

MSOS Member Briefing May 2022

MSOS Member Briefing September 2022

Moderated by: E. Robert Feroli, PharmD, FASHP



1

Multi-Chamber Bag Parenteral Nutrition (MCB-PN) Review



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2

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MCB-PN Products

- In the US, there are two manufacturers that market these products
- They come as 2-chamber or 3-chamber product



2-chamber product



3-chamber product

Kabiven® and Perikabiven® Composition Chart. Fresenius Kabi. Updated 2021. Accessed June 5, 2022. https://e5e2/718_stackpathcdn.com/wp-content/uploads/2021/04/FSK-KAB-01_Kabiven_CompositionChart_vFinal.pdf

Clinimix-E Package Insert. Baxter. Updated April 2021. Accessed June 5, 2022. https://www.baxterpl.com/pl-pdf/Clinimix_E_PI.pdf

3



3

Two Chamber Bag

Dextrose chamber with or without calcium

Seal

Amino acid chamber with or without electrolytes

Medication Port

- Medications
- Trace elements
- Vitamins
- Electrolytes
- ILE

Administration Port



http://Clinimix-E Package Insert. Baxter. Updated April 2021. Accessed June 5, 2022. https://www.baxterpl.com/pl-pdf/Clinimix_E_PI.pdf



4

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MCB-PN Products

Characteristics	2 Chamber	3 Chamber
Venous Access Route	Peripheral or Central*	Peripheral or Central*
Chambers	Amino Acid + Dextrose	Amino Acid + Dextrose + ILE
Volume	1000 mL and 2000 mL	Varies
Electrolytes	With or Without	With
Amino Acid Concentration	2.75% to 8%**	34 g to 85 g per bag
Dextrose Concentration	5% to 25%**	100 g to 250 g per bag

*Depends on osmolarity

**Macronutrient concentrations varies based upon formulation

Kabiven® and Perikabiven® Composition Chart. Fresenius Kabi. Updated 2021. Accessed June 5, 2022. https://e5e2/78_stackpathcdn.com/wp-content/uploads/2021/04/FSK-KAB-01_Kabiven_CompositionChart_vFinal.pdf
 Clinimix-E Package Insert. Baxter. Updated April 2021. Accessed June 5, 2022. https://www.baxterpl.com/pi/pdf/Clinimix_E_PI.pdf

7



7

Current PN Dosing Recommendations for Adults

Disease/Clinical Condition	Protein/Amino Acids (g/kg/d)	Total Energy (kcal/kg/d)	PN Component		Fluid (mL/kg/d)
			Dextrose (mg/kg/min)	ILE* (g/kg/d)	
Stable	0.8-1.5	20-30	4-5	1	30-40
Critically ill, trauma, sepsis	1.2-2.5	20-30	<4	<1	Minimal to provide adequate macronutrients
Different Amino Acid Requirements than Above	Protein Amino Acids (g/kg/d)	Total Energy (kcal/kg/d)			
Traumatic brain injury	1.5-2.5				
Burns	1.5-2				
Open abdomen	Additional 15-30 g/L exudate				
Acute kidney injury	0.8-2.0				
Continuous renal replacement therapy	Additional 0.2 g/kg/d not to exceed 2.5 g/kg/d				
Chronic kidney failure with maintenance hemodialysis	1.2				
Hepatic failure	1.2-2 (based on "dry" weight and tolerance)				
Obese	2-2.5 (based on IBW)	22-25 (based on IBW)			

IBW = ideal body weight

*Soybean oil-based emulsion. For indications and dosing of other lipid injectable emulsions (ILE), see manufacturer's product literature.

Appropriate Dosing for Parenteral Nutrition: ASPEN Recommendations. American Society for Parenteral and Enteral Nutrition. Updated November 17, 2020. Accessed June 1, 2022. https://www.nutritioncare.org/uploadedFiles/Documents/Guidelines_and_Clinical_Resources/PN%20Dosing%201-Sheet-Nov%202020-FINAL.pdf

8



8

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Current PN Dosing Recommendations for Adults

Nutrient	Standard Daily Requirement	Factors That Increase Needs
Calcium*	10-15 mEq	High protein intake
Magnesium	8-20 mEq	GI losses, medications, refeeding
Phosphorus*	20-40 mmol	High dextrose intake, refeeding
Sodium	1-2 mEq/kg*	Diarrhea, vomiting, NG suction, GI losses
Potassium	1-2 mEq/kg*	Diarrhea, vomiting, NG suction, GI losses, medications, refeeding
Acetate	As needed to maintain acid-base balance	Renal insufficiency, metabolic acidosis, GI losses of bicarbonate
Chloride	As needed to maintain acid-base balance	Metabolic alkalosis, volume depletion

*Use caution in prescribing calcium and phosphorus related to compatibility.
GI = Gastrointestinal

Appropriate Dosing for Parenteral Nutrition: ASPEN Recommendations. American Society for Parenteral and Enteral Nutrition. Updated November 17, 2020. Accessed June 1, 2022.
https://www.nutritioncare.org/uploadedFiles/Documents/Guidelines_and_Clinical_Resources/PN%20Dosing%201-Sheet-Nov%202020-FINAL.pdf

9



9

MCB-PN and Meeting Patient Requirements

Two Chamber MCB-PN with Electrolytes	Electrolyte Content (per 1 L)
Sodium	35 mEq
Potassium	30 mEq
Magnesium	5 mEq
Calcium	4.5 mEq
Phosphate	15 mmol

