Online Edition • With Activated WebLinks

B.C.'s pharmacy information source

ReadLinks

Vol. 32 No. 6 November/December 2007

Ready to write?

KA exam dates coming up

There are two exam dates remaining for pharmacists selected for the 2006 PDAP cycle. If you have not already registered with TRU-OL, please note the following deadlines.

Examination Date	Application Deadline
Saturday, February 9, 2008 (all sites except Hope & Vancouver)	Wednesday, January 9, 2008
Sunday, February 10, 2008 (Hope & Vancouver sites only)	Wednesday, January 9, 2008

To access the supervised exam application form, visit the college's website.

GoWWW

www.bcpharmacists.org/Pharmacy/ProfessionalDevelopment/tabid/104/Default.aspx

See: "TRU partner for PDAP," page 6

pdap

Using professional judgment

Pharmacist skill set in action

Professional judgment – what is it? CPBC registrants are often told to use professional judgment when providing patient care, and sometimes questions about this term arise. But a definition for this term isn't found in a document that sits on a pharmacy shelf, or on a page within the college's website – so what is it?

Professional judgment isn't so much a "thing" as it is an ability to problem-solve based on a number of factors all B.C. pharmacists have in common: a university degree in pharmacy; provincial legislation that governs pharmacy practice; practical experience; and materials such as the college's *Framework of Professional Practice*. In fact, pharmacists use professional judgment all the time without even thinking about it; the doubt may only occur when a pharmacist is asked to use professional judgment to deal with a new or unusual situation.

As noted above, the question of what constitutes professional judgment comes up from time to time. Earlier this year, a registrant wrote the college and expressed concern over part of a scenario described in the "OnCall Questions and Answers" column in the May/June 2007 *ReadLinks*.

The example we shared

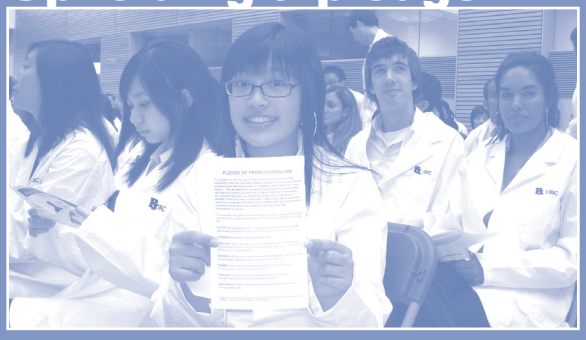
The scenario described a pharmacist releasing an emergency supply of Hep A and Hep B vaccine to two patients who were on their way to a walk-in clinic. One of the patients had called the clinic earlier, and the doctor asked the patients to pick up the vaccines, and bring them to the clinic where the doctor would inject them. This occurred on a Sunday, and the patients were scheduled to depart for South America early the next morning. The pharmacist called the clinic, but there was no answer, and decided to treat this as an emergency release (the *ReadLinks* that carries the entire scenario is posted on the college website – see link listed at end of article).

The "OnCall Questions and Answers" column noted, "In the goal of achieving positive patient outcomes, the pharmacist decided this was an appropriate use of the

continued on page 3

In this issue

Upholding a pledge



First-year UBC pharmacy student Charmaine Lam shows off a copy of the pledge of professionalism she and her peers recited at the university's annual White Coat Ceremony.

COLLEGE of PHARMACISTS OF BRITISH COLUMBIA

www.bcpharmacists.org

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ReadLinks

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***ReadLinks* Editor in Chief:** Marshall Moleschi
Managing Editor: James Nesbitt

Your questions and comments about this newsletter are welcome and may be forwarded to the registrar.

The *ReadLinks* newsletter provides important college and pharmacy practice information. All pharmacists are expected to be aware of these matters.

Printed on Recycled Paper

from the
Registrar

Progress on medication management


Marshall Moleschi

"Health literature demonstrates that optimal drug therapy is best achieved when pharmacists and physicians work together, and the pharmacist is actively involved in determining drug therapy. A survey conducted by the Alberta Pharmacists' Association in the fall of 2002 found that 96 per cent of the pharmacists who responded to the survey support the profession's move to have increased prescribing rights." (Pharmacists prescribing proposal, Alberta College of Pharmacists.)

