



Oklahoma Society of Health-System Pharmacists

July – September 2007

Visit our website at
www.oshp.net

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Mark your Calendar

OSHP Board Meetings
OUCOP (OKC and Tulsa)
Second Thurs. of each month, 3 pm

ASCP Annual Meeting
Philadelphia, PA
November 14th – 17th, 2007
For information, go to www.ascp.com

ASHP Midyear Clinical Meeting
Las Vegas, NV
December 2nd-6th, 2007
For information, go to www.ashp.org

**Oklahoma Reception at the
ASHP Midyear Clinical Meeting**
Venetian Casino Resort, Room 507
Las Vegas, NV
December 2nd, 2007, from 5:30-7 pm

OSHP Annual Meeting
Oklahoma City, OK
April 17th-18th, 2008

FROM THE PRESIDENT...

Susan Fugate, Pharm.D.



Earlier this year, the Board of Directors set three primary goals for OSHP for the 2007-2008 year. I would like to take this opportunity to update the membership on our progress towards meeting these goals.

Goal 1: Establish a collaborative practice agreement between pharmacists and physicians practicing in Oklahoma. In October, a joint OSHP-OPhA committee formed to begin work on achieving collaborative drug therapy management rules and regulations for the state of Oklahoma. The committee is currently reviewing other states' agreements and relevant literature to formulate recommendations to be presented at a later time to the Oklahoma State Board of Pharmacy. This new joint committee will be meeting regularly to work towards this goal.

Goal 2: Increase membership to 400 active and associate members of OSHP. As of September 2007, OSHP had 318 members. Our fall membership drive is off to a great start. Many members have already responded to the membership promotion to help us recruit members to OSHP. If you have not renewed your membership yet, I encourage you to sign up a colleague, and you will both receive half off membership dues. Don't wait too long as this promotion ends December 31st. Also, our membership committee will be out visiting several health-system pharmacy departments in the upcoming month to promote OSHP and show appreciation to our state's pharmacists and pharmacy staff.

Goal 3: Improve value of membership in OSHP by creating resources to foster professional development in health-system pharmacy. Many steps have been taken this year towards reaching this goal. The quarterly newsletter continues to grow in high-quality content, thanks to the hard work of our newsletter committee. In early October, we began a monthly email update to keep members informed about OSHP and health-system pharmacy news. The email update will be distributed to members during the months between newsletter distributions. The program committee has been working hard to develop high-quality programming that targets all our members – pharmacists, administrators, students, technicians, and support staff. Many great examples of pharmacy practice in Oklahoma were shared at our Fall Meeting on September 28th, 2007. Handouts from several presentations can be found at www.oshp.net. Please mark your calendar to join us for the Annual Meeting on April 17th-18th, 2008, in Oklahoma City.

Thank you to all of the OSHP members for your involvement in OSHP and your ongoing support of health-system pharmacy in Oklahoma. Feel free to contact me with any issues, concerns, ideas, or questions relating to OSHP.



Membership Committee Update

DEBRA STEVENS, OSHP MEMBERSHIP COMMITTEE CHAIR

We need your help in encouraging others to join! Our goals have been set high for membership this year! We have decided to provide incentive for you to recruit a new OSHP member – a discount of 50% on both memberships! Please see the website for all the specifics! The discount is intended to encourage new membership and also to spark our current members to invite their friends and colleagues to join and participate in our society. When recruiting others, remind them of the benefits of membership by participation in Fall and Annual OSHP Meetings as well as Western and Eastern District dinner meetings, which all provide valuable continuing education credits, an opportunity for networking, sharing information with other members, and receiving information on current trends and other issues in pharmacy – not to mention great food! Also, remind them that another important role OSHP plays is as an advocate and collective voice for health-system pharmacy issues and concerns on the local, state, and national levels.

Our goal for 2008 is to have more than 400 members! Our 2007 membership is 318 members. Help us meet our goal!

We will also be visiting some of the institutions personally in the near future to encourage new membership. So look for membership committee members (or board members) at a pharmacy near you!

