



Oklahoma Society of Health-System Pharmacists

July - September 2003

Visit our website at
www.oshp.net

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Mark your Calendar

OSHP Fall Meeting
Baptist Medical Center, OKC, OK
Oct 3rd, 2003

ASHP Midyear Meeting
New Orleans, LA
Dec 7th-11th, 2003

Alcalde Residency Conference
Houston, TX
April 15th-17th, 2004

OSHP Annual Meeting
(information below is tentative)
Mercy Health Center, OKC
April 22nd-23rd, 2004

ASHP Summer Meeting
Las Vegas, NV
June 19th-23rd, 2004

President's Column

Dick Abrahamson, OSHP President

June and July are popular months for vacations. I managed to enjoy a vacation during June and July and it was indeed refreshing.

Also, another refreshing event worth mentioning was a retreat held on July 16th at Baptist Medical Center in Oklahoma City.

At this retreat, your committee chairs and board members discussed and planned how they can make your society a more effective and meaningful organization. I was indeed pleased and grateful for the enthusiasm shown at this retreat.

Several topics and action plans were discussed. Considerable attention was given to membership, the fall meeting and the spring annual meeting, the newsletter, legislative issues, use of the OSHP website (www.oshp.net) and student and technician involvement.

You will be kept aware of happenings, including district meeting announcements, by frequenting the web page. Get in the habit of checking the website often. You will be surprised at how much useful information will be available to you.

My charge to you is to recruit a new member (Active, Associate, Student, Technician). When called upon to serve say YES! When not called upon to serve, VOLUNTEER! Participate, participate, participate!

Your society is as good as you want it to be. I look forward to working for you and OSHP this year. Have a great summer!

OSHP Welcomes New Staff Secretary

Beginning this summer, OSHP welcomed new staff secretary Vickie Korreect. Vickie replaces long time secretary Jennifer Goodson who recently relocated with her family to Arkansas. Vickie is an administrative professional with twenty-five years of secretarial and office management experience, including fifteen years in the healthcare field. She is currently employed as an administrative assistant in the Department of Pharmacy Services at Integris Baptist Medical Center. In her off time, Vickie is extensively involved with various Native American Tribes and has served in various capacities with both the Boy Scouts of America and the Girl Scouts. Vickie will provide administrative support to the OSHP Board of Directors as well as assisting with other activities including meeting registration and membership database maintenance. Please take the opportunity to introduce yourself at the Fall or Annual Meeting.

ASHP Proposes to Significantly Improve Health-System Pharmacy Practice by 2015

Check out the exciting details at www.ashp.org (type in search word:2015)

OSHP Delegate Report

OSHP was represented by elected delegates Edna Patatanian, Barbara Poe and Darin



OSHP Delegates: Barbara Poe, Darin Smith, Edna Patatanian



Dorothy Gourley and Susan Tigert enjoy some "meeting time" at the ASHP Summer Meeting.



Kale Baden, Edna Patatanian and Darin Smith studying for the Critical Care Learning Community.

Smith at the recent ASHP Annual Meeting in San Diego, California. The 55th Annual Session of the House of Delegates was held on Sunday, June 1st and Tuesday, June 3rd, 2003. In preparation, all three delegates attended the Regional Delegate Conference in Dallas, TX held in May. Additionally, prior to the first session delegates participated in the Open Hearing as well as various caucus meetings to better acquaint themselves with the issues up for discussion, debate and approval.

Overall, debate at the 2003 House of Delegates was relatively uneventful. The following policies were submitted by their respective Councils for review, discussion, amendment and approval:

Council on Administrative Affairs

- A. Machine-Readable Coding and Related Technology
- B. Unit Dose Packaging Availability
- C. Technician-Checking-Technician Dispensing Programs

Council on Educational Affairs

- A. Skills Needed to Provide Interdisciplinary and Interprofessional Patient Care
- B. Interdisciplinary and Interprofessional Instruction on Performance Improvement and Patient Safety
- C. Patient-Centered Care
- D. Cultural Competence
- E. Practice Sites for Colleges of Pharmacy
- F. Biological Drugs

Council on Legal and Public Affairs

- A. Medicare Prescription Drug Benefit
- B. Role of Licensing, Credentialing and Privileging in Collaborative Drug Therapy Management
- C. Drug Product Shortages
- D. Re-importation of Pharmaceuticals
- E. Counterfeit Drugs
- F. Regulation of Pharmacy Technicians
- G. Licensure for Pharmacy Graduates of Foreign Schools
- H. Regulation of Dietary Supplements
- I. Public Funding for Pharmacy Residency Training

Council on Organizational Affairs

- A. ASHP Planning Process and ASHP Long-Term Goals

Council on Professional Affairs

- A. Complementary or Alternate Substances
- B. Expression of Therapeutic Purpose of Prescribing
- C. Pain Management
- D. Pharmacist Support for Dying Patients

Significant discussion and debate were focused on the subjects of diversion/theft of high cost medications, chain of custody for pharmaceutical products from manufacturer to end user, technician-checking-technician programs, and the need for lot number and expiration dating on machine readable bar coding. Please contact one of your Oklahoma Delegates:

patatae@swosu.edu
bpoe@nrh-ok.com
dsmith@nrh-ok.com

or ASHP (www.ashp.org) for further information regarding any of the above policies.

