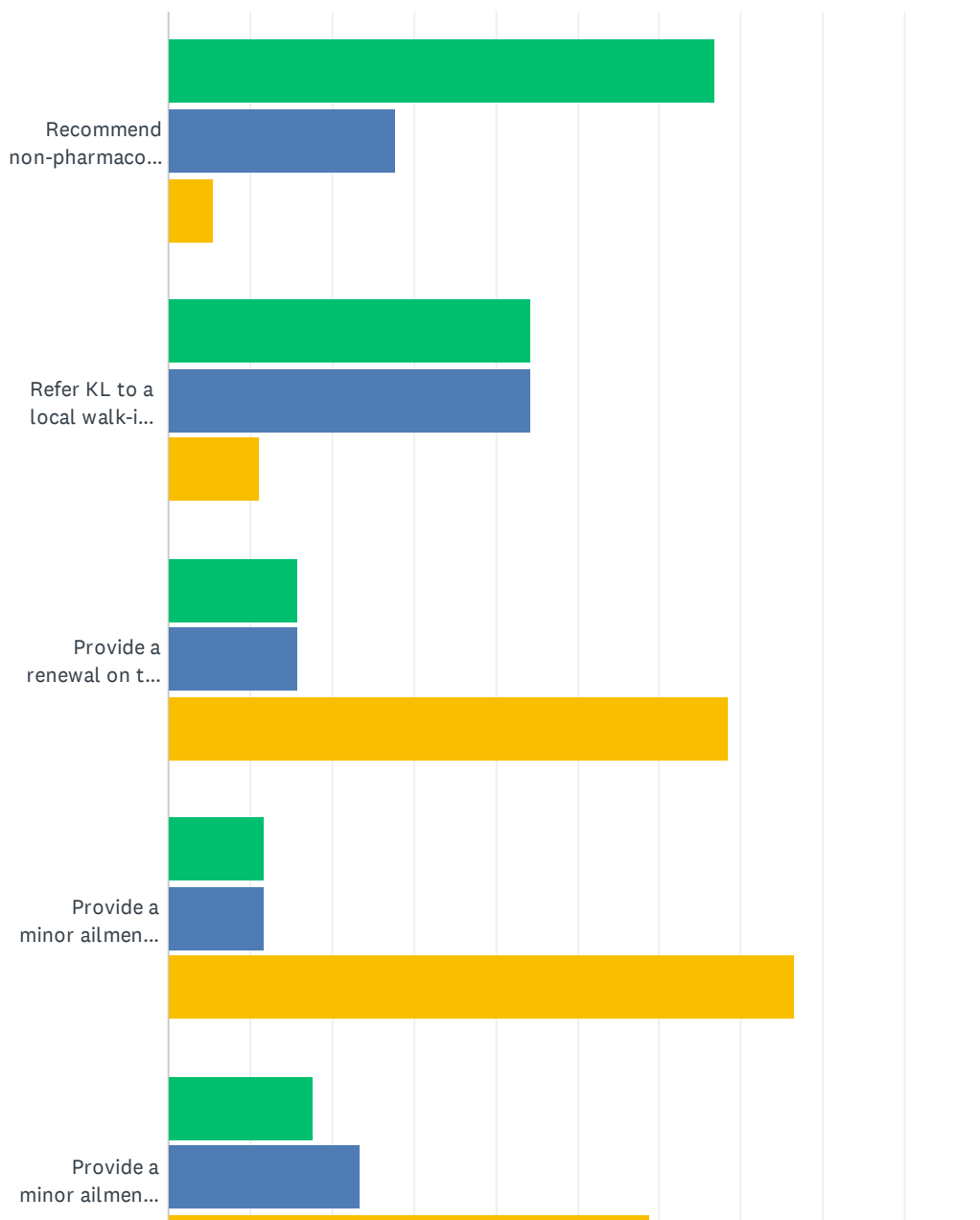


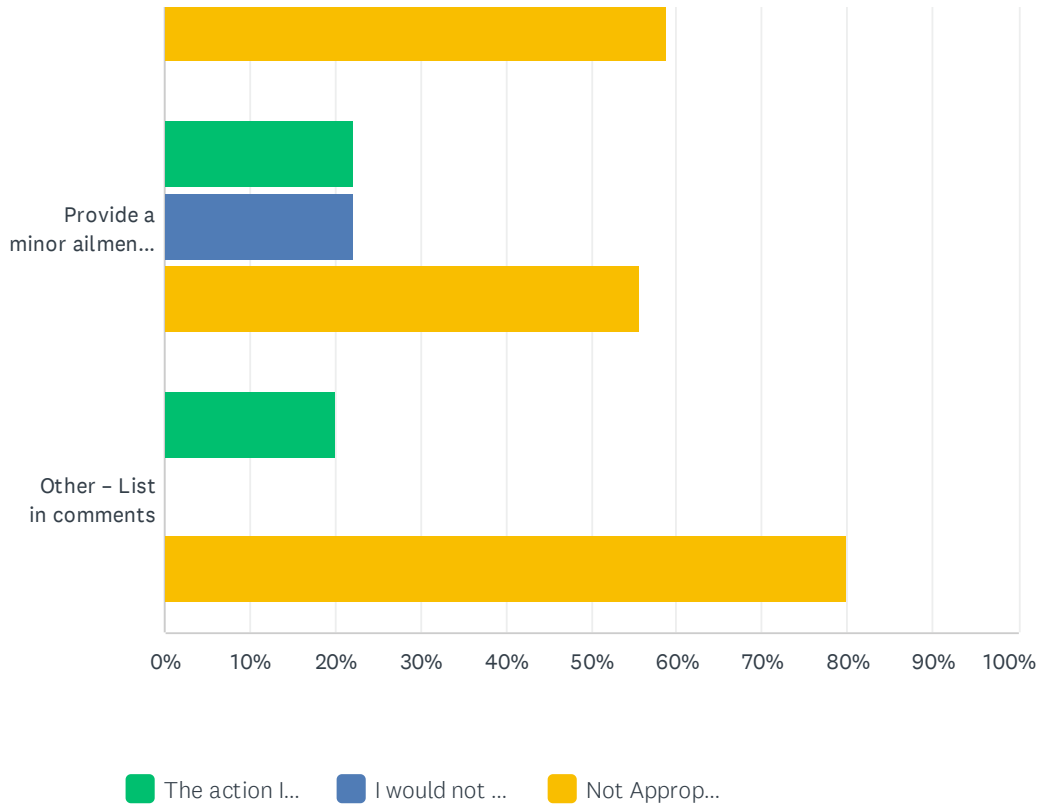
Q1 KL is a 40 yo male who is indicates that he is travelling to Vancouver in 1 week for a 10-day trip. He indicates that he suffers from terrible jet-lag.

Two years ago he was given a blue oval sleeping pill that began with “z” and found that it worked great while he was there and as he adjusted when he got back. You can see he got 14 tablets of zopiclone 7.5 mg from a local walk-in clinic two years ago. He was hoping to get a 20-day supply of the medication for his upcoming trip. He indicates he normally does not have problems sleeping. His medical background is unremarkable. How should a pharmacist respond?

Answered: 20 Skipped: 0



Panel of Peers Survey - January 28, 2022



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Recommend non-pharmacological measures and/or OTC products (e.g. melatonin, diphenhydramine)	66.67% 12	27.78% 5	5.56% 1	18
Refer KL to a local walk-in clinic.	44.44% 8	44.44% 8	11.11% 2	18
Provide a renewal on the prescription from 2 years ago.	15.79% 3	15.79% 3	68.42% 13	19
Provide a minor ailment prescription of 20 zopiclone 7.5 mg.	11.76% 2	11.76% 2	76.47% 13	17
Provide a minor ailment prescription of zopiclone 7.5 mg for 7 tablets.	17.65% 3	23.53% 4	58.82% 10	17
Provide a minor ailment prescription of zopiclone 5 mg.	22.22% 4	22.22% 4	55.56% 10	18
Other – List in comments	20.00% 1	0.00% 0	80.00% 4	5



Panel of Peers – Reflections From Select Panel Members Jan 28, 2022



Question 1

- Pharmacist response was all over the place. The totals are much higher than 100% for the action I would take so I suspect many prescribed in addition to prescribing or referring.:
 - 67% - Non-pharm and OTC products
 - 44% - Referral to walk-in clinic
 - 16% - Renewal of the prescription from 2 years ago
 - 12%, 18%, 22% - Prescribed zopiclone 7.5 and 5 mg
 - 1 Other was a referral to Maple