BOARD MEMBER HIGHLIGHTS – MEET YOUR OFFICERS

DARRELL WILLYARD, EASTERN DISTRICT CHAIR

Director of Pharmacy, SouthCrest Hospital

Last year I would have described myself as the “accidental” Eastern Board Chairperson. In early 2006, Greg Clack had approached me to consider running for the position that spring. I had many apprehensions concerning the position. Greg had done a great job the past two years; could I do the same? What kind of time commitment would this take? What if I ran and lost! In the end, the adage that “in life there are no accidents” came true, and I was elected to the position unopposed and began my term that has been a great growing experience for me.

I have met many new friends that previously had been just faces I saw every few months at the OSHP meetings. By being Eastern District Chairperson, I was able to meet these people and discover things we have in common as well as to learn how they managed similar problems. I now have a wide network of fellow pharmacists and technicians at local hospitals and retail settings that I can call upon for information. You also have the opportunity to work with the local drug representatives who gladly volunteer to provide speakers and help in selecting local restaurants that will accommodate the group.

I hope that I have also been able to give back to OSHP by adding to the diversity of the Board. As the only Director of Pharmacy on the Board last year, I was able to offer a different perspective than some of the other board members. I was able to offer my personal opinions and help in shaping items voted on by the Board.

Overall, it has been a lot of fun, and I am really glad that I became the “accidental” Eastern Chairperson. There have been a few rocky moments, such as trying to find someone to sponsor a monthly meeting or finding the venue is too loud, too small, or too slow. In the end, the small problems are far out-weighted by the benefits I have received. I truly hope the person who replaces me next spring enjoys the job as much as I have and that OSHP continues to improve with each coming year. I would also encourage anyone that is considering running for the position to do it! I believe anyone would benefit from the experience, and this would make him/her better appreciate what OSHP can offer.

Thank you for the opportunity to serve as your Eastern District Chairperson.



Check it Out!

This is a new section in our newsletter that profiles our OSHP board members. That way, you can learn more about their offices and various responsibilities. So next time you see one of our board members, thank them for all of their hard work!



Interested in Being an ASHP Delegate?

There is one Oklahoma delegate position to the ASHP House of Delegates up for election this year. OSHP currently has three elected delegate positions, each serving two-year terms. Barbara Poe and Darin Smith are the other two delegates, who were elected last year.

If you are interested in running for this open delegate position, please contact Edna Patatanian:

edna.patatanian@swosu.edu

Attention Potential Authors:

If you or a colleague is interested in submitting an article for publication in the OSHP newsletter, please contact the OSHP Newsletter Committee or a board member.

Newsletter Committee Chair is Nancy Williams:

nancy.williams@swosu.edu

ASHP Summer Meeting – OSHP Delegate Report

Submitted by: *Darin Smith, Mark Gales, and Barbara Poe*

OSHP was represented at the 59th Annual ASHP House of Delegates by elected delegates Mark Gales (SWOSU), Barbara Poe (Norman Regional Health System) and Darin Smith (Norman Regional Health System). The ASHP House of Delegates took place at the Moscone West Convention Center in San Francisco, CA, on June 24th and June 26th, 2007.

Prior to each official session, Oklahoma delegates attended caucus sessions on policy proposals/changes, which were facilitated by the Chair of the House of Delegates. At the first caucus on Sunday, June 24th, each ASHP Council report was covered briefly, offering an opportunity for delegates to discuss whether any proposals could be improved through amendment. A second caucus was held on June 26th to review feedback from the ASHP Board of Directors regarding policy decisions from the first House Session and to finalize policy discussion prior to the second House of Delegates Session. This caucus process is new in 2007 and was developed at the recommendation of the ASHP members who participated in last year’s policy process improvement meeting.

The following policies were presented by the Council Chairs for discussion and voting and were either passed (with/without revision) or deleted pending Board approval. (Please note that the Council names have been changed this year to more appropriately reflect the focus of the work of the organization.)

