

NoDak

PHARMACY

Volume 22, No.5

December 2009

How ever you say it "Merry Christmas"

Boas Festas e Feliz Ano Novo
Buone Feste Natalizie
Cestitamo Bozic
Chung Mung Giang Sinh
Cristmas-e-shoma mobarak bashad
En frehlicher Grischtdaag un en hallich hallich Nei Yaahr!
Feliz Natal
Feliz Navidad
Froehliche Weihnachten
Glædelig Jul
Gledileg Jol
Ett Gott Nytt År
God Jul
Gun Tso Sun Tan'Gung Haw Sun
Hristos se rodi
Hyvaa joulua
Idah Saidan Wa Sanah Jadidah



Joyeux Noel
Jutdlime pıvdluarit ukiortame pıvdluaritlo!
Kala Christouyenna!
Kellemes Karacsonyi unnepeket
Kung His Hsin Nien bing Chu Shen Tan
La Maunia Le Kilisimasi Ma Le Tausaga Fou
Linksmu Kaledu
Maligayan Pasko!
Mele Kalikimaka
Merry Keshmish
Mo'adim Lesimkha. Chena tova
Nadolig Llawen
Natale hilare et Annum Faustum!
Nollaig chridheil agus Bliadhna mhath ur!
Nollaig chridheil huibh

Nollaig Shona Dhuit
Pozdrevlyayu s prazdnikom Rozhdestva is Novim Godom
Prejeme Vam Vesele Vanoce a statny Novy Rok
Prieci'gus Ziemsve'tkus un Laimi'gu Jauno Gadu!
Selamat Hari Natal
Shinnen omedeto. Kurisumasu Omedeto
Shub Naya Baras
Sretan Bozic

Srozhdstvom Kristovym
Sung Tan Chuk Ha
Tchestita Koleda
Vesele Vanoce
Vrolijk Kerstfeest en een Gelukkig Nieuwjaar!
Wesolych Swiat Bozego Narodzenia or Boze Narodzenie
Yukpa, Nitak Hollo Chito
Zalig Kerstfeast

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NDSU College of Pharmacy/ ASP Representative

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NURSING, AND
ALLIED SCIENCES

**Pharmacists
Mutual** Insurance
Company



McKESSON
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MARK YOUR *Calendar*

DECEMBER
MERRY CHRISTMAS

JANUARY
HAPPY NEW YEAR

FEBRUARY
February 27, 2010
Mid Winter Seminar/
Poster Presentations
Fargo, ND

APRIL
April 22-25, 2010
NDPhA 125th Annual Convention
Minot, ND

CLASSIFIEDS

WANTED TO BUY A PHARMACY

Young energetic pharmacist looking to purchase a pharmacy in North Dakota. Will keep all information confidential. Please call Kelly at 701-799-3354 or e-mail at khartpharmd@hotmail.com.

PHARMACIST LOOKING FOR WORK

RPh looking for work in the Dickinson area. Contact the NDPhA Office at 701-258-4968 or email mschwab@nodakpharmacy.net for further information.

PART-TIME PHARMACIST WANTED

Opening for a licensed pharmacist at Thrifty Drug, Ltd in Fargo, ND. We are looking for a pharmacist to work approximately 30 hours per week. This individual would be working every 3rd or 4th Saturday and rotating 9-6 and 11 or 12 to 8 shifts. If interested please call Tanya Schmidt or Larry at 701-232-8690 or e-mail: thriftydrugrx@ideaone.net

PHARMACY FOR SALE

Pharmacy for sale in central North Dakota. For more information contact the NDPhA office at 701-258-4968 or email ndpha@nodakpharmacy.net

Jayne Steig, PharmD RPh

DIABETES DSM PROGRAM UPDATE CERTIFICATION RENEWAL

It is time for the first renewal of diabetes care certification through NDPhA. The original certifications were issued in April 2008 and were for a 2 year period to coincide with Pharmacist licensure renewals. The Peer Review Committee established CE requirements for certification renewal. The requirements are for 3 diabetes-related CE credits every year of which at least 1 credit must be from a "live" event (can include webinars, IVN, etc). CE is not required for the first year after certification. So, everyone that completed the initial certificate course in April 2008 will need to renew their certification by March 1, 2010 (to coincide with Pharmacist licensure renewal) and will need to include proof of 3 diabetes-related CE credits. The form below can be completed and mailed or faxed to Frontier Pharmacy to renew your certification. In addition, an online application is available on the provider only section of the About the Patient website. Please contact Jayme Steig at Frontier Pharmacy with any questions. As always, thank you for your participation in the program and remember that it's about the patient!