Three Chamber MCB-PN	Electrolyte Content (per 1 L)
Sodium	31 mEq
Potassium	23 mEq
Magnesium	3.9 mEq
Calcium	1.9 mEq
Phosphate	9.7 mmol

Kabiven® and Perikabiven® Composition Chart. Fresenius Kabi. Updated 2021. Accessed June 5, 2022.
https://e3627f3.s3.amazonaws.com/wp-content/uploads/2021/04/PSK-KAB-01_Kabiven_CompositionChart_vFinal.pdf
Clinimix-E Package Insert. Baxter. Updated April 2021. Accessed June 5, 2022. https://www.baxterpi.com/pi-pdf/Clinimix_E_PI.pdf

10



10

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Multi-Chamber Parenteral Nutrition Limitations and Safety Concerns



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11

Disclosure

- Baxter-Speaker
- Fresenius Kabi-Consultant, Speaker

12

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Special Report



Standardized Competencies for Parenteral Nutrition Order Review and Parenteral Nutrition Preparation, Including Compounding: The ASPEN Model

Nutrition in Clinical Practice
Volume 31 Number 4
August 2016 548-555
© 2016 American Society
for Parenteral and Enteral Nutrition
DOI: 10.1177/0884533616653833
ncp.sagepub.com
hosted at
online.sagepub.com

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American Society for Parenteral and Enteral Nutrition

13

Standardized Competencies for Parenteral Nutrition

Multi-chamber PN Product Checklist:

- Identifies the correct product and volume to meet the PN order
- Inspects the product for any damage or deterioration prior to removing the overwrap
- Completely activates and agitates the product to mix all components together
- Identifies inappropriate additives
- Makes manual additives as ordered
- Completely affixes patient-specific and auxiliary labels
- Places completed PN in refrigeration prior to delivery

Nutr Clin Pract. 2016;31:548-555

14

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Limitations and Challenges with MCB-PN

Ability to meet nutritional requirements for all PN patients (critically ill, morbid obesity, GI fistulas)

Available in limited volumes

Potential to hang over 24 hours

Electrolyte content may be problematic in some patients

Appropriate amounts of micronutrients being administered?

Order confusion in Transitions of Care

15

Safety Concerns associated with MCB-PN

Not seen as parenteral nutrition

MCB not activated properly and under aseptic conditions USP <797>

MCB continues to be administered past 24 hours after activation

Addition of additives that may alter the stability of the MCB

Addition of important components (MVI, Trace Elements) omitted

ILE not administered with 2 chamber MCB

Transitions of Care

Use in the home environment

16

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The screenshot shows the ASPEN website's 'Guidelines and Clinical Resources' page. The header includes the ASPEN logo (American Society for Parenteral and Enteral Nutrition) and navigation links for 'Join / Renew', 'Donate', 'Member Connect', 'Store', and 'Phil Ayers'. A search bar is located in the top right. The main navigation menu includes 'Public Policy', 'Continuing Education', 'Guidelines & Clinical Resources' (highlighted), 'Research', 'Membership', and 'About ASPEN'. The page title is 'Guidelines and Clinical Resources' with a 'Share This Page' button. Below the title, a text block states: 'ASPEN has the following guidelines, publications, and clinical resources to assist practitioners in providing safe, efficacious, nutrition care to patients.' A table lists various resources:

COVID-19 Resources	Malnutrition Solution Center
Books	Enteral Nutrition Resources
Clinical Practice Library	Parenteral Nutrition Resources
Journals	Resources for Patient Populations or Healthcare Management

On the left side of the page, there are three green buttons with arrows pointing right: '» COVID-19 Resources', '» Books', and '» Clinical Practice Library'.

17

A purple slide with the text 'Questions?' in white. The ASPEN logo is located in the bottom right corner of the slide.

18

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We are called to make a healthy difference in people's lives.

Romiplostim (NPLATE™)

Cassidy Coleman & Shannon Semenko
North Dakota State University PharmD Candidates 2023

Sierra Kreft, PharmD, BCPS
Essentia Health – Fargo



Essentia Health

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19

Background

- Romiplostim increases platelet production through binding and activation of the thrombopoietin (TPO) receptor.
- Used for treatment of thrombocytopenia in adult patients with chronic immune (idiopathic) thrombocytopenia purpura (ITP) who have had insufficient response to other therapies.

Romiplostim [package insert]. Thousand Oaks, California: Amgen, Inc.; 2021

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20

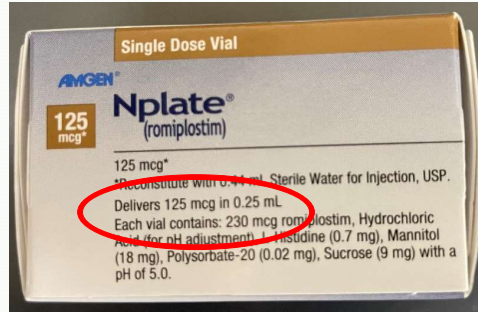
20

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Romiplostim's Safety Concern

- Romiplostim is available as a lyophilized powder in 125 mcg, 250 mcg, and 500 mcg vials.



Romiplostim [package insert]. Thousand Oaks, California: Amgen, Inc.; 2021

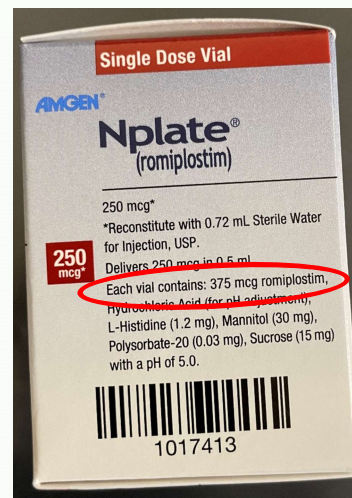
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21

21

USP Labeling

- Dry solids that must be reconstituted should follow the same format with the exception that only the **quantity of the drug in the container** should be listed as the primary expression of strength, not the quantity per total volume or quantity per milliliter (quantity/mL).



