



Clinical Pharmacy News Letter

S.J.M COLLEGE OF PHARMACY

Department of Pharmacy Practice

BMCH&RC, Chitradurga, Karnataka, India-577502

Web: www.sjmcp.org, E-mail: sjmdruginformationcentre@gmail.com.



Editorial Board

Dr. Bharathi D R

Dr. Yogananda R

Mr. Nataraj G R

Mr. AbubakerSiddiq

Mr. Shankar Reddy. B

Dr. Mamatha B

Miss. Sharvani H

Dr. Priyanaka N

Advisory Board

Dr. Jayanthi

SVCP, Mysore

Dr. Sathvik B.S

RAK Medical and Health
Sciences University, UAE

Dr. Jimmy Jose

University of Nizwa
Sultanate of Oman

Dr. Mahendrakumar

BJ Department of
Pharmacy Practice
Vikas Institute of
Pharmaceutical Sciences
Rajahmundry, Andhra
Pradesh

ELECTRONIC PRESCRIBING



Electronic prescribing is a way for prescribers (health care providers legally allowed to write prescriptions) to send your prescriptions electronically and directly to your pharmacy or which is defined as health initiatives as “the use of computing devices to enter, modify, review and output or communicate drug prescriptions,” involves the use of software by a prescriber to transmit a patient’s prescription directly to the pharmacy. E-prescription is new to Indian healthcare. Electronic prescribing can save you money, time, and help keep you safe by reducing the risks associated with traditional prescription script writing.

Advantages of e-prescribing for prescribers, pharmacists and patients include,

- You don't have to drop off and wait for your pharmacist to fill your prescription.
- Prescribers can check which drugs your insurance covers and prescribe a drug that costs you less.
- Electronic prescriptions are easier for the pharmacist to read than handwritten prescriptions. This helps to minimize dosing errors.
- Prescribers will have secure access to your prescription history, so they can be alerted to potential drug interactions, allergies, and other warnings at the point of care.
- Information on formulary eligibility and authorization requirements for the patient’s drug plan.
- Allows prescribers and pharmacist’s access to a comprehensive patient profile to assist in monitoring adherence.

Implementing e-prescribing at the outset may be a good first step towards achieving meaningful use. Information technology is an ever expanding entity within our health care system. The implementation and advancement of information technology is expected to lead to

improvements in quality and safety of prescribing practices

FDA Approved Drugs –April to June 2017

CARDIOLOGY	INDICATION	APPROVAL
Bevyxxa (betrixaban)	The prophylaxis of venous thromboembolism	June 2017
DERMATOLOGY		
Baxdela (delafloxacin)	Acute bacterial skin and skin structure infections	June 2017
GENETIC DISEASE		
Haegarda (C1 Esterase Inhibitor Subcutaneous [Human])	Routine prophylaxis to prevent Hereditary Angioedema attacks	June 2017
<u>Brineura (cerliponasealfa)</u>	Late infantile neuronal ceroidlipofuscinosis type 2	April 2017
HEMATOLOGY		
<u>Rydapt (midostaurin)</u>	FLT3 positive acute myeloid leukemia and mastocytosis	April 2017
MUSCULOSKELETAL		
<u>Brineura (cerliponasealfa)</u>	Late infantile neuronal ceroidlipofuscinosis type 2	April 2017
<u>Tymlos (abaloparatide)</u>	Postmenopausal women with osteoporosis at high risk for fracture	April 2017
NEUROLOGY		
<u>Austedo (deutetrabenazine)</u>	Chorea associated with Huntington's disease	April 2017
<u>Ingrezza (valbenazine)</u>	Tardive dyskinesia	April 2017
ONCOLOGY		
<u>Alunbrig (brigatinib)</u>	Advanced ALK-positive metastatic non-small cell lung cancer	April 2017
<u>Rydapt (midostaurin)</u>	FLT3 positive acute myeloid leukemia and mastocytosis	April 2017
Pediatrics/Neonatology		
<u>Brineura (cerliponasealfa)</u>	Late infantile neuronal ceroidlipofuscinosis type 2	April 2017
Rebinyn (Coagulation Factor IX (Recombinant), GlycoPEGylated)	Hemophilia B	June 2017

