



Panel of Peers – Reflections From Select Panel Members Feb 11, 2022



Question 1

- Majority would refer for treatment of post-herpetic neuralgia. 25% would still prescribe antivirals but most felt that it was inappropriate. While most would prescribe acetaminophen for pain, some wanted to understand BP/reflux and may consider ibuprofen (most felt inappropriate):
 - Recommend acetaminophen – 76% Action I would take, 10% Not appropriate
 - Refer HP to ER/Walk-in clinic – 50% Action I would take, 10% Not appropriate
 - Recommend ibuprofen for pain – 35% Action I would take, 59% Not appropriate
 - Prescribe antivirals – 25% Action I would take, 60% Not appropriate
 - Refer to family doctor – 15% Action I would take, 40% Not appropriate

Comments

From Protocol

Has a typical shingles rash been present for more than 72 hours?

If yes antivirals are not indicated. Complicated symptoms or immunocompromised should be referred but may receive an antiviral within 7 days if they do not have access to immediate care.

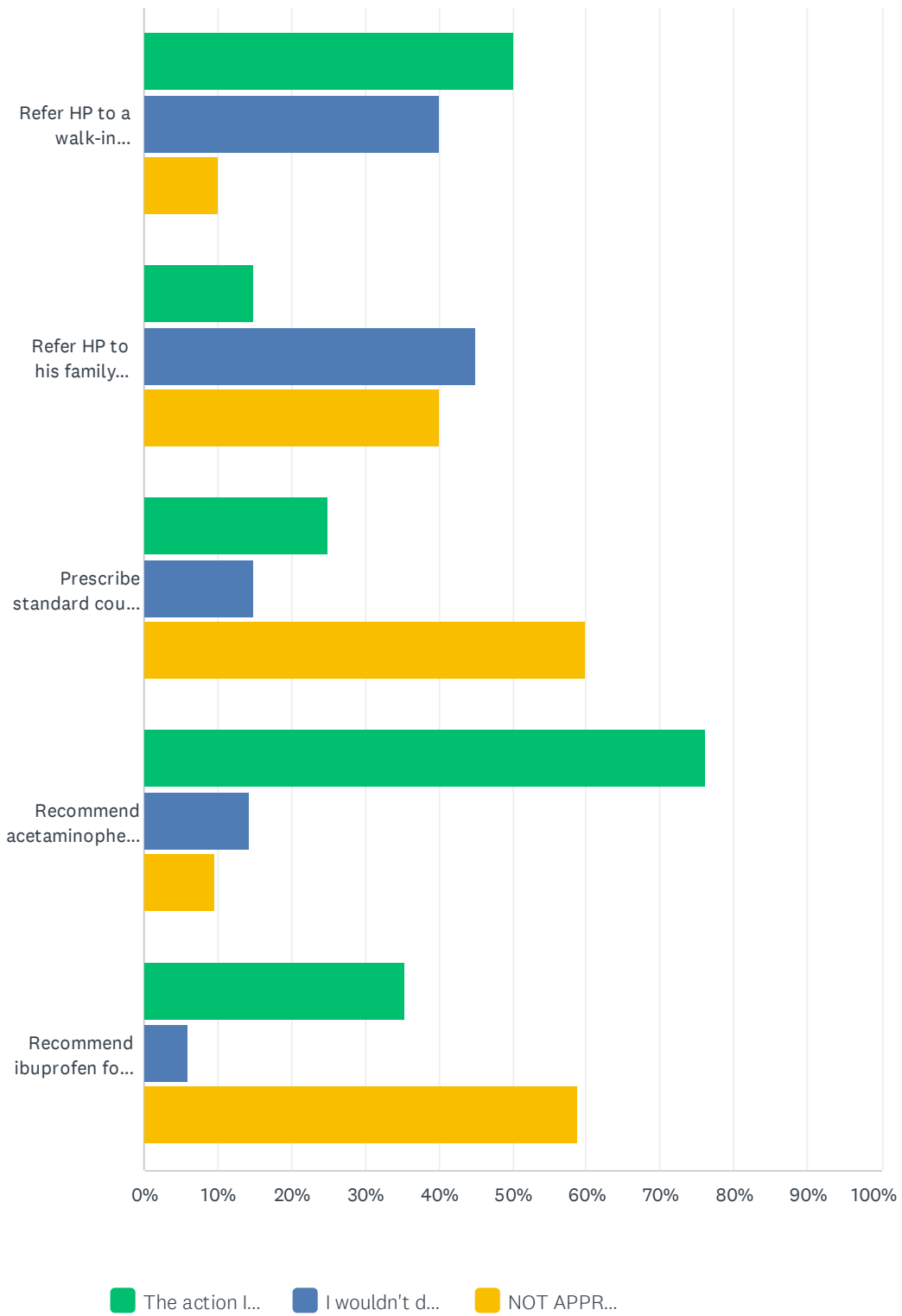
Severe Shingles

Is the pain severe? (>7 out of 10) Refer to PCP & Continue assessment re: antivirals

Q1 HP is a 63 yo male who presents to the pharmacy with a blistering rash in a strip that wraps around the left side of his torso, typical of shingles. He indicates the area was tingling and sore about 10 days ago and the rash developed 6 days ago. There are