Ward Medication Management

E- News

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From the Clinical Director

It is with some considerable satisfaction that we at Ward Medication Management have learned that the provisions of the recently struck 6th Community Pharmacy Agreement (6CPA) have included the allocation of significant funding to continue to underwrite the costs of the provision of clinical pharmacy services in the aged and extended care sector. The appropriate use of medications can certainly be life-saving and can prevent serious morbidity and disability, but at the same time, the use of medications is always associated with a risk of harm. Continued allocation of funding from the Federal Government through the 6CPA supports the work of Ward MM in providing Residential Medication Management Reviews (RMMRs) and Quality Use of Medicines (QUM) services such as quality audits in facilities and the provision of medication education for staff.

When you encounter one of our Ward MM staff in your facility, perhaps as they attend to provide an RMMR or give a talk, please take time to say hello & get to know them. You'll find they can be a valuable resource, and they genuinely enjoy helping!

Recent research has continued to confirm what we have always been aware of: falls amongst people in aged and extended care are an important contributor to mortality. In a study published in the Journal of the American Geriatrics Society, researchers examined external-cause deaths of residents of nursing homes in Victoria, Australia. Nursing home residents who had died from external causes where the deaths were reported to the Coroners Court were examined. The research ultimately examined 1,296 cases.

Falls were found to be the most common cause of preventable deaths amongst people living in nursing facilities

Amongst the nearly 1,300 cases examined, the most frequently observed contributing factors were falls (89%), choking (7%), suicide (1.3%), complications of clinical care (0.6%) and resident-on-resident assault (0.5%). Not surprisingly, residents aged 85 and older were the most commonly represented in the cohort (71.2%). The researchers comment that "premature death of a resident from injury is not a natural part of life." Given that medications can substantially predispose the vulnerable elderly to falls, an RMMR can make a world of difference in preventing falls that relate to drug treatment.

Dr Chris Alderman, Director of Clinical Excellence, Ward MM.

Feature Article:

Crushing solid dose forms of oral medicines

The prevalence of dysphagia (swallowing difficulties) amongst elderly people in residential aged care facilities has been cited at up to 50%. Contributing factors can include previous stroke, Parkinson's disease, gastrointestinal illness or dry mouth because of the effects of some medicines.

The practice of modifying oral dose forms by crushing tablets or opening capsules appears to be common in the aged and extended care setting. It is important to know that although there will certainly be some situations where the alteration of a dose form will indeed be necessary to allow the safe administration of medication to a resident, this should not be done routinely and should actually be regarded as a last resort option.

In some instances, crushing a tablet may actually endanger patient safety, as well as creating occupational health and safety implications for the person administering the treatment. Clinical records should always clearly document the reason for altering the medication and expert advice from a pharmacists should be sought to clarify the safety of the proposed approach.

Crushing a tablet may actually endanger patient safety, or create OHS issues for staff.

From an OHS perspective, crushing a solid oral medication dose form potentially exposes the person administering the drug to fine particles in the air or by skin contact. This can cause systemic absorption, sensitisation, allergies, possible side effects and even the possibility of teratogenic effects (the risk of birth defects for pregnant women). Extra precautions such as gloves, goggles, apron (or preparation in a closed system) may be needed for products containing hormones, corticosteroids, cytotoxic and some antibiotics.

Altering a dose form may create a very unpleasant and unacceptable taste or texture. Some of the dose may be lost in the crushing device and/or stuck to the sides of the container used or other administration devices, and this can be important for drugs with a narrow therapeutic index, such as warfarin, anticonvulsants. Some formulations simply must not be crushed. Crushing a modified release preparation will change the release characteristics, crushing an enteric coated preparation removes the coat that protects from stomach acid and crushing any preparation with a film coat destroys the coat that may have disguised a bitter tasting drug. Sublingual preparations are designed to disperse quickly in oral fluids and absorb in membranes of the mouth rather that the GI tract.

Before crushing a medication, is it actually important to consider if the drug still indicated?

Is the patient taking a drug that should not be modified? Is there an alternative formulation or drug available? After all of the important considerations have been taken into account, situations do arise where crushing a solid oral medication is the appropriate course of action. The Society of Hospital Pharmacists of Australia publish the high quality resource "Don't Rush to Crush" that provides explicit guidance about altering solid oral dosage forms, including crushing and administration via enteral tubes.

Always consider accessing a high quality information resource if deciding if it is safe and effective to modify an oral dose form.

Quick Tip

Use 4 mm needles

Use the shorter 4 mm needle length when administering doses of insulin. This approach ensures that the insulin is deposited subcutaneously, and is more comfortable for the resident

Quick tip

"Are you Mrs Smith from room 46???"

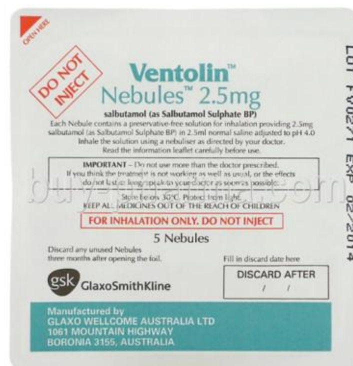
Following on from a quick tip in the last newsletter regarding the "5 Rs", how do you know if this is the RIGHT patient? A current identifying photograph attached to the drug chart is essential (Guiding Principle 7: Medication Charts). Photo ID should be updated at least every 12 months as appearances can change markedly, especially following bouts of illness or significant weight changes. Also, residents sharing similar names can be more easily recognised if an up to date photo is on the chart.

Your Questions Answered

Notes from facilities serviced by Ward MM

It is quite common for us to receive similar enquiries from more than one facility in our network. In this section we summarise questions with a common basis – as a part of our "connect – network – share" ethos, we make the information to all of our facilities.

Q. Where should we store nebules?



A. Keep Ventolin nebules in a cool place (below 25°C) & protect from light. An expiry (or use by) date will be printed on the manufacturer's label on the foil lid and on the cardboard box. Don't use nebules after this date. Once opened, write down the date of opening on the foil lid. Add 3 months to this date and write down in the "Discard After" space. Do not use any Nebules left in that foil tray after the "Discard After" date.

Meet your Pharmacist

Melissa Riley leads the pharmacist team in Victoria's picturesque Mornington Peninsula. Melissa brings a wealth of clinical knowledge to the team and some incredible relationship building skills. We asked Melissa about some of her experiences as a clinical pharmacist:

Most meaningful moment: Identifying potential medication related problems is something we as clinical pharmacists do every day. To be able to make a suggestion for change that has a positive impact on the health outcomes for your resident and improve their quality of life is a major component of our role. But to be able to see the benefits when these suggestions are put into place puts real meaning into the purpose of being a clinical pharmacist.

Biggest challenge: I think the biggest challenge that I face is poly-pharmacy. We know that the risk of mortality, incidents of falls, disability and frailty increases for every medicine added to a regime. Finding a balance that meets the resident's goals of treatment as well as ensuring good control of symptoms or disease states can be quite a challenge indeed!

I'd be lost without: My mobile phone! Phones have become such an essential part of our ability to communicate anywhere and anytime; it's like having a mobile office. This technology has allowed clinical pharmacists to be able to provide services for many more hours of the day, not just when on site at your facility. I would also be VERY lost without sunshine and a good novel to lose myself in!