

# The GeriJournal



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## **Creatinine Clearance**

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Creatinine clearance is the most commonly used measure of kidney function. It shows the volume of blood cleared of creatinine, a waste product of muscle, each minute. Higher values correlate with better kidney function.

I have mentioned the utility of this measure as an aid to drug dosing or selection, in past GeriJournals. When kidney function is poor, drugs such as metformin, macrodantin and hydrochlorothiazide should be avoided. Other drugs, such as Septra®, Cipro®, gabapentin, allopurinol and amantadine, must be given in lower dosages.

We will now display creatinine clearance in the *Three Month Review (TMR)*. Please fax all weights and serum creatinine levels to GeriatRx. Once we have the data the TMR record will be updated.

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## **ISMP Targets Warfarin**

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On September 30<sup>th</sup> we attended an ISMP presentation focusing on warfarin. Warfarin is a “High Alert”

medication, because improper administration can have devastating consequences.

Two cases were discussed at the meeting. The first involved a post-amputation admission whose orders were approved by telephone. There was an order for warfarin, but it was not accompanied by an order to check the INR. There was no system in the facility to capture this omission. Warfarin was administered at the admission dose for six weeks until the resident had a fatal bleed. All facilities should have a system that ensures INRs are checked for all residents receiving warfarin. We will review all admissions and readmissions to ensure both orders always appear together.

The second case dealt with a resident whose warfarin was held for three days due to nausea and vomiting. Sure enough, one leg became red and swollen, and a DVT was confirmed. When warfarin is held in “high risk” residents, an order for heparin or an injectable heparin-like drug (Fragmin®, Lovenox® or Innohep®) must be in place.

Upon return from hospital, warfarin and Fragmin® (for five days) were ordered together. The nursing staff again decided to hold the warfarin because they felt the combination presented a major

bleeding risk. Fortunately, an INR had been ordered. The 1.1 result was reported to the medical staff. Warfarin was restarted and Fragmin® was continued until the INR was in the therapeutic range of 2-3.

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## **Generic News**

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A couple of significant drugs have “gone generic” recently. The Apotex version of Norvasc® (amlodipine) retains the hexagonal shape and is the same size and colour.

Of greater interest, perhaps, is the new status of Flomax® CR. Although it is a long acting tablet, Drug Benefit has deemed it interchangeable with the tamsulosin capsule produced by Ratiopharm. Within the next week or two we will switch all tamsulosin to the Ratiopharm capsule.

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## **Shingles Shot**

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The first vaccine to prevent shingles, Zostavax®, has been release by Merck in Canada. It has been tested in more than 20,000 people over the age of 50. The risk of developing shingles, herpes zoster infection, was reduced by 51%. Severe post-herpetic neuralgia pain was eliminated in 73% of cases compared to a placebo group. The vaccine was well tolerated by most, with the most frequent adverse effects being pain, redness and swelling at the injection site.

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