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Insulin Policy Updates

The public inquiry stemming from the Elizabeth Wettlaufer murders has placed a sharp focus on insulin administration in institutions around the province and country. Although the inquiry report and recommendations will not be released until next year, many homes are stepping up education and vigilance related to this high alert medication.

GeriatRx has taken measures to assist in this process. We have created two additional policies; 4.27 – *Insulin Management* and 4.28 *Insulin Administration – Double Check Verification for Accuracy*. With the assistance of Becton Dickinson (BD), we are providing in-services on proper insulin handling and injection technique. This education can be combined with a review of the two new policies. I will outline some of the key features here.

The insulin management policy illustrates measures taken in the pharmacy and by the consultant pharmacist to ensure the most appropriate insulin product is sent at the correct refill interval. A significant portion of the

policy is devoted to proper injection technique, such as priming, mixing, injection angle, site rotation, etc. Clinical decision-making information is also provided, to assist the nurse in determining whether to hold a dose in different scenarios.

The policy also introduces an eMAR template which alerts the nurse to dispose of cartridges which have been in use for more than 28 days out of the refrigerator. This can be set up at GeriatRx and included in the education process, as well as the double check system (*Policy 4.28*), for facilities that are interested. Speak to your consultant pharmacist to arrange a session. Both policies are attached to the electronic version of this newsletter.

New Inspection Protocol

Although largely untouched, MOHLTC has reprioritized some segments in the latest version of their Inspection Protocol (IP). In fact, there is not a single new IP question, although the introductory procedural sections have been modified to show the added areas of focus.

It should not come as a surprise that incident reports and adverse reactions are now one of the IP spotlights. Many of our facilities have mentioned this to us over the past year. It is now stated with **bold**

reference, that incident reporting to all parties, including resident/SDM, as well as response, remediation and follow up (questions 35, 36 and 63) are addressed. It is also noted that a resident/SDM will be interviewed to ensure they have been apprised of health status and medication changes, risks associated with medication orders and alternatives where initial options were rejected.

Staff may be interviewed regarding medication policies and procedures at any time. MOHLTC has also included a *Medication Guide* (attached). The guide includes an incident that was properly reported and reviewed. It directs homes to several links which address compliance deficiencies, as well as *CNO* education links to improve practice safety.

Z Drugs and Fractures

Two “Z” drugs, zolpidem (U.S.) and s-zopiclone (related to Imovane®), up fracture risk in dementia patients. A UK data analysis showed 40% more fractures in Z drug users vs. non-users (59% more hip fractures) among seniors with dementia. Higher doses and prolonged treatment increased risk. It is likely that falls are responsible and that any hypnotic is dangerous for ambulatory demented patients. Non-drug measures should always be considered as first line treatment for insomnia.

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