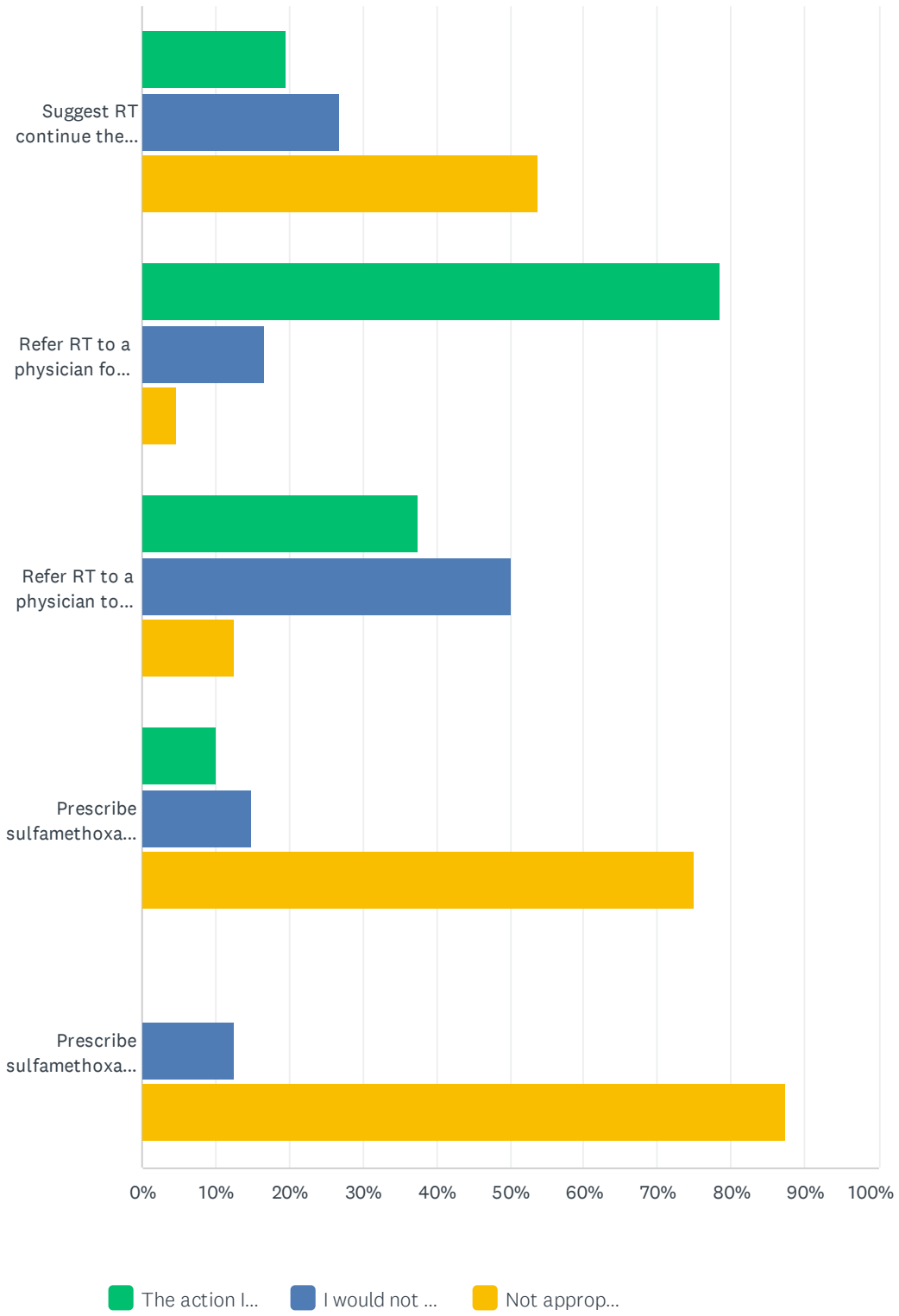


Q1 (Your Submission) RT is a 36 yo female who presented with dysuria and frequency 3 days ago. She was assessed by you at that time and based on her history, which included a previous episode of uncomplicated cystitis 4 years prior and no complicating factors, you prescribed a 5-day course of nitrofurantoin. Upon follow-up today she indicates that her symptoms haven't really changed at all. The rest of RT's medical background is unremarkable. How should a pharmacist respond?

