The GeriJournal

Volume 2, Number 12
December 2007
A publication of GeriatRx Pharmacy

MAR Madness

You may have noticed a not so subtle change in your MARs this month. A large "X" now marks dates when medications are not to be administered.

Although it is a well known fact that nurses like to play X's and O's, especially around the end of the month, we feel you will be pleased with this new feature. This change applies to pouched medications only, so you will still have an opportunity to decorate your MARs when updating patch, injection, treatment, and antibiotic orders, etc.

The program that strikes out non-administration days is quite sophisticated. It identifies the correct days of administration for meds that are ordered every other day, despite variations in the length of the different months. It can also project the administration schedule for drugs with tapering doses. This will reduce transcription time for complex prednisone orders.

When sending MARs for new residents, the full month now will be shown, and all days prior to the current date will be "X'ed" out. If you have any questions or comments about this please give us a call.

Adios Ostoforte

Sometimes I get a bit nostalgic when a formerly popular product is discontinued. Such is the case with Ostoforte®.

Many of you will recall giving 50,000 IU of Vitamin D2 (Ostoforte®) to a large number of your osteoporotic residents. You probably thought that this was an awful lot of Vitamin D. I must confess that I used to think the same thing.

The truth is that Vitamin D2, also known as ergocalciferol, is not very potent at all. Ergocalciferol is derived from plants, and was first used to treat rickets early in the last century. While it worked for rickets, there has never been any evidence that it reduces the risk of fractures. Furthermore, the compound is not stable, disappears from the blood quickly, and binds inefficiently to tissue sites.

Vitamin D3 (cholecalciferol) is the new standard in Vitamin D therapy. It is extracted from sheep hides that have been irradiated with light (doesn't sound terribly appetizing, does it?). A dose of 400 IU daily is roughly equivalent to the former Ostoforte® 50,0000 IU weekly dosage. Vitamin D3 has been used in recent clinical trials demonstrating fracture prevention. Anyone taking supplements should ensure that they contain Vitamin D3, rather than Vitamin D2.

Senokot Please!

Forty to fifty percent of all residents taking narcotics routinely are constipated. Non-drug measures such as increased fluid, fibre and mobility will help some of these individuals, but laxative therapy is usually required.

This being the case, we should ensure that laxatives are always prescribed when routine narcotic therapy is initiated. Our best laxative choices to accompany narcotic orders are stimulants, such as Senokot® and Dulcolax®. A stool softener may be added if straining is a problem.

Naloxone has also been given orally to treat narcotic induced constipation. Naloxone is an emergency drug, usually given by injection in the treatment of narcotic overdose. It works by blocking opiate receptors in the brain. When given orally at a dose of 1.2mg - 2.4mg q6h, it often induces a BM after the first few doses. Only opiate receptors in the GI tract are affected, so withdrawal symptoms do not occur and the level of pain control is not diminished.

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