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CHEST Guidelines

Earlier this year, *CHEST*, the *Journal of the American College of Chest Physicians*, published new guidelines related to the use of anticoagulants. Three of the guideline changes have a direct impact on our practice, so I will focus and elaborate on them.

Perhaps the most significant change is the recommendation that vitamin K **not** be given when a resident's INR is less than 10, when there is no evidence of bleeding. In the past, vitamin K 1 – 2.5 mg orally was suggested in these situations. This is particularly relevant, because vitamin K is in very short supply, and may only be available in hospital emergency departments.

We often see warfarin doses bounce around from week to week, as slightly elevated or depressed INR levels trigger changes in warfarin dosage. Two small studies showed that one-time adjustments were no more effective than leaving the warfarin dose unchanged, for patients whose INRs have been stable. *CHEST* therefore recommends continuing with the same dose if the patient has been stable and a single INR reading is within 0.5 units of the therapeutic range (i.e. INR 1.5 – 3.5 for most indications).

The other recommendation of note concerns the transition of a resident from a low molecular weight heparin (LMWH) product, such as Fragmin® or Innohep® to warfarin. This transition usually takes place during or after hospitalization for treatment of a clotting event such as DVT or pulmonary embolism. Starting warfarin on day 1 or 2 of LMWH shortened hospital stay and was as safe and effective as starting it later. Therefore, if warfarin is not started in hospital, it should be initiated immediately upon readmission following a clotting event.

Narcotic Reconciliation

The *Ontario Long Term Care Act, 2007 (regulation 130, paragraph 3)* stipulates that "a monthly audit is undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies, and that immediate action is taken if any discrepancies are discovered." We have developed an audit form to assist with this process. It is available from the secure area of our website. A new policy and procedure outlining the use of this form is also available from the site.

Cipralex Warning

Health Canada is at it again. Citalopram (Celexa®) was in their bad books last fall for triggering potentially fatal arrhythmias. Now the very closely related Cipralex® (escitalopram), has earned the same caution. The maximum dose for those over 65 years of age is now 10 mg daily.

To this point, studies suggest that the QT prolongation is not as severe with Cipralex®, although it is still significant. Our consultants will assess doses and consider drug interactions and electrolyte status before recommending reductions or assessments, such as electrocardiograms.

Penicillin-Cephalosporin Cross Sensitivity

Pharmacists always get excited when a cephalosporin (Keflex®, Ceftin®, Cefzil®, etc.) is prescribed for a penicillin-allergic patient. The two antibiotic classes are closely related, and it was always believed that an allergy to one class, carried a 5-10% risk of reaction when a drug from the other class was given.

The risk now seems to only be about 1%. We still must be vigilant, since severe reactions are possible. Keflex® seems to carry the greatest risk.

GeriatRx PHARMACY

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