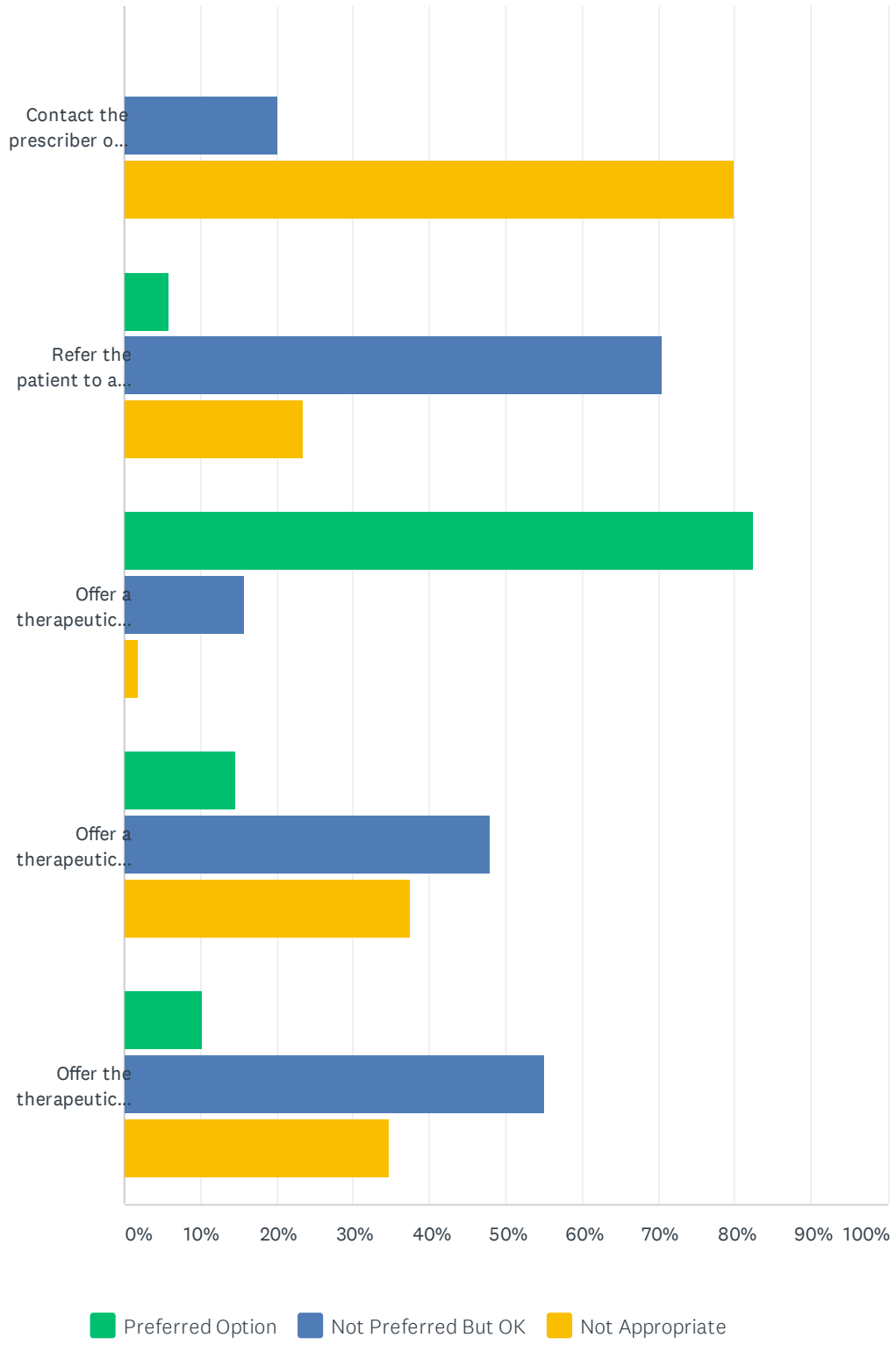


Q1 RT is a 62 yo female with hypertension and type II diabetes. She presents to the pharmacy on Friday evening with a prescription for amoxicillin/clavulanic acid for “community acquired pneumonia” diagnosed by her family doctor with no additional testing. When evaluating the therapy, the pharmacist discovers the patient has an allergy to penicillin causing widespread rash. The patient would like to avoid the rash and change therapy. The pharmacist calls the physician, but the office is closed until Monday. The rest of her medical background is unremarkable. How should the pharmacist respond?

