

PHARMACY AND THERAPEUTICS COMMITTEE NEWS

Jan-Feb, 2023

Antibiotic Irrigations: “Bursting the Bubble”

The use of antibiotic irrigations (cefazolin + clindamycin, fondly referred to as Double Bubbles) for prophylaxis of surgical site infections is discouraged by the CDC and WHO due to low quality of evidence supporting benefit as well as risk of developing antibiotic resistance. In addition, routine compounding of these solutions is a source of waste in both product and labor resources.

After a review of the evidence and survey of practice at other health systems, MMC P&T recommends discontinuation of the routine use of topical antibiotic irrigations. Alternatives include povidone-iodine/iodophor solutions or targeted lyophilized (“powder”) antibiotics where clinically indicated. This recommendation was supported by Infectious Disease provider leadership, the MHC Antimicrobial Stewardship Committee, and all impacted surgical sections. Surgical site infection outcomes will continue to be monitored and reported out following this change in practice.

Surgical and Labor and Delivery Antibiotic Prophylaxis: The “Kefzol for All (or most)” Campaign

As previously reported, recent literature supports the use of cefazolin in most patients who report penicillin or cephalosporin allergy, including those with a history of type 1 penicillin allergy (e.g., anaphylaxis, urticaria (hives), bronchospasm, angioedema, laryngeal edema). In surgical procedures where cefazolin is the preferred antibiotic, alternatives should be used **only** if:

- Patient has a documented allergy to cefazolin
- Patient reports a generic “cephalosporin” allergy, with no documented previous tolerance of cefazolin
- Patient has a type II, III, or IV allergy to a penicillin or cephalosporin (cytotoxic, immune complex, or delayed cell-mediated reaction)

For laboring patients who meet criteria for group B strep prophylaxis, ampicillin remains the first line option. Cefazolin is second line and should be used for all patients, despite documented beta lactam allergy, according to the criteria above. Patients unable to receive cefazolin should receive vancomycin. Clindamycin is no longer routinely recommended due to increased resistance.

For questions, reach out to Nick Torney, Antimicrobial Stewardship Pharmacist.

IV to PO Policy

The MHC Pharmacy Intravenous to Oral Conversion Program Policy has been updated. This policy allows for pharmacist-initiated conversion from IV to enteral route of defined medications, provided certain criteria are met. Changes to the policy include revisions to the inclusion/exclusion criteria and the addition of two new medications (clindamycin and methocarbamol). Full policy can be viewed [here](#).

ISMP Medication Safety Report

A number of ISMP Medication Safety Alerts were reviewed, along with the strategies that Munson Medical Center has in place to decrease risk of errors. These include:

- Special labeling and storage to prevent errors in COVID vaccine administration due to confusing manufacturers’ labeling
- Using pharmacy to dose and stocking both standard and reduced renal function packages of Paxlovid® to prevent dosing errors
- Cerner solutions to decrease risk of omission when ordering medications with future start dates
- EHR downtime procedures
- Risk mitigation with TPN compounding tubing defects
- Special labeling of new formulation of concentrated potassium used in compounding to avoid inadvertent direct IV administration

For questions about these and any other safety initiative, reach out to Julie Botsford, Medication Safety Officer.

Current Drug Shortages

See current list:

<https://sharepoint16.mhc.net/RX/Formulary/Formulary%20Documents/MMC%20Drug%20Shortages.pdf>

Formulary Changes

Additions to formulary:

- Flucytosine 500mg capsules: provisional formulary, restricted to ID physician prescribing.

Removals from formulary:

- Belladonna and opium (B&O) suppositories: no longer distributed in US market.

Automatically substituted or discontinued medications:

- Tirzepatide injection: automatically discontinued on admission. Patient may use form home if available and clinically appropriate per provider order.

For questions related to any Pharmacy and Therapeutics matters, contact Philip Dimondo, MMC P&T secretary.