Answered: 42 Skipped: 0

Panel of Peers Survey - April 1, 2022



Panel of Peers Survey - April 1, 2022

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Suggest RT continue the treatment for the final 2 days and reassess.	19.51% 8	26.83% 11	53.66% 22	41
Refer RT to a physician for a culture and sensitivity.	78.57% 33	16.67% 7	4.76% 2	42
Refer RT to a physician to start another antibiotic today.	37.50% 15	50.00% 20	12.50% 5	40
Prescribe sulfamethoxazole/trimethoprim DS for 3 days.	10.00% 4	15.00% 6	75.00% 30	40
Prescribe sulfamethoxazole/trimethoprim DS for 7 days.	0.00% 0	12.50% 5	87.50% 35	40



Panel of Peers – Reflections From Select Panel Members Apr 1, 2022



Question 1

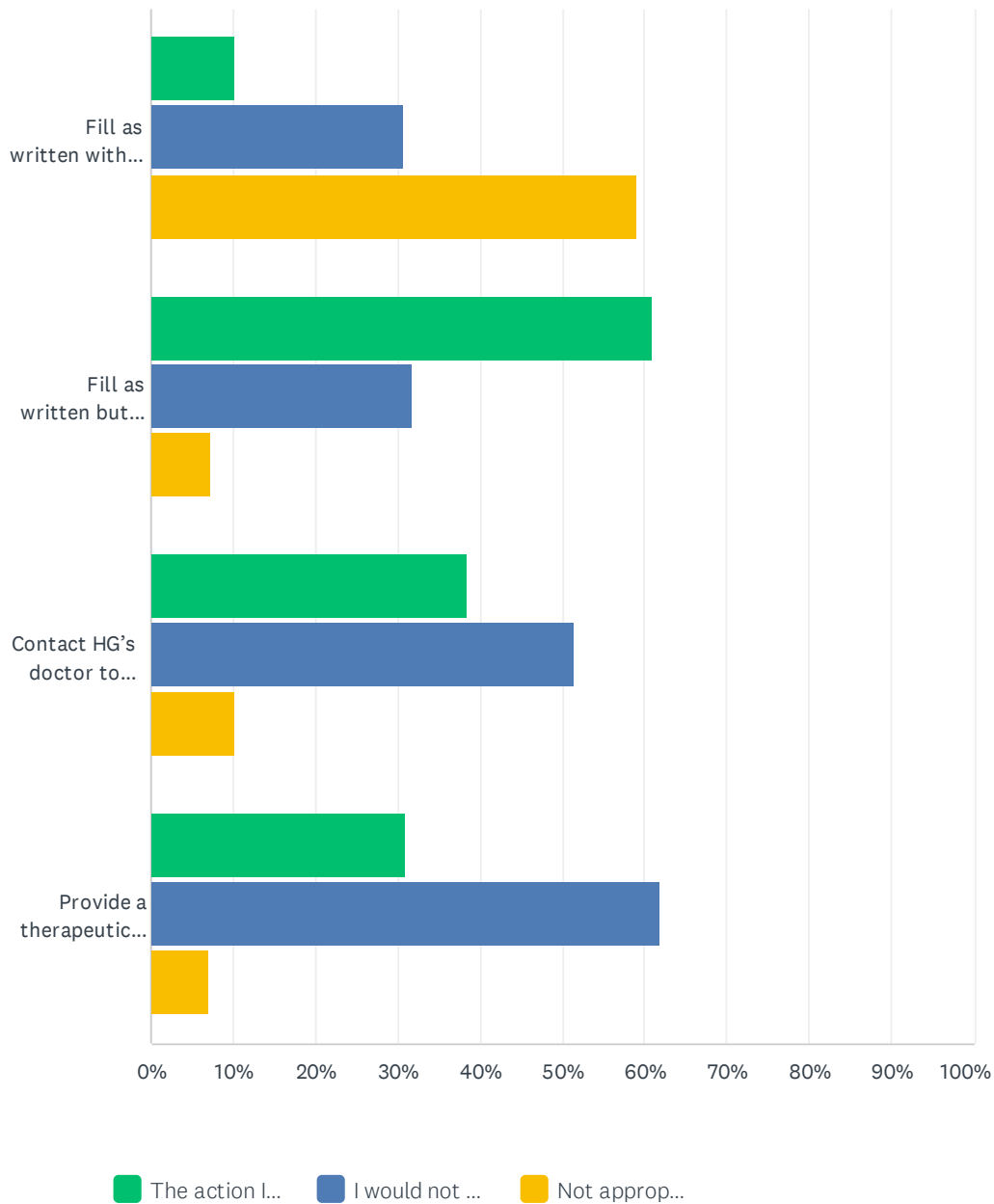
- Overwhelming majority chose to refer for C&S.:
 - Refer for C&S – 76% Action I would take, 5% Not appropriate
 - Refer to start another antibiotic (doesn't exclude above) – 38% Action I would take, 12.5% Not Appropriate
 - Suggest RT continue for 2 more days and reassess – 20% Action I would take, 54% Not appropriate
 - Prescribe 3 days of Septra DS – 10% Action I would take, 75% not appropriate