Barbara Poe, who served as Chair of the ASHP 2003 Committee on Nominations addressed the House of Delegates announcing the list

of candidates for President, Board of Directors, and Chair of the House of Delegates. Candidates for ASHP President include Roland Patry (Texas) and Mark Woods (Missouri); candidates for ASHP Board of Directors include John Armitstead (Kentucky), David Kvancz (Ohio), Philip Schneider (Kansas) and Agatha Nolen (Tennessee). Agatha is a graduate of the University of Oklahoma and a past OSHP President. All eligible OSHP members are urged to vote when the ballots are mailed in the next few weeks. Marjorie Shaw-Phillips (Georgia) was elected as the new Chair by the House of Delegates.

Of note, Lesley Roth, a fourth-year pharmacy student at the University of Oklahoma was sworn in as the new Chair of the ASHP Student Forum. As part of her duties as Chair, Lesley also served as a voting member of the ASHP House of Delegates. Lesley had served a 10 week internship with ASHP in 2002.

Finally, as a part of ASHP's commitment to enhance the value of membership through its new membership structure, the announcement of a new Section of Inpatient Practitioners was made. Further information on structure and officer appointments will be made available in the near future.

Look for Upcoming Newsletters in November 2003, February 2004, May 2004

Upcoming 2003 District Meetings:



WESTERN DISTRICT		
Date/Sponsor	Topic	Location
August 21 Aventis	Review of the pathophysiology and treatment of Von Willebrand's Disease	Gabriella's, 1116 NW 51 st , OKC, OK Phone: 842-5258
September 11 Aventis	Review of Various Uses of Immunoglobulins	Deep Fork Grill, 5418 N. Western, OKC, OK Phone: 848-7678, Please RSVP Early!
October, TBA Chiron	Review of the Use of Inhalational Antibiotics	TBA
November 13 TBA	Review of Current Immunosuppression Regimens	TBA

EASTERN DISTRICT		
Date/Sponsor	Topic	Location
August 14 Pfizer	Depression	Renaissance Hotel, 6808 S. 107 th East Ave, Tulsa, OK Phone: 307-2600
September 18 GlaxoSmithKline	Update of HIV	TBA

Please make certain to RSVP prior to attending as seating may be limited at some meetings. We strongly encourage you to bring potential members to meetings to introduce them to what OSHP has to offer. If you have suggestions for topics or speakers, please contact your respective district chairperson. (Western District Chair – Leslie Patatanian (patalk@integris-health.com), Eastern District Chair – Jenean Young (jyoung@sjmc.com)).

OSHP Annual Meeting 2003

The 2003 OSHP Annual Meeting was held April 10th and 11th, at Mercy Health Center in Oklahoma City. The meeting was kicked off by a golf tournament at Silver Horn followed by a two-hour Pre-Meeting Symposium held Thursday night. The guest speaker Dr. Dale Bratzler, D.O., MPH from the Oklahoma Foundation for Medical Quality presented information on "Quality Improvement for the Medicare Program: Role of the Health-System Pharmacist". Friday meeting topics included: Bacterial Resistance (Ronald Greenfield, M.D.); HIPAA (Wiley Williams, JD, DPh); Fungal Resistance (Russell Lewis, Pharm.D.); Child Immunizations (Tracy Hagemann, Pharm.D.); Adult Immunizations (Lisa Ning, M.D, MPH); and Smallpox Immunizations Program (Jenean Young, Pharm.D.). Six hours of ACPE accredited CE were provided for Friday's meeting. Attendance at the pre-meeting symposium and the Friday CE program were 56 and 74, respectively. The meeting was followed by the Annual OSHP vendor's showcase. Mr. Kim Stanton was honored as this year's recipient of the Health-System Pharmacist of the Year award while Ms. Julie Bucier was presented with the Sylvia J. Martin Outstanding Technician Award. OSHP Scholarship awards of \$500 were presented to Kris Hunley (OU) and Stephanie Schaanmam (SWOSU). ASHP representative David Lorms attended the meeting and accepted the annual OSHP donation to the ASHP Foundation. Special thanks to the following individuals for making the meeting a success: Chris May & Kathy Threlkeld (Program Chairs), Mark Gales and Yvette Morrison (Vendor Showcase), and Wiley Williams (Golf Scramble).