Romiplostim [package insert]. Thousand Oaks, California: Amgen, Inc.; 2021

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Vial Size	Active drug in vial	Reconstitution	Final Concentration	Overdose Potential (%)	Cost of Vial (Unit Price)
125 mcg	230 mcg	0.44 mL of SWFI	125 mcg/0.25 mL	84%	\$1,074.96
250 mcg	375 mcg	0.72 mL of SWFI	250 mcg/0.5 mL	50%	\$2,149.90
500 mcg	625 mcg	1.2 mL of SWFI	500 mcg/mL	25%	\$4,299.79

*SWFI = Sterile Water for Injection

Romiplostim [package insert], Thousand Oaks, California: Amgen, Inc., 2021

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23

Causes and Contributing Factors

- Misleading product packaging
- Medication administration requires multiple steps including preparation, dose measurement, and injection
- Incorrect reconstitution/dilution can result in an overdose or underdose
- In some pediatric patients, additional dilution is required after reconstitution

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24

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Risk Reduction Strategies

- Package size limitations
- Barcode scanning alerts within dispensing software for technicians and pharmacists
- Implementing step-based, camera software for verification of compounded sterile preparations
- Add distinct visual cues to the prescription label and/or storage bin indicating reconstitution directions
- Educational materials for intended users

25

Essentia Health's Practice



26

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Building an Orderable Map

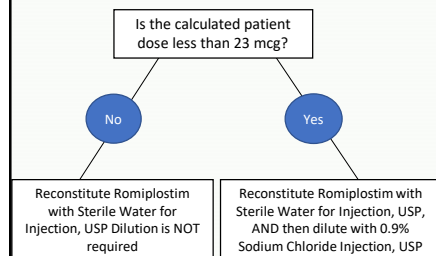
Vial cost (\$)	1351.27	2702.52	5405.02	
Labeled N-Plate vial size (mcg)	125	250	500	
Actual N-Plate vial size (mcg)	230	375	625	
</= 230	1	0	0	\$ 1,351.27
231-375	0	1	0	\$ 2,702.52
376-625	0	0	1	\$ 5,405.02

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27

27

Pediatric Dilution Education



Calculated Patient Dose	Strength*	Reconstitute with Sterile Water**	Dilute with Normal Saline***	Final Concentration
Calculated Dose greater than or equal to 23 mcg	125 mcg	0.44 mL	Not Required	500 mcg/mL
	250 mcg	0.72 mL	Not Required	
	500 mcg	1.2 mL	Not Required	
Calculated Dose less than 23 mcg	125 mcg	0.44 mL	1.38 mL	125 mcg/mL
	250 mcg	0.72 mL	2.25 mL	
	500 mcg	1.2 mL	3.75 mL	

*Vial contains overfill to ensure delivery of labeled vial strength.
 **Add Sterile Water for Injection, USP directly to the vial.
 *** Add 0.9% Sodium Chloride Injection, USP directly to the vial.

Romiplostim [package insert]. Thousand Oaks, California: Amgen, Inc.; 2021

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28

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We are called to make a healthy difference in people's lives.

Thank you!

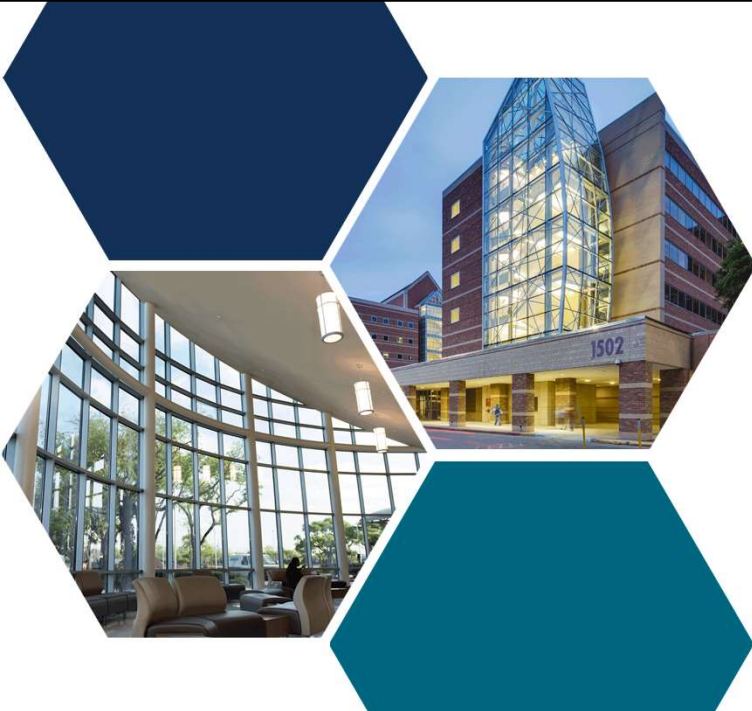
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29