1) Council on Education and Workforce Development

- a) Pharmacy Technician Training (*passed*)
- b) Image of and Career Opportunities for Hospital and Health-System Pharmacists (*passed*)
- c) Residency Programs (*passed*)
- d) ASHP Guidelines, Statements, and Professional Policies as an Integral Part of the Educational Process (*passed*)
- e) External Degree Programs and Initiatives for Helping Practitioners Upgrade Skills (*deleted*)

2) Council on Pharmacy Management

- a) Administering Injectable Medications Supplied Directly to Patients (*passed*)
- b) Standard Drug Administration Schedules (*passed*)
- c) Pay-for-Performance Reimbursement (*passed*)
- d) Principles of Managed Care (*passed*)
- e) Needle-Free Drug Preparation and Administration Systems (*deleted*)

3) Council on Pharmacy Practices

- a) ASHP Statement on the Role of Health-System Pharmacists in Public Health (*passed*)
- b) ASHP Statement on Professionalism (*passed*)
- c) ASHP Statement on Racial and Ethnic Disparities in Health Care (*passed*)
- d) Role of Pharmacists in Sports Pharmacy and Doping Control (*passed*)
- e) Institutional Review Boards and Investigational Use of Drugs (*passed*)
- f) Electronic Health and Business Technology and Services (*passed*)
- g) Tobacco and Tobacco Products (*passed*)
- h) Human Immunodeficiency Virus Infections (*deleted*)



Can you guess who this little cutie is?

Hint . . . She's very active in OSHP but isn't from Oklahoma. She holds pharmacist licenses in 5 states and has a fascination for grammar, words, and punctuation. She also annoys people by taking their picture. See page 5 for the answer.

Attention Pharmacy Students!

This is a new section in our newsletter addressing issues pertinent to students. If you have a topic idea or would like to submit something, then please contact the Newsletter Committee.

OSHP Delegate Report *(continued)*

4) Council on Public Policy

- a) Restricted Drug Distribution *(passed)*
- b) Patient Access to Orphan Drug Products *(passed)*
- c) Regulation of Telepharmacy Services *(passed)*
- d) Personnel Ratios *(passed)*
- e) Direct to Consumer Advertising of Dietary Supplements *(passed pending Board Approval)*
- f) Prohibiting Re-use of Brand Names and Standardizing Prefixes and Suffixes *(passed)*
- g) Medicare Prescription Drug Benefit *(passed)*
- h) Pharmaceutical Product and Supply Chain Integrity *(passed)*
- i) Generic Drug Products *(deleted)*

5) Council on Therapeutics

- a) Removal of Propoxyphene from the Market *(passed)*

At the second meeting, the Delegates elected Teresa Hudson to her second term as Chair of the ASHP House of Delegates and Paul Abramowitz as the next ASHP Treasurer.

Of particular note, the Delegates passed a resolution requiring a PGY1 ASHP-accredited residency by the year 2020 for all new pharmacy school graduates who will be providing direct patient care. Your delegates recommend all members review the ASHP Long-Range Vision for the Pharmacy Workforce in Hospitals and Health Systems as it has major implications for pharmacy practice in the future.

As your delegates, we would like to take this opportunity to thank the membership of OSHP for the opportunity to represent Oklahoma Health-System Pharmacists in policy decision-making at the national level. Please feel free to contact us or visit the ASHP website to find out further information regarding the above policies.

Pharmacy Student Topics

Submitted by: Katherine O'Neal, Pharm.D. Student, OU College of Pharmacy

Whether applying for a position in a residency program or for a job, this is the time for frantic curriculum vitae (CV) preparation for fourth year pharmacy students. One of the biggest mistakes one can make is rushing our CV preparation and placing a mediocre CV in the hands of those who will have a key role in our future.

We have all heard the basic do's and don'ts of CV preparation, so I have put together a list of those that are not heard as commonly but are just as important to consider:

Do's

- o Prioritize the layout of your information by putting categories such as education, professional experience, research/projects before categories like awards/honors and community service.
- o Provide consistency with the structure of the CV. This makes it pleasing to the eye and easier to follow. If you use bullets, make sure they all line up.
- o Make sure both your name and a page number are displayed on each page of the CV to aid in keeping your full CV together.
- o When describing details of a position held, point out accomplishments and projects that you worked on versus creating a job description and listing duties that you had.

