

The GeriJournal



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Benzodiazepines

As reported previously in the GeriJournal, the *Narcotics Safety and Awareness Act* has broadened the list of drugs that are considered “narcotics”. This list of targeted drugs now includes all benzodiazepines, tramadol and some other infrequently used products, in addition to our traditional narcotics and controlled drugs.

When we dispense any of these new targeted drugs, a report is automatically sent to MOHLTC. Although they are not ‘true’ narcotics, some LTC Compliance Inspectors are reporting facilities who do not lock them in their narcotic boxes and count them at the end of each shift. As such, we will now be sending out a count sheet with every PRN prescription for a benzodiazepine or a tramadol containing product.

At this point, routinely administered benzodiazepines will remain in the pouches, as that is the most secure way of packaging and tracking them. Please take this opportunity to reassess all benzodiazepine orders, both routine and PRN.

This drug class has an extensive adverse effect profile and safer therapeutic options are almost always available. In many cases, discontinuing these orders will benefit your residents. Lightening the benzodiazepine load will also keep the end of shift narcotic count from becoming too onerous and time consuming.

Falls Prevention

The *US Preventive Services Task Force (USPSTF)* published a new clinical guideline related to fall prevention last month. It included a Grade B recommendation (high certainty of moderate benefit in fall prevention) supporting both physiotherapy/exercise & vitamin D supplementation as treatment options.

For every 16 seniors who received twelve weeks of physiotherapy or exercise, one fall was prevented (*Number Needed to Treat [NNT] =16*). Vitamin D supplementation actually showed greater benefit, with a NNT of just 10. Response was better still when vitamin D dosing was titrated upwards to correct deficiency. Vit. D continues to impress as one of the mainstays in any fall prevention program.

Adrenaline Kits

Adrenaline is rarely used in LTC or retirement facilities. When it is needed, however,

there is little time for gathering the appropriate needle and syringe and reviewing the instructions for use.

To avoid potential delays in critical anaphylaxis situations, we have developed a simple to use *Adrenalin Kit*. The kit contents are as follows: one adrenaline 1/1,000 ampoule, a 1 ml syringe, a protected 25G 5/8 needle, one caplet of diphenhydramine (Benadryl®) 50 mg and an instruction set.

The kit is intended to be kept in the area of the stat box within the facility. The pharmacist will monitor the contents to ensure they are always in date. The new Policy and Procedure outlining the use of the kit will be posted in the secure area of our website shortly.

To Diskus or Not ...

Clinicians are often faced with the choice between a diskus inhaler or an aerosol product (plus aerochamber) for their asthma/COPD residents. A new study of 40 LTC residents published in *J Am Med Dir Assoc.* evaluated the ability of residents to use a diskus product. MMSE scores were between 10 and 24 and none of the residents had used a diskus inhaler before. Higher scores correlated with superior use of the diskus, but still, 95% of residents were able to use it properly! Consider the diskus, even in advanced dementia.