

Help Reduce Exposure When Patients Are in Isolation

Your pharmacy team can help **limit trips into patient rooms to reduce exposure to COVID-19, C. diff, MRSA, etc.**

Be prepared to assist with strategies used for streamlining med regimens and simplifying med administration times.

Anticipate that nonessential meds (antihistamines, osteoporosis meds, supplements, etc) will be held.

This can reduce the number of meds that have to be given...and help avoid handling patients' home meds, which could be contaminated.

Look for more patients to get once-daily meds...such as enoxaparin Q24H, instead of heparin Q12H or Q8H, to prevent clots.

If needed, increase par levels of these in automated dispensing cabinets to prevent stock outs.

Expect pharmacists to identify which of a patient's meds is given most frequently...such as a Q8H med scheduled for 06:00, 14:00, and 22:00...then "cluster" other meds to be given at these times.

And don't be surprised if meds usually scheduled for specific times are given differently if they're clustered with other meds.

For example, levothyroxine may not be given before breakfast...or warfarin with evening meals.

Deliver missing doses promptly to prevent extra trips into a patient's room...or delays for other meds if nurses wait for the one that's missing.

Continue to refer questions about changing med administration times to a pharmacist. They can help determine the best dosing schedule.

Consider more ways to keep colleagues out of patient rooms.

For instance, alert the pharmacist if IV drips can be prepped in larger volumes or higher concentrations...and about possible IV-to-PO switches...to reduce pump alerts that require a response.

Get our updated chart, *Considerations for IV-to-PO Conversions*, for help with spotting these.

Key References:

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