

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

Drug Name	Therapeutic Category
dolasetron (Anzemet ® )	5-HT3 Receptor Antag
pantoprazole Protonixon ®)	proton pump inhibitor

The following items are being deleted from the formulary:

Drug Name	Therapeutic Category
granisetron (Kytril ® )	5-HT3 Receptor Antag
itraconazole (Sporanox ® )	antifungal



### Potassium chloride injection alert!

As everyone knows, JCAHO is focusing on how hospitals are addressing the problem of concentrated potassium chloride vials on patient care units. JCAHO is concerned about this issue because of unacceptable incidences of patient deaths due to KCl infusions. In response to this issue, the P&T Committee approved the withdrawal of concentrated KCL injection vials from patient care areas. Potassium chloride infusions are available as 20 and 40meq concentrations in D5W, sterile water for injection, D51/2NS, D51/3NS and normal saline in 50, 100 and 1000ml bags.

#### Medication orders for KCl infusions must contain the following:

1. Concentration required for the infusion in milliequivalents
2. Diluent required for the infusion, e.g., D5W, NS, etc.
3. Volume of infusion required in milliliters
4. Rate of infusion in milliliters per hour
5. Duration for the infusion of the KCl therapy

To avoid any possibility of adverse outcomes, it is strongly recommended that in non emergency situations:

The amount of potassium chloride that can be infused through a peripheral line should not exceed a rate of 10meq KCl per hour

The amount of potassium chloride that can be infused through a central line should not exceed a rate of 20meq KCl per hour

During the months of August and September no adverse drug reactions were reported to the Pharmacy and Therapeutics Committee. This concerns the Committee for a number of reasons:

1. JCAHO requires that every hospital monitor the effects of medications on patients, especially adverse outcomes and sentinel events.
2. To enable the hospital to improve patient care. Adverse drug reactions are in the top ten list of causes of patient death. It is also reported that drug-related injuries occur in almost 7% of hospitalized patients.
3. It is a very important aspect of post-marketing surveillance of a drug product for a pharmaceutical company. Pharmaceutical companies are required by law to report to the FDA all adverse drug reactions reported to them. It is due to the reporting of adverse drug reactions by health care professionals that drugs such as cisapride and terfenadine, among others, were withdrawn from the market for safety reasons. So if you think reporting an adverse drug reaction isn't important, or doesn't make a difference, **you're wrong.**

**If you are not sure if an adverse drug reaction occurred, here are some questions you should ask yourself:**

**ADVERSE DRUG REACTION PROBABILITY SCALE**

	YES	NO	DON'T KNOW	SCORE
1. Are there any previous conclusive reports on this reaction?	+1	0	0	
2. Did the adverse event appear after the suspected drug was administered?	+2	-1	0	
3. Did the adverse drug reaction improve when the drug was discontinued?	+1	0	0	
4. Did the adverse drug reaction reappear when the drug was readministered?	+2	-1	0	
5. Are there alternative causes (other than the drug) that could have on their own caused the reaction?	-1	+2	0	
6. Did the reaction appear when a placebo was given?	-1	+1	0	
7. Was the drug detected in the blood (or other fluids) in concentrations known to be toxic?	+1	0	0	
8. Was the reaction more severe when the dose was increased, or less severe when the dose was decreased?	+1	0	0	
9. Did the patient have a similar reaction to the same or similar drugs in any previous exposure?	+1	0	0	
10. Was the adverse event confirmed by any objective evidence?	+1	0	0	
	total score:			

Note: To assess the adverse drug reaction, the questions are answered by inserting the pertinent score for each. The total score (which can range from -4 to +13) indicates the increasing probability of an observed event being drug related.

Source: Principles of Medical Pharmacology 5th Edition. Kalant/Roschlau. B.C. Decker Inc. 1989



**The Question Corner**  
by Ira Dinerman, RPh, M.S., Drug Info Specialist

**Question** Is it appropriate to give pantoprazole (Protonix®) by nasogastric tube?

**Answer** It could be a problem because Protonix®, like all other proton pump inhibitors, is inactivated by gastric acid. The August 7, 2000 Medical Letter comments that Protonix® may be crushed and placed down the tube only if the tube is placed distal to the stomach. The reason the tube must be distal to the stomach is that the intact tablet has a coating that protects it from gastric acid and if you crush the tablet you destroy the protective coating.

An H2 antagonist can be prescribed. Pepcid® is on formulary and is available in liquid form. It is FDA approved for many of the same indications as the proton pump inhibitors.

In those circumstances that a physician feels a proton pump inhibitor is the only class of drug that is appropriate, there is another option.

Fortunately, there is an alternative agent that is more nasogastric tube friendly. There is literature describing favorable experiences with Prevacid® given by NG tube. In fact, the official prescribing information for Prevacid® addresses the matter. "For patients who have a nasogastric tube in place Prevacid® capsules can be opened and the intact granules mixed in 40mls of apple juice and injected into the nasogastric tube into the stomach. After administering the granules, the nasogastric tube should be flushed with additional apple juice to clear the tube".

In case the use of apple juice might be a problem, as in the diabetic patient, an alternative vehicle is sodium bicarbonate solution. Each dose can be prepared with 2.5mls of 8.4% sodium bicarbonate solution and mixed with an additional 2.5mls of sterile water.

So the two options are to use a formulary H2 antagonist such as famotidine or to fill out a non-formulary request form for Prevacid®.

**Source:** Package inserts for Protonix® and Prevacid® and Drug Information Center at Wyeth-Ayerst



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