HARRISHEALTH SYSTEM

Harris Health System
Ben Taub General Hospital

**Meds-to-Beds
Discharge Pharmacy**

Sally J. Sims, PharmD, LSSGB
Director of Pharmacy

30

30

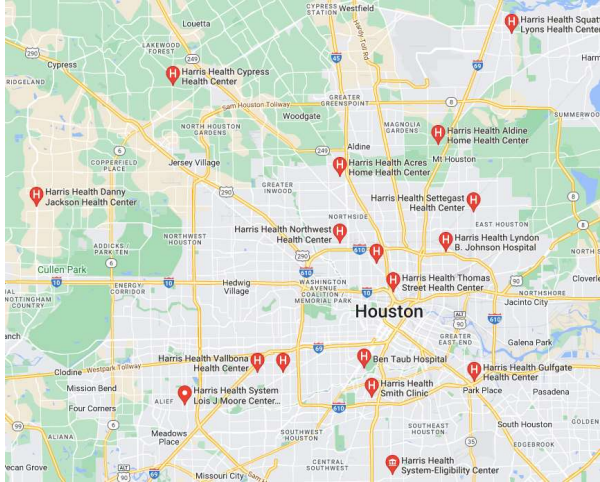
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HARRISHEALTH SYSTEM

Harris Health System

- Fully integrated publicly funded/tax supported healthcare system
 - ❑ Full-service Hospitals – 2 [Trauma Centers]
 - ❑ Community Health Centers – 18
 - ❑ Same Day Clinics – 5
 - ❑ Multi-Specialty Locations - 3
 - ❑ Correctional Health
 - ❑ Dental center
 - ❑ Dialysis center
- First accredited healthcare institution in Harris County to be designated by the *National Committee for Quality Assurance* as a Patient-Centered Medical Home
 - ❑ One of the largest systems in the country to achieve the quality standard
- Academic Affiliations:
 - ❑ Baylor College of Medicine
 - ❑ The University of Texas Health Science Center (UT Health)



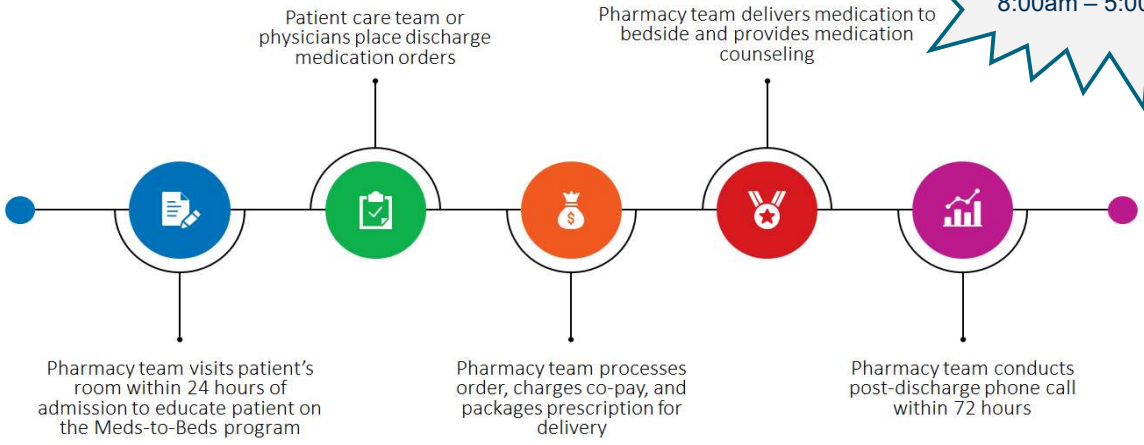
31

31

HARRISHEALTH SYSTEM

Meds-to-Beds Process Simplified

Meds-to-Beds
Hours of Operation:
8:00am – 5:00pm



32

32

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Program Goals

Sustained improvement in HCAHPS patient satisfaction scores pertaining to communication about medications

Increased patient adherence and comprehension of medications

Reduction in 30-day readmission

HCAHPS Survey – Focus Questions

“Have I educated you about your medications to your satisfaction? We ALWAYS want you to know about your medications.”

Communication About Medicines

Care Transitions

12. During this hospital stay, were you given any medicine that you had not taken before?

- 1 Yes
- 2 No → If No, Go to Question 15

13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree

22. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 5 I was not given any medication when I left the hospital