Comments

- I would refer especially if symptoms were worse
- Recurrence or treatment failure are reasons for referral. It could be a different type of infection since typically symptom improvement will occur within 24-48 hours.
- If no resolution of symptoms after 3 days, I wouldn't want the patient to continue being uncomfortable or risk spreading the infection to kidneys if resistant to macrobid. I would refer for alternative and a culture if possible to ensure appropriate treatment. We can't prescribe on top of pharmacist prescribing or for a longer duration. That being said, I would assess the availability of other care and risk of letting the infection go untreated.
- I once prescribed MacroBID after someone had failed 3 days of sepra. Looking back I probably should have referred for culture

Q2 HG is a 62 yo female with a prescription for sulfamethoxazole/trimethoprim DS for 3 days for uncomplicated cystitis. She is also taking ramipril 5 mg once daily for hypertension. She has no drug allergies. She has no other medical conditions. Her renal function is normal (eGFR>90). Her potassium level is 4.0. How should a pharmacist respond?

Answered: 42 Skipped: 0



Panel of Peers Survey - April 1, 2022

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Fill as written with usual and customary counselling	10.26% 4	30.77% 12	58.97% 23	39
Fill as written but caution HG regarding hyperkalemia and caution signs and symptoms.	60.98% 25	31.71% 13	7.32% 3	41
Contact HG's doctor to discuss possible hyperkalemia and switching the medication.	38.46% 15	51.28% 20	10.26% 4	39
Provide a therapeutic substitution for nitrofurantoin 100 mg bid x 5 days.	30.95% 13	61.90% 26	7.14% 3	42



Panel of Peers – Reflections From Select Panel Members Apr 1, 2022



Question 2

- Most would fill as written and caution the patient but there was significant support in multiple categories:
 - Fill as written but caution on s/sx of hyperkalemia – 61% Action I would take, 7% Not appropriate
 - Contact the physician to discuss switching the medication – 38% Action I would take, 10% Not appropriate
 - Provide a therapeutic sub for Macrobid – 31% Action I would take, 7% Not appropriate

Comments

- My only concern with substituting would be I need to confirm with the patient whether sepra was chosen on the basis of a culture and whether she had recently had Macrobid
- This is an issue where I'd definitely have a discussion with the doctor because there could be other things going on that I'm not aware of.
- Would try to contact prescriber first to see if culture done (Note: On SHARE) and get more info. If I couldn't reach them I would do therapeutic sub if patient okay with that.