



# GAYCO TABLET



GAYCO HEALTHCARE | A LONG-TERM CARE PHARMACY

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## Insulin Pen Information

by: Luwana Walton, RN

### F441 Infection Control

- Insulin Pens containing multiple doses of insulin are issued for the resident prescribed only, even when the needle is changed, and clearly labeled with the resident's name or other identifiers to verify correct use.

### F431 Storage of Drugs

When multiple Insulin Pens are dispensed to one resident, it is important to identify which Insulin Pen is in use. This can be achieved by labeling the in use Insulin Pen "in use" on that Pen with a sharpie.

Gayco dispenses Insulin Pens with a small sticker with the resident's name on it, this sticker does not substitute for an Rx label. Insulin Pens must remain with their Rx label.

When Insulin Pens are dispensed from the pharmacy, the Gayco Policy and Procedure for Insulin Storage and Expiration Date applies for the Insulin Pens also.

### Medication Storage in the Facility

#### Policy:

All Insulin will be stored according to manufacturer's recommendations which states:

In use vials/pens of insulin may be stored at room temperature. Vial/pens of insulin will be considered in use once dispensed from the pharmacy. The pharmacy will calculate the expiration date of the product based on manufacturer's recommendations for storage at room temperature.

#### Procedure:

1. When Insulin Pens/vials are received from the pharmacy they will be placed in the medication cart.
2. If there is an Insulin Pen/vial currently in use, it will be removed from the medication cart immediately when expired.
3. New Insulin Pen/vials will be ordered in advance of the current Insulin Pen/vial expiration on the pharmacy label.
4. The expiration date on the pharmacy label will always dictate the discard date of the Insulin Pen/vial.



## SCHEDULE II MEDICATIONS IN EMERGENCY KIT

It is required that a nurse must have a valid written prescription before removing a controlled medication from the emergency kit. The emergency kit is to be used for "first dose" and emergency only.

### Dispensing of Schedule II medications from emergency kit

- A Schedule II drug will only be obtained from the emergency kit after receiving a valid written prescription, signed by the practitioner, unless an exception applies (See **Emergency Schedule II medications** below).
- The written prescription will be prepared by the practitioner or the practitioner's secretary or nurse agent, to include:
  - Full name, address of patient.
  - Drug name, strength, dosage form, quantity prescribed and directions for use.
  - Name, address and registration number of the practitioner.
  - Practitioner's signature.
  - Dated and signed on the date issued.
- The signed prescription may then be faxed to the pharmacy by the practitioner's agent and the medication removed from the emergency kit.

*See page 3, Schedule II Meds/EKit*

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## Zinc Deficiency – A significant concern in the elderly

by Tom Jeter, BS Pharm., R.Ph.

### Introduction

A new study from Oregon State University's Linus Pauling Institute and College of Public Health and Human Sciences suggests that zinc deficiency in the elderly may cause them to be at greater risk of producing serious health conditions. Zinc Deficiency has been associated with immune system decline and increased inflammation associated with many health problems, including cancer, heart disease, autoimmune disease, and diabetes. The study revealed that most elderly tend to consume less zinc and the absorption may be hindered by what they do consume.

"The elderly are the fastest growing population in the US and are highly vulnerable to zinc deficiency," says Emily Ho, PhD, a principal investigator with the Linus Pauling Institute and an associate professor in Oregon State's School of Biological and Population Health Sciences. "They don't consume enough of this nutrient and don't absorb it very well," Ho explains. While some inflammation is a normal part of immune defense, excessive inflammation has been associated with various degenerative diseases from cancer to heart disease.

### What is Zinc?

Zinc is a metal just like copper and iron, and its pure form has a metallic color, somewhat resembling lead. Zinc is used by so many proteins contained in the cells that it is impossible to find a living organism without zinc. Our body contains about two to three grams of zinc distributed in all organs, tissues, fluids and secretions. Our cells require zinc for the proper function of more than 300 proteins involved in a multitude of biochemical reactions, which sustain particularly our immune system, neuronal activity normal growth and development during pregnancy, childhood, and adolescence. In addition, zinc is necessary for wound healing and helps maintain your sense of taste and smell.

### What happens when the body is insufficient?

When deficient adverse events can include immune dysfunction, increased incidence of infections, decreased testosterone production, anorexia, hair loss, diarrhea, impotence, eye and skin lesions, loss of appetite, weight loss, delayed healing of wounds, taste abnormalities, tinnitus, imbalance and hearing loss, decline in cognitive and motor function, mental lethargy, and many psychological disorders.

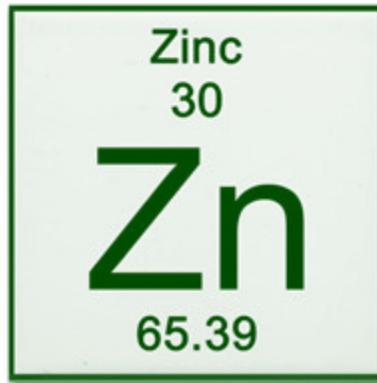
### Why are the elderly at greater risk?

The elderly are at high risk for zinc deficiency because zinc

intake in many of the elderly may be suboptimal, due to inadequate ability to chew and the inability to absorb what is consumed. The absorption of zinc in the elderly can also be caused by age related diseases and the concomitant use of certain drugs.