QUIZ

1. Which strain is more virulent?
 - A. Classical strain
 - B. El Tor
 - C. V Cholerae 0139
 - D. All of above
2. Annual worldwide incidence of cholera is
 - A. 1-2 million
 - B. 1-3 million
 - C. 1-5 million
 - D. 3 -5 million
3. Polio is known as humans haunt after eradication of
 - A. Tuberculosis
 - B. Measles
 - C. Chickenpox
 - D. Smallpox
4. Oral rehydration therapy largely consists of water and
 - A. Sodium ions
 - B. Glucose
 - C. Potassium magnate solution
 - D. All of above
5. Childhood blindness can be caused due to
 - A. Acquired Immune Deficiency Syndrome (HIV/AIDS)
 - B. Malaria
 - C. Measles
 - D. Tuberculosis
6. Rice water is clinical name of
 - A. Diarrhea
 - B. Measles
 - C. Chronic Bronchitis
 - D. Emphysema
7. Toxin cholerae causes
 - A. Increase in pulmonary constrictions
 - B. Salt and water leave blood
 - C. Stomach lining gets disrupted
 - D. An increase in salt and water
8. Exchanging of gas is a
 - A. Pathogen
 - B. Infectious disease
 - C. Non-infectious disease
 - D. Deficiency disease
9. Protoctistare known to cause
 - A. Cholera
 - B. Acquired Immune Deficiency Syndrome (HIV/AIDS)
 - C. Malaria
 - D. Measles
10. Vibrio cholerae bacterium cannot survive if the
 - A. pH is below 4.5
 - B. pH is between 4.5 and 7
 - C. pH is between 7 and 11
 - D. pH is above 11

1.C, 2.D, 3.D, 4.B, 5.C, 6.A, 7.B, 8.C, 9.C, 10.A

Spondylolysis and Spondylolisthesis Rehabilitation Exercises

Spondylolysis (spon-dee-low-lye-sis) is defined as a defect or stress fracture in the pars interarticularis of the vertebral arch.

Spondylolisthesis is a condition in which one bone in your back (vertebra) slides forward over the bone below it. It most often occurs in the lower spine (lumbosacral area).

Spondylolysis and Spondylolisthesis Rehabilitation Exercises



© 2010 RelayHealth and/or its affiliates. All rights reserved.

CEFPODOXIME- INDUCED MUCOPAPULAR RASHES

Cefpodoxime is one of the third generation cephalosporin antibiotic leads to Maculopapular rash, is a kind of skin disease that is characterized by the appearance of small and red spots on the skin. The reddening of the skin is subsequently affected by the appearance of small confluent bumps over the rashes. The abnormal redness of the skin due to capillary congestion that is a symptom of this disease, it is also known as erythematous maculopapular rash.

DOSE: For the Upper respiratory-tract infections (pharyngitis and tonsillitis), the dose 100 mg twice daily (200 mg twice daily in sinusitis).

Here is a case report that describes a 47 years old female patient with past history of MDR TB and H/O allergy to penicillin.

She visited pulmonology dept with the complaints of facial edema, dizziness, and discoid rashes with burning sensation due to administration of Monocef-O 200mg – BD, prescribed to treat a fever. The symptoms were noted on second day of the treatment.

DISCUSSION: The common side effects of Cefpodoxime are diarrhea, swelling, redness, irritation, burning, hives, a return of fever, easy bruising/bleeding, signs of

kidney problems and other hypersensitivity reactions and anaphylactic reactions. In this case, patient was treated with tablets Cefpodoxime 200mg prescribed for fever of idiopathic. Where on the third dose of it, patient started experiencing skin rash, facial edema and dizziness which was diagnosed as Cefpodoxime induced hypersensitivity reaction (Mucopapular rash). Then the administration of the drug was stopped immediately and patient recovered. The main reason for the occurrence of the adverse reaction to patient is not carrying out the antibiotic sensitivity test prior to the treatment with the drug; because of not doing sensitivity test it was not know that the patient is sensitive to the Cefpodoxime (Cephalosporin).