Diabetes Care Certificate Renewal

Fax to 701-356-7458 or mail to:

Frontier Pharmacy
3306 Sheyenne St, Ste 218
West Fargo, ND 58078

Please complete this form and attach supporting documents or renew online at www.aboutthepatient.net

Name: _____

Address: _____

ND Pharmacist License: _____

Practice Location: _____

Diabetes Care Certificate Course Successfully Completed: _____

Date of Completion: _____

Please give a brief statement of your activities in this area over the past two years: _____

Include copies of 3 hours of continuing education which is dedicated to diabetes, 1 credit of which is from a "live" event.

Signature: _____ Date: _____

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Calling All Pharmacists!!



As many of you know, the ND Pharmacists Association (NDPhA) has begun recruiting members for 2010. We are encouraging you to join NDPhA as many of your colleagues have already done so.

Please fill out the application on the next page and send it back to NDPhA at the address listed. NDPhA only charges \$100 for a yearly membership. The cost for an annual membership is one of the lowest in the country! Again, it is only \$100 for a whole year's membership as a practicing pharmacist in ND.

For a complete listing of "member benefits" and more about NDPhA, please visit our website at www.nodakpharmacy.net. Your help is needed and being requested. Please join YOUR Association and help make the voice of pharmacy in ND heard loud and clear!

We ask all of you to talk to your colleagues and encourage them to join NDPhA. A Merry Christmas and a Happy New Year to All!

NDPhA Staff

Merry Christmas & Happy New Year
Mike & Lorri



Application for Membership In NDPhA

January 1-December 31, 2010

Full Name: _____

Home Address: _____

City, St, Zip: _____

Home Ph: _____

Business Name: _____

Business Address: _____

Business Ph: _____

Fax: _____

City, St, Zip: _____

Prefer Mail Go To: ☐ Business ☐ Home

Email: _____

Would you like to receive email updates from NDPhA?

☐ Yes ☐ No

Legislative District _____

ND License # _____ Year Graduated _____

Pharmacy School _____

Practice Setting

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Chain | <input type="checkbox"/> Manufacturer/Distributor |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Non-Pharmacy |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Independent | |
| <input type="checkbox"/> Owner | |
| <input type="checkbox"/> Employee | |

Academies

Select one:

☐ Community Practice Academy (CPA)

I am interested in an academy for:

- ☐ Health-system Practice Academy (HPA)
☐ Long-term Care/Consultant
☐ Nuclear
☐ Compounding
☐ Student
☐ Other _____

Membership Categories

- ☐ Active Member (ND Licensed Pharmacists) \$100
☐ Corporate Member (Having a business interest in Pharmacy) \$750
☐ Associate Member
(Spouse member, Out-of-State Pharmacist, Retired/Inactive) \$50
☐ Student Member Free of Charge

Optional Association Support

- ☐ Contribution to NDPhA Political Action Committee (PAC) (Cannot be Corporate Checks)
Amount _____
- ☐ Contribution to the Pharmacy Advancement Corporation (PhAC) NDSU Scholarship Fund (These funds are used entirely to provide scholarships to NDSU College of Pharmacy Students. Personal or Corporate Checks are accepted.)
Amount _____

Payment

Mail or Fax to:
NDPhA
1641 Capitol Way
Bismarck ND 58501-2195
Fax: 701-258-9312

- ☐ Check Enclosed Amount _____
- ☐ Charge my card this year only
- ☐ Automatically renew my membership annually by charging my card

Name on Card: _____

Type (check one): ☐ Visa ☐ MasterCard

Credit Card # _____

Expiration Date _____

CVV _____

(3 digit code on the back of card)

PLEASE MAKE A COPY FOR YOUR RECORDS AND MAIL OR FAX TO:
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Pharmacists Mutual is endorsed by the North Dakota Pharmacists Association (compensated endorsement).