In my September/October *ReadLinks* column, I described how B.C. pharmacists would be able to adapt a prescription, providing pharmacists follow the proposed Professional Practice Policy 58 Medication Management (PPP58). Since that column appeared, the college has had extensive consultation with pharmacists, government, other health-care professionals and the public. The response has been very positive with good feedback. Council approved PPP 58 at its September meeting. The policy will come into effect once pharmacists complete an orientation on using this policy.

The orientation manual is under development. Next year, I will travel around the province explaining the policy and reviewing the orientation program. Once pharmacists have attended the orientation, either in person or on our website, pharmacists will be free to use the professional practice policy on medication management to adapt a prescription. The obligation will be on pharmacists to complete the orientation, if they wish to participate in this aspect of their scope of practice.

College council approval of the professional practice policy on medication management and pharmacists' completion of the associated orientation will bring B.C. pharmacists' scope of practice in line with that of pharmacists in Alberta. We will continue to work with Alberta to develop additional medication management aspects, for instance, initiating a prescription.

These are exciting times for pharmacists and pharmacy. The environment is being created so that pharmacists' practices can be aligned with their education, training, skills, and abilities.

AWARD-WINNING PHARMACISTS

Practice, volunteer excellence recognized

Each year nominated pharmacists are selected by the college for practice and volunteerism distinction. This year's recipients are:

- Five Star Pharmacist Award – Rob Williamson
- Award of Excellence in Community Pharmacy Practice – Ada Poon
- Award of Excellence in Hospital Pharmacy Practice – Greg Atherton
- Volunteer Honour Role Gold Certificate – Kathy McInnes

Additionally, 31 registrants received silver volunteer certificates and 120 registrants received bronze volunteer certificates. Watch for additional coverage in the January/February 2008 *ReadLinks*. Congratulations to the winners!

COLLEGE MISSION: To ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health.

Three new councillors

Erica Gregory serves as 07-08 president

Erica Gregory

The college's annual general meeting marks a New Year in a sense: incoming councillors join council at the AGM. Following are bios of council's three newest members.

Agnes Fridl Poljak

A pharmacy graduate of Belgrade University, Agnes practised community pharmacy in the former Yugoslavia at staff and manager levels, and was a pharmacy technician instructor. Since 1999 Agnes has been the manager of Pharmasave Health Centre #020 in New Westminster. She helped start a successful program that helps disabled and elderly patients maintain their medication regimens. Mentoring future pharmacists is also an important activity for Agnes, and in 2006 she received the college's Award of Excellence in Community Pharmacy.

Agnes ran for council to ensure a CE option is added to PDAP. She is also interested in helping to establish pharmacy technician licensing requirements: "I think I can really contribute to this, since I used to teach pharmacy technicians for eight years before I moved to Canada."

She also wants to work to "bring B.C. pharmacists and the College of Pharmacists closer together. I believe that it is possible to achieve, as we – the pharmacists – and we – the college – are on the same side: we're all here for the betterment of the patients…and at one point we all become patients."

Chris Hunter

Chris Hunter knows the north: he started practising in Inuvik as a hospital pharmacist after graduating from UBC, and has worked in community and hospital settings in Fort St. John, Fort St. James, the Queen Charlotte Islands, and Prince George. Chris currently practises at the oldest pharmacy in Prince George, Reid's Prescriptions. Chris says, "I ran for council so I could help participate in our continually changing health-care environment. I look forward to seeing the profession of pharmacy grow more rewarding for our communities, but also individually within the practices in which we participate."

Dennis Primmett

Dennis is a Vancouver Island hospital pharmacy manager with an extensive pharmacy and sciences background, including a master's degree in zoology and a PhD in developmental pharmacology. A past clinical scientist at B.C. Children's Hospital and assistant pharmacy professor at UBC, Dennis sees his participation on council as an opportunity to enhance communications and interactions between hospital pharmacists and the college. He says, "My experience has given me a good understanding of the problems and issues facing hospital pharmacists."