Pharmacy Student Topics *(continued)*

Don'ts

- Don't hide key points. For example, place position or project titles first and make it easily identifiable from the detail description.
- Don't have any grammatical or spelling errors. It can't be stressed enough to have more than one person review your CV to catch any mistakes.
- Don't feel obligated to include an objective section. For example, all students applying for a residency will have the same objective...to obtain a PGY1 residency.
- Don't list references at the bottom of your CV. You can, however, include a statement "References available upon request", but if you are running out of space, don't worry about it.

With these reminders at your side, you should be on your way to creating a strong CV. Good luck!



OSHP District Update

Western District

Recent Meeting: August 9th, 2007
 Topic: Insights in Asthma Pathophysiology and Control
 Speaker: Elliot Schwartz, DO
 Location: Nonna's Ristorante, OKC, OK

Recent Meeting: October 11th, 2007
 Topic: The Era of Antibiotic Resistance
 Speaker: David Ritchie, Pharm.D., FCCP, BCPS
 Location: Red Prime Steak, OKC, OK

Upcoming Meeting: November 8th, 2007
 Topic: A Blueprint for Growth Factor Therapy
 Speaker: Sachin Shah, Pharm.D., BCOP
 Location: Petroleum Club, OKC, OK

Eastern District

Upcoming Meeting: November 15th, 2007
 Topic: The Changing Face of Candidemia
 Speaker: Amar Safdar, MD
 Location: The French Hen, Tulsa, OK

Future Meeting: January 2008
 Topic: Advances in Diabetes Care
 Speaker: TBA (Sponsored by Aventis)
 Location: TBA

Future Meeting: February 2008
 Topic: DVT Prevention
 Speaker: TBA (Sponsored by Aventis)
 Location: TBA

Baby Picture:

That future pharmacist is me . . . Nancy Williams, your OSHP Newsletter Chair. Thank goodness my skirt hemlines have gotten longer! I want to thank everyone for the many submissions and continued support of our newsletter.

Do you have a baby picture to submit? Then contact the Newsletter Committee.



Fall Membership Drive Special:

When an active OSHP member recruits any new members, all joining will receive half-price membership dues for the 2008 period. All parties must submit payment and membership forms together to get the discount. Hurry . . . this promotion ends December 31st, 2007.



Welcome New Members:

