



## Panel of Peers – Reflections From Select Panel Members July 8, 2022



### Question 1

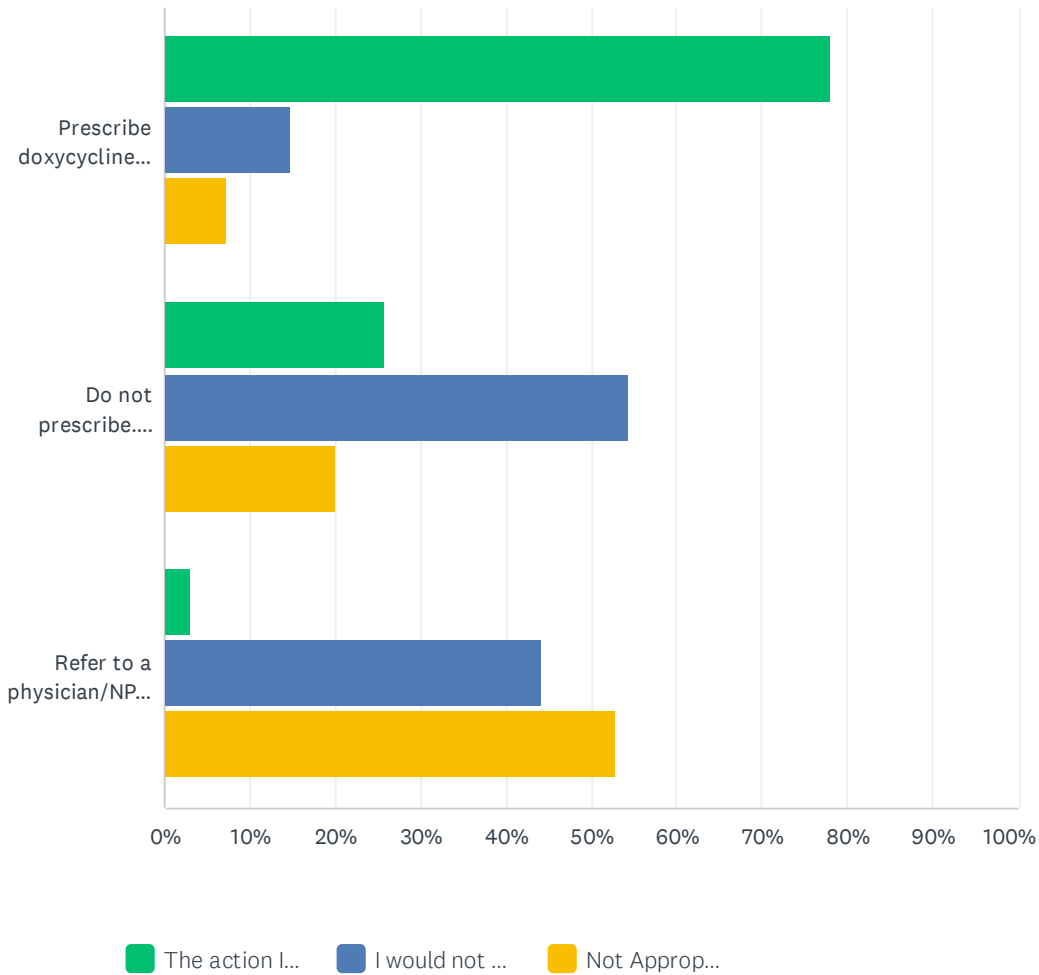
- Three to one split on prescribing vs watchful wait:
  - Prescribe – 78% Action I would take, 7% Not appropriate
  - Watchful wait – 26% Action I would take, 20% Not appropriate
  - Refer to a MD/NP – 3% Action I would take, 53% Not appropriate

### Comments

- Depends on best guess of duration. Discuss risks/benefits. Wonder about risk of antibiotic resistance of population level prophylaxis vs. full-course treatment for Lyme Disease treatment.
- I think you could go either way. Given local prevalence I would prescribe.
- Prescribe as long as they don't appear to have Lyme Disease
- I would prescribe and monitor.
- You can estimate based on how engorged tick is. Base it on that.

