HOSPITAL SEGAMAT

BULETIN FARMASI

ISU 1/2017

MAC 2017

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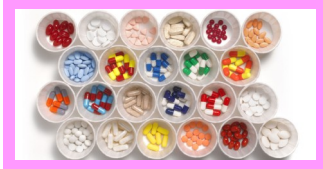
PATIENT'S OWN MEDICINES (POMs)

1. DEFINISI PATIENT'S OWN MEDICINES (POMs)

POMs adalah ubat-ubatan pesakit yang telah dipreskribsi atau dibeli sendiri oleh pesakit dan dibawa ke hospital semasa memerlukan rawatan di wad. Pesakit perlu membawa ubat-ubat mereka ke hospital supaya anggota kesihatan dapat mengenal pasti sejarah pengubatan yang tepat bagi memastikan kesinambungan penjagaan pesakit. Ubat komplementari termasuk ubat tradisional dan suplemen adalah dikecualikan daripada POMs kerana kesukaran untuk mengenal pasti kandungan dan indikasinya.



2. MATLAMAT

Objektif polisi & garis panduan ini adalah untuk memberi panduan pengurusan POMs semasa kemasukkan pesakit ke dalam wad di fasiliti kesihatan KKM. Pengurusan POMs yang berkesan dapat mengoptimakan penggunaan ubat dan mengelakkan pembaziran.

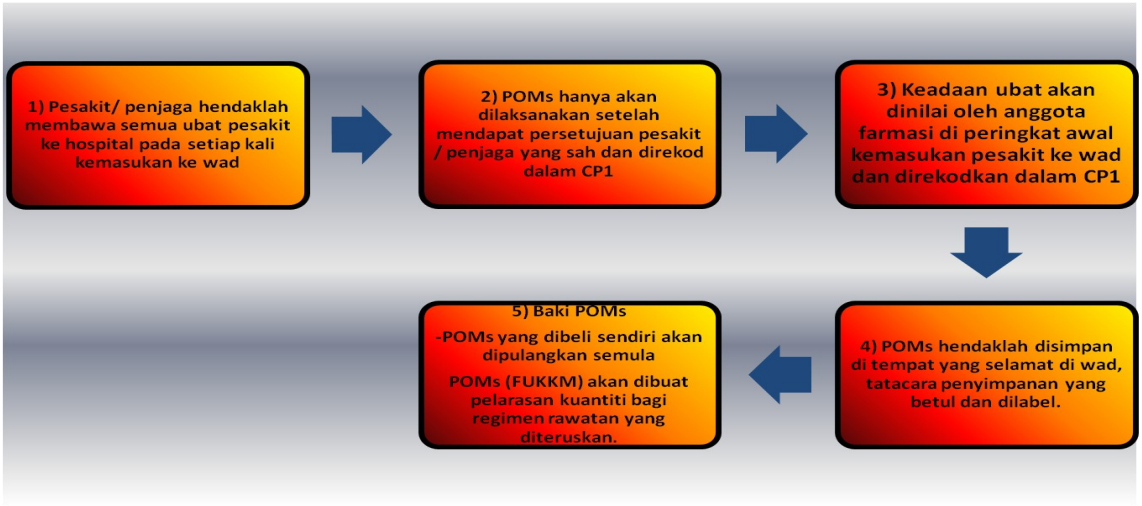
PRA KEMASUKAN WAD

Penerangan / risalah mengenai pelaksanaan Program POMs akan diberikan semasa pesakit berada di klinik / Jabatan Kecemasan.

REFERENCE:

PATIENT'S OWN MEDICATION BAHAGIAN PERKHIDMATAN FARMASI JOHOR. JABATAN KESIHATAN NEGERI JOHOR

POLISI POMs



PROSEDUR POMs

MAKLUMAN POMs

- Pesakit diberi makluman mengenai POMs di wad oleh Pegawai Farmasi wad atau Medical Officer.

PRESKRIPSI

- Ubat-ubatan akan dipreskrib oleh Pegawai Perubatan setelah melihat kondisi pesakit

KEIZINAN PESAKIT

- Dapatkan keizinan pesakit untuk menggunakan POMs.
- CP1 akan diisi dan dicop dengan persetujuan pesakit & akan ditandatangani oleh pesakit.
- Borang POMs 1 akan diisi.