fluid-filled blisters although some have ruptured. He reports no other symptoms other than pain. He indicates that the pain is sharp and stabbing and is keeping him up at night. On a scale of 1-10 he rates the pain at an 8 at its worst. HP has hypertension, dyslipidemia, glaucoma and acid reflux. His medications include ramipril, amlodipine, atorvastatin, latanoprost and pantoprazole. These medications were started over 6 months ago. He has no allergies. eGFR > 90. How should a pharmacist respond?

Answered: 21 Skipped: 0

Panel of Peers Survey - August 19, 2022



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	THE ACTION I WOULD TAKE	I WOULDN'T DO THIS BUT IT WOULD OK IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL	WEIGHTED AVERAGE
Refer HP to a walk-in clinic/ER	50.00% 10	40.00% 8	10.00% 2	20	1.60
Refer HP to his family doctor (assume 1 week for an appointment)	15.00% 3	45.00% 9	40.00% 8	20	2.25
Prescribe standard course antivirals	25.00% 5	15.00% 3	60.00% 12	20	2.35
Recommend acetaminophen for pain	76.19% 16	14.29% 3	9.52% 2	21	1.33
Recommend ibuprofen for pain	35.29% 6	5.88% 1	58.82% 10	17	2.24

#	COMMENT (OPTIONAL)	DATE
1	Further questions needed as to his GERD and HTN to assess ibuprofen appropriate	8/24/2022 4:35 PM
2	Patient requires treatment for post-hermetic neuralgia	8/24/2022 1:55 PM
3	Advise him of cardiac risks and to monitor BP if he plans to use ibuprofen	8/24/2022 9:33 AM