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HARRISHEALTH SYSTEM

Communication About Medicines Methods

Scripting

Always Know 3

Patient Medication Information Sheet

On The Way To Better Health

35

35

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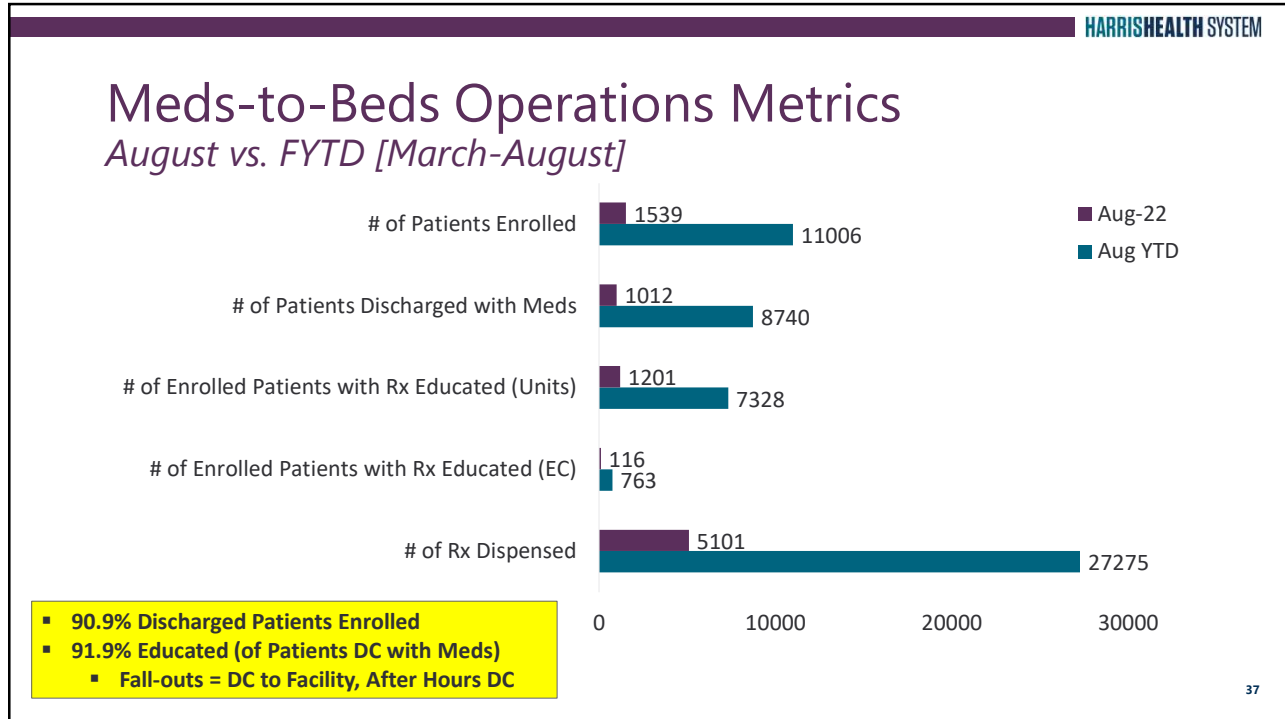
Show Me The Data!