PENERIMAAN UBAT POMs

- POMs akan dinilai kesesuaian oleh PF Wad/ PF FPD / PPF FPD dan dilabel menggunakan label am/ generik (daripada KKM)
- Verifikasi ubat pesakit di lakukan di FPD atau wad bergantung kepada PTJ masing-masing
- Kriteria ubat adalah seperti appendix A
- Ubat POMs akan dimasukkan ke dalam plastik penyimpanan POMs
- Preskripsi dengan ubat POMs akan dicop POMs (setelah diverifikasi)
- Selepas waktu pejabat/ hari minggu/ hari cuti umum – ubat disimpan oleh pesakit
- POMs hanya akan bermula setelah diverifikasi oleh PF Wad/ PF FPD/ PPF FPD dan dicop POMs pada preskripsi

PENYIMPANAN UBAT POMs

- Ubat POMs yang akan digunakan di wad akan diletakkan ke dalam plastik penyimpanan POMs dan disimpan di dalam laci pesakit
- Ubat pesakit yang tidak digunakan akan disimpan secara berasingan.
- POMs tidak dibenarkan diambil tanpa arahan doktor
- Ubat dadah berbahaya/psikotropik tidak perlu disimpan di dalam kabinet dadah berbahaya
- Ubat rangkaian sejuk disimpan di peti sejuk wad

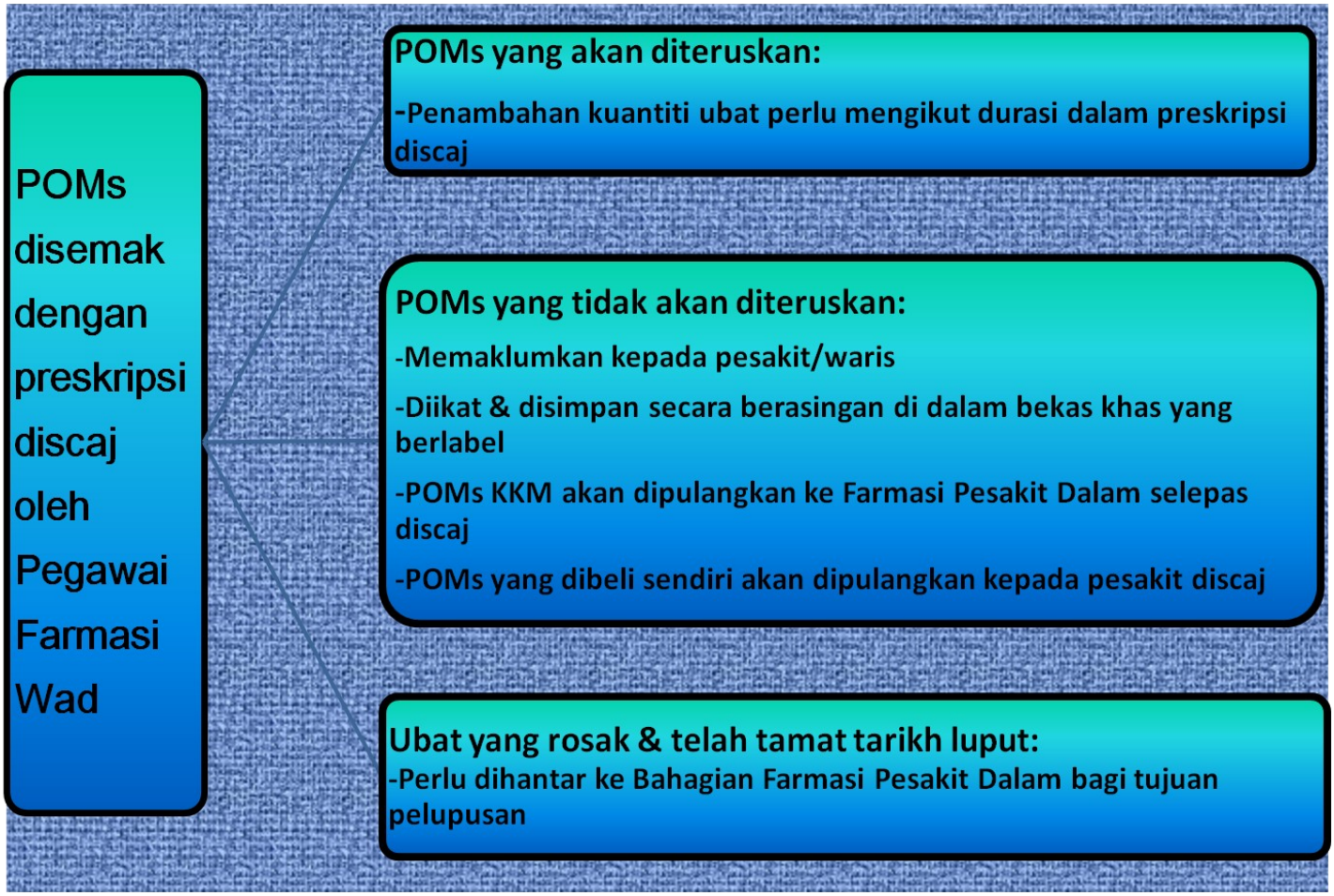
PEMBEKALAN UBAT

- Untuk ubat bukan POMs, pembekalan ubat adalah melalui sistem sedia ada
- Untuk preskripsi yang bercop POMs, ubat tidak akan dibekalkan oleh Farmasi Pesakit Dalam