Where & When

April 22-25, 2010

Grand International www.internationalinn.com

1505 North Broadway, Minot, ND 58703-0777

Events

Friday, Saturday and Sunday

- Continuing Education
- Exhibit Hall
- Students VS Faculty Jeopardy
- Ice Cream Social
- Phun Run/Walk
- President's Banquet
- Scholarship Auction

Hotel

Grand International

1505 North Broadway

Minot, ND 58703-0777

www.internationalinn.com

Save the date and help celebrate 125 years of Pharmacy in North Dakota.



Call For Nominations *2010 Award Nominations*

FAX TO: (701) 258-9312 OR EMAIL TO: NDPHA@NODAKPHARMACY.NET BY FEBRUARY 1, 2010

NOMINATIONS SHOULD BE SUBMITTED ALONG WITH BIOGRAPHICAL INFORMATION. THE FOLLOWING AWARDS WILL BE PRESENTED:

AWARDS NOMINATIONS CRITERIA

AL DOERR SERVICE AWARD

The recipient must: be a pharmacist licensed to practice in North Dakota, a member of the North Dakota Pharmacists Association, be living (not presented posthumously); not have been a previous recipient of the award; has compiled an outstanding record for community and pharmacy service.

Nominee: _____ Submitted by: _____

ELAN INNOVATIVE PHARMACY PRACTICE

The recipient should be a practicing pharmacist within North Dakota and a member of NDPhA who has demonstrated Innovative Pharmacy Practice resulting in improved patient care.

Nominee: _____ Submitted by: _____

PHARMACISTS MUTUAL DISTINGUISHED YOUNG PHARMACIST

The goal of this award is to encourage the newer pharmacists to participate in association and community activities. The award is presented annually to recognize one such person for involvement and dedication to the practice of pharmacy. The recipient must: have received his/her entry degree in pharmacy less than nine years ago; be a pharmacist licensed to practice in North Dakota; a member of the North Dakota Pharmacists Association, have practiced community, institutional, managed care or consulting pharmacy and who has actively participated in national pharmacy associations, professional programs, state association activities and/or community service.

Nominee: _____ Submitted by: _____

WYETH-AYERST BOWL OF HYGEIA

The recipient must: be a pharmacist licensed to practice in North Dakota; a member of the North Dakota Pharmacists Association, be living (not presented posthumously); not have been a previous recipient of the award; is not currently serving, nor has he/she served within the immediate past two years as an officer of the association in other than an ex-officio capacity or its awards committee; have compiled outstanding record of community service, which apart from his/her specific identification as a pharmacist, reflects well on the profession.

Nominee: _____ Submitted by: _____



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Presidents Report by Angela Buchanan

Merry Tech Christmas from the NDPT Board!



HOW TO

Register Utilizing Your Access Code

Below please find the instructions to register for the following continuing pharmacy education activities utilizing your access code:

- ✓ **Managing Drug Interactions with Warfarin**
- ✓ **Inappropriate Prescribing for Seniors: The Beers List & Beyond**
- ✓ **Opioid Analgesics: Myths and Facts**

To Register:

1. Go to www.TheCEInstitute.org and select **Pharmacy Quality** (left side)
2. Select the activity you wish to participate in. (to review the full activity information click "Details").
3. Click **Register and Log-In** (if this is your first time logging-in to the CEI site, you will need to set this up first under "New to CEI").
4. Select **Pharmacist registration** and click on **Register**. (it will list a \$ amount, but you will not be required to pay this)
5. On the Transition Page, scroll down to "Pay With An Access Code" and type the access code you were provided (case sensitive) and click **Continue**.
6. You will receive a "Thank You for Your Transaction" message. If you wish to start the activity right away, select **"Click Here to Go to Activity"**. You will automatically be forwarded to your Portfolio. Scroll down to "My CEI Activities" and click **the activity title**.

If you wish to start your activity at another time, go to www.TheCEInstitute.org; Log-In; and proceed to your Portfolio. Scroll down to "My CEI Activities" and click on the activity title.

If you have any questions, please contact Cindy Smith at csmith@iarx.org or 515-270-2979.