36

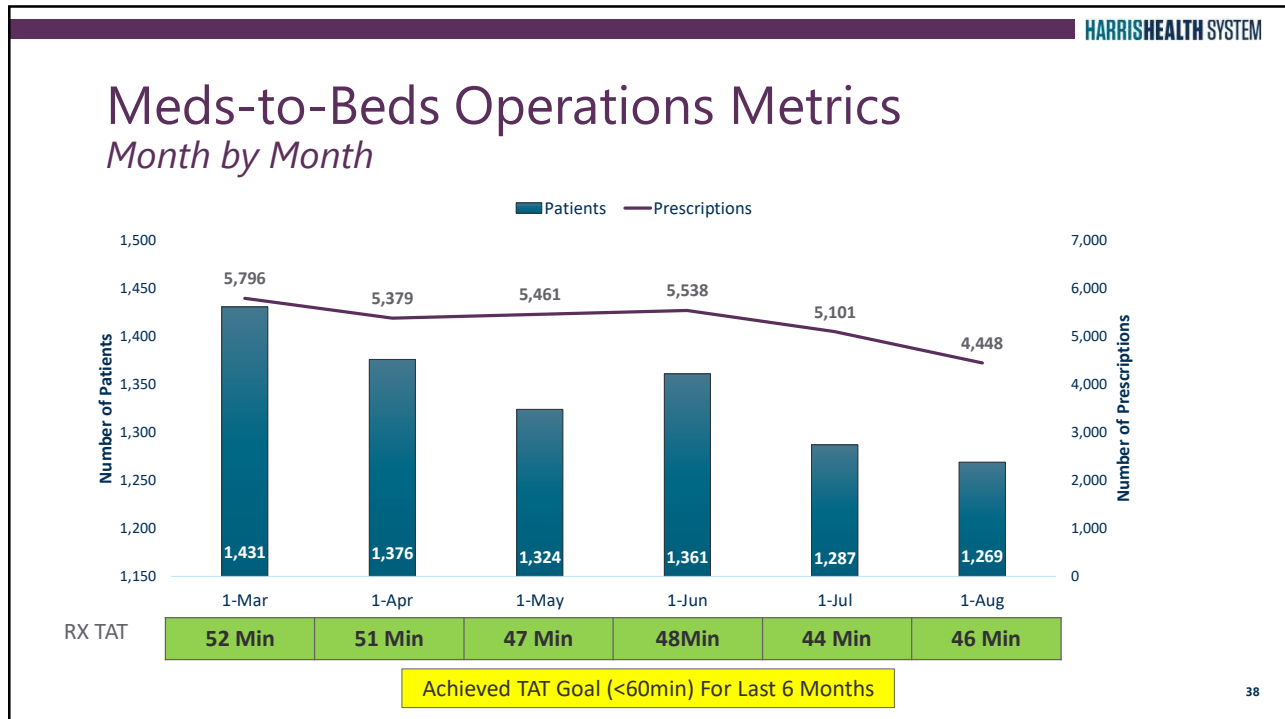
36

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May 2022



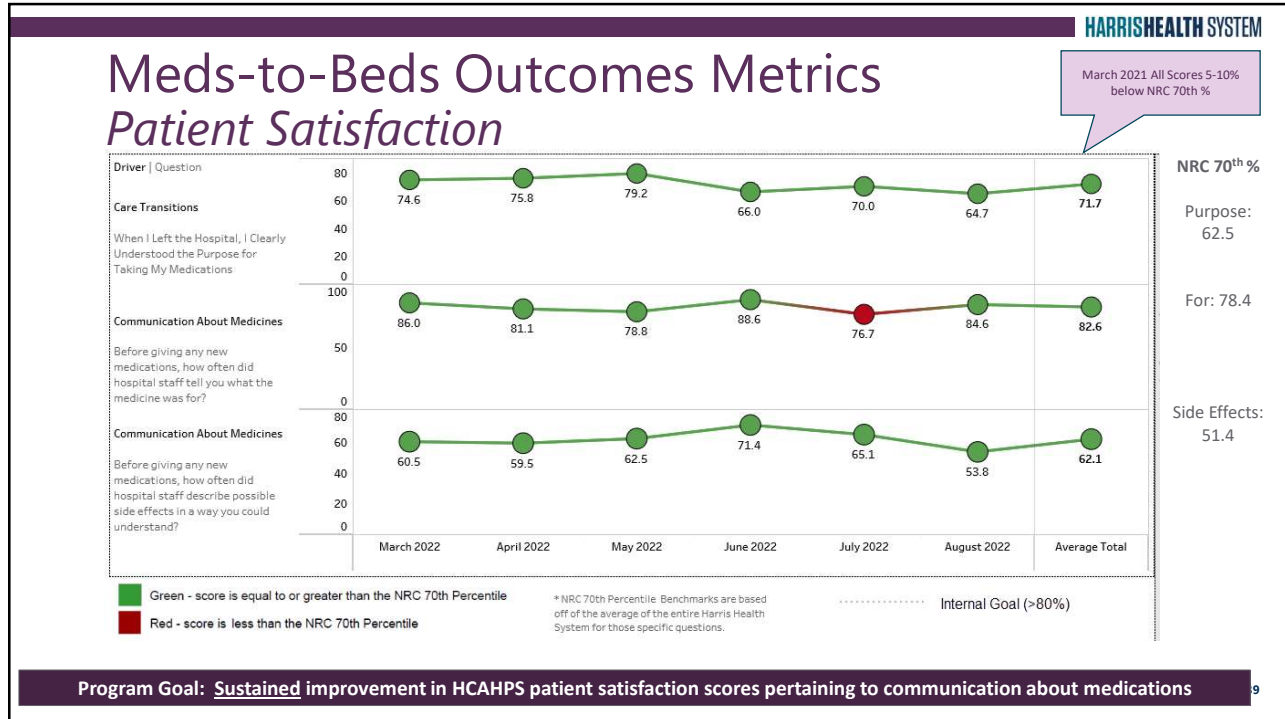
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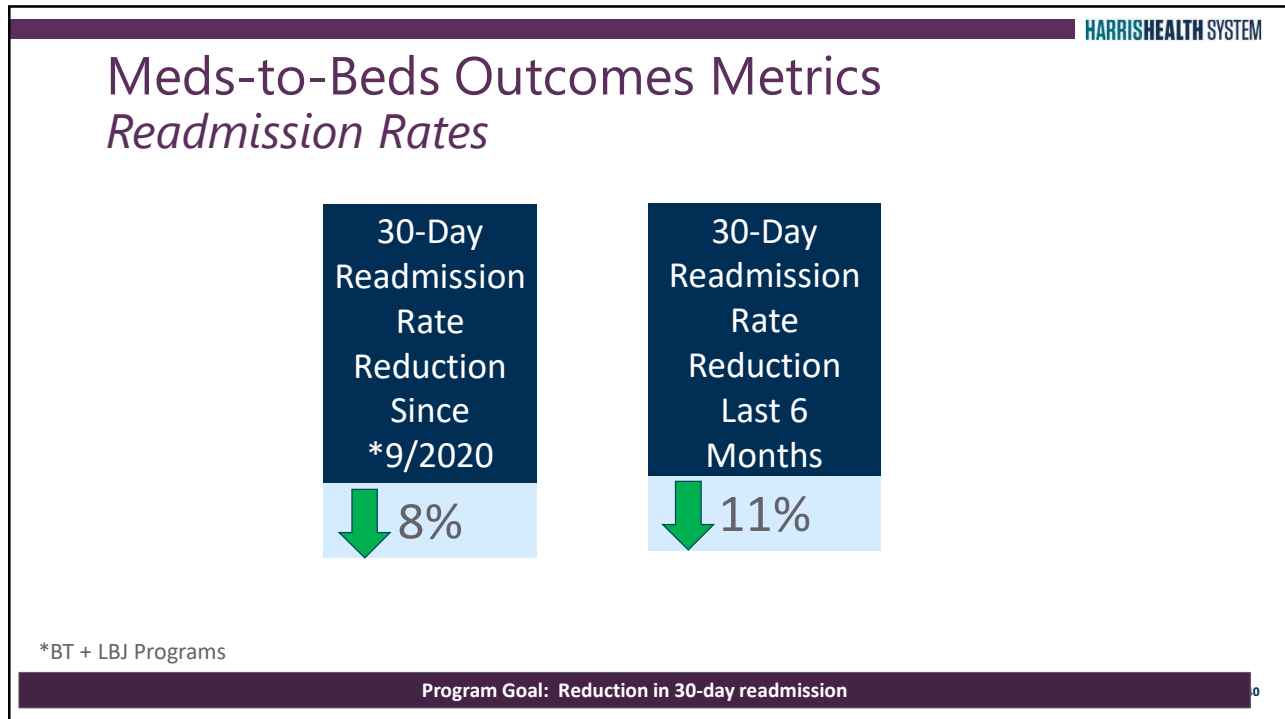
38

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39



40

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Safety Challenges:

- Throughput Pressure
 - Use of Discharge Lounge
 - Privacy
 - Risk of patient leaving without medications
- Canceled Discharges
 - Change in medications after discharge orders and/or delivery
 - Patient self-administration
- COVID / Navigating Isolation Status

Questions?

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ISMP Update MSOS Briefing September 2022

Michael Cohen, RPh, MS, ScD (hon.), DPS (hon.), FASHP
President Emeritus
Institute for Safe Medication Practices

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43

September 22, 2022 • Volume 27 Issue 19

Acute Care

ISMP Medication SafetyAlert!