Answered: 52 Skipped: 1

Panel of Peers Survey - Sept 10, 2021



Panel of Peers Survey - Sept 10, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Contact the prescriber on Monday to change the prescription.	0.00% 0	20.00% 10	80.00% 40	50
Refer the patient to a walk-in clinic.	5.88% 3	70.59% 36	23.53% 12	51
Offer a therapeutic substitution with applicable fees.	82.35% 42	15.69% 8	1.96% 1	51
Offer a therapeutic substitution and waive the fee if it is not covered by the patient's plan.	14.58% 7	47.92% 23	37.50% 18	48
Offer the therapeutic substitution before calling the physician in the first place.	10.20% 5	55.10% 27	34.69% 17	49



Panel of Peers – Reflections From Select Panel Members Sep 10, 2021

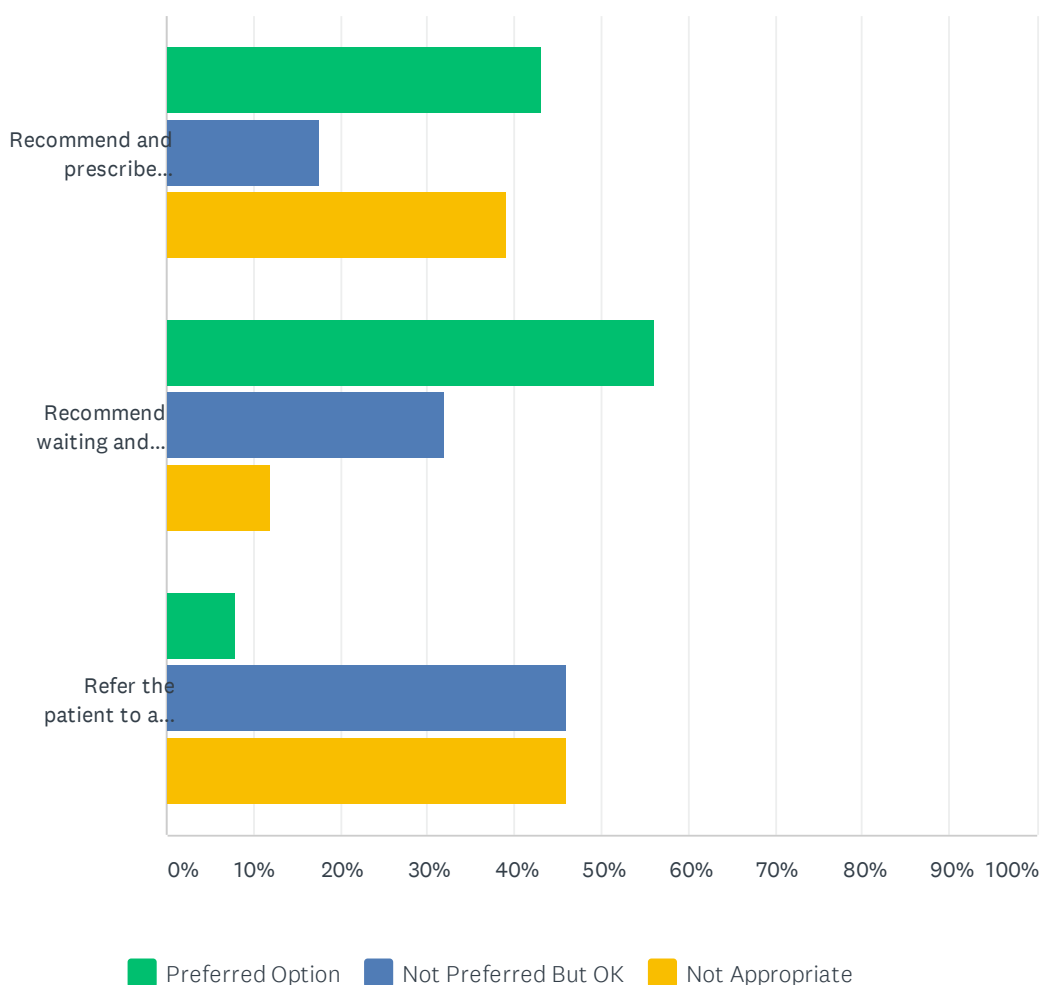


Question 1

- Urgency- Fairly uniform perspective from the select panel that waiting until Monday was not appropriate. If it did happen (e.g., patient refused therapeutic sub and wanted to wait until Monday) we should advise the patient of symptoms to monitor in case the situation became more urgent. (80% - Not Appropriate to call the doctor on Monday)
- Contact Original Prescriber/Refer to Clinic/Pharmacist Initiated Change
 - Some felt if the physician was available (e.g. cell # available) they would contact the primary prescriber first in the interests of collaboration and to inform the prescriber of the allergy.
 - Alternatively, acting autonomously is appropriate as it is part of our scope, but notification of the prescription and the allergy are critical. Exemption to notify should not be used in this case. (Only 10% would offer the therapeutic sub without calling the physician in the first place, 35% thought it was not appropriate, 55% not preferred but ok)
 - Rather than refer to a walk-in clinic for a second opinion, could consult with another colleague or Prescribing Consultant. Prescribing Standards allow for a pharmacist to address this situation. (Only 5% preferred refer to a walk-in clinic)
- Charge the Fee/Waive the Fee
 - We don't waive fees. It is challenging to ask others to reimburse a service if it's given away for free. (82% Preferred Option – Offer a therapeutic substitution and charge applicable fees)
 - Phc may feel uncomfortable charging the fee because it was not the fault of the patient. If the fee was waived let them know there normally is a fee. (Waiving fee if not covered 14% - Preferred, 38% - Not appropriate, remainder in between.)
 - Patients may refuse our service. If so, making them aware of the alternatives and risks and benefits of each are important (e.g. therapeutic sub, walk-in clinics, waiting until Monday and closely monitor symptoms)