Welcome Agnes, Chris, and Dennis. At press time, photos for all were not available; they will be posted soon on the college website along with the councillor's email addresses.

Professional judgment

continued from front page

emergency release practice policy." There was nothing wrong with the pharmacist's actions; they were within the college's interpretation of professional practice guidelines and the *Framework of Professional Practice*.

The pharmacist who questioned the appropriateness of providing one of the patients with vaccine wondered if this might open up the profession to having to accept patients' requests for prescription drugs, based on a claimed patient-physician conversation.

The answer is no. The emergency release practice policy the pharmacist acted under is meant to be used on a case-by-case basis, following careful assessment or, as we have been discussing, professional judgment.

The pharmacist based their decision on the patients' case (the request occurred on a Sunday, the patients were leaving the next day for South America, and hepatitis A and B can cause serious illness, or even death). By carefully assessing these factors, the pharmacist arrived at a professional judgment they were comfortable with, because it met clinical, legal, and patient-care needs.

Reasonable guidelines

Just as there is no "bible" that defines professional judgment in concrete terms, there are also no right or wrong responses, just reasonable ones. Factors to keep in mind when you are called upon to use professional judgment include:

- Does your action contribute to a positive patient outcome?
- Have you documented in detail the reason behind your action on the prescription hardcopy?
- Have you communicated your action to the patient and when appropriate, the patient's physician (even if it is to inform the MD by fax)?
- Could lack of action contribute to patient harm?
- Does your action cause potential patient harm?

Go WWW

www.bcpharmacists.org/AboutUs/Publications/Newsletter/tabid/92/Default.aspx

VACCINE CONFUSION CLARIFIED

Let PharmaNet entry be your guide

The pharmacist who expressed concern in the adjacent article also suggested pharmacists have in the past received conflicting information from the college on the prescription status of vaccines, especially hepatitis vaccines. Some confusion may have been due to 2006 vaccine scheduling changes. The March-April 2007 *ReadLinks* carried an article with an up-to-date vaccine schedule table and explanatory text on dispensing and prescribing vaccines, but for some pharmacists, this didn't provide enough clarity.

Here is the bottom line: all pharmacist-issued vaccines should be entered in PharmaNet, whether they are provided as Schedule II or as an emergency release Schedule I prescription, using your pharmacist ID as the prescriber. This will ensure that subsequent doses of the vaccination are given at the appropriate time and with the appropriate product.

PharmaNet

PRACTICE NOTES

Take sharps back

Patient-care continuum

Pharmacies are strongly encouraged to accept used sharps from patients who purchased them at that pharmacy. The issue of patients experiencing difficulties when they tried to return needles arose recently on the Sunshine Coast. Because B.C. Ferries considers used sharps to be "dangerous cargo" they are banned by the ferry service, and this may make pharmacies reluctant to accept them. However, Sunshine Coast health-care facilities and medical clinics use disposal firms that remove needles and scalpels by barge. Regardless of where a pharmacy is located in B.C., it should accept and safely dispose of sharps from patients who purchased them at that pharmacy.

Diabetes testing reminder

Lancets shouldn't be re-used

A useful reminder from Eastern Canadian health-care colleagues: pharmacists should remind diabetic patients about the potential dangers of testing blood glucose levels of family members and friends without changing a glucometer lancet between tests. In the example shared by the Newfoundland and Labrador Pharmacy Board, health officials in that province were alerted to the transmission of hepatitis B virus due to a situation similar to the one described above. Pharmacists should also ensure that in-pharmacy glucometer lancets are changed for each patient testing/training situation.

Forged prescriptions

Dispense small quantities if unsure

Prescription forgeries can occur anywhere in the province. While counterfeiters are using more sophisticated methods, pharmacists can play a role in reducing the number of successful forgeries. The CPBC has had reports of bogus prescriptions that show daily dispensing or part-fill instructions. If in doubt, check with the prescribing physician directly; PharmaNet may not always carry the most up-to-date contact information for a physician. And if you have any doubts, dispense a small quantity if you cannot immediately contact the prescriber.