Educating the Healthcare Community About Safe Medication Practices

ISMP National Vaccine Errors Reporting Program: 2020-2021 analysis focuses on age-related, non-COVID-19 vaccine errors

PROBLEM: We recently looked at 1,440 events reported to the ISMP National Vaccine Errors Reporting Program (ISMP-VERP) between June 2020 and December 2021. Of note, more than two-thirds (68%) of the vaccine events reported during this timeframe were related to coronavirus disease 2019 (COVID-19) vaccines. We excluded the COVID-19 vaccine events from our analysis since we recently published information about these errors, along with recommended error-prevention strategies (e.g., www.ismp.org/node/2829, www.ismp.org/node/2854, www.ismp.org/node/2929). Our analysis of the remaining reports during the 18-month timeframe showed that the most frequent types of vaccine events, other than those related to the COVID-19 vaccines, were:

- Wrong vaccine (24%)
- Expired vaccine or contamination/deterioration (14%)
- Wrong age (13%)
- Extra dose (10%)
- Wrong dose (9%)
- Vaccine component omission (e.g., only diluent or a single component of a two-component vaccine administered) (8%)
- Wrong time or interval (7%)
- Wrong patient (4%)
- Wrong route (1%)
- Other (10%)

Since healthcare providers administer most vaccines in the outpatient setting, reported events occurred in medical clinics (48%), doctors' offices (20%), public health immunization clinics (11%), or community pharmacies (9%). In these outpatient settings, widespread barcode scanning prior to vaccine administration is often lacking. Only 3% of the events occurred in inpatient settings, and 8% occurred in other settings. Forty-two percent of the events involved registered nurses or nursing practitioners, 34% involved medical assistants, 14% involved pharmacists, and 14% involved other healthcare providers, such as physicians, physician assistants, emergency medical technicians, respiratory therapists, and nursing assistants (more than one practitioner type may have been included in a single report).

Focus on age-related vaccine errors

Our focus for this vaccine event analysis is on age-related vaccine errors, which may also be associated with administering the wrong vaccine or the wrong dose. For example, a mix-up between a pediatric hepatitis A vaccine and an adult hepatitis A vaccine could result in an error classified as the wrong vaccine, the wrong dose, or the wrong age. One-third (33%) of the reported events involved the wrong vaccine or the wrong dose, which reporters often attributed to confusion between age-dependent vaccine formulations. Adding these vaccine events to wrong age vaccine events (12%) contributes to nearly half (46%) of all the vaccine errors reported to the ISMP-VERP (excluding COVID-19 vaccine errors). Receiving a lower-than-intended vaccine dose for a patient's age can compromise the protection immunizations provide, leaving patients more vulnerable to disease; whereas, receiving a higher-than-intended vaccine dose for a patient's age could result in adverse effects or the need for additional monitoring.

continued on page 2 — Vaccine analysis >

SAFETY briefs

Bivalent COVID-19 vaccine vial label concerns. With the new Moderna and Pfizer-BioNTech COVID-19 bivalent booster formulations that target both the original coronavirus variant and omicron subvariants BA.1 and BA.2, it is predictable that mix-ups will occur, just as ISMP previously warned about with age-related COVID-19 vaccines (<https://www.ismp.org/node/2854>). The Moderna COVID-19 bivalent vaccine, authorized as a booster dose for patients 18 years and older, looks similar to the Moderna COVID-19 primary series vaccine for patients 6 through 11 years (also previously used as the conventional monovalent booster for patients 18 years and older). Both have dark blue caps with "BOOSTER DOSES ONLY" on the label (Figure 1), although the vaccine with the purple label should no longer be used for booster doses. Both the bivalent and primary series vaccine doses are 0.5 mL (50 mcg), but they are not equivalent. Although the Moderna bivalent booster label lists two doses, "0.5 mL or 0.25 mL based on age," it is only authorized as a 0.5-mL dose for patients 18 years and older at this time.

Figure 1. The new Moderna COVID-19 bivalent vaccine (left) and the primary series vaccine for patients 6 through 11 years (right) have dark blue caps and display "BOOSTER DOSES ONLY."

Perhaps an even greater concern for confusion exists between the Pfizer-BioNTech products. The bivalent vaccine is authorized

continued on page 2 — SAFETY news >

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44

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Moderna COVID-19 Vaccine
Age 6y through 11y
Vial contains 5 doses of 0.5 mL.

Moderna COVID-19 Vaccine
BOOSTER DOSES ONLY
2.5 mL Multi-Dose Vial
Booster Dose: 0.5 mL.

Moderna COVID-19 Vaccine, Bivalent
Original and Omicron BA.4/BA.5
BOOSTER DOSES ONLY
Multi-Dose Vial
Booster dose: 0.5 mL or 0.25 mL based on age.

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45

Problem

Pfizer-BioNTech COVID-19 Vaccine
DO NOT DILUTE Age 12y & older
Vial contains 6 doses of 0.3 mL.

Pfizer-BioNTech COVID-19 Vaccine, Bivalent
Original and Omicron BA.4/BA.5
DO NOT DILUTE Age 12y & older
Vial contains 6 doses of 0.3 mL.

COVID-19 Vaccine, mRNA
COMIRNATY® Age 12y & older
Rx only
Vial contains 6 doses of 0.3 mL.

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46

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May 2022

Scan QR Code for Expiration Date

XXXXXX

STORE FROZEN between -50° to -15°C (-58° to 5°F). Protect from light. No preservative. After first use, hold at 2° to 25°C (36° to 77°F). Discard after 12 hours.