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In-store execution
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recognition

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recognition

Please contact:
Lynn Swedberg
701.371.3849
lynn.swedberg@mckesson.com



NDSU

College of Pharmacy, Nursing, and Allied Sciences



Current Facts About the *College of Pharmacy, Nursing, and Allied Sciences*

Degrees offered by the College include: six year entry level Pharm.D.; BS, MS, & Ph.D. in pharmaceutical sciences; BS, MS, & DNP in nursing, and BS degrees in respiratory care, clinical laboratory science, and radiologic sciences. The College also provides opportunities for students to earn combined degrees in Pharm.D./MBA and Pharm.D./Ph.D. A Master of Public Health (M.P.H.) degree is currently in its final stages of approval at NDSU. The College currently employs 87 employees including 29 staff and 57 full-time and part-time faculty (29 in Pharmacy Practice, 11 in Pharmaceutical Sciences, 16 in the Nursing Program, and 2 in Allied Sciences).

Over the past ten years, the total student enrollment in the College has grown from approximately 650 students to its current enrollment (pre-professional, professional, and graduate programs) of 1,759 students (770 pharmacy, 552 nursing, 366 allied sciences, 71 graduate). The College admits approximately 55-60 students per year in the nursing professional program and between 80-85 students per year in the pharmacy professional program. Over the past three years, approximately 67% of pharmacy students (82% ND residents) applying to the NDSU's professional program have been admitted, compared to 20-25% for other pharmacy schools in the region. About 50% of nursing applicants are admitted to the nursing program. Approximately 65% of students in the pharmacy professional program and 95% of students in the nursing program are women. On the average, between 25-35% of pharmacy graduates and 70% of nursing graduates each year stay in North Dakota to practice in their respective disciplines. Based on an annual survey of graduates, the average salary of NDSU graduates is \$100,000 for pharmacy, \$57,000 for nursing, and \$48,000 for allied sciences. Based on 2009-2010 rates, students attending NDSU currently pay \$11,858/year (pharmacy students), \$7,010/year (nursing students), \$6,410/year (allied sciences students) in tuition and fees

for the professional programs. NDSU remains one of the best values in the United States for degrees in the health sciences compared to its peers.

The College has a highly competitive research program with its basic science researchers obtaining major federally funded grants from a variety of sources including past funding from NIH, DOD, EPA, NSF, and EPSCoR. The American Association of Colleges of Pharmacy released the 2008 national rankings for NIH funding for pharmacy schools, and out of 115 schools of pharmacy, NDSU's Department of Pharmaceutical Sciences ranked 13th in the United States for the percent of Ph.D. research faculty with NIH funding (42%). Its researchers are also collaborating with other departments on campus as Co-PI's on a \$10.5 million NIH – COBRE grant, and are also part of a \$16.3 million NIH – INBRE grant. In 2008, the College was awarded \$2.0 million from State of North Dakota to establish a Center of Excellence (Center for Biopharmaceutical Research and Production – CBRP) to work with local private sector businesses to develop new target vaccines and other biopharmaceuticals for commercialization.

The College contributes to cultural diversity on campus and offers a Native American Pharmacy Program (NAPP) and Multicultural Affairs in Pharmacy Program (MAP). The College owns the Family Health Center Pharmacy in Fargo which serves a very culturally diverse population of uninsured and underinsured clients including many minority and underrepresented groups including refugees from third world war torn countries. The College has built a major teaching program at FHCP including placement of faculty and students. The College also provides pharmacy services to the NDSU Athletics/Sports Medicine program and to the NDSU Student Health Service. Last year, College faculty and students provided flu shots to more than 130 NDSU student athletes.



ISMP Medication Safety Alert!®

E-mail: ismpinfo@ismp.org
Hotline: 1 800 FAIL SAF(E)

Community/Ambulatory Care Edition

Volume 8, Issue 11 ■ November 2009

Maximizing the Value of Barcode Scanning in Community Pharmacies

Barcode scanning of medication containers during the dispensing process is one way patient safety can be improved by information technology. It serves as an automated double-check to verify that the drug product and strength selected from storage matches what has been entered into the patient's profile in the pharmacy computer system. When fully and properly implemented and used, barcode scanning will not permit the dispensing process to continue if a match does not occur. When used together with computerized patient information systems, barcode technology can prevent many medication errors, including dispensing the wrong drug, strength, or dosage form.