**Jessica Bowen
 Robie Harrington
 Daniel Miley**

**Zachary Myatt
 Patrick Oxford
 Valerie Pennington**

**Paul Taylor
 Brandy Williams**



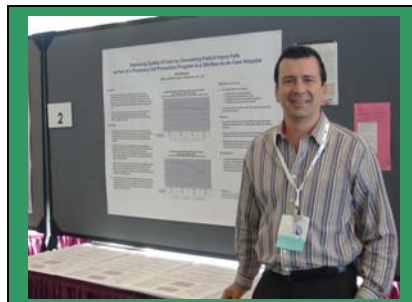


Chapter News



CONGRATULATIONS TO THE FOLLOWING HEALTH-SYSTEM PHARMACISTS FOR RECENTLY WINNING AWARDS

- ❖ **Ryan Schupbach, Michael Lee, Timothy Murray, Jodi Sparkman, and Travis Watts** of Claremore Indian Hospital in Claremore, Oklahoma, received the ASHP Board of Directors “Award of Excellence” for launching the first pharmacist-managed congestive heart failure clinic at the Indian Health Service. This award was presented on Tuesday, June 26th, 2007, at the Inaugural Session of the ASHP Summer Meeting in San Francisco, CA, and is intended to recognize members for their significant contributions to the health field and health-system pharmacy practice. *(picture, below left)*
- ❖ **Burl Beasley** of Mercy Health Center in Oklahoma City received 1st place in the category of “Hot Topics” for his poster presentation at the ASHP Summer Meeting. Burl’s award-winning poster was entitled “Improving Quality of Care by Decreasing Patient Injury Falls as Part of a Pharmacy Fall Prevention Program in a 300-Bed Acute Care Hospital”. *(picture, below center)*
- ❖ **LeAnn Graham and Teresa Tharp** of Mercy Health Center in Oklahoma City received 3rd place in the category of “Evidence-Based Practice Applications” for their poster presentation at the ASHP Summer Meeting. Their award-winning poster was entitled “Development and Implementation of an Automated Proactive Approach Toward Improving Pneumococcal Vaccination Rates in an In-Patient Acute Care Hospital Setting”. *(picture of LeAnn Graham, below right)*
- ❖ **Patrick Medina**, Associate Professor at the University of Oklahoma College of Pharmacy (OUCOP), was a moderator and speaker for the ASHP Summer Meeting session entitled “Applying Evidence-Based Practice to New Antiemetic Guidelines”. In addition to the traditional lecture approach, the session employed case-based learning and a “journal club” experience.
- ❖ **Tracy Hagemann**, Associate Professor at OUCOP, was elected Chair-Elect for the Pediatrics Practice and Research Network (PRN) with the American College of Clinical Pharmacy.
- ❖ **The OSHP Chapter** was recently spotlighted on the ASHP website for the Board’s efforts to implement a collaborative practice agreement between pharmacists and physicians practicing in Oklahoma. Good luck to the Board for advocating this important step forward for the profession in our state.



Scenes From The 2007 OSHP Fall Meeting (September 28th, 2007)

2007 Fall Meeting

Location:

Doubletree at Warren Place
in Tulsa, OK

Education Offered:

6 contact hours (0.6 CEUs)
ACPE accredited

Meeting Attendance:

80 people attended all or
part of the meeting, including
30 students/technicians.

Residency Showcase:

6 booths represented
multiple different residency
programs.



Thanks to the
Program Committee
for putting on such a
great meeting!



Our excellent
speakers educating
us. Thanks for
your hard work!



Pharmacists and
students having a great
time at the meeting. See
how learning and food
make us so happy!



The residency showcase
was a great success!
Thanks, Mark Gales, for all
of your hard work.



Student OSHP
Chapters – OU Clinical
Skills Competition
winners (*left*) and
SWOSU fall 2007
officers (*right*).





The intention of clinical pearls is to highlight information regarding various therapeutic topics pertinent to health-system pharmacy practice. If you or your institution have information, protocols, etc. and are willing to share, please contact the OSHP Newsletter Committee.

Rifaximin and *Clostridium difficile* Infections

**Submitted by: Sara Justice, Pharm.D., Staff Pharmacist
Norman Regional Health System; Norman, OK**

(When written, Dr. Justice was an OU pharmacy student at Norman Regional Health System.)

QUESTION:

What is the role of rifaximin (Xifaxan[®]) in current therapy? Is there data to support use as monotherapy or adjunct therapy in the treatment of *Clostridium difficile* infections?

ANSWER:

Xifaxan[®] (rifaximin), a product by Salix pharmaceuticals, was approved by the US Food and Drug Administration in May 2004 for the treatment of traveler's diarrhea caused by non-invasive strains of *Escherichia coli* in patients 12 years of age and older.¹ Rifaximin is a rifamycin derivative and is available as an oral 200-mg tablet. It is a semi-synthetic, non-systemic, gut selective antibiotic, with less than 0.4% being absorbed in the gut, and is primarily excreted unchanged in the feces.² It has a broad spectrum of activity, covering both gram-positive and gram-negative anaerobes and aerobes in vitro.⁶ Rifaximin achieves very high fecal concentrations, and since little is absorbed, there are very few side effects and drug interactions.²

The current role of rifaximin is in the treatment of traveler's diarrhea (TD). *E. coli* is responsible for up to one fourth of the cases of TD.³ Rifaximin acts on the beta-subunit of bacterial DNA-dependent RNA polymerase resulting in inhibition of bacterial RNA synthesis.⁴ The recommended dose for treatment of TD is 200 mg three times daily for three days. Randomized, controlled trials evaluating rifaximin in patients with TD showed this medication to be superior to placebo and at least as effective as ciprofloxacin.⁶

