2. ANTIBIOTIC REMINDER ON MEDICATION ADMINISTRATION RECORD (MAR) FOR HEMODIALYSIS PATIENTS

A. IV Antibiotics for Treatment (inpatients)
For IV antibiotics given post-hemodialysis (HD) only (e.g. vancomycin, cephalosporins, aminoglycosides), a new “antibiotic dialysis reminder” entry has been added to the MAR at 0800H each day. This will alert nurses to check whether a patient is due for IV antibiotics that are given post-dialysis.

For patients with a set dialysis schedule, the IV antibiotic should be available on the ward on the scheduled dialysis days. For patients with variable dialysis schedules, this reminder should prompt nurses to check if IV antibiotics are needed post-HD. Pharmacy should be contacted if the antibiotic is not on the ward.

B. PO Antibiotics for Prophylaxis (inpatients)
Prophylactic antibiotics ordered as “PO 3 times/week after dialysis” (e.g. cotrimoxazole, valgancyclovir) will not have an “antibiotic dialysis reminder” added to the MAR.

• if the patient has a regular HD schedule, the MAR frequency will match dialysis days.
• if the patient has a new HD schedule, the MAR frequency will match the new dialysis days.
• if the dialysis days are unknown or irregular, the frequency will be entered as “Mon, Wed, Fri” to be given at 2200H, irrespective of when dialysis occurs. This is to ensure that the prophylactic antibiotic is never missed.

Changes to Formulary

Additions
Clinicians should review medication information prior to administering any unfamiliar medication. Resources include: VCH PDTM, Lexicomp®, or UpToDate®.

1. Diazoxide 100 mg caps (Proglycem®)
   • This product is back on the Canadian market for the management of hyperinsulinemic hypoglycemia.

2. Lactobacillus rhamnosus GG 10 billion CFU caps (Culturelle Probiotics®)
   • Probiotic restricted to the treatment and prevention of antibiotic-associated diarrhea (not Clostridium difficile).

3. Vancomycin 125 mg and 250 mg caps
   • Antibiotic for first-line treatment of severe Clostridium difficile infection; oral solution remains available for tube administration.

Deletions

1. Pancuronium injection (Pavulon®)
   • Discontinued by manufacturer.

Drug & Policy Revisions

1. Escitalopram tablets (Cipralex®)
   • No longer a restricted drug.
3. PANCREATIC ENZYMES NEW LABELING

For all pancreatic enzymes, the amount of lipase, amylase and protease activities have been modified in the labeling, however, the actual enzyme content in the products remains identical. Thus, there has been no change to the Drug Identification Number (DIN) of the products listed below.

### Table 1. Revised Labeling for Pancreatic Enzymes

<table>
<thead>
<tr>
<th>Drug Old Name</th>
<th>New Name</th>
<th>Enzyme Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viokase 8</td>
<td>Viokace  10,440</td>
<td>Lipase: 10,440 USP units Amylase: 56,400 USP units Protease: 57,100 USP units</td>
</tr>
<tr>
<td>Viokase 16</td>
<td>Viokace  20,880</td>
<td>Lipase: 20,880 USP units Amylase: 113,400 USP units Protease: 112,500 USP units</td>
</tr>
<tr>
<td>Cotazym</td>
<td>Same</td>
<td>Lipase: 10,000 USP units Amylase: 40,000 USP units Protease: 35,000 USP units</td>
</tr>
<tr>
<td>Cotazym ECS 8</td>
<td>Same</td>
<td>Lipase: 10,800 USP units Amylase: 42,000 USP units Protease: 45,000 USP units</td>
</tr>
<tr>
<td>Cotazym ECS 20</td>
<td>Same</td>
<td>Lipase: 25,000 USP units Amylase: 100,000 USP units Protease: 100,000 USP units</td>
</tr>
<tr>
<td>Creon 5</td>
<td>Creon 6</td>
<td>Lipase: 6,000 USP units Amylase: 30,000 USP units Protease: 19,000 USP units</td>
</tr>
<tr>
<td>Creon 10</td>
<td>Same</td>
<td>Lipase: 10,000 Ph Eur units Amylase: 11,200 Ph Eur units Protease: 730 Ph Eur units</td>
</tr>
<tr>
<td>Creon 25</td>
<td>Same</td>
<td>Lipase: 25,000 Ph Eur units Amylase: 25,500 Ph Eur units Protease: 1,600 Ph Eur units</td>
</tr>
</tbody>
</table>

Pharmacy Awards

The Canadian Society of Hospital Pharmacists (CSHP), BC Branch has honoured Nilu Partovi, Pharm.D. with the Distinguished Service Award for her exceptional leadership and contributions to the profession of Pharmacy.

CSHP National has honoured Elissa Aeng B.Sc. (Pharm), Karen Shalansky Pharm.D., Tim Lau Pharm.D., Nadia Zalunardo MD, Guiyun Li MPH, William Bowie MD, and Clive Duncan MD with the Specialties in Pharmacy Practice Award for their research paper entitled “Acute Kidney Injury With Tobramycin-Impregnated Bone Cement Spacers in Prosthetic Joint Infections.”

ZIKA VIRUS OVERVIEW

Tim Lau, Pharm.D., FCSHP, Reviewed by Dr. Jennifer Grant

Zika virus is a Flavivirus (similar to Dengue, West Nile) which is spread by infected Aedes aegypti or albopictus mosquitoes. It was first discovered in monkeys in Uganda in 1947 and is found in Africa, Asia, and South Pacific, with recent widespread transmission in Central and South America. There appears to be an association between Zika virus infection and microcephaly (abnormal small head in fetuses of infected women) and Guillain-Barré. The probability of transmission in Canada is low due to absence of mosquitoes able to spread the virus.

**Clinical symptoms**

Asymptomatic infections are common. Mild symptoms lasting from 2-7 days occur in 20-25% of patients and include fever, retro-orbital pain, conjunctivitis, arthralgias/myalgia, and rash (maculopapular spreading from face to body).

**Transmission**

The incubation period is 3-12 days after exposure and is followed by virema (lasting 3-5 days). During viremia, Zika virus can be reintroduced to a new mosquito through a bite to complete the cycle. Other routes of transmission include blood transfusions, vertical transmission during viremia, and possibly sexual contact (Zika virus has been detected in semen). After infection, neutralizing antibodies are detected but it is unclear whether activity is life-long at this time.

**Treatment**

There is no vaccine or treatments for Zika virus. Symptomatic treatment includes rest, fluids, antipyretics, and analgesics (avoid ASA and NSAIDs until dengue infection is ruled out to prevent the possibility of hemorrhage).

**Travel Recommendations**

- Use preventative strategies to avoid mosquito bites when travelling to affected areas.
- Pregnant women or those planning pregnancy should discuss travel plans with their health care provider and consider postponing travel to affected areas in the Americas.
- Women should wait at least 2 months after return from an affected area before trying to conceive.
- Zika virus may persist in semen for more than 2 weeks; as a precaution, men who have travelled to an affected area should use condoms with any partner who is or could become pregnant for 2 months after their return (or for duration of the pregnancy until more is known).