 - Having a different economic model where we are reimbursed a different baseline rate that included adaptations/therapeutic subs may address this.

Q2 LK is a 35 yo male who presents to the pharmacy concerned about a tick bite. He indicates that he was hiking near Lunenburg two days ago and found a tick on his right leg today. By his best estimation the tick was on his leg 37 hours. He presents with a little redness (less than a cm) at the bite area that's a little itchy. He reports no other symptoms and the rest of his medical history is unremarkable. When you ask about the tick he said he squished it and tossed it in the yard. In addition to meeting the other Standards of Practice (e.g. cautioning the patient about signs/symptoms of Lyme Disease, prevention measures, evidence of treatment/chemoprophylaxis, etc.), how should a pharmacist respond?

Answered: 51 Skipped: 2



Panel of Peers Survey - Sept 10, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Recommend and prescribe chemoprophylaxis with doxycycline	43.14% 22	17.65% 9	39.22% 20	51
Recommend waiting and watching for symptoms of Lyme Disease	56.00% 28	32.00% 16	12.00% 6	50
Refer the patient to a walk-in clinic for assessment of Lyme Disease	8.00% 4	46.00% 23	46.00% 23	50



Panel of Peers – Reflections From Select Panel Members Sep 10, 2021



Question 2

- Prescribe Chemoprophylaxis vs. Wait and Watch
 - Survey participants differed significantly (43% Preferred Option – Prescribe, 56% - Preferred Option was Wait and Watch)
 - Select panel members **OVERWHELMINGLY stated Wait and Watch**
 - It's Prescribing by Protocol. The patient did not meet the protocol.
 - Cannot guarantee it was a tick or the right type of tick.
 - The protocol is designed with antibiotic stewardship in mind.
 - They may get a prescription if they went to another healthcare provider but that's not on the protocol.
 - If all criteria are met (positive ID of tick by HCP, time frame, endemic region) risk is still only 1-2% and it's treatable. Without all 3 criteria, risk would likely be much lower. Infectious Disease expert stated do not treat.
 - It is critical to advise the patient of signs and symptoms of Lyme Disease and the time frame over which they may occur.
- Refer for Lyme Disease
 - Too early for Lyme Disease to be factor. Rash should be monitored for progression, but it is typical of allergic reaction more than Lyme Disease. Rash is too small. (46% stated Not Appropriate although 54% chose otherwise.)