Q1 (Your submission) TR is a 22 yo male who presents with a tick bite. You are able to confirm that the tick was a deer tick but you do not know how long it was attached. By TR's estimate it could be 24 to 96 hours. How should a pharmacist respond?

Answered: 41 Skipped: 0



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Prescribe doxycycline prophylactically	78.05% 32	14.63% 6	7.32% 3	41
Do not prescribe. Watchful waiting.	25.71% 9	54.29% 19	20.00% 7	35
Refer to a physician/NP for further assessment.	2.94% 1	44.12% 15	52.94% 18	34



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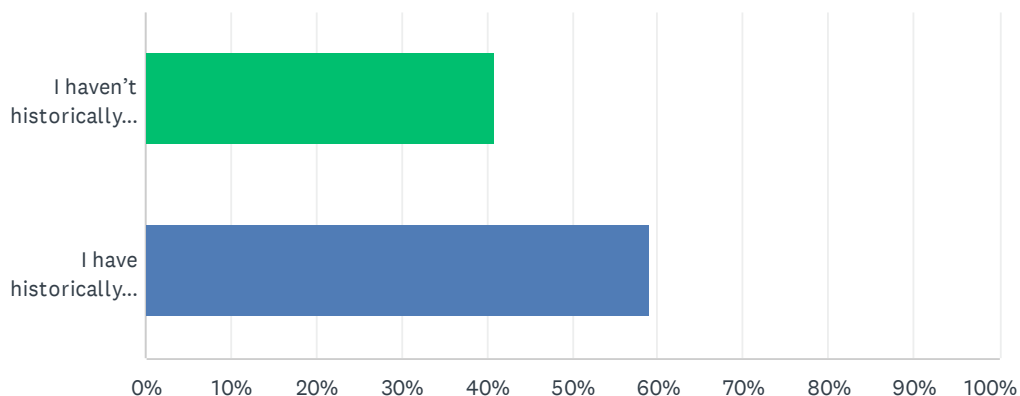


### Question 2

- 60/40 split on documenting red flags. I think our sample may have a bias. See results below.

**Q2 Renewal Red Flag Series: When providing renewal prescriptions, it is important that a pharmacist rule out and document any red flags that would warrant an urgent referral. (i.e. Patient reports no signs of .....). This is important not only for the patient’s well-being but to limit the liability of the pharmacist and the pharmacy. When providing renewal prescribing for Spiriva for COPD, what red flags would you document in your assessment?**

Answered: 39 Skipped: 2



ANSWER CHOICES	RESPONSES
I haven't historically documented this	41.03% 16
I have historically documented this (please note in the comments what you assess)	58.97% 23
<b>TOTAL</b>	<b>39</b>

#	RESPONSES	DATE
1	Increase dyspnea, sputum production, cough or fever, typical level of SOB and exacerbation history to examine appropriateness and effectiveness of TX as best as I can without lung fx	7/26/2022 11:29 AM
2	no comment option on question 2... so I would document checking -- any new or worsening symptoms of COPD, SOB, wheeze, etc., change in vision (blurriness, eye pain), symptoms of urinary retention, need for use of short acting inhalers. pk	7/20/2022 10:41 AM
3	Spiriva assessment - I'd document no increase in SOB, changes in breathing issues compared to last physician assessment, increased rescue puffer use or need for action plan	7/19/2022 2:17 PM
4	Sputum presence/ change in colour Exacerbation history/ frequency Increase in coughing	7/19/2022 1:19 PM
5	worsening symptoms, sputum color change, etc	7/19/2022 8:47 AM
6	Subjective changes in breathing patterns, demonstration of proper technique or description of same.	7/13/2022 7:41 PM
7	for Spiriva I would ask how breathing has been - any recent infections/hospitalizations, any issues with using the device etc	7/12/2022 11:59 AM