Fan-out guidelines

Forgeries are fine; other topics aren't

The fan-out system has been busy with an ever increasing number of forgeries and stolen prescription pad alerts. Thank you to all pharmacists who keep the college informed when they come across a forgery. The college equally appreciates the cancellation of forged prescriptions or pharmacists marking them in some way to help alert other pharmacists in cases where a patient demands the prescription back or grabs it and leaves the pharmacy.

When a fan-out shouldn't be used

However, not all issues are appropriate fan-out material. In an attempt to reduce the number of fan-out calls from the college, following are samples of situations where a fan-out shouldn't be used:

- Reports of multi-doctoring patients. This information is readily available to pharmacists on PharmaNet (see adjacent "Multi-doctoring alert").
- A physician wishing to cancel a prescription because a patient has lost it or when a physician changes his or her mind after writing a prescription. For a lost prescription, it may be appropriate to tell the physician to issue a new one and have the patient fill it immediately. This will prevent the lost prescription from being filled, as the message "filled too soon" will appear. If a patient has a habit of misplacing prescriptions and drug diversion is suspected, the physician should contact the PharmaNet help desk and ask for a restriction. It is appropriate to give the help desk number to a physician, but it should not be given to a patient.
- The fan-out system cannot be used for tracking missing persons, criminals, or other persons of interest to law enforcement agencies.

Multi-doctoring alert

Do you know what to do?

Pharmacists have an important role to play in reducing multi-doctoring occurrences, particularly when narcotics are involved.

Multi-doctoring is a criminal offense if a patient fails to notify his or her physician that they have received a narcotic from another doctor within the last 30 days. It is also inappropriate and unethical for a pharmacist to fill a prescription for a narcotic when it is apparent that a patient is multi-doctoring.

If multi-doctoring is happening, speak to both the patient and his or her physician. Some patients may be multi-doctoring because of severe pain. In these cases, it may be appropriate to suggest to the patient that their doctor refer them to a pain clinic. Additionally, methadone treatment for pain may be a viable option. If severe pain isn't the source of multi-doctoring, speak with the patient's physician about placing a restriction on an applicable patient's PharmaNet profile.

Generally, pharmacists should not fill a prescription when the PharmaNet system displays a restricted message on a patient's profile. If there is a valid reason for the prescription and it makes sense clinically, pharmacists should call the PharmaNet help desk to have the restriction lifted for that prescription. For example, it would be appropriate to request a temporary lifting of a restriction if a patient is on holiday and is unable to see a physician to get an antibiotic prescription.

Seniors using fewer "harmful" drugs

Study tracks six-year decrease of potential ADR meds

A new report by the Canadian Institute for Health Information (CIHI) has generally good news: Canada's seniors are taking fewer drugs today than they were six years ago.

Drug Claims by Seniors: an Analysis Focusing on Potentially Inappropriate Use of Medications, 2000 to 2006, examined public drug program claims for elderly patients in Alberta, Saskatchewan, Manitoba, and New Brunswick. The CIHI study found the ratio of seniors taking potentially harmful prescription drugs fell from more than one in three seniors (34 per cent) in 2000-01 to about one in four seniors (27 per cent) in 2005-06.

CIHI used the Beers list, an academically recognized list of medications identified as "potentially inappropriate" for seniors, as a framework for the study. The list is named after U.S. gerontologist Dr. Mark H. Beers, whose interest in adverse drug reaction among seniors led to a drug classification system based on criteria such as appropriate use of medication, effectiveness, ADR risk, and safer alternative treatment.

A 2003 update to the Beers list resulted in the addition of a high-risk sub-category based on the potential for "adverse outcomes of high severity." High-risk adverse reactions include negative outcomes for blood pressure, and increased confusion, sedation, and dizziness. The CIHI study tracked the chronic use of drugs in this category between 2000-2001 and 2005-2006; "chronic use" was defined as a minimum of three prescriptions and 100 solid dosage units in a given year. The study found chronic use of high-risk drugs fell overall in all four test provinces.