Practitioners should be cautious and should obtain patient's history or by doing sensitivity tests to know whether they were having any hypersensitivity to Cefpodoxime or any other antibiotics while prescribing, this help in avoiding such adverse effects.

By: Mr. Shankar Reddy B (Asst. Professor)

Vicky Madhav Singh (Pharm D Intern)

Guidelines for Vaccine Handling and Storage

- Designate one person within each clinic or office to coordinate storage and documentation of vaccines
- Provide information to all personnel handling vaccines regarding appropriate storage and documentation practices
- Check all vaccine shipments for any evidence of heat damage upon receipt, check cold chain monitor cards if appropriate
- Routinely check all refrigerators/freezers to ensure proper working order
- Place a thermometer in the refrigerator and maintain a daily log of refrigerator temperature to document compliance with manufacturers recommendations
- Avoid storing any food in the same area with vaccines
- Store vaccines in an area away from refrigerated or frozen medications to avoid confusion
- Do not store vaccines in the refrigerator door shelf where temperature fluctuations may be greater
- If possible, store bottles of chilled water in refrigerators and ice in freezers to minimize temperature fluctuations in the event of brief electrical power outages
- Perform a monthly inspection of opened and unopened vials
- When opening or for out of date vaccines reconstituting a vial, note the date and time it was prepared, check the manufacturers for storage of reconstituted vaccines
- Protect vaccines from light, especially MMR
- Perform a “shake test” for products containing tetanus toxoid, if the product has been allowed to freeze, an insoluble precipitate will form in clumps that cannot be dissolved with vigorous shaking of the vial

Drugs avoided in Neonates and Infants

Drug	Remarks
Anabolic hormones	Contraindicated, stunted growth
Aminoglycosides,	Risk of ototoxicity and deafness
Aspirin	Reyes syndrome, best avoided
Chloramphenicol	Gray baby syndrome
Diazepam	Respiratory depression
Dicyclomine	Best avoided .Apnoea
Ethambutol	Best avoided. Visual impairment
Furosemide	Synergistic ototoxicity with Aminoglycosides
Glucocorticoids	Avoid . Stunted growth, immunosuppression
Imipramine	Avoid increase toxicity
Mefenamic acid	Avoid increase toxicity
Nalidixic acid	Avoid toxicity resembles floroquinolones
Neostigmine	Only under cover of atropinisation
Nitrofurantoin	Avoid. toxicity
Piroxicam	Avoid. toxicity
Salbutamol	Avoid slow release preparation
Sufisoxazole	Kernicterus in prematures
Tetracyclines	Avoid. Contraindicated
Rabies vaccine	Not effective below one year. Poor immune response
Pyrazinamide	Avoid if possible. Toxicity
Valproic acid	Avoid Haemopoietic toxicity
Verapamil	Avoid conduction defects

Reference: Drugs usage in special population – Pediatrics and Geriatrics (6th edition)

From:

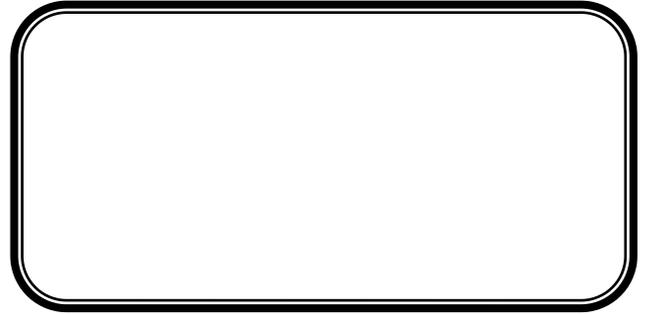
SJM College of Pharmacy

SJM Campus, Pune-Bengaluru Road

Chitradurga-577502, Karnataka

Phonofax: 08194-223231,

Mob: +91 9972133455 (Principal)



Dr. Mamatha, Dr. Priyanka (Editors)

Contact: 9535074692

Email: sjmdruginformationcentre@gmail.com, Web: www.sjmcp.org

For Online Drug information query consultation link: <http://www.sjmcp.org/online-consultation-request-form.php>