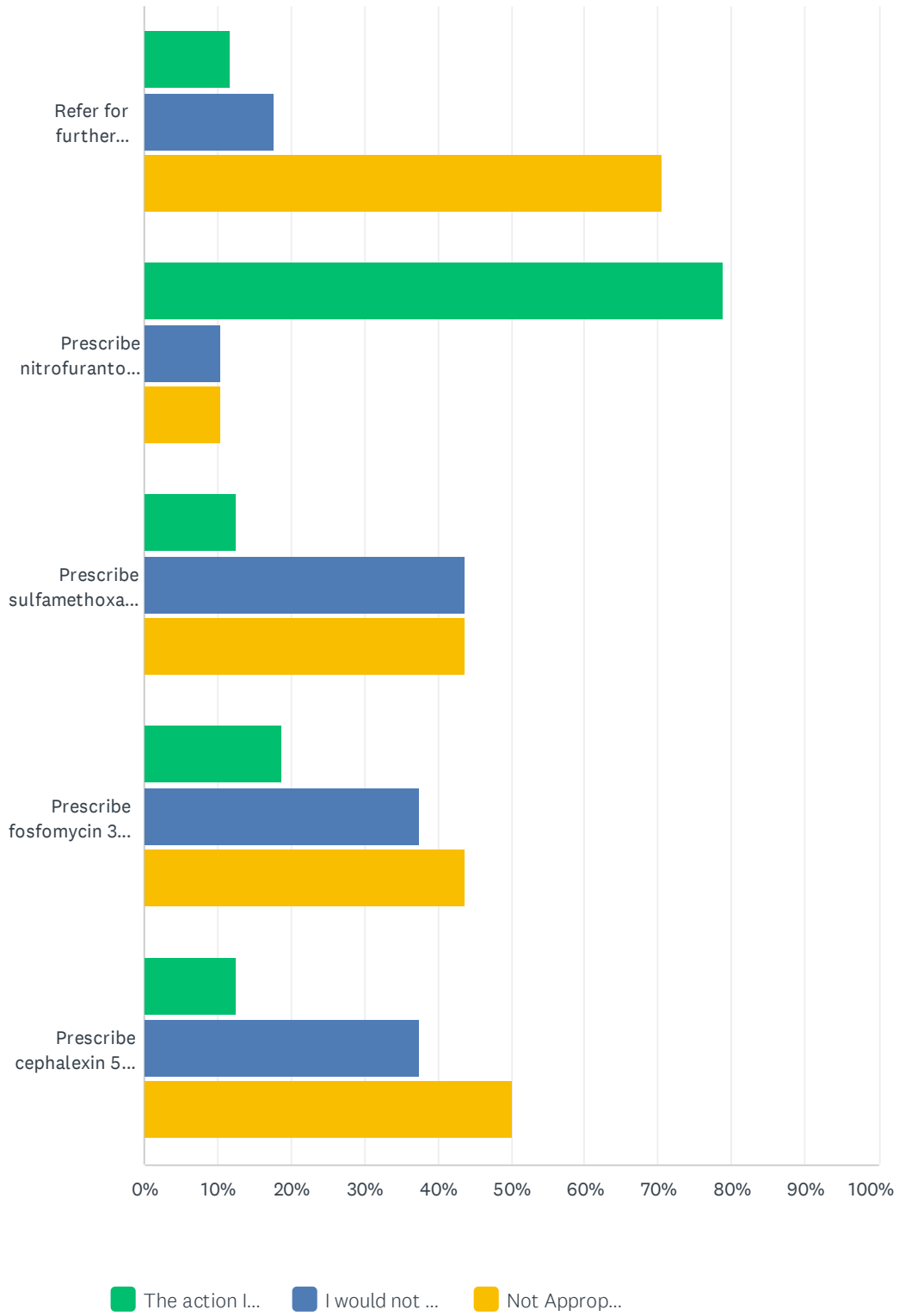
Comments

- OTC/Non=pharmacological should always be recommended.
- 20 days of zopiclone would be more than be needed to treat jet-lag for this trip. Was he seeking it for multiple trips?
- Fits within minor sleep disorders, would not need a referral.

Q2 DD is a 32 yo female presenting with symptoms of frequency and dysuria. The symptoms began 3 days ago. She denies fever, flank pain, blood in the urine or abdominal pain. She is currently taking Synthroid® 50 mcg once daily. She has no other medical conditions or medications. She breaks out in a rash with amoxicillin. She is currently breastfeeding her 6 month old infant? How should a pharmacist respond?

Answered: 20 Skipped: 0

Panel of Peers Survey - January 28, 2022



Panel of Peers Survey - January 28, 2022

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Refer for further assessment/culture	11.76% 2	17.65% 3	70.59% 12	17
Prescribe nitrofurantoin 100 mg bid x 5 days	78.95% 15	10.53% 2	10.53% 2	19
Prescribe sulfamethoxazole/trimethoprim 800/160 bid x 3 days	12.50% 2	43.75% 7	43.75% 7	16
Prescribe fosfomycin 3 g single dose	18.75% 3	37.50% 6	43.75% 7	16
Prescribe cephalexin 500 mg qid for 5 days	12.50% 2	37.50% 6	50.00% 8	16



Panel of Peers – Reflections From Select Panel Members Jan 28, 2022



Question 2

- Most pharmacists went with nitrofurantoin:
 - 79% - nitrofurantoin
 - 12.5% - Septra DS
 - 12% - Refer – 71% thought this was not appropriate
 - 19% - Fosfomycin
 - 12.5% - Cephalexin

Comments

- Clarification recently made that breastfeeding does not need referral. Protocol updated.
- All options considered compatible in breastfeeding at this stage although loss cross-sensitivity with amoxicillin on cephalixin.
- Nitrofurantoin first line agent.
- Macrobid not a problem in infants older than 1 month.