

## Streamline Med Profiles for Patients in Isolation

**COVID-19 will put focus on streamlining med administration...**to reduce nursing exposure and save personal protective equipment.

**Hold nonessential meds.** This may reduce med passes...and possibly the use of home meds, which could be contaminated.

Create or expand a policy to automatically hold certain meds on admission. Consider including meds such as bisphosphonates, overactive bladder meds, SGLT2 inhibitors...plus vitamins and supplements.

Review profiles for other possibilities. For example, evaluate whether you can delay a weekly med until after discharge.

Standardize processes so benefits will last beyond COVID-19.

**Simplify administration times.** Identify which meds on your patient's profile are most frequently given, such as Q8 hours.

Line up administration times for these meds with nursing assessments...then "cluster" other meds with these times.

If needed, ask admin to help standardize across the hospital.

**Identify other ways to ease workloads.** Look for meds that can be given less frequently...such as once-daily enoxaparin for VTE prophylaxis instead of subcutaneous heparin BID or TID.

Deprescribe when possible. For example, assess correction insulin doses and fingersticks. It may be reasonable to stop these in some cases, such as a patient requiring just a few units per day.

Evaluate whether you can adjust timing of drug levels (vancomycin, etc) to coincide with standard lab draw times.

If continuous infusions frequently require new bags, consider volume or concentration increases. Ensure changes match your policy and are included in your smart pump. Notify nursing about revisions.

Continue to be proactive with IV to PO interchanges...to reduce pump alerts requiring a response.

Consider ways to extend these streamlining efforts long-term...such as for patients with *C. diff* or MRSA. For example, work with your IT team to create an alert to identify isolation patients.

Bookmark our newly updated chart, *Considerations for IV-to-PO Conversions*, for a quick reference.

### Key References:

-J Am Coll Clin Pharm Published online Mar 30, 2020; doi:10.1002/jac5.1231

-Diabetes Care 2020;43(Suppl 1):S193-S202

-Geriatr Gerontol Int 2017;17(11):2200-7

-[https://cdn.ymaws.com/www.ascp.com/resource/resmgr/docs/disaster/field\\_guide\\_to\\_reduce\\_medica.pdf](https://cdn.ymaws.com/www.ascp.com/resource/resmgr/docs/disaster/field_guide_to_reduce_medica.pdf) (5-1-20)

Hospital Pharmacist's Letter. May 2020, No. 360519

Cite this document as follows: Article, Streamline Med Profiles for Patients in Isolation, Hospital Pharmacist's Letter, May 2020

The content of this article is provided for educational and informational purposes only, and is not a substitute for the advice, opinion or diagnosis of a trained medical professional. If your organization is interested in an enterprise subscription, email [sales@trchealthcare.com](mailto:sales@trchealthcare.com).

© 2020 Therapeutic Research Center (TRC). TRC and Hospital Pharmacist's Letter and the associated logo(s) are trademarks of Therapeutic Research Center. All Rights Reserved. | 3120 W. March Lane, Stockton, CA, 95219 | (209) 472-2240