The biggest barriers to maximizing the usefulness of many technologies are system problems that exist in the medication-use process. These problems encourage staff to work around the technology's safety features or to use the technology in a way in which it is not intended. For example, staff at one community pharmacy was using a sheet of barcodes prepared from the barcodes printed on the bulk cartons of frequently dispensed unit-of-use products (e.g., various oral contraceptive products). This was done because the barcodes on the unit-of-use packages were not recognized by the system. In another pharmacy, software required scanning of individual **LOVENOX** (enoxaparin) syringes. Since 15 syringes were being dispensed, the system required 15 scans, but the pharmacy staff worked around this by scanning one syringe 15 times! If syringes of the wrong strength had been mixed in, they would not have been identified. Both of these workarounds could have resulted in medication errors, despite the "use" of barcode technology, because the actual products were not being scanned.

Even barcode scanning cannot prevent all medication errors. If the wrong medication is prescribed, the wrong patient is selected, or the wrong strength is entered into the system then these errors will not be captured by the system.

SAFE PRACTICE RECOMMENDATIONS: When using barcode scanning, ensure that it is used consistently and as intended each time a medication is dispensed, including refills and

Cont'd on page 12

Safety Briefs

■ **Communicate the existence of peel back labels on OTC medications to patients.** There is evidence that some patients (and some health professionals) may not recognize that the drug facts, including full ingredients and strengths, for over-the-counter (OTC) products may be on a peel back label adhering to the bottle. Following a fall, a patient received a prescription for a **HYDRO**codone product. Along with it he was advised to purchase **MIRALAX** (polyethylene glycol 350) in case constipation developed. When the



Figure 1. Label peels to expose drug facts.

patient went home he called his son, a pharmacist, to ask how to use the Miralax. He told his son that he couldn't find any directions on the product label. The pharmacist decided to go to a local pharmacy to see for himself, and then call his dad with the instructions.

However, the son was also unable to immediately find any directions. It turned out that the drug facts for the product are underneath a label overlay that must be peeled back to expose the information. There is a small icon and the words "peel here" in the far upper right hand corner, about 180 degrees opposite the front label panel (see Figure 1). This is not the first time that patients failed to recognize the need to peel back the label for the drug facts and ISMP has mentioned this to FDA. We encourage manufacturers to prominently display the need to peel back the label; there is room on the front label panel for a statement about the location of this important information. We also recommend that full active ingredients along with strengths be prominent on the product front label since peel back labels are more easily separated from the container. We hope that OTC manufacturers will examine this issue, perhaps developing educational tools for display where OTCs are sold.

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Barcode Scanning *Cont'd from page 11*

owed quantities. Other ways you can maximize safety when using barcode scanning systems include:

- Always scan the barcode printed from the pharmacy computer system and the barcode on the medication product being dispensed. Avoid verifying product selection by typing the NDC number from the patient's label or the computer screen as this undermines the system safeguards. If you must type the NDC number because the barcode won't scan, type it from the medication product.
- During order entry, either type the drug name and strength or use the computer system's drug look-up feature. Do not first retrieve the product from storage and scan the barcode as a way of entering the drug; if the wrong product is selected from storage, there will be no opportunity to catch the error later in the dispensing process by scanning the barcode.
- When more than one stock bottle is needed for a specific drug quantity, scan each stock bottle.
- If more than one container will be dispensed, ensure that each one has a pharmacy-generated label. Scan each medication product for verification. For example, dispensing 3 albuterol inhalers should require 3 individual computer-generated labels and the scanning of each albuterol inhaler package barcode.
- Invest in barcode scanners that can read at least 90 percent of barcodes and all symbology used by pharmaceutical manufacturers. Notify the manufacturer and ISMP if product labels do not scan.
- Review system reports on overrides of the scanning to discover problems in workflow and make necessary changes. This also can help identify issues with specific products (e.g., the barcode is not readable or is bent around the curvature of the bottle making it difficult to scan).
- Never bypass the barcode scan in the interest of delivering the prescription more quickly. Correcting a misfilled prescription after it reaches the patient and later returned to the pharmacy is more labor intensive and decreases trust. Most importantly the error could have resulted in harm to the patient.
- If a mismatched scan is identified, investigate the cause. Sometimes the generic manufacturer may have changed since the last refill or portions of the NDC number may be correct except for the last two numbers which represent the product size. Correct the patient's label with the NDC of the medication actually being dispensed. In all circumstances, the best practice is to void and reprocess the prescription with the correct NDC that can be scanned for verification.