In 2005-2006, the top five drugs used by chronic users in the four provinces studied by CIHI were the same as the top five Beers list drugs:

- Oral conjugated estrogens
- Amitriptyline
- Digoxin
- Oxybutynin
- Temazepam

While the decline of potentially harmful drug use is a welcome one, CIHI Manager of Pharmaceuticals Michel Hunt said the study found the use of other drugs on the Beers list appears to be increasing. For instance, the chronic use of amitriptyline has increased, "making it the fastest-growing drug on the Beers list in terms of usage in all four provinces."

GoWWW

http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_13sep2007_e

OnCall PHARMACIST INFORMATION LINE — Questions and Answers

From inquiries to the OnCall Information Line, toll free 1-800-663-1940

Q Can Ontario's pharmacists now accept and fill prescriptions written by physicians from other provinces or accept a prescription transfer from another province?

A Yes. Ontario's new Bill 171 allows pharmacists to accept and fill out-of-province prescriptions and transferred prescriptions from most other provinces. Pharmacists can now also transfer a prescription out of Ontario. Most provinces, including B.C., accept prescriptions from one another, as well as the transfer of prescriptions between provinces, except for narcotic and controlled drugs, which can never be transferred. Targeted drugs may only be transferred once in the lifetime of the prescription.

Q A patient visiting from Alberta wanted to get a prescription for an eye drop transferred to my pharmacy. When I spoke with the pharmacist in Alberta, he said the prescription was from an optometrist licensed to prescribe in Alberta. Can I fill the prescription?

A You cannot fill the prescription under the optometrist's name because we do not have that category of prescriber in B.C. If the prescription makes sense clinically, one option would be to accept the transfer and based on your professional judgment, fill the prescription as an emergency fill, using your ID as the prescriber. Ensure you document what you did and why you did it.

Q When I worked in Ontario, we had to document patient counselling on new prescriptions directly on the prescription. Is this a requirement in B.C.?

A Patient counselling on all new and refill prescriptions is required in B.C. Even though there is not a specific college bylaw, counselling is covered in the *Framework of Professional Practice* (Role 1, Function E). Counselling is important because it helps pharmacists ensure safe and appropriate use of medication. At present, college staff do not check for documentation.

Documentation and counselling are two functions that will be expected to occur with all new prescriptions. Watch for more information on this in future *ReadLinks* issues.

Q Does a pharmacy have to have a sharps disposal system in place?

A If a pharmacy sells syringes to patients, it should also have a disposal service in place to accept sharps back from patients. A list of sharps disposal companies can be found on our website. The *Framework of Professional Practice* (Role 2, Function D) addresses this issue. Some pharmacies may charge patients for the disposal, if the syringes were purchased elsewhere. That is a business decision which is outside the college's jurisdiction.

Q I own a small community pharmacy. I do not have the room or expertise to do specialty compounding. If I get a prescription for a specialty compound, can I fill the prescription using product compounded by another pharmacy?

A No. Pharmacies unable to compound a drug product for a patient should refer the patient to a pharmacy that can prepare the product. Health Canada requires pharmacies that provide compounded products to have an established professional relationship with the patient.

PHARMACY ELSEWHERE

United States

The FDA is looking into developing Schedule II- and Schedule III-type drug classifications for America's pharmacies. Right now, only a handful of non-prescription drugs are kept in U.S. dispensaries, with most other non-Rx products available for customers to self-select. Keeping many non-prescription drugs behind the counter is common in Canada, Australia, and other nations, but some American stakeholders, particularly physicians, are skeptical. Many U.S. pharmacists see revised drug classification as a new counselling opportunity.

PT sessions: bring it on!

Well attended events have people talking

Information sessions on pharmacy technician regulation and registration were held across the province in October and November. Over 600 participants registered to attend ten sessions in Vancouver, Nanaimo, Prince George, Victoria, Burnaby, Kelowna, Surrey, Kamloops and Cranbrook.

Audiences heard about provincial and national pharmacy technician regulation initiatives underway and asked questions and provided input on the direction this initiative will take as it develops over the next few years from design stage to implementation.

Feedback from participants has been overwhelmingly positive. Here's what just a few participants said they found useful about the information sessions:

- "This type of communication is always great and very valuable."
- "Learning about the state of the art especially across Canada."
- "The outline of the proposed scope of practice and what regulation of pharmacy technicians entails."
- "The wealth of information along with the meeting of pharmacists and technicians to look into how this can proceed."