Clostridium difficile is a gram-positive, spore-forming anaerobic bacillus that causes a toxin-mediated disease. It is also the most common cause of nosocomial diarrhea, affecting 16-20% of inpatients, and is also associated with substantial morbidity.^{2,5} A concerning trend is that both the rate and severity of *C. difficile* infection seem to be rising.⁸ This organism has been increasingly linked to antibiotic use, especially broad spectrum antibiotics that disrupt the normal gut flora, thus allowing colonization of *C. difficile* to occur and the release of toxins A and B. Toxin A is responsible for the intestinal fluid secretion, mucosal injury, and inflammation through actin disaggregation, intracellular calcium release, and damage to neurons.⁵ It is the major pathogenic factor and is characterized as the enterotoxin. Toxin B is a nonenterotoxin that causes depolymerization of filamentous actin and mediates more potent damage to human colonic mucosa than toxin A. Illness is often abrupt, and the symptoms can start a few days after antibiotics are started or weeks after they have been discontinued. Symptoms can range from mild diarrhea to life-threatening colitis. Anyone who has had a recent history of antibiotic use or whose diarrhea began 72 hours after hospitalization should be suspected of *C. difficile* colitis.⁵ The diagnosis can be confirmed by one of three ways: testing for the toxins A and B, testing the stool culture for *C. difficile*, or endoscopy.⁵

Current treatment of *C. difficile* colitis includes metronidazole and oral vancomycin. Metronidazole is considered to be first-line therapy because studies have shown an equivalent response rate to oral vancomycin, and metronidazole is much cheaper than oral vancomycin.⁸ Additionally, hospitals fear that overuse of vancomycin could lead to the development of vancomycin-resistant bacteria. However, increasing failure rates with metronidazole have been reported.⁹ Musher and colleagues looked at the outcomes of patients treated with metronidazole and concluded that this medication is associated with relatively poor outcomes, with respect to reoccurrence of the disease and continuation of symptoms. Oral vancomycin was only used in this study after the patients had failed the metronidazole treatment.⁸

Rifaximin and *Clostridium difficile* Infections (continued)

Rifaximin is also being evaluated in the treatment of *C. difficile* colitis. Boero and colleagues compared rifaximin versus oral vancomycin for the treatment of *C. difficile*. Rifaximin 200 mg orally three times a day was compared to vancomycin 500 mg orally twice a day for a total of 10 days. Duration of diarrhea was similar in both treatment groups, but the toxins and colitis resolved in ten out of ten patients in the vancomycin group compared to nine out of ten patients in the rifaximin group.⁶ The average number of days from the initiation of treatment to toxin disappearance was 8.1 for the rifaximin group compared to 4.8 for the vancomycin group.²

Another study by Kokkotou and colleagues was presented at the 45th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy in December 2005. They used a hamster model to compare rifaximin with vancomycin. In this model all hamsters were given clindamycin and challenged by gavage with toxigenic *C. difficile*. The animals then were either placed in the rifaximin, vancomycin, or placebo treatment groups. Those hamsters in the placebo group had to be killed because they developed severe colitis.⁴ However, hamsters treated with either vancomycin or rifaximin had higher survival rates. Of note, the hamsters treated with vancomycin had a 75% reoccurrence rate after 21 days; whereas, the hamsters treated with rifaximin did not.⁴

Berenbaum and colleagues performed a retrospective chart review that evaluated the safety and efficacy of rifaximin in the treatment of *Clostridium difficile*-associated diarrhea (CDAD). Their conclusion was that either 800 or 1200 mg/day resolved the clinical symptoms of CDAD and prevented the reoccurrence in a majority of the patients.⁹

Conclusion: Rifaximin is a well-tolerated, potent agent that is currently recommended for the treatment of TD. Further studies are needed to investigate the role of rifaximin in the treatment and prevention of *C. difficile* colitis. However, it may provide an alternative to metronidazole or oral vancomycin for *C. difficile* infections.