Safety Briefs *Cont'd from page 11*

■ **New brand-name extensions.** "Brand-name extension" is a term used to describe the reuse of a well-known proprietary name to introduce a new product that may contain an active ingredient different from the active ingredient in the original product. Brand-name extension products have been associated with patient and practitioner confusion about the product's ingredients, strength, and concentration. This confusion has led to medication errors in which the wrong product or dose was administered or the product was used when contraindicated. We were disappointed to recently learn about new over-the-counter eye medications that have been marketed, neither of which contain the well-known antihistamine drugs normally associated with their brand names. **CLARITIN EYE** (Schering) does not contain loratadine, and **ZYRTEC ITCHY EYE DROPS** (McNeil) does not contain cetirizine. Instead, they each contain another antihistamine, ketotifen fumarate. These brand names are misleading and can cause confusion when treating side effects or accidental ingestion of these products. In terms of potential medication errors with these eye products, we are



concerned that this could lead to the use of the product in a patient population that should not use it. For instance, one notable difference is that ketotifen is

assigned pregnancy category C, while loratadine and cetirizine are assigned pregnancy category B. An analysis of medication errors involving brand-name extension products has also identified that similar trade dress and storage of these products in pharmacies by brand name rather than therapeutic indication provide visual cues that reinforce this false expectation. It increases the risk for a consumer to mistakenly believe that products that share a common proprietary name contain the same active ingredients. We understand why companies want to capitalize on well-known product names, but marketing considerations should never trump patient safety. Brand-name extensions should not be allowed unless at least one ingredient from the original product is the main active ingredient present in the new or modified

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Always Investigate Patient Questions and Be Prepared to Respond to an Error

When patients report medication errors to ISMP, they are usually more upset about the response, or lack of response, they receive from the pharmacist or pharmacy management than with the actual error itself. All too often, pharmacists, technicians, and management (including corporate) have not been educated or prepared on how to respond to an error. The following occurred in an event we reported in our August 2007 issue. A pharmacist incorrectly dispensed **ZYRTEC** (cetirizine), an antihistamine, instead of the antifungal **LAMISIL** (terbinafine). When the patient brought the possibility of an error to the pharmacist's attention prior to leaving the store, the pharmacist did not investigate the situation and responded "I would not have filled it if it wasn't correct." This, or something similar, is often the response patients receive when they question that the medication may 'look different.' The patient later took the wrong drug!

Patients are looking for open and honest communication from their healthcare providers on questions about their medications or when an actual error may have occurred. In fact, the attention and concern demonstrated to the patient and family through the admission of an error may, at least to some extent, mitigate the legal consequences of the error. As patients are continually encouraged to be more active in their care and serve as a final check at the pharmacy, it is critical that pharmacy staff prepare for the inevitable occurrence of a medication error.

SAFE PRACTICE RECOMMENDATIONS: Every pharmacy should have written policies and procedures for handling medication errors, and more importantly, these procedures need to be seen, read, and understood by every member of the pharmacy team. The policies and procedures need to be reviewed regularly for appropriateness to the specific workplace and updated to reflect changes in workflow and additions of technology. They should contain guidance about what to say and do as well as what not to say or do. General principles to have in written procedures regarding how to respond to an error include:

- Define staff roles in response to a possible or actual medication error, including a description of how staff should respond to a patient's questions about what she may assume is an error in dispensing. Also define how management should respond and investigate the cause of an error.

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Safety Briefs *Cont'd from page 12*

product. This incident offers more supporting evidence for regulatory changes that would provide FDA the opportunity to assure drug name safety for all marketed drug products.

■ **From the database.** The confused drug name pairs that were reported to the ISMP Medication Errors Reporting Program (MERP) from May through October 2009 are listed in Table 1. Many of these pairs have been reported previously, but we continue to receive reports of their involvement in errors. We want to inform you of these so you may evaluate the measures you have in place to protect against possible mix-ups.