ASHP Eighth Annual Leadership Conference on Pharmacy Practice

October 27th-28th, 2003, Dallas, Texas,

To register, go to www.ashpadvantage.com/leadership. Attendance is limited to the first 250 registrants.

For requests, questions or comments regarding the newsletter please contact the OSHP Newsletter Committee

OSHP Newsletter Committee Members

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OSHP Clinical Pearls

The intention of clinical pearls is to highlight information compiled in response to recent therapeutic questions or problems pertinent to health system pharmacy practice. If you or your institution has information, protocols, etc... and are willing to share please contact the OSHP Newsletter Committee.

The following information was compiled in response to recent physician and staff inquiries regarding intravenous iron therapy at a local health-care facility. Additional information was requested regarding withholding iron therapy during acute infections.

	Iron Dextran	Iron Sucrose Injection	Sodium Ferric Gluconate
Trade Name	Dexferrum®	Venofer®	Ferlecit®
Elemental Iron Content	50 mg/mL	20 mg/mL	12.5 mg/mL
FDA Approved Indication	Treatment of patients with documented iron deficiency in whom oral administration is unsatisfactory or impossible.	Treatment of iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoietin therapy.	Treatment of iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental epoetin therapy.
Test Dose Recommended in Package Insert?	Yes	No	No
Administration	Prior to receiving the first dose, all patients should be given an IV test dose of 0.5 mL over 5 minutes. The patient should be observed for an hour or longer before the remainder of the initial dose is infused. Iron Dextran is given undiluted at a slow gradual rate not to exceed 50 mg (1 mL) per minute (up to 2 mL).	Slow IV injection: Administer into the dialysis line at a rate of 1 mL (20 mg) undiluted solution per minute (not exceeding one vial 100 mg per injection) Infusion: Administer into the dialysis line. The content of each vial must be diluted in a maximum of 100 mL of 0.9% NaCl, immediately prior to infusion. Infuse at a rate of 100 mg over at least 15 minutes.	Slow IV injection: may be administered undiluted as a slow IV injection (at a rate of up to 12.5 mg/min). Infusion: may be diluted in 100 mL of 0.9% NaCl and administered over 1 hour.
Dosage	The total amount of Iron Dextran required for the treatment of iron deficiency anemia or replacement of blood loss is determined from the table or appropriate formula (refer to package insert). Doses of 2 mL or less may be given on a daily basis until the calculated total amount required has been reached. Each daily dose should not exceed: 25 mg (0.5 mL) for infants under 5 kg; 50 mg (1 mL) for children under 10 kg; and 100 mg (2 mL) for other patients.	100 mg iron administered one to three times per week up to a total dose of 1000 mg in 10 doses, repeat if necessary. Frequency should be no more than three times weekly.	The recommended dosage for the repletion treatment of iron deficiency in hemodialysis patients is 10 mL (125 mg). Most patients will require a minimum cumulative dose of 1 gram of elemental iron, administered over eight sessions at sequential dialysis treatments.
Safety Profile	Life-threatening anaphylactic reaction in approximately 0.6-0.7% of patients.	Adverse reactions can occur, but seem to be of milder intensity and lesser frequency than with Iron Dextran. No solid differentiation in adverse effect profiles can be made between Iron Sucrose and Sodium Ferric Gluconate based on available literature.	Adverse reactions can occur, but seem to be of milder intensity and lesser frequency than with Iron Dextran. No solid differentiation in adverse effect profiles can be made between Iron Sucrose and Sodium Ferric Gluconate based on available literature.

Withholding Iron Therapy During Acute Infections:

This practice of withholding iron supplementation during acute infectious processes is recommended by some clinicians as well as several reference textbooks. This practice is somewhat controversial and current literature does not support a definitive link to adverse outcomes with iron supplementation during acute infectious processes.

The package insert for iron dextran specifically states "It should not be used during the acute phase of infectious kidney disease." Prescribing information for iron sucrose and sodium ferric gluconate do not make specific recommendations for use in relation to active infectious disease. Infection related adverse events noted in the package insert for sodium ferric gluconate include pneumonia, infection and sepsis while the package insert for iron sucrose only mentions pneumonia.

A consistent feature of the acute infectious process in humans is a decrease in circulating iron levels. Additionally, iron is known to be an essential component for bacterial multiplication and may promote virulence. One hypothesis is that the body may purposefully induce an iron deficient state as a defense mechanism against invading organisms. This process has been termed "nutritional immunity". The unanswered question is whether iron supplementation (either oral or intravenous) would provide an alternate source for infecting organisms. *In vitro* data supports the fact that iron supplementation and deprivation results in proliferation and bacteriostatic effects, respectively. However, these results have not been definitively demonstrated *in vivo*. Available literature evaluating the effects of iron supplementation in the setting of acute infections in humans is also contradictory. Some clinicians believe in the absence of published data supporting the safety of this practice, withholding iron supplementation during acute infectious disease is prudent.