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Pain Management Pharmacist

Submitted by: Richard Wheeler, Pharm.D., BCPS
Pharmacy Clinical Coordinator and Pain/Palliative Care Pharmacist
Mercy Health Center; Oklahoma City, OK



Pain, the principle symptom causing patients to seek medical attention, affects one in five Americans on any given day. Many organizations and regulatory bodies indicate that pain should be treated as a vital sign, even coining the phrase "Pain: The Fifth Vital Sign" to increase awareness of pain assessment and treatment among healthcare professionals. The government agrees because in 2000, Congress passed into law declaring the ten-year period starting January 1, 2001, as the decade of Pain Control and Research. This has been a focal point for the development of numerous programs to advance awareness, reduce barriers, and increase funding for research of pain management. Clinical practice guidelines have been published by the Agency for Healthcare Research and Quality and the American Pain Society with standards of care promulgated by the Joint Commission (TJC). During the fall of 2004, I was appointed by the speaker of the Oklahoma House of Representatives to serve on the Oklahoma State Pain Management Advisory Council. The work of the council resulted in a more focused process for pain assessment in nursing home patients.

Check it Out!

This is a new section in our newsletter that highlights different areas of pharmacy practice. If you are doing something interesting that may benefit others, then please contact the OSHP Newsletter Committee so we can profile you.

Did You Notice??

The OSHP Board has started sending out brief monthly e-mail updates. The first one went out in early October and will probably be sent monthly, except those months the newsletter goes out. One of OSHP's major goals this year is to improve the value of membership in this society by enriching resources on the website and sharing more practice experiences within the state. So stay tuned and look for these e-mail updates!

For more information regarding pain management practice, please contact Richard Wheeler at (405) 936-5865 or richard.wheeler@mercy.net.

Pain Management Pharmacist (*continued*)

Pain Management educational opportunities have expanded during the last five years. There are several Pain and Palliative care specialized residencies around the country including the programs at the Department of Pharmacy at The Johns Hopkins Hospital, the University of Maryland School of Pharmacy, and the University of Utah. Additionally, the American Society of Health-System Pharmacists (ASHP) Foundation is currently offering a Pain Management Traineeship certificate program with an application deadline of November 26th, 2007. This program is designed for acute care pharmacists with little experience in providing care for patients in pain.

My introduction into pain management began in 1996 when I attended a thirty-six hour, six-week seminar on pain management that was conducted by the Oklahoma Pain Initiative and funded by a Mayday grant. However, my journey really started the following year during rounds with my mentor oncologist when I met a young, terminally ill, cancer patient with a small child. One day I walked into her room and found her wearing make-up and a smile, reading to her child. I quietly excused myself, realizing that my involvement in her care had truly made a difference. Each subsequent time this patient entered the hospital, she would request that I manage her pain. Although I did not realize it at the time, this was the spark of my journey into pain management.

Our pain service at Mercy Health Center in Oklahoma City averages about three new patients a day with a range of 1 to 7 new patients. Additionally, we follow-up approximately 6-12 patients at any given time. Our pain management model is a team approach, consisting of a pharmacist and a clinical nurse specialist. When consulted by a physician, the pain team fully assesses the patient. This includes reviewing the medical record and speaking with the patient's nurse, as well as conducting an assessment of the patient's medical history, pharmacotherapy, and opioid history. The pain team will also review laboratory results, radiology reports, and gather other information necessary to provide the physician with an accurate assessment and recommendations. Although one team member conducts daily patient follow-up, both members routinely communicate with each other to utilize our multidisciplinary approach.

Pain management should be carefully individualized due to the toxic nature of pharmacotherapy and the complex medical history each patient brings. Challenges for the Pain Management Pharmacist may include multiple allergies or intolerances to opioids, such as hypotension, nausea, or opioid-induced headache, as well as disease state considerations. For example, the pharmacist may be called to recommend Lyrica[®]. However, a further evaluation of the patient's current renal function may require a dose adjustment, or evaluation of the patient's heart failure status may necessitate an alternative neuropathic agent to prevent pedal edema. The next patient may require a non-steroidal anti-inflammatory agent, but his renal status and dehydration may impose risks that must be weighed against the benefits of drug therapy. Over the last seven years, our team has built a trusting relationship with our medical staff. Continued positive patient outcomes are important in maintaining their confidence.

