



Panel of Peers – Reflections From Select Panel Members Apr 22, 2022



Question 1

- Fairly consistent approach. Most felt the patient fell beyond the pharmacist's scope of practice:
 - Refer – 80% Action I would take, 5% Not appropriate
 - Prescribe Amoxi/Clav for 5 days and refer to MD on Tuesday for follow-up, etc – 22% Action I would take, 62% Not appropriate

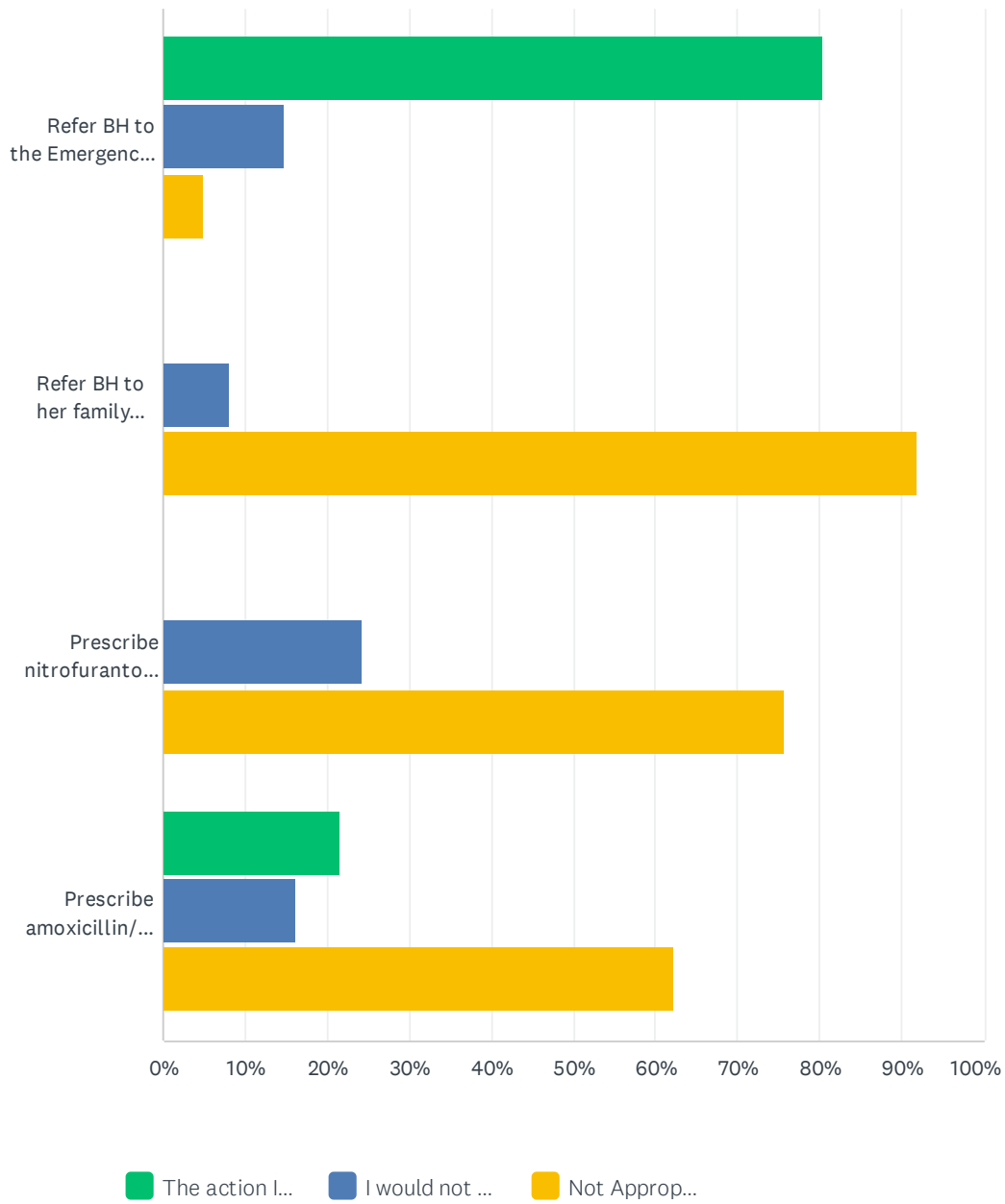
Comments

- She has multiple factors indicating complicated UTI and we are not authorized to prescribe for that. Walk-in clinic would be preferable to the ER. Pharmacist should be able to write for urine C&S and prescribe for this but it is currently not allowed.
- Given the patient's symptoms, I would initiate treatment as patients may deteriorate quickly.
- She falls outside our scope of practice but it is borderline abuse not to help her.
- We cannot prescribe for complicated UTI. I hate to refer her to the hospital but she would get the most appropriate care there.
- If she was resistant to amoxi/clav and delayed getting the culture until Tuesday that would be worse than waiting for 10 hours at ER today. It's not convenient for the patient to go to the ER but if that's the only option it would be more appropriate care until we can order tests.

