



The GeriJournal

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ISMP Incident Analysis

As a member of the Institute for Safety in Medication Practice's (ISMP) Advisory Committee for Strengthening Safety in LTC, I have an inside view of the agency's fine work. One such project was an analysis of 190 incidents submitted to ISMP and CIHI (the Canadian Institute for Health Information). The results were released publicly in the [ISMP Bulletin](#) on September 30th.

The submitted incidents resemble those we commonly see. They included eMAR signatures for meds not given, meds given to the wrong residents, transcription errors by different healthcare team members, admin errors for meds with unusual dosing schedules, pharmacy dispensing errors, etc. The top 5 drugs involved in incidents were: hydromorphone, trazodone, denosumab, acetaminophen, and amoxicillin.

Hydromorphone is a target for both omissions and calculation errors related to the injectable dosage form. I've included a dosing chart for both [hydromorphone](#) and [morphine](#)

to prevent this. Acetaminophen and trazodone made the list as high-frequency drugs. Denosumab (Prolia®) is given Q 6 months. Doses are sometimes signed in eMAR, only to be found later in the fridge during audits by our QA nurse. We schedule Prolia® at 1330 to prevent this but it is still missed occasionally. As a common antibiotic not in the main pouch strip, amoxicillin is sometimes overlooked.

The bulletin discusses the most common incident types and measures all homes should implement to prevent them. It's an excellent read.

Flu and Tamiflu

Vaccine clinics are happening as I write this month's newsletter. So far Fluzone® High-Dose Quadrivalent is atop Public Health's supply list, but some homes may receive Fluad® trivalent. Everyone seems to have epinephrine ready for anaphylaxis, though I've never seen it used in my many long years working in congregate care.

For LTCs, make sure your three-month reviews show an order for the vaccine. I think all admission orders list it, but there may be an exception or two. Consents, of course, are another issue! All administration information should be entered in the immunization section of your record system. That provides

quick access to the post-admission vaccine history of each of your residents.

Our \$75 flu shot challenge prize continues to be available to a vaccinated staff member in your home. Perhaps you can encourage one of those last few stragglers with this prize. Unfortunately, Elon Musk declined our request to chip in his customary \$1,000,000.

We have serum creatinines on file for most residents and can grab those we're missing from e-Health so the creatinine requests we used to send out are no longer necessary. My main message to everyone is to **contact GeriatRx ASAP before the first Influenza swab hits a resident's nasal mucosa!** We will send a starter supply of Tamiflu® so treatment can be initiated immediately if you are declared by Public Health.

C Diff Vaccine Coming?

mRNA vaccines are hot. Pfizer and Moderna proved that with their COVID inoculations. Mice given an experimental mRNA vaccine survived a C Diff toxin dose five times the lethal limit. Serum from these mice protected unvaccinated mice from lethal doses of toxin and bacterium. Primates have also responded well to the vaccine. Human testing is coming. This may solve an IPAC problem that has plagued us for many years.

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