Future information sessions and focus groups are being planned. More information about the pharmacy technician initiative can also be found on the college website.

GoWWW

www.bcpharmacists.org

TRU partner for PDAP

Learning agency looks after registration

Many pharmacists don't realize that an important PDAP partner is Thompson Rivers University-Open Learning (TRU-OL), a division of Thompson Rivers University that specializes in meeting the needs of its own students and helping other institutions and organizations with open and online learning requirements.

TRU-OL administers the PDAP knowledge assessment exam on behalf of the college. It is responsible for the registration process, exam invigilators, and 51 exam sites across the province that provide flexibility and convenience to college registrants.

Within 10 days of registering with TRU-OL for an exam date, pharmacists who have selected the KA option will receive an acknowledgement letter by mail to confirm receipt of registration. If you do not receive this acknowledgement letter, you must contact TRU-OL, rather than the college, to make sure your registration has been received.

Two weeks prior to the exam date, an exam confirmation letter is mailed to each pharmacist who has registered for that sitting. This letter contains important information, including the time and location for each exam. Pharmacists are required to bring both the letter and valid identification to the exam.

The college works closely with TRU-OL to ensure smooth exam administration and outcomes. Feedback from pharmacists is followed up and improvements are made. For example, the lighting at exam sites has been addressed with TRU-OL after feedback from exam participants.

Currently, the college is working with TRU-OL to further refine the registration process and signage at exam sites.

Questions regarding KA registration and exam processes should be directed to the TRU-OL examinations department at 250-852-7000, toll-free at 1-800-663-9711 or by email to exams@tru.ca.

Island pharmacy technician sessions

Nanaimo pharmacy technicians and pharmacists turned out to hear the college's presentation on upcoming pharmacy technician regulation and registration.

Marshall Moleschi at the Nanaimo PT presentation: question and answer sessions are a popular part of these events.

whatwentwrong

LOOK-ALIKE/SOUND-ALIKE DRUG NAMES: can we do better in Canada?

Look-alike/sound-alike drug names are a serious problem in health care, accounting for 29 per cent of medication dispensing errors.[1] As well, name confusion is a causative factor in 15-25 per cent of medication errors overall.[1,2] Illegible handwriting, incomplete knowledge of drug names, new products and similarities in packaging and labelling act as contributing factors to this problem. The thousands of brand name and generic drugs currently marketed, combined with new drugs released annually, make every health-care provider vulnerable to involvement in this type of error.[2] The United States Food and Drug Administration (FDA) rejects approximately one-third of proposed names for new products. Despite this, over 600 pairs of look-alike/sound-alike drug names have been reported.[2,3] This is far too many for busy practitioners, whether they are prescribing, dispensing, or administering medications![2]

Medication errors involving look-alike/sound-alike drug name mix-up can cause serious patient harm.[1] It is often difficult to detect the error, as the dispensed medication is presumed to have been prescribed for the patient. A number of errors have been reported and published in the ISMP Medication Safety Alert! newsletters on the mix-up between Lamisil® and Lamictal®.[4,5,6] The FDA, as well as Health Canada, has noted that these two drugs, side by side, would be easily distinguished from one another by the tall-man lettering technique. Indeed, GlaxoSmithKline, which manufactures and markets Lamictal®, undertook this label change for improvement in the United States more than two years ago.

ISMP Canada recently received a sentinel report that is strongly suspected to have been the result of a look-alike/sound-alike medication error involving Lamisil® and Lamictal®. A hospitalized geriatric patient was prescribed Lamisil® 250 mg daily for three months to treat a fungal nail bed infection. The order was entered by a pharmacy technician into the pharmacy computer system as lamotrigine and verified by a pharmacist. It was filled by a second technician and checked by a second pharmacist as an individual prescription before it was delivered to the nursing unit. The nurse who administered the first dose of lamotrigine (Lamictal®) did not discover the error when checking the drug label against the medication administration record. In this case, all the drug distribution and administration processes failed to detect the order entry error.

