

PHARMACY & THERAPEUTICS COMMITTEE NEWS**FORMULARY ADDITIONS:**

The Pharmacy and Therapeutics Committee approved and has recommended for approval to the Executive Committee of the Medical Board the following drugs:

DRUG NAME	DRUG CATEGORY
Sirolimus (Rapamune®)	Immunosuppressant
Calcitonin (Miacalcin®)	Calcium ↓ hormone

This is a list of the adverse drug reactions reported in March

DRUG NAME	SEVERITY
Vancomycin	Mild
Ferlecit®	Mild
Paclitaxel	Mild
Influenza Vaccine	Mild

CRASH CART NEWS:

As you all know, there is a nationwide shortage of bretylium. During the shortage, bretylium will be replaced by amiodarone.

Indications for amiodarone:

1. Cardiac Arrest
2. Life threatening ventricular arrhythmias not responsive to other therapy
3. Selected patients with refractory supraventricular arrhythmias/tachyarrhythmias associated with WPW.

Dose: The Medical Letter (Vol 37: 114, 1995) recommends the following regimen:

- Consider rapid IV loading of 150mg over 10 minutes. May repeat (one or more times) for recurrent VT/Vfib.
- May follow with slow IV infusion of 1mg/min for the next 6 hours which may then be followed by slow IV maintenance infusion of 0.5mg/min over the next 1-4 days

The Hospital has recently devised a method to improve the security of emergency medications contained in the crash carts.

Procedure:

1. The Pharmacy will supply two (2) tamper evident security locks that will be located in medication exchange drawer #2.
2. The nurse shall use one of these security locks to lock the crash cart when the crash cart is replaced by Central Sterile Supply
3. Nursing shall inspect the integrity of the crash cart seal on every shift.
4. Central Sterile Supply shall provide exchange drawers of medication (that have been secured in tamper evident sealed bags) to a nurse after a crash cart seal has been broken in response to a code.
5. A crash cart lock is only to be broken in response to a code or during monthly inspection conducted by a Pharmacist. If the lock is broken due to an inspection, the pharmacist shall re-lock the cart.

The Question Corner



(by Ira Dinerman M.S., RPh)

A doctor recently ordered oral acetylcysteine as an antidote to acetaminophen poisoning. The Pharmacy dispensed the medication but when it was received on the Nursing Station there was a question about the dosage form dispensed. Can you administer Mucomyst inhalation solution oral ly to treat acetaminophen poisoning?

Answer: Yes, acetylcysteine (Mucomyst) which is packaged as a respiratory solution to treat abnormal respiratory secretions is also used as an oral antidote for acetaminophen poisoning.

The solution is available from Pharmacy in 20% concentration. This is diluted to 5% concentration with diet cola or other diet soft drinks. The reason for the dilution is to minimize the propensity of oral acetylcysteine to aggravate vomiting. In other words, the cola is used as a taste killer because acetylcysteine tastes and smells HORRIBLE!

FYI: Acetaminophen poisoning:

The greatest concern with acetaminophen overdose is the potential ly fatal hepatotoxicity that is associated with acute overdoses of greater than about 200mg/kg. The signs and symptoms of toxicity during the first 12 to 24 hours after ingestion are nausea, vomiting, loss of appetite and sweating. This may be followed by apparent symptomatic improvement lasting up to 4 days. This seeming improvement is very misleading though. Three to five days after ingestion, abdominal pain, hepatic tenderness, jaundice and hepatic failure can occur. It is important to seek medical attention as soon as possible after ingestion of acetaminophen. Plasma acetaminophen concentrations over 200mcg/ml and 50mcg/ml at 4 and 12 hours after ingestion, respectively are associated with severe liver damage. Early administration of acetylcysteine (within 10-16 hrs of the ingestion) can reduce the risks of hepatic damage.