Core pain management education for our nursing and pharmacy staff along with policy development continues to be a challenge. However, this will translate into improved patient outcomes for those patients not under our service. Our most difficult challenge is usually managing our patients' pain, and without this challenge, we would not have been consulted. The impact we can have on making patients more comfortable and controlling their pain is a truly rewarding experience.



OU COP Student Chapter Report

Advisor: Michele Splinter

OSHP student chapter at OU-Tulsa held the Clinical Skills Competition on September 13th, 2007, with ten teams competing. The winners of the competition were P-4 students Kristi Sharp and Michelle Lamb who have been partners in this competition throughout their P2, P3, and P4 years. Sharp and Lamb will be representing OU at the ASHP Mid-Year Meeting in Las Vegas this December. Although preparation for the competition is a priority, they also plan on just having a great time in Vegas! Several other members who are also attending the meeting will accompany them.

Dr. Ann Lloyd, an OU Clinical Assistant Professor and Clinical Pharmacist at Hillcrest Hospital, spoke at our last chapter meeting on October 15th, 2007, about clinical pharmacy, her education, and her career. The OU-Tulsa student chapter participated in the Pharmacy Week "Tulsa's a Day for the Homeless" on October 25th, 2007, in order to learn more about the homeless and to help them with their pharmaceutical needs, along with taking donations for much needed supplies to the homeless day shelter.

OFFICERS	SPRING 2007 - SPRING 2008
President	Mark Bateman
President-Elect	Renee Tobey
Vice President	Misty Broyles (OKC), Traselynn Anderson (Tulsa)
Secretary	Shannon Beekman
Treasurer	Maria Bates
Historian	Cory Binova (OKC), Kevin Diller (Tulsa)



SWOSU Student Chapter Report

Advisors: Mark Gales, Virgil Van Dusen, Nancy Williams

With the excitement of being full swing in the semester, now is a great time to reflect on what we as a chapter have done so far. We started off the semester with a membership drive, which showed record growth in our organization. Shortly after, we hosted Dr. Welch who spoke about psychiatric pharmacy. In early October, Dr. Mark Gales gave students a tutorial about what to expect during the Clinical Skills Competition. We would like to give a big thanks to both SWOSU faculty for taking the time to come out to Weatherford; the students really appreciate it.

This semester we are focusing on giving back to the community. Members have come together to adopt a marine and are taking turns writing letters and putting together care packages to send him. In November, we plan to go to Trinity Hospice to make Thanksgiving crafts for the hospice patients. Additionally, we are having a Thanksgiving food drive for the Agape Clinic. We also put together a treat for the pharmacists at Weatherford Regional Hospital for National Hospital and Health-System Pharmacy Week. As always, these are fun and rewarding experiences.

The local Clinical Skills Competition was held on October 22nd at SWOSU. Twelve teams competed, and the winning team of Mattea McClain and Beverly Medcalf will proudly represent Southwestern at the national competition in Las Vegas this December. Upcoming meetings include joining forces with Southwestern Pharmacy Association to host Janet Pelzel (SWOSU graduate) to talk about residencies. Also, in November, we look forward to having Dr. Tracy Hagemann and her resident, Jamie Miller, come and speak to us about pediatric pharmacy.

Thanks to great SWOSU faculty, hard-working officers, and our dedicated student members for a great semester so far.

OFFICERS	FALL 2007
President	Jessica Bowen
President-Elect	Samantha Mitchell
Secretary	Jaime Miller
Treasurer	Becca Stodieck
Fundraising Chairs	Melissa Gloden & Rebekah Vermillion



WATCH FOR UPCOMING ISSUES OF THE OSHP NEWSLETTER
October-December 2007, January-March 2008