The medication was administered to the patient for three weeks until a physician questioned why the patient was receiving an antiepileptic drug. At the time the error was discovered, no apparent harm to the patient had occurred. The patient and family were informed of the error and they decided not to proceed with the antifungal treatment. Four days after the lamotrigine was discontinued, the patient developed a very severe total body rash with swelling of the face. The usual starting dose of lamotrigine is 25 mg, and the patient had been taking ten times this dose for three weeks. Serious dermatologic reactions due to lamotrigine, including Stevens-Johnson syndrome and toxic epidermal necrolysis (Lyell's syndrome), have been reported to Health Canada and are listed in the product monograph.[7,8] Although most reactions resolved after discontinuation of the drug, death has occurred rarely. Failure to carefully titrate lamotrigine doses has been associated with an increased incidence of these serious reactions.[7] While it is strongly suspected the skin rash was related to the lamotrigine, the patient was also taking an antibiotic which is also known to cause severe skin rash.

Some of the identified contributing factors include:

- Lamisil® (terbinafine) is a non-formulary drug in the hospital. The pharmacy and nursing staff were not familiar with the drug.
- The look-up of the drug item in the pharmacy computer system was defaulted to generic name. The only available choices were lamotrigine and lamivudine.
- Lamisil® was correctly transcribed onto the medication administration record (MAR) on the nursing unit when the drug was ordered. However, the nurse administering the first dose of the medication failed to notice that the medication label did not match the MAR entry.
- The hospital uses a 24-hour computerized MAR. A new MAR printed daily from the pharmacy medication profile displayed only lamotrigine. Once the computerized MAR was checked against the first handwritten entry, checking subsequent new MARs against the MAR from the previous day would not help the nurse to detect any discrepancy.
- The hospital did not have a unit-dose distribution system, which might have provided opportunities to detect the high dose of lamotrigine at each cart fill.
- Although the mix-up in this case did not directly result from a drug selection error at the time of dispensing, the lack of drug name differentiation on the bulk bottles, the prescription label, as well as the computer look-up of these drugs did not provide any warning flags for the health-care practitioners involved.

The following recommendations are suggested for implementation:

- Use tall-man lettering to distinguish look-alike/sound-alike drug names on manufacturer's bulk bottle labelling, prescription labels, medication administration records and in hospital and community pharmacy computer systems (e.g., LamiCTAL and LamiSIL).
- Ensure that both generic and brand names appear in pharmacy order entry systems.
- Include the indication for the medication on the prescription, i.e., Lamisil® for fungal infection; Lamictal® for epilepsy/seizures.[6]
- Label unit dose packages, individual prescription containers and MARs with the generic drug name followed by the brand name in parentheses for potentially confusing drug names or where the brand name is more familiar.
- Use warning flags next to drug names (generic and brand) in the computerized drug database to alert for potential mix-up in drug selection.
- Provide information and education for pharmacy and nursing staff when non-formulary drugs are used, especially regarding dosing issues and side effects.
- Develop and enforce procedures for nurses to check the patient's first dose of a medication against the original physician's order.
- Consider implementation of unit-dose drug distribution.
- Flag non-formulary orders for pharmacist review prior to dispensing during the verification process.
- Provide and improve clinical pharmacy activities including closer monitoring of drug therapy for new drug orders.

ISMP Canada informed Health Canada about this serious medication error. The concern about the potential for mix-up of these two drugs was also forwarded to both GlaxoSmithKline Inc. and Novartis Pharmaceuticals Canada Inc. ISMP Canada formally requested a change in labelling to better distinguish the two drug names. Both companies responded and are considering making these changes. A similar request was communicated to the generic drug manufacturers that produce and market these drugs in Canada.

For more details on these issues and other recommendations, please refer to the December 2001 issue of the ISMP Canada Safety Bulletin.[9]

Source: ISMP Canada Safety Bulletin, Volume 4, Issue 2, February 2004.

See references on page 8

DRUG UPDATES

For full details please check:

www.napra.ca or
www.bcpharmacists.org

- Cough and cold products for children.
- Champix® starter pack DIN.
- Definity® (Perflutren Injectable Suspension).
- Iressa® (gefitinib) 250 mg tablets.
- Ketek® (telithromycin).
- Prexige® (lumiracoxib).
- Thelin™ (sitaxsentan sodium).
- Viracept (nelfinavir mesylate).

