & Buspar
9. Triazolam 0.125mg *(Complete removal from formulary)
 - a. Use in house
 - b. Remove not used enough have other benzo's available
10. Oxazepam 15mg *(Complete removal from formulary)
 - a. Use in house
 - b. Never ordered or carried

Updated Insulin Sliding Scale order set:

Changes

1. **Addition of Insulin Sensitive Scale**
 - a. *Use in elderly & CKD/HD sug.*
2. **Addition of Resistant Scale**
 - a. *Help manage pt uncontrolled on Moderate Scale*
3. **Slight adjustment of starting coverage at 131 vs previous 120**
 - a. *In response to a number of hypoglycemic events related to insulin administration.*

Preview Order Set

- Order** SCH Start/Stop View
- Medications**
 - Insulin - Long Acting**
 - Insulin Glargine Inj [Lantus Inj] SCH Today Now
 - DOSE unit SC QDAY unit
 - Suggested starting point: Elderly & CKD/HD Sensitive Scale**
 - Insulin Regular [NovoLIN-R] SCH Today Now
 - See Protocol SC ACHS unit
 - Suggested starting point for average patient Moderate Scale**
 - Insulin Regular [NovoLIN-R] SCH Today Now
 - See Protocol SC ACHS unit
 - Resistant Scale**
 - Insulin Regular [NovoLIN-R] SCH Today Now
 - See Protocol SC ACHS unit
 - Insulin - Lispro**
 - INSULIN LISPRO (HumaLOG) [HumaLOG] SCH Today Now
 - See Protocol SC ACHS unit
 - Corrective Dose Regimens evidence based link
 - Hypoglycemic Management**
 - D50w vial
 - 25 ml IV PRN inj PRN Today Now Hypoglycemia
 - * PRN Reason
 - Glucagon Inj
 - 1 mg IM PRN inj PRN Today Now Hypoglycemia
 - * PRN Reason
 - 1 mg SC PRN inj PRN Today Now Hypoglycemia
 - * PRN Reason
 - Dextrose 5% IV Solutions
 - Dextrose 5%-0.45% Ns [D5-1/2Ns] 1,000 ml IV 100 mls/hr PRN Today Now Hypoglycemia
 - * PRN Reason
- Laboratory**
 - Glucose
 - Routine
 - AM DRAW
 - Glycohemoglobin w (eAG)

Sensitive Scale: Recommended for elderly & CKD/HD patient's

View Order Detail

Order: Insulin Regular [NovoLIN-R]
Label Comments: See Protocol SC ACHS Perform finger sticks every 6 hours if patient NPO or on continuous tube feedings.
Category: Medications
Start: Today Now
Protocol: Regular Insulin Sliding Scale

Condition	Dose/Route	Instruction
Fingerstick Result less than 60	Reg Insulin (Sc)	See Below
60 -130	Hypoglycemic Management	
131-180	No Coverage	
181-240	1 Units Sc	
241-300	2 Units Sc	
301-350	3 Units Sc	
351-400	4 Units Sc	
>400	5 Units Sc	
	8 Units Sc and Call MD	

Protocol Text

Hypoglycemic Management:
1. For blood sugar less than 60 mg/dl:
a) If patient can eat or drink, give 15 grams of carbohydrate (4oz fruit juice/non diet soda OR 8oz non-fat milk)
b) If patient cannot eat or drink:
i) With IV access: give 25ml of D50W IV over 1 minute, recheck blood sugar and if no response in 3 minutes may repeat x1
ii) With no IV access: give glucagon 1 mg SC/IM then establish IV line and start D5W-1/2NS @100ml/hr
2. Check finger capillary glucose every 15 minutes and repeat above. If blood sugar is still less than 60 mg/dl follow 1.b
3. Obtain lab glucose for confirmation of initial values of less than 50 mg/dl

Moderate Scale: Suggested starting point for average patient

Order Set Dictionary - HIM Dept: SVH (SVI SANDBOX - TEST) - Brassfield, Bryan [PST]

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Order: Insulin Regular [NovoLIN-R]
 See Protocol SC ACHS
 Label Comments: Perform finger sticks every 6 hours if patient NPO or on continuous tube feedings.
 Category: Medications
 Start: Today Now
 Protocol: Regular Insulin Sliding Scale

Condition	Dose/Route	Instruction
Fingerstick Result less than 60	Reg Insulin (Sc) Hypoglycemic Management	Sensitive Sliding Scale See Below
60-130	No Coverage	
131-180	2 Units Sc	
181-240	4 Units Sc	
241-300	6 Units Sc	
301-350	8 Units Sc	
351-400	10 Units Sc	
>400	16 Units SC and call MD	

Protocol Text

Hypoglycemic Management:

- For blood sugar less than 60mg/dl:
 - If patient can eat or drink, give 15 grams of carbohydrate (4oz fruit juice/non diet soda OR 8oz non-fat milk)
 - If patient cannot eat or drink:
 - With IV access: give 25ml of D50W IV over 1 minute, recheck blood sugar and if no response in 3 minutes may repeat x1
 - With no IV access: give glucagon 1 mg SC/IM then establish IV line and start D5W-1/2NS @100ml/hr
- Check finger capillary glucose every 15 minutes and repeat above. If blood sugar is still less than 60 mg/dl follow 1.b
- Obtain lab glucose for confirmation of initial values of less than 50 mg/dl

View
 New
 New (Personal)
 Edit
 Report

Back ? ? ? ? ?

High dose scale: Suggested for patient's where moderate scale is insufficient (DM with infection and/or high dose corticosteroids)

Order Set Dictionary - HIM Dept: SVH (SVI SANDBOX - TEST) - Brassfield, Bryan [PST]

View Order Detail

Order: Insulin Regular [NovoLIN-R]
 See Protocol SC ACHS
 Label Comments: Perform finger sticks every 6 hours if patient NPO or on continuous tube feedings.
 Category: Medications
 Start: Today Now
 Protocol: Regular Insulin Sliding Scale

Condition	Dose/Route	Instruction
Fingerstick Result less than 60	Reg Insulin (Sc) Hypoglycemic Management	Moderate Scale See Below
60-130	No Coverage	
131-180	4 Units Sc	
181-240	8 Units Sc	
241-300	10 Units Sc	
301-350	12 Units Sc	
351-400	16 Units Sc	
>400	20 Units SC and call MD	

Protocol Text

Hypoglycemic Management:

- For blood sugar less than 60 mg/dl:
 - If patient can eat or drink, give 15 grams of carbohydrate (4oz fruit juice/non diet soda OR 8oz non-fat milk)
 - If patient cannot eat or drink:
 - With IV access: give 25ml of D50W IV over 1 minute, recheck blood sugar and if no response in 3 minutes may repeat x1
 - With no IV access: give glucagon 1 mg SC/IM then establish IV line and start D5W-1/2NS @100ml/hr
- Check finger capillary glucose every 15 minutes and repeat above. If blood sugar is still less than 60 mg/dl follow 1.b
- Obtain lab glucose for confirmation of initial values of less than 50 mg/dl

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