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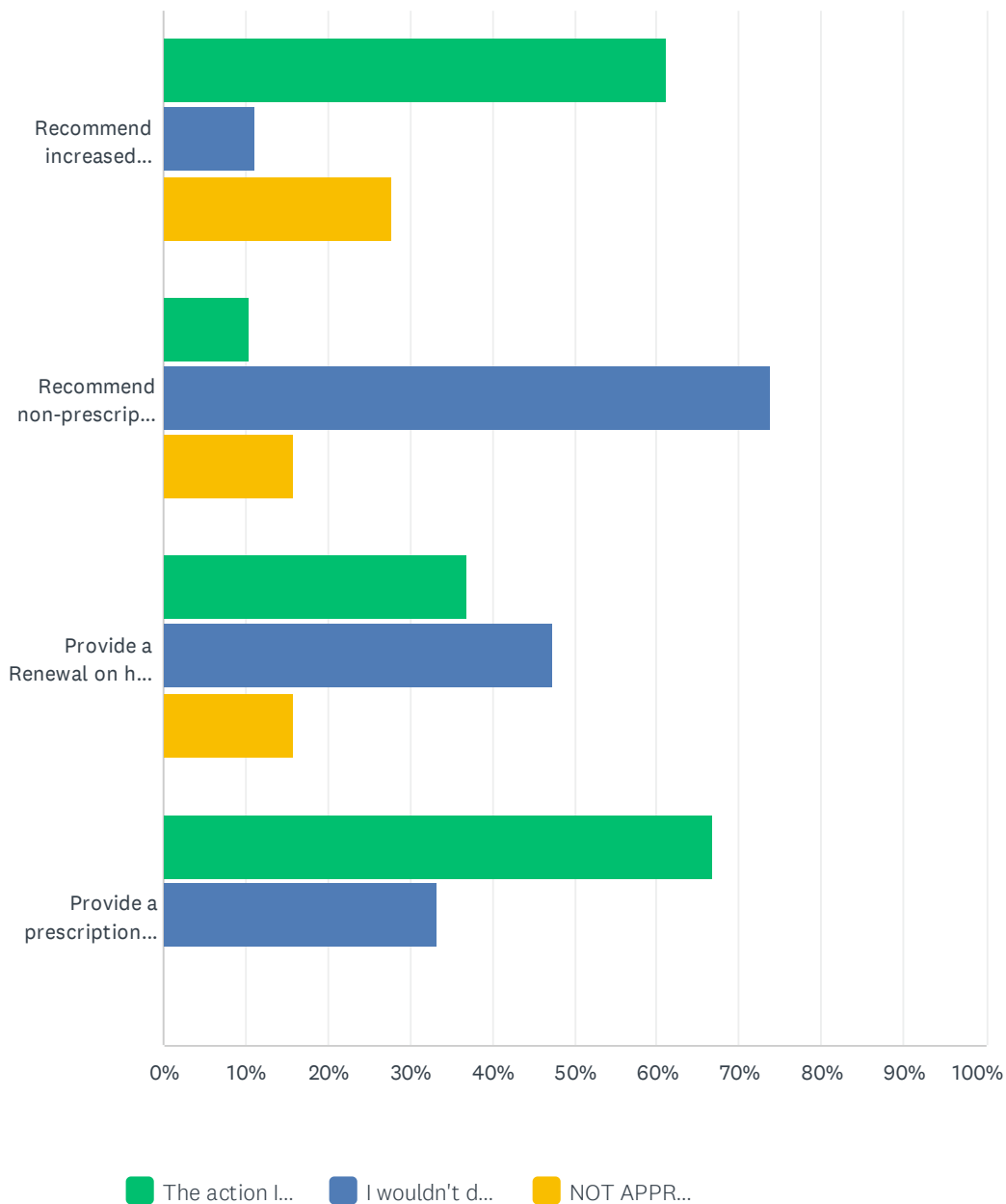
Question 2

- Interesting split on whether people would choose Minor Ailment or Renewal for this situation. I'm guessing those that chose fibre were doing it in conjunction with other interventions:
 - Recommend increased fibre intake – 61% Action I would take, 28% Not appropriate
 - Provide a prescription as a minor ailment – 67% Action I would take, 0% Not appropriate
 - Provide a renewal on her Anusol-HC – 37% Action I would take, 16% Not appropriate
 - OTC Hemorrhoidal products – 11% Action I would take, 16% - Not appropriate

Q2 NL is a 55 yo female who is looking for a refill on her Anusol-HC®. She had a prescription for the ointment filled approximately 10 months ago and it had no refills. She had the prescription prior to that 3 years ago and 4 years ago. She complains of itching, burning and some bright red blood on the toilet paper. She indicated that she hasn't noticed prolapsed tissue during defecation. She indicated she had similar symptoms in the past which has always been successfully treated with her medication. She has experienced increased constipation over the past two weeks (going twice a week (down from daily)) with harder formed stools. She knows there is no refills on the prescription but was hoping you could renew it. She also takes levothyroxine 100 mcg daily for hypothyroidism (TSH normal 3 months ago). She has no other medical conditions and no allergies. How should a pharmacist respond?

Answered: 21 Skipped: 0

Panel of Peers Survey - August 19, 2022



	THE ACTION I WOULD TAKE	I WOULDN'T DO THIS BUT IT WOULD OK IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL	WEIGHTED AVERAGE
Recommend increased intake of fibre	61.11% 11	11.11% 2	27.78% 5	18	1.67
Recommend non-prescription hemorrhoidal products (Anuzinc)	10.53% 2	73.68% 14	15.79% 3	19	2.05
Provide a Renewal on her Anusol-HC®	36.84% 7	47.37% 9	15.79% 3	19	1.79
Provide a prescription for Anusol-HC® as a minor ailment	66.67% 14	33.33% 7	0.00% 0	21	1.33

#	COMMENT (OPTIONAL)	DATE
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1 Even though hypothyroidism and constipation go hand in hand, I'd still talk about the non-pharm stuff but I wouldn't hesitate to renew this prescription since the patient responded well in the past.

8/24/2022 1:55 PM