What went wrong

continued from page 7

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eServices

EMAIL DATELINE: CPBC

Logon for instant updates!

CPBC registrants with active email accounts in the college database were the first to be updated on these current events:

- Medication management proposal
- CPhA pharmacy workforce consultation
- College AGM registration

To update your email address, logon to the college website, click on the eServices logo, and follow the prompts. Your eServices ID appears on all personally-addressed CPBC documents, including annual registration renewal cards.

Update your email address and be entered into a draw for one of two $100 prizes. The latest CPBC registrants to win are Yoriko Matsueda and Heidi Lo!

www.bcpharmacists.org

Food for thought

Free nutrition info a call or click away

If your pharmacy has patients who ask nutrition-related questions, direct them to Dial-A-Dietitian (DAD), a free nutrition information service for B.C. residents and health-care providers, funded by the Ministry of Health and closely aligned with the BC NurseLine.

Callers speak with registered dietitians who answer nutrition questions and guide callers to additional resources. Translation services are available in 130 languages. The call centre is open 9 a.m. to 5 p.m. Monday through Friday by calling 604-732-9191 (Greater Vancouver), or toll-free 1-800-667-3438 (B.C.).

Calls: general and specific

B.C. registered dietitians offer brief consultations by telephone. Many callers seek nutrition information for diabetes management, high blood pressure and cardiovascular disease, pregnancy and infant feeding, and allergies and intolerances. Callers also request nutrition information on disease prevention and good health management. A typical question is, "How much extra calcium and vitamin D do I need to prevent osteoporosis?"

Callers in need of more detailed counselling are guided to a hospital outpatient dietitian, community nutritionist, or other local nutrition services. The Dial-A-Dietitian team includes dietitians who focus on specific areas of nutrition and diet therapy. Allergy and oncology dietitians address complex nutrition concerns and provide case management assistance. Dial-A-Dietitian services do not replace medical counsel and other health-care services available in a caller's community.

Allergy nutrition

The allergy nutrition service is guided by an advisory council that includes pediatric allergists. The service uses an evidence-based approach to answer complex food allergy-related questions. A recent caller stated, "I need help feeding my son. He is 13 months old and has just been diagnosed by his pediatrician with allergies to cows' milk and soy. I need to know what I can give him and I am worried about his calcium and vitamin D intake."

Allergy nutrition dietitians also assist with finding dietetic and food allergy resources for both the public and health professionals. When nutrition counselling services are not available in the caller's own community, the service is mandated to provide complete nutrition care.

Oncology nutrition

The oncology nutrition service works in partnership with the BC Cancer Agency and provides nutrition counselling to cancer patients and their families, cancer survivors, health-care professionals and the members of the public unable to access BCCA staff.

The oncology dietitian responds to questions ranging from primary and secondary prevention, nutrition in preparation for cancer treatment (such as radiation and chemotherapy), and healthy eating for prevention and management of other conditions, such as osteoporosis and diabetes in cancer survivors. A typical question might be, "I have estrogen receptor positive breast cancer. Is it safe to take soy-protein supplements while on tamoxifen?"

Web nutrition resources

The DAD website (URL below) provides resources on various nutrition topics:

- Chronic disease information on diabetes management, cholesterol, blood pressure, and liver disease.
- Nutrients, vitamins and minerals, dietary fat, protein, fibre, folate, vitamin and mineral supplementation, and healthy eating for pregnancy, weight loss, and vegetarians.
- Feeding infants and children, including baby's first foods, formula feeding, meals and snack ideas, and vegetarian meal planning.
- Digestive system diseases, such as celiac, gallbladder, diverticular and inflammatory bowel disease, hepatitis, and peptic ulcer disease.
- Links to Health Canada, including Canada's Food Guide, Canada's Physical Activity Guide, and a range of BC Health Files on nutrition topics.
- Dial-A-Dietitian also assists with the implementation of school food and beverage guidelines.

Source: B.C. Dial-A-Dietitian

www.dialadietitian.org