Record date/time of first use: _____

Scan for expiry date, FDA-authorized Fact Sheet and dose volume

Moderna COVID-19 Vaccine, Bivalent Original and Omicron BA.4/BA.5
Suspension for Intramuscular Injection
For use under Emergency Use Authorization

BOOSTER DOSES ONLY

Multi-Dose Vial
Booster dose: 0.5 mL or 0.25 mL based on age

NDC 80777-282-05

LOT



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47

ConsumerMedSafety.org

Medication Safety Tips | Featured Resources | About Us | Reporting Medication Errors

Find the information you need to protect yourself and your loved ones from medication errors.

Search safety articles by keyword

[Or browse all safety articles](#)

If you or a loved one have experienced a mistake with a medication or have a safety concern to share with others, we would like to hear from you.

Safety Article

Don't mix up concentrated "ibuprofen infant drops" with "children's ibuprofen"

Ibuprofen for children is available in chewable tablets (100 mg each) and an oral suspension (liquid). But parents may not be aware that there are two different concentrations of the oral suspension.

[Read More](#)

About Us

We help everyday folks take medication safely

ConsumerMedSafety.org is provided to you by the Institute for Safe Medication Practices (ISMP). This unique website is designed to help you, the consumer, avoid mistakes when taking medicines.

Medication Errors Happen | Why You Can Trust Us | Stay Informed | Be a Part of The Team



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48

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Your Reports at Work

Important safety news for pets! Thanks to your reports, topical fluorouracil (**CARAC, EFUDEX, TOLAK**) labeling is being updated to warn patients about accidental exposure to pets, which can lead to severe toxicity and death (www.ismp.org/ext/980). These products are often used to treat actinic or solar keratosis or basal cell carcinomas. All too often, prescribers are unaware that fluorouracil is extremely toxic to dogs and cats if ingested, so they do not provide patients with warnings. Tragedy can happen when a pet licks





Figure 1. EfuDex and other fluorouracil topicals now have warnings regarding toxicity to pets.

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49



<https://www.ismp.org/events/human-factors-role-and-considerations-drug-labeling-and-packaging>

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50

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May 2022

October 6, 7
December 1, 2

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Medication Safety Intensive Workshop

Maximize your error prevention efforts!

Workshop dates now available for 2022!

PICK A DATE

f This two-day virtual workshop is designed to help you successfully address current medication safety challenges that impact patient safety. Program faculty will provide you with the specific tools and resources needed to establish and sustain an aggressive, yet focused medication safety program.

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e Decades of data and learning from ISMP's Medication Error Reporting Programs make this a unique experience you will not find anywhere else. You will participate in hands-on practice in error analysis, evaluate root causes related to errors, learn how to effectively select high-leverage strategies, and use data to help sustain safety efforts within your organization.

→ This workshop is for practitioners at every level — including individuals who are new to medication safety roles and those looking to expand their understanding to support an effective medication safety system.

This workshop is conducted in English.

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51

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Home My Activities Catalog Certification Resources Professional Certificates Contact Us & FAQ

← Go Back Available Until 8/24/2025

ADD TO CART

Medication Safety Certificate

ACPE Numbers: various -- see below
Release Date: 8/24/2022
Expiration Date: 8/24/2025
Activity Type: Application-based
CE Credit Hour(s): 41 contact hours (15 activities)
Activity Fee: \$445.00/\$545.00 member/non-member

Earn CPBS CE credit Physician Accredited Nurse Accredited

Member \$445.00
Non-Member \$545.00

Share 1
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TAGS:
ACPE TOPIC 05 (PT. SAFETY)
CAREER/PROG. DEVELOPMENT
LEADERSHIP/MANAGEMENT

Product Description

Participants will develop the knowledge and skills necessary to identify and engage in efforts to minimize and eliminate the occurrence of medication errors. The curriculum will cover the fundamental principles of the medication use process and medication safety culture. The course also will present strategies for identifying and implementing opportunities for medication safety improvements. After completing all of the modules, participants should be proficient in the fundamental concepts required for risk identification, medication error investigation, risk reduction, and general actions required to sustain safe medication practices in their practice settings.

This activity is accredited for continuing education for pharmacists, physicians, nurses, and pharmacy technicians. The learning modules meet the continuing education (CE) criteria of the Certification Board for Professionals in Patient Safety (CPPS).

Professional Certificate Requirement

Once a learner has successfully completed the educational curriculum, they will have the opportunity to complete an online 100-question comprehensive exam. If the learner successfully completes the exam (minimum 80% passing rate, unlimited attempts), they earn the professional certificate.

Accreditation

<https://www.ismp.org/events/medication-safety-certificate-program>

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52

MSOS Member Briefing

May 2022



Walk the Red Carpet with Safety Stars

ISMP 25th Annual Cheers Awards

Tuesday, December 6, 2022
Stoney's Rockin Country - Las Vegas

Please help us turn the spotlight on a group of medication safety icons during our 25th Annual Cheers Awards dinner. The awards are ISMP's only fundraising event and this is a blockbuster anniversary year. We hope that all our supporters will consider giving at least a \$25 tax-deductible donation to help us continue our lifesaving work and honor this milestone.

Give \$25 for 25 years


Visit us today and show your support: www.ismp.org/node/34375

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53

Questions?



- A copy of today's slides will be posted on our website
- Next MSOS Briefing date – November 17, 2022.

https://ecri.zoom.us/webinar/register/WN_RIz6EwjcRRCDhoa_XifiHw



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MEDICATION SAFETY OFFICERS SOCIETY

54