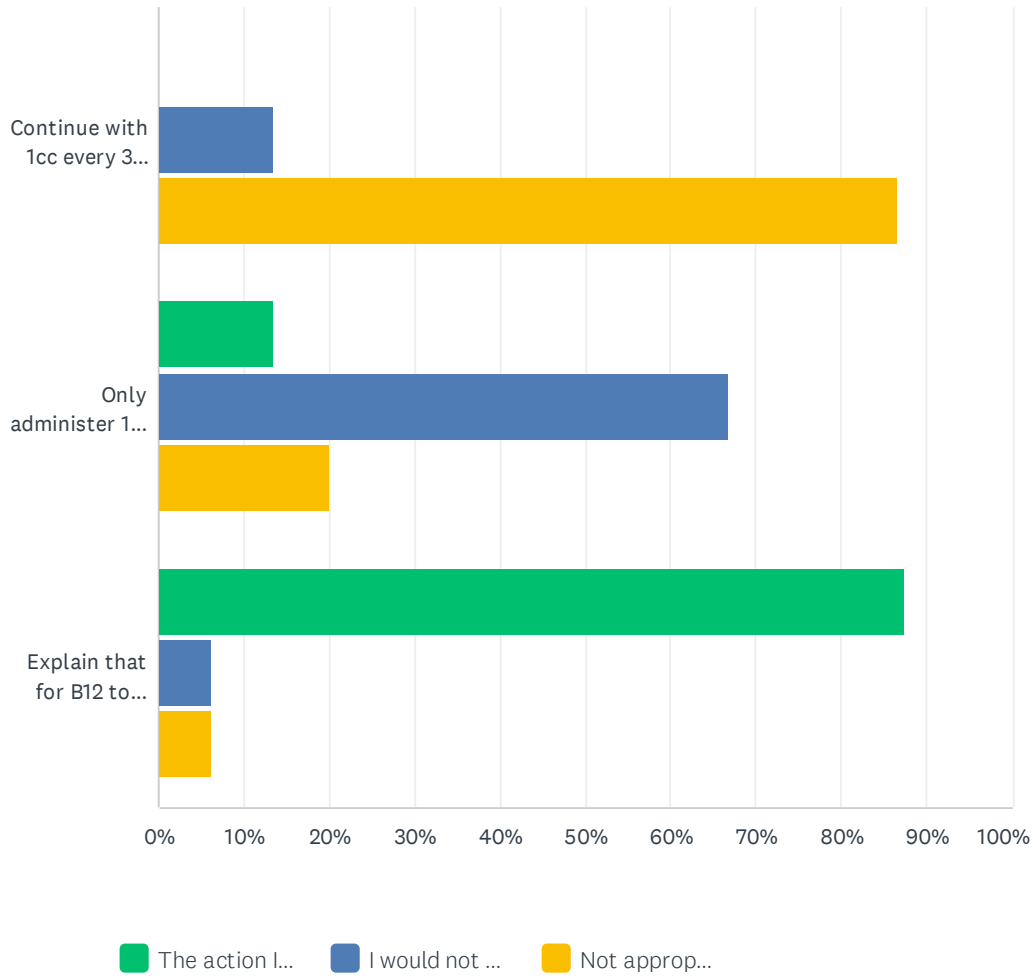


Q1 (Your submission) TD is a 45 y/o female who receives B12 injections for a history of 'B12 deficiency' - no other medical conditions. She previously received injections through her MD, who retired in August. At that time, her MD gave her a new rx for 1cc q4weeks. She had her first dose at our clinic in September, and at that time noted that she was overdue because her last dose was at the start of August. She booked in for her second dose in October, 3 weeks later. It was noticed that she was 1 week early for her injection, and the pharmacist proceeded to check SHARE for blood levels. She hasn't had any bloodwork in 5+ years. The dosing interval (3 vs 4 weeks) was brought up with the patient - she stated she always had it injected every 3 weeks at her doctor's office (despite all rxs always being written for every 4 weeks). She acknowledged that she hadn't had bloodwork done for many years. Since B12 is available without a prescription, she could not understand why there would be any concern with administering it on a different schedule than ordered or why there was concern about lack of bloodwork. TD refused to have bloodwork done (pharmacist at clinic able to provide lab req). How should a pharmacist respond?

Answered: 16 Skipped: 0

Panel of Peers Survey - November 9, 2023



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Continue with 1cc every 3 weeks (patients self reported dose ; not what dr prescribed) despite lack of blood work.	0.00% 0	13.33% 2	86.67% 13	15
Only administer 1cc every 4 weeks (what dr prescribed) despite lack of blood work.	13.33% 2	66.67% 10	20.00% 3	15
Explain that for B12 to continue to be administered at our clinic, up to date lab work is required - if CS refuses she has the option to seek this service elsewhere. If she obtains lab work, make dosing decision based on results.	87.50% 14	6.25% 1	6.25% 1	16

#	COMMENT	DATE
1	I would hold them to every 4 weeks and revisit blood work again in the future. Patient education on the purpose of intervals and blood work monitoring (if it is pernicious anemia they are not going to ever be "cured" so ongoing treatment will be necessary)	11/9/2023 5:36 PM

Q2 HT is a 62 yo female on celecoxib 200mg bid for arthritis for years. Her arthritis pain was not controlled but is tolerable on this dose so HT wants to continue as is. HT is not on anything for gastro protection and said she had discussed this before but it was not initiated and her stomach is "strong as a horse". HT has no allergies to medications. Her only other medication is atorvastatin for dyslipidemia. What questions would you like to ask or factors would you consider before providing care? This case will look at the factors to explore when providing patient care. Patient answers to questions asked will be provided and options presented next week.

Answered: 11 Skipped: 5

#	RESPONSES	DATE
1	Confirm no otc's. What other medications/treatments has she tried for arthritis. Assess other factors for GI risk and explain risk to patient.	11/20/2023 10:38 AM
2	Kidney function Cardiovascular Risk Look at trial of once a day instead of BID	11/17/2023 7:35 PM
3	Any bleeding incidents recently , mainly in stool ? Any stomach pain ? Blood work ? Kidney function , HA1C Any other risk factors for heart disease?	11/17/2023 6:06 AM
4	What had she tried in past for arthritis pain? Would possibly try Acetaminophen CR 650mg since less risk of stomach issues if patient was willing.	11/15/2023 1:09 PM
5	Are you taking tylenol? Do you check your BP? How are your kidneys? Have you ever had an ulcer?	11/14/2023 3:32 PM
6	History of GI issues like ulcers that would put her at higher risk	11/14/2023 11:00 AM
7	Assess Blood Pressure Assess kidney function Smoking history Any CVD? DM2?	11/14/2023 9:44 AM
8	I would consider prescribing a PPI if she remains on celecoxib.	11/13/2023 9:58 AM
9	any OTC used, other options for pain control previously tried, any GI symptoms such as heartburn/signs of bleeding/pain, other cardio risk factors such as BP/blood work for lipids/hx, kidney function	11/13/2023 5:40 AM
10	I would likely think about her "HASBLED" score for bleeding risk. I would also be curious about joints affected and impact on QoL to see if changing to an alternate regimen would be preferred	11/9/2023 5:36 PM
11	- What service is she looking for? Renewal, additional therapy?	11/9/2023 5:21 PM

Q3 If you have a situation you would like included in a future survey please enter it below. Please make sure that none of the information provided could in any way identify possible patients or the pharmacy involved.

Answered: 0 Skipped: 16

#	RESPONSES	DATE
	There are no responses.	