Table 1. Confused drug names reported to the MERP from May through October 2009

amantadine	amiodarone
captopril	carvedilol
cetirizine	sertraline
Depakote ER (divalproex sodium extended release)	Depakote (divalproex delayed release)
Depo-Medrol (methylPREDNISolone acetate)	Solu-MEDROL (methylPREDNISolone sodium succinate)
Foradil (formoterol)	Fortical (calcitonin)
gliPiZIDE	glyBURIDE
Janumet (sitaGLIPTin and metFORMIN)	Sinemet (carbidopa and levodopa)
Kapidex (dexlansoprazole)	Casodex (bicalutamide)
Kapidex (dexlansoprazole)	Capex (fluocinolone acetonide)
Kapidex (dexlansoprazole)	Capadex (acetaminophen and propoxyphene) [NZ and Aust]
Kapidex (dexlansoprazole)	Kadian (morphine sulfate extended release)
ketorolac	methadone
Lariam (mefloquine)	Levaquin (levofloxacin)
Mucinex D (guaifENesin and pseudoephedrine)	Mucinex DM (guaifENesin and dextromethorphan)
naloxone	Lanoxin (digoxin)
NovoLOG (insulin aspart [rDNA origin])	NovoLIN N (NPH human insulin isophane [rDNA origin])
oxyCODONE	OxyCONTIN (oxyCODONE extended release)
pemetrexed (Alimta)	pralatrexate (Folotylin)
Provera (medroxyPROGESTERone)	Prozac (FLUoxetine)
Renagel (sevelamer)	Renvela (sevelamer)
SEROquel (QUETiapine)	SEROquel XR (QUETiapine extended release)
Valcyte (valganciclovir)	Valtrex (valacyclovir)
Vesanoid (tretinoin)	Vesicare (solifenacin)

ISMP Medication Safety Alert

Respond to an Error Cont'd from page 13

- Have a written policy on disclosure that is agreed upon and followed by management and staff.
- Define when others (e.g., prescriber) should be notified of an error.
- Respond to the report immediately with concern. Assure the patient reporting a potential or actual error that it is important and a priority.
- Remedy the immediate situation with truth and honesty. Be direct and open with the patient reporting the error.
- Consider teaching everyone who is involved in responding to an error to use statements such as: *"Please let me explain what we believe happened and how we plan to fix it"* or *"At this point I cannot answer how this happened but I promise you I will look into it and get back to you."*
- Document and report the event and response. Some specific actions to consider include: 1) document the date, time, and specifics of the event, 2) report the event using the pharmacy's internal reporting system, 3) notify supervisors, risk management, and the prescriber when necessary, 4) make a note in the patient's profile so that staff is aware, especially when the patient returns to the pharmacy, and 5) report the event confidentially to ISMP, when appropriate, to warn others outside of the organization of a possible error that may have been prevented.
- Follow up and alert staff to the situation. Share and discuss event details, possible contributing factors, temporary and subsequent prevention strategies, and procedural changes.
- Support staff involved in the incident. Offer those involved with the error access to employee assistance programs.
- Practice and role play possible scenarios using the established guidelines. Discuss how you might respond to the following incidents: 1) a patient returns to the pharmacy counter, with a torn bag and open vial, after just paying for his prescription, and says, "This does not look like what I got last month!" and 2) while counseling a patient on their warfarin dose change, you discover that the strength on the label and the tablets in the vial don't match.

HealthAlerts ▲▲▲▲



The FDA has updated its recommendations on the disposal of certain medications. While most medications can be thrown away in the trash after mixing them with an unpalatable substance (e.g., coffee grounds) and sealing them in a container, FDA recommends that a small number of products be flushed (see Table 2). These medications can be harmful or fatal in a single dose when used by someone other than the person for whom the medication has been prescribed. FDA advises that flushing these medications down the sink or toilet is currently the best way to remove the risk of harm from the home.

Table 2. Medications recommended for disposal by flushing

Actiq (fentaNYL)	methadone *
Avinza (morphine)	Methadose (methadone) *
Daytrana (methylphenidate)	morphine sulfate *
Demerol (meperidine) *	MS Contin (morphine) *
Diastat (diazepam)	Onsolis (fentaNYL)
Dilaudid (HYDROMORPHONE) *	Opana, Opana ER (oxymorphone)
Dolphine (methadone) *	Oramorph SR (morphine)
Duragesic (fentaNYL) *	OxyCONTIN (oxyCODONE) *
Embeda (morphine and naltrexone)	Percocet (oxyCODONE and acetaminophen) *
Fentora (fentaNYL)	Percodan (oxyCODONE and aspirin) *
Kadian (morphine)	Xyrem (oxybate)

*These medicines have generic versions available or are only available in generic formulations.

