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It's Flu Time Again

With the weather we've had early this fall, it's difficult to imagine that Influenza season is just around the corner. Sadly, it is time for us to begin making our preparations.

I have attached a copy of last October's GeriJournal outlining preparations that should be made, and details of Tamiflu® dosing in LTC facilities. Remember to identify residents having a serum creatinine of 150µmol/L or more, as these individuals will receive reduced doses of Tamiflu®, should you experience an outbreak.

We also will be providing our Tamiflu® MAR/chart labels and influenza vaccination labels this year. Our $75 "flu-shot" raffle will be offered again, to entice needle-shy staff members to bare their arms for the cause.

Narcotic Tracking

You may have noticed that we have been sending a little something extra with each narcotic prescription for the past two weeks. All narcotic orders will now be accompanied by a labeled *Narcotic Tracking Sheet.* Resident name, prescription number, date, and medication name, strength, directions and quantity will all appear on the tracking sheet so you will no longer have to fill in that information yourselves.

Heparin Prophylaxis

Post-surgical residents often return from hospital with an anticoagulant order to prevent potentially fatal clotting events during the period of immobilization and early recovery. Unfortunately, either Fragmin® or Lovenox® is often chosen, and these medications are covered for DVT treatment, but not prophylaxis. This can create a financial burden, as these medications can cost in excess of $100 per week.

While heparin has been somewhat out of favour since the newer medications arrived roughly 15 years ago, it is still a safe, reliable, and easy to use medication. The principle concern with heparin is the requirement for monitoring of the activated partial thromboplastin time (aPTT). This monitoring is not required (www.bcshguidelines.com/pdf/Heparin_070705.pdf) when lower prophylactic doses, typically 5,000U q12h, are used. The risk of bleeding is remote at this dosage, although it is prudent to monitor for signs of bleeding.

One Hip Then Another

Not surprisingly, individuals who have fractured one hip are at increased risk of fracturing the other. In addition to diminished quality of life following a second fracture, one-year mortality increases significantly to nearly 25% (from 16% following the first fracture).

These facts highlight the importance of initiating osteoporosis treatment after the initial fracture. Calcium and Vitamin D plus Actonel® or Fosamax® (unless contraindicated), should be used routinely in all such residents.

Of interest is a recent study in *NEJM* in which an injectable bisphosphonate medication, zoledronic acid, reduced the likelihood of a second hip fracture by 35%, and the risk of death by 28%, in the first two years after the fracture. Perhaps the most exciting thing about this study is that this medication is administered only once per year as a 15 minute infusion. Aclasta® is pending approval for the treatment of osteoporosis in Canada, and will present an excellent option for those with swallowing difficulties who cannot use bisphosphonates.

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