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COVID Abating?

The worst appears to be behind us, at least for now. COVID is clearing or has cleared in most of our homes. With increased vigilance, we hope to never face anything like this again.

We've learned COVID can affect the heart and vasculature. BP must be controlled and anticoagulants can reduce mortality in hospitalized patients. The newer oral agents and injectables have been used. Vitamin D deficiency corresponds to poorer COVID outcomes, so D shouldn't be compressed away. While more lessons are to be learned, let's hope a vaccine comes soon.

Online Incident Reports

Last month, I mentioned the imminent arrival of the online version of our *Hypoglycemic Event Incident Report*. The form is now ready for use. We have modified and expanded our *Policy and Procedure 6.04* covering all incidents.

Hypoglycemia, glucagon use, and all other incidents are to be reported using the online process. The paper option is still available, but lacks detail, alerts, storage, retrieval and classification benefits found in the online version. Please contact GeriatRx for a Zoom in-service. The P&P downloads will be available from our website next week.

P&P Updates

We've done some policy and procedure housekeeping over the past few weeks that you should be aware of.

P&P 3.14: *Medications for Destruction or Discharged Residents* – Added a statement regarding signatures by staff designated to perform medication destruction.

P&P 4.09: *Discontinued Medication Orders* – Multiple additions regarding destruction of non-pouch medications, such as inhalers, injectables, etc., plus denaturing guidance.

P&P 4.17: *Hypoglycemic Emergencies* – Added a reference to the new glucagon P&P, to remind the nurse to complete a *Hypoglycemic Event Incident Report*, when responding to a low sugar.

P&P 4.18: *Adrenalin Kit* – Added a statement indicating the DOC will be notified whenever adrenalin is used.

P&P 4.19: *Warfarin Administration and INR Testing* – Added a statement the DOC will be notified whenever vitamin K is used.

P&P 4.27: *Insulin Management* Added a reference to the *Insulin Disposal Chart* (P&P 7.18), to ensure documentation of surplus insulin is completed.

Heat Assessments

After a particularly chilly spring, the heat is finally upon us. The upward movement of mercury serves as a reminder to us all that resident heat risk assessments should be completed. As per the *LTC Act, 2007*, the *Plan of Care* section (#26), subsection 3.11, states that an interdisciplinary assessment of "seasonal risk related to hot weather" must be completed.

The assessment is scored on a points system, based on key drug groups. Diuretics can cause dehydration and score 2 points; anticholinergic drugs (3 points) minimize sweating, reducing the body's ability to cool itself; antipsychotics (3 points) may impair the ability to recognize thirst; tricyclic antidepressants (2 points), are still used on a limited basis, and have anticholinergic activity. Points are added where residents are using drugs from more than one of these classes.

Many drugs, some of which are obscure, fit into these categories, so scoring can be difficult. We have produced a report which identifies all the implicated drugs. Please let us know if you'd like a digital copy sent your way.

Prepared by Randy Goodman
Certified Geriatric Pharmacist