Q1 BH is an 80 yo female, who presents to the pharmacy requesting an assessment for a UTI. She has been experiencing frequency and urgency of urination and has discomfort when voiding. She reports no vaginal symptoms. She also complains of slight flank pain. BH's spouse is also present and reports that he has noticed an increase in her confusion and agitation over the past couple days. He became less alarmed when she displayed urinary symptoms in the past 24 hours. She had one UTI in the past 14 months, occurring 3 months ago. She was prescribed nitrofurantoin 100mg BID which was changed 2 days later to amoxicillin 500mg TID for 7 days due to treatment failure. BH has diabetes with an A1C two months ago of 9.0. Her eGFR was 62 mL/min and her electrolytes were normal. She is currently taking metformin 250 mg bid and NPH insulin 15 units bid. She is also taking atorvastatin 20 mg daily and candesartan 8 mg daily. BH does not regularly test her blood glucose because she finds it difficult getting a blood sample. THIS IS THE SATURDAY OF THE EASTER WEEKEND. Her family doctor is not in the office until Tuesday. How should a pharmacist respond?

Answered: 41 Skipped: 0

Panel of Peers Survey - Apr 22, 2022



Panel of Peers Survey - Apr 22, 2022

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Refer BH to the Emergency Department today (for empiric therapy and C&S).	80.49% 33	14.63% 6	4.88% 2	41
Refer BH to her family doctor on Tuesday for assessment (for empiric therapy and C&S).	0.00% 0	8.11% 3	91.89% 34	37
Prescribe nitrofurantoin 100 mg bid for 5 days and fax her doctor with the assessment of potential complicated UTI for follow-up on Tuesday. Advise patient to go to the ER or call 911 if symptoms deteriorate.	0.00% 0	24.32% 9	75.68% 28	37
Prescribe amoxicillin/clavulanate 875 mg bid for 5 days and fax her doctor with the assessment of potential complicated UTI for follow-up on Tuesday. Advise patient to go to the ER or call 911 if symptoms deteriorate.	21.62% 8	16.22% 6	62.16% 23	37



Panel of Peers – Reflections From Select Panel Members Apr 22, 2022



Question 2

- One of the few responses that generated a greater than 90% consensus rate:
 - Fill the prescription early and notify the doctor on Monday and refer for reassessment – 92% - Action I would take, 0% Not appropriate
 - Tell RC he can't get his medication until Monday when the physician can authorize the refill – 8% Action I would take, 42% - Not appropriate
 - Tell RC he must go to a walk-in clinic to get a new prescription and cancel remaining refills – 5% Action I would take, 64% Not appropriate
 - No one choose to refer to a walk-in clinic to have the on-call provider authorize early release of the previous prescription or to write a new prescription and leave the old one active.