### What medications affect the absorption of zinc?

Drugs that treat acid reflux or heartburn (i.e. Prilosec or Zantac), raise the pH environment of the upper GI tract, which reduce the absorption of zinc and other minerals. This is especially problematic among the elderly, who often are already low in stomach acid. Some drugs deplete zinc by speeding up the metabolic rate. These drugs include antibiotics (including penicillin and gentamicin) and steroids, such as prednisone, and the gout medication, colchicine. Drugs also can increase the loss of zinc through the urinary system. Any drug that does this can drain the body's levels of water-soluble nutrients, including B vitamins and minerals, such as magnesium, potassium, and zinc. The major offenders are medications to treat hypertension, particularly the diuretics that reduce blood pressure by increasing the volume of water flushed out of the body.



### Combating Deficiency

Identifying zinc deficiency is difficult, and there is no good test for it. When blood zinc levels are checked they are not reliable or sensitive enough to detect a true deficiency. For the elder patients to combat the loss of zinc is recommended that they consume more of it—specifically 11 mg/day for men and 8 mg/day for women. Lean meats and seafood are good sources, and oysters have the highest level of zinc from food. Grains and other protein-rich plant sources like beans and legumes also have quite a bit of zinc. But if you are only consuming a plant-based diet, many of these foods also contain a compound that binds up zinc, so you don't absorb it well and would have to eat even more. For older patients who don't eat a lot of meat and are at risk of not consuming enough zinc, a multivitamin containing zinc may be warranted, as long as patients are staying below the upper level recommendation of zinc, which is 50 mg/ per day.

### References:

[http://www.todaysgeriatricmedicine.com/news/ex\\_013113.shtml](http://www.todaysgeriatricmedicine.com/news/ex_013113.shtml)

<http://nutritionreview.org/2013/04/practical-guide-avoiding-drug-induced-nutrient-depletion/>

[http://www.zincage.org/general\\_information.htm](http://www.zincage.org/general_information.htm)

Zinc for tinnitus, imbalance, and hearing loss in the elderly: Shambaugh GE - *Am J Otol*. 1986 Nov;7(6):476-7.



## Is Your Documentation Complete?

by: Sandra Couch, RN, NHA

Under Tag 329 Unnecessary Drugs, the guidance to the surveyor states:

- The medication regimen helps promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being, as identified by the resident and /or representative in collaboration with the attending physician and facility staff;
- Each resident receives only those medications in doses and for the duration clinically indicated to treat the resident's assessed condition(s);
- Non-pharmacological interventions (such as behavioral interventions) are considered and used when indicated, instead of or in addition to medication;
- Clinically significant adverse consequences are minimized;
- The potential contribution of the medication regimen to an unanticipated decline or newly emerging or worsening symptom is recognized and evaluated, and the regimen is modified when appropriate.

In the guidance to the surveyor, nursing interventions to address unwanted or inappropriate behaviors has always been part of the regulation guidance. However, how do nurses know

what interventions are listed in a care plan? Are they attempting the nursing interventions before giving the medication?

It appears the facility should look carefully at the Resident Care Plan and be sure that there are specific measureable nursing/behavioral interventions listed to manage resident inappropriate un-wanted behaviors. There should be a specific time frame mentioned for review of effectiveness of those interventions. The facility will need to make sure that the nurse knows the interventions and can prove the nurse attempted the interventions. In my opinion this means documentation with eMARs. Do nurses have the ability to review and document nursing interventions before giving a PRN psychotropic medication?

Also, this same format should be used before a routine psychotropic medication is added to the resident's medication profile. No longer, it appears, will documenting the unwanted/ inappropriate behavior of the resident be considered sufficient reason for using psychotropic medications.

Please review the facility's process of care planning and documenting resident's unwanted/inappropriate behaviors and interventions before a psychotropic medication is added to the resident's profile and/or a PRN psychotropic medication is administered.

### Schedule II Meds/EKits

*continued from page 1*

- A copy of the prescription will be retained in the resident's medical record.

#### Emergency Schedule II medications

In order for emergency Schedule II medications (without a written prescription) to be pulled from the emergency kit **ALL** of the following criteria **MUST** be met:

- Immediate administration of the controlled drug is necessary for proper treatment of the resident.
- No appropriate alternative treatment is available, including administration of a drug which is not a controlled substance.
- It is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person removing medication from the emergency kit.

The quantity to be pulled will be limited to the amount adequate to treat the patient during the emergency period. For all emergency verbal prescriptions, the prescriber will call the emergency verbal prescription in to a Gayco Healthcare pharmacist (1-800-575-3160) or, if outside regular hours the physician may call Gayco Healthcare and leave a voicemail (1-800-575-3160) with the verbal prescription, so the first dose(s) may be removed from emergency box and/or if the remaining doses are okay to send with the next regular delivery. Also, if outside the regular hours and medication is not available in the emergency kit, call emergency after hour's pharmacist (1-866-459-2382) and give verbal prescription to after hour's pharmacist. The prescriber must then deliver a valid written prescription for the medication to the pharmacy within seven days. The written prescription must state, the date of the order and have written on the face of the prescription "Authorization for Emergency Dispensing".



## FACILITY SPOTLIGHT

Congratulations to **Miona Geriatric and Dementia Center, The Oaks Nursing Home, and Eastview Nursing Home** for being deficiency free!



U.S. News & World Report named **Effingham County Extended Care Facility** one of the Best Nursing Homes in Georgia, 2015.



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