FDA is aware of reports that have noted trace amounts of medications in the water system. The majority of medication found in the water system is a result of drug elimination from the body. According to FDA, no evidence has been found of harmful effects to humans from medications in the environment. FDA believes the risk of harm from accidental use of the medications on this list outweighs any potential risk to the environment from flushing. Visit www.ismp.org/sc?k=fda186187 for more information.

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ISMP is a Federally Certified Patient Safety Organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also an FDA MEDWATCH partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program (MERP) or report online at www.ismp.org. Unless noted, published errors were received through the MERP. ISMP guarantees confidentiality and security of information received and respects reporters' wishes as to the level of detail included in publications. Editors: Michael J. Gaunt, PharmD; Michael R. Cohen, RPh, MS, ScD; Judy Smetzer, RN, BSN. Reviewers: ISMP staff and Tabitha Carreon, PharmD, RPh; Eddie Dunn, PharmD; Richard A. Feifer, MD; Alan S. Fox, RPh; Stan Illich, RPh, MHA; Patrick McDonnell, PharmD; Mark Nolan, RPh; Andrew Seger, PharmD; Kelly J. Stanforth, PharmD, FISMP; Kimberly Tallian, PharmD, FCSHP, FASHP; Chuck Young, RPh, CFE. Institute for Safe Medication Practices, 200 Lakeside Drive, Suite 200, Horsham, PA 19044. Tel: 215-947-7797; Fax: 215-914-1492; EMAIL: community@ismp.org. This is a peer-reviewed publication.

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Fellowship Description: Because of the Institute's years of experience and solid reputation within the medication safety field, the ISMP Safe Medication Management Fellowship offers an experienced healthcare provider an unparalleled opportunity to learn from and work with some of the nation's experts in medication safety. Now in its 18th year, the Fellowship allows the candidate to work collaboratively with practitioners in every kind of healthcare setting in developing and implementing interdisciplinary medication error-prevention strategies. The Fellow also works on broad-based communication about medication errors and their prevention, and education initiatives that reach healthcare professionals and the public with crucial information. Graduates of the program have been sought for employment in medication safety positions in healthcare systems, regulatory agencies, the pharmaceutical industry, and ISMP.

Fellowship Opportunities: As part of his/her year at ISMP, the Safe Medication Management Fellow:

- Gains valuable experience through site visits to various healthcare delivery settings and extensive networking within the nation's pharmaceutical, healthcare, and legislative and regulatory communities
- Assists in investigating medication errors reported to national and state error-reporting programs
- Helps provide follow-up to product manufacturers and regulatory authorities after learning about medication safety hazards
- Gains exposure to medication-system problems and error-prevention program development in countries around the globe
- Participates in original research and surveys on medication errors and prevention
- Learns and applies the techniques of failure mode and effects analysis while assisting Med-ERRS, a subsidiary of ISMP, in evaluating new medical products for safety
- Develops verbal and writing skills while collaborating with ISMP staff on educational events and publication of newsletters and journal columns.

Candidate Qualifications and Compensation: Pharmacists and physicians who have completed a residency program, and nurses with risk management, quality improvement, or patient safety experience may apply. A generous stipend, 2 weeks vacation, and full health benefits are provided.

How to Apply: Information and application can be found at: www.ismp.org/profdevelopment/managementfellowship.asp. Applications can also be requested by calling 215-947-7797 or via fellowship@ismp.org. All applications must be received by **January 31, 2010**.

PROSPECTIVE FELLOWS:

Please join us on **December 11, 2009**, at 1:00 p.m. ET for a special, live conference call about the Fellowship program. Current and past Fellows will describe their experiences during their Fellowship as well as their post-Fellowship careers. They will also be available to answer any questions you may have about the Fellowship. To attend, please send an email to Rebecca Lamis, the current ISMP Fellow, at: ismpinfo@ismp.org.



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