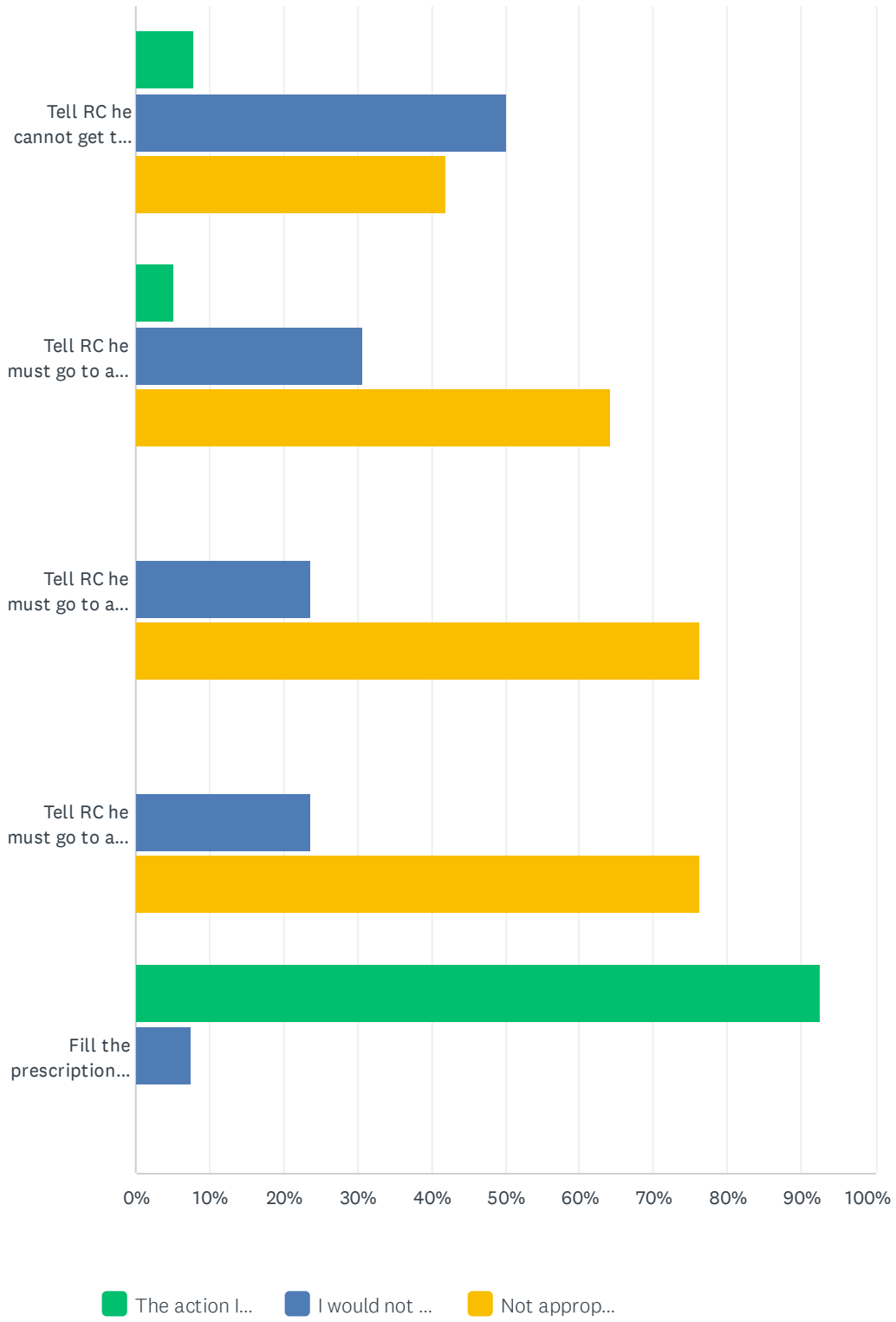
Comments

- Consider modifying venlafaxine and CBT. Not appropriate to refer to a walk-in clinic because the provider would have less information and ability to follow-up
- Many pharmacists use SOP and regs thinking they are avoiding making the decision and defer it to someone else. In fact they are making a decision - not to provide therapy - in a situation where therapy is not being abused and could be considered appropriate prn therapy. SNRI therapy needs to be modified to avoid daily lorazepam. 4 days extra would not constitute diversion.
- I would consider giving a 4 day supply and reassess next week.
- I might fill a shorter days supply (7 days) and contact prescriber on Monday
- Fill enough until Monday
- Fill the prescription but owe a balance and only give a few days supply
- Based on patient history I would allow the one time fill but document it.
- Rather than refer to a walk-in clinic I would assess whether I thought it was unsafe to fill. I would fill it but notify the physician, largely to reassess the SNRI. Daily lorazepam and the need for more means baseline therapy is insufficient.

Q2 RC is a 32 yo male with anxiety who takes venlafaxine 150 mg once daily and lorazepam 1 mg once daily prn. RC's venlafaxine prescription is for 3 months and 3 refills but his lorazepam is written for 30 tablets with 5 refills. RC calls to get his third fill of lorazepam refilled but it is 4 days early. He indicates that he had a couple bad days over the past month and took 2 a day and that is why he is early. He normally does not request early refills of lorazepam. The rest of RC's medical background is unremarkable. It is Saturday and RC's physician is not accessible until Monday. He has no medication left. How should a pharmacist respond?

Answered: 41 Skipped: 0

Panel of Peers Survey - Apr 22, 2022



Panel of Peers Survey - Apr 22, 2022

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Tell RC he cannot get the medication until Monday, when his family doctor can authorize the early refill.	7.89% 3	50.00% 19	42.11% 16	38
Tell RC he must go to a walk-in clinic and have the physician issue a new prescription and cancel his remaining refills.	5.13% 2	30.77% 12	64.10% 25	39
Tell RC he must go to a walk-in clinic and have the physician issue a new prescription and do NOT cancel his remaining refills but refill them when due after the new prescription.	0.00% 0	23.68% 9	76.32% 29	38
Tell RC he must go to a walk-in clinic to have the walk-in clinic authorize an early refill of the existing lorazepam prescription.	0.00% 0	23.68% 9	76.32% 29	38
Fill the prescription early, notify RC's doctor on Monday and discuss reassessment due to increased anxiety.	92.50% 37	7.50% 3	0.00% 0	40