ADMINITRASI UBAT

- Bekalan ubat POMs diperoleh dari plastik/bekas penyimpanan POMs yang diletakkan dalam laci pesakit
- JT bertanggungjawab memastikan POMs diberikan kepada pesakit
- Pastikan ubat diadministrasi kepada pesakit dan kemudiaan direkod ke dalam carta pengubatan pesakit

PEMBEKALAN POMs KETIKA DISCAJ



APPENDIX A	Loose tablet dalam botol	Ubat biji blister pack	Ubat krim dan suppository	Cecair	Insulin
Boleh digunakan	-Masih dalam bungkusan asal lengkap dengan butiran ubat	Info di blister pack: -Nama dan kekuatan ubat -Tarikh luput - Nombor batch	-Dalam pek asal -Belum tamat tempoh -Bersih	-Belum tamat tempoh / mempunyai tarikh buka - Betul penyimpanan -Simpan dalam botol asal	- Dibuka kurang dari 28 hari
Dilarang guna	-Tiada maklumat lengkap	- Tiada maklumat seperti yg di atas	-Sampai tarikh luput -Krim berubah warna -Bekas kotor/ rosak	-Tamat tarikh luput -Cara simpan tidak betul -Fizikal ubat berubah	- Dibuka lebih dari 28 hari

AKTIVITI POMs DI HOSPITAL SEGAMAT

Taklimat diberikan kepada pakar, pegawai perubatan, anggota farmasi dan jururawat

SODIUM VALPROATE : update on the risk of abnormal pregnancy outcomes

Valproate is an effective medicine used to treat epilepsy and bipolar disorder.

Valproate can seriously harm an unborn child when taken during pregnancy. In women who take valproate , around 10 babies in every 100 will have birth defects.

Birth defects include *spina bifida* (where the bones of the spine are not properly developed); facial and skull malformations, herat, kidney, urinary tract and sexual organ malformation and limb defects.

You can help by reporting any side effects that you may get directly to the National Pharmaceutical Regulatory Agency (NPRA) through the website http://npra.moh.gov.my

RECOMMENDATIONS

Treatment should only be initiated if other treatments are ineffective or not tolerated.

The benefit and risk should be carefully reconsidered at regular treatment reviews.

Preferably sodium valproate should be prescribe as monotherapy and at the lowest effective dose, if possible as a prolonged release formulation to avoid high peak plasma concentrations.

The daily dose should be divided into at least two single doses.

Reference:

https://npra.moh.gov.my/images/Circulars_Directive/Regulatory_Information/2016/161012_Direktif_Bil17_2016.pdf

What you must do if you are being prescribed valproate:

For women who are able to get pregnant , when taking valproate, always use reliable contraception so you do not have an unplanned pregnancy.

If you are thinking having a baby, speak to your doctor and do not stop using contraception until you have done so.

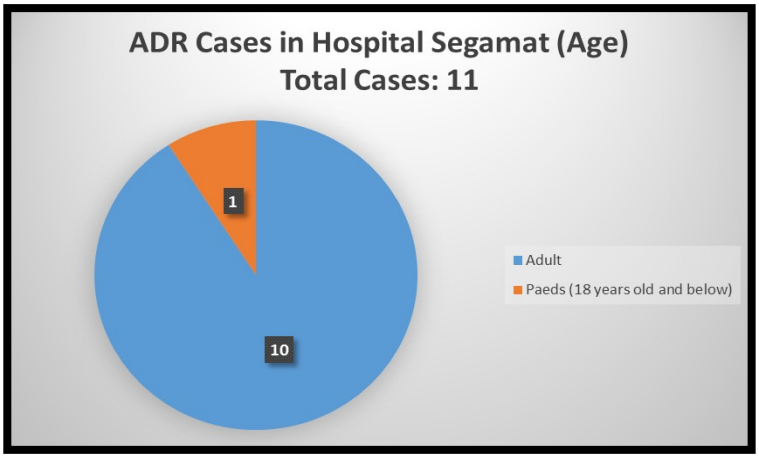
Tell your doctor at once if you think you may be pregnant or know you are pregnant. Never stop taking Valproate unless your doctor tells you to as your condition may become worst.

