



# The Health Care Heroes GeriJournal

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## **COVID Compression**

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Tumultuous, unprecedented, challenging, difficult or historic; no matter how we describe our current situation, it cannot be sugar coated. If any good has come out of this, it is the recognition of the tireless and often unappreciated work done by you! We salute the heroic actions of all staff who have selflessly put their health on the line to ensure their residents are properly cared for.

This crisis has created well documented staffing shortages in many of our facilities. Drug administration is very time consuming, so we have made recommendations to improve the efficiency of medication passes. We have asked that medications with borderline efficiency (e.g. Colace) be stopped. Where lab tests indicate limited therapeutic benefit (e.g. iron supplementation with normal or enlarged red blood cells), we suggest discontinuation.

Actonel® and Fosamax® must be taken on an empty stomach early in the morning, and residents must not lay down after taking it. This is very

labour intensive, Actonel DR® or Prolia® are recommended as alternatives, where appropriate. Holding drugs, temporarily moving them to a different time, replacing glucometers with Freestyle scans and employing newer once daily inhalers are other strategies to free up med passes.

We have completed the compression process in all COVID positive homes, and some unaffected ones as well. We will finish the process in the next week or two. We would like to thank all our facilities and prescribers for responding so quickly and making this a smooth process.

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## **Hypoglycemic Event**

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The Ministry Directive relating to glucagon use and insulin disposal went into effect on the 15<sup>th</sup> of this month. While the LTC Homes Public Inquiry dominated the headlines for the better part of a year, it has been all but forgotten in our new COVID world. Still, we must be mindful of the new Directive (outlined in detail in the February GeriJournal) and associated requirements.

We have produced a *Hypoglycemic Event Incident Report* form to document low blood sugar, glucagon use and to trigger submission of a *Critical Incident Report (CIR)*, where hospitalization is required. Several other fields, pertaining to description of the

incident, follow up and remedial action, etc. are also included. Please go to the secure section of our website to access the form.

An online version of the form will also be available shortly. After the nurse submits the initial data, a digital copy of the form is sent to the DOC, ADOC(s), Administrator and GeriatRx. Additional data and attachments can be added until a final submission is made. If the form is not finalized, regular reminders are sent to all parties until a final submission or a CIR is sent, if required. A P&P and video instruction for the use of this form will be available from our website soon.

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## **Elderly Wisdom**

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A week ago, or so, Preet (one of our excellent pharmacists, for those who don't know her) took a call from one of our LTC homes. The caller, LB, was a resident who could only be described as "sharp as a tack".

Our 94-year old LB takes warfarin, and asked Preet if she should change to one of the new anticoagulant drugs which didn't require blood testing. Why did the resident want to switch drugs? The lab tech drawing blood for the INR was going home to home, and room to room. Could she possibly transmit COVID to her? Very smart, and also, very possible.

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