- (1) Package Insert Dexferrum®, 10/01.
- (2) Package Insert Venofer®.
- (3) Package Insert Ferlecit®, 06/01.
- (4) Fishbane S, Kowalski EA. The Comparative Safety of Intravenous Iron Dextran, Iron Saccharate, and Sodium Ferric Gluconate. *Seminars in Dialysis* 2000;13:381-384.
- (5) Fishbane S. Safety of Intravenous Iron During Infections. *Seminars in Dialysis* 2001;14:228.
- (6) Marx JJM. Iron and infection: competition between host and microbes for a precious element. *Best Practice & Research Clinical Haematology* 2002;15:411-26.
- (7) Oppenheimer SJ. Iron and its relation to Immunity and Infectious Disease. *Journal of Nutrition* 2001;131:161S-35S.
- (8) Patruta SI, HORL WH. Iron and infection. *Kidney International*. 1999;55:125S-30S.



Oklahoma Residency Programs

Pharmacy residencies provide an opportunity for organized, directed, post-graduate training centered on the knowledge, attitude and skills needed to provide pharmaceutical care in a particular area of pharmacy practice. Residency training is designed to provide residents experience working with a wide range of patients. Residency training also offers other advantages:

- *A competitive advantage in the job market* – More and more employers recognize the value of residency training. A pharmacist who has completed a residency will have a clear advantage over applicants who have not.
- *Networking opportunities* – Many opportunities arise for residents to establish or expand their network of professional acquaintances and contacts including preceptors and other residents.
- *Career planning* – During the course of training, most residents gain a clearer picture of what type of practice best suits them. Residency preceptors are committed to providing personal attention to assist each resident in further defining professional goals.
- *Professional vision* – Many programs also offer the opportunity to see how pharmacy is practiced in different parts of the country, by arranging for residents to visit other residency programs or by allowing residents to complete a portion of the residency at another site (e.g., acute care, community care, home care, long-term care, managed care, etc.).

The following table i pharmacy residency opportunities within the state of Oklahoma. It is important to remember that some residencies are ASHP accredited and require participation in the ASHP Residency Matching Program. For information about specific residency opportunities, please contact the listed individuals. For information on the ASHP Residency Match Program, go to www.ashp.org and type in search words: Residency Directory Match Tips.

Type of Residency	Institution	# of Positions	Contact Information
Community Pharmacy	Mays Drug Stores	1	Kimberly Crosby, Pharm.D. Kimberly-Crosby@ouhsc.edu
Community Pharmacy	OU College of Pharmacy - Tulsa	1	Renee Trewyn, Pharm.D. Renee-Trewyn@ouhsc.edu
Drug Information	St. Francis Hospital	1	Jacyntha Sterling, Pharm.D. jasterling@saintfrancis.com
Infectious Diseases	Veterans Affairs – OKC	1	Chris Gentry, Pharm.D. Chris.gentry@med.va.gov
Infectious Diseases – HIV/AIDS	OU College of Pharmacy - OKC	1	R. Chris Rathbun, Pharm.D. Chris-Rathbun@ouhsc.edu
Internal Medicine	OU College of Pharmacy – OKC	1	Michael Burton, Pharm.D. Michael-Burton@ouhsc.edu
Managed Care	OU College of Pharmacy - OKC/ Pharmacy Management Consultants	1	Elgene Jacobs, Ph.D. Elgene-Jacobs@ouhsc.edu
Pediatrics	OU College of Pharmacy – OKC	1	Tracy Hagemann, Pharm.D. Tracy-Hagemann@ouhsc.edu
Pharmacy Practice	Claremore Comprehensive Health Care Facility (IHS)	1	LT Michael Lee, Pharm.D. Michael.lee@mail.ihs.gov
Pharmacy Practice	Integris Baptist Medical Center	2	Claudia Kamper, Pharm.D. hampck@integris-health.com
Pharmacy Practice	Norman Regional Hospital	2	Yvette Morrison, Pharm.D. ymorrison@nrh-ok.com
Pharmacy Practice	Veterans Affairs – OKC	2	Chris Gentry, Pharm.D. Chris.gentry@med.va.gov
Pharmacy Practice	St. Francis Health System	2	Valerie Davis, Pharm.D. vjdavis@saintfrancis.com
Pharmacy Practice	W.W. Hastings Indian Hospital (IHS)	1	Paul Thomas, R.Ph. Paul.Thomas@mail.ihs.gov
Primary Care	OU College of Pharmacy – OKC	2 – 4	Mark Britton, Pharm.D. Mark-Britton@ouhsc.edu