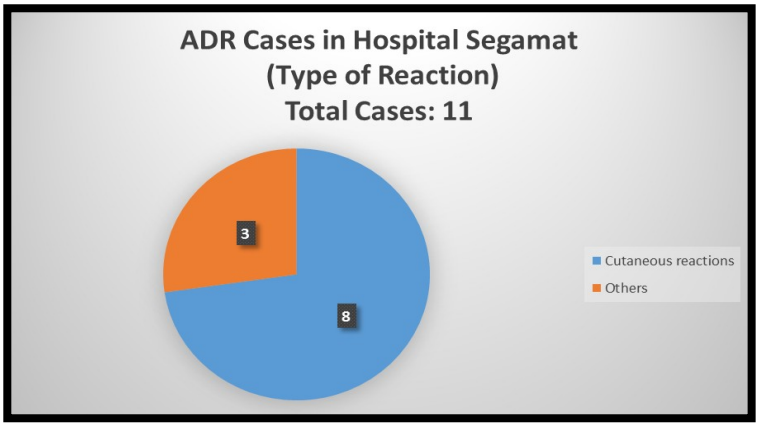
ADVERSE DRUG REACTION (ADR) CASES IN HOSPITAL SEGAMAT JAN TO DEC 2016

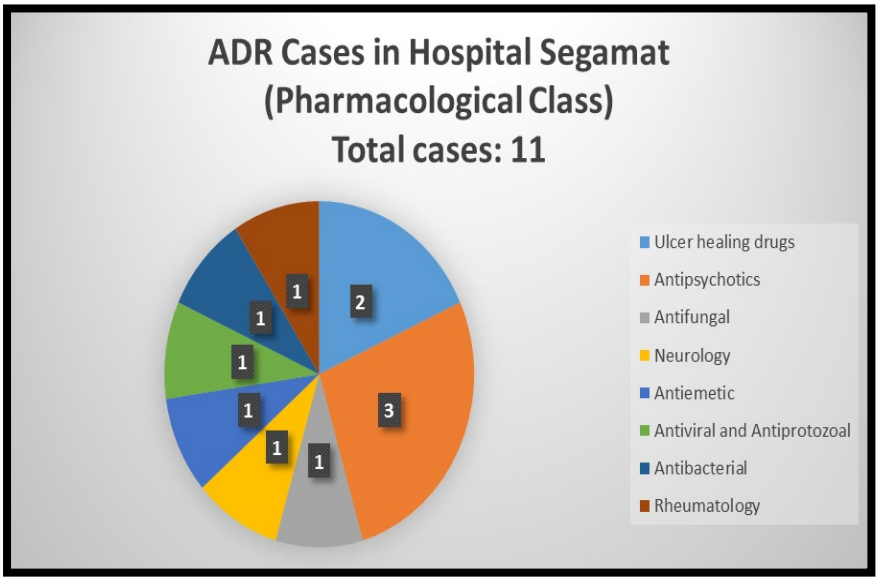
ALL suspected Adverse Drug Reactions (ADRs) should be reported to the National Centre for Adverse Drug Reactions Monitoring, including those for vaccines, cosmetics and traditional products.

In Hospital Segamat, 11 case reported in 2016. (1 pediatric case and 10 adult cases)

Total eight cases involved cutaneous reaction with one documented cases of Steven Johnson Syndroms and another documented cases of toxic epidermal necrosis.







The pharmacological classes of drug include antibacterial, antiviral, antifungal, neurology, rheumatology, ulcer healing drug, and antiemetic. Antipsychotics have the highest number of ADR event.

THERAPEUTIC DRUG MONITORING (TDM)

Analisa yang dijalankan di Jabatan Farmasi

1) Acetominophen
2) Carbamazepine
3) Digoxin
4) Gentamicin
5) Phenobarbitone
6) Phenytoin
7) Salicylate
7) Sodium Valproate
8) Theophylline / Aminophylline
9) Vancomycin

Analisa yang dirujuk ke fasiliti luar

1) Amikacin
2) Cyclosporin
3) Lithium
4) Tacrolimus

Masa penerimaan sampel	Masa penyediaan laporan bertulis
Ahad-Rabu: 8pg–3ptg Khamis-Sabtu & Cuti Umum: 8pg-1ptg	Pada hari yang sama
Ahad-Rabu: 3ptg-8pg Khamis-Sabtu & Cuti Umum: 1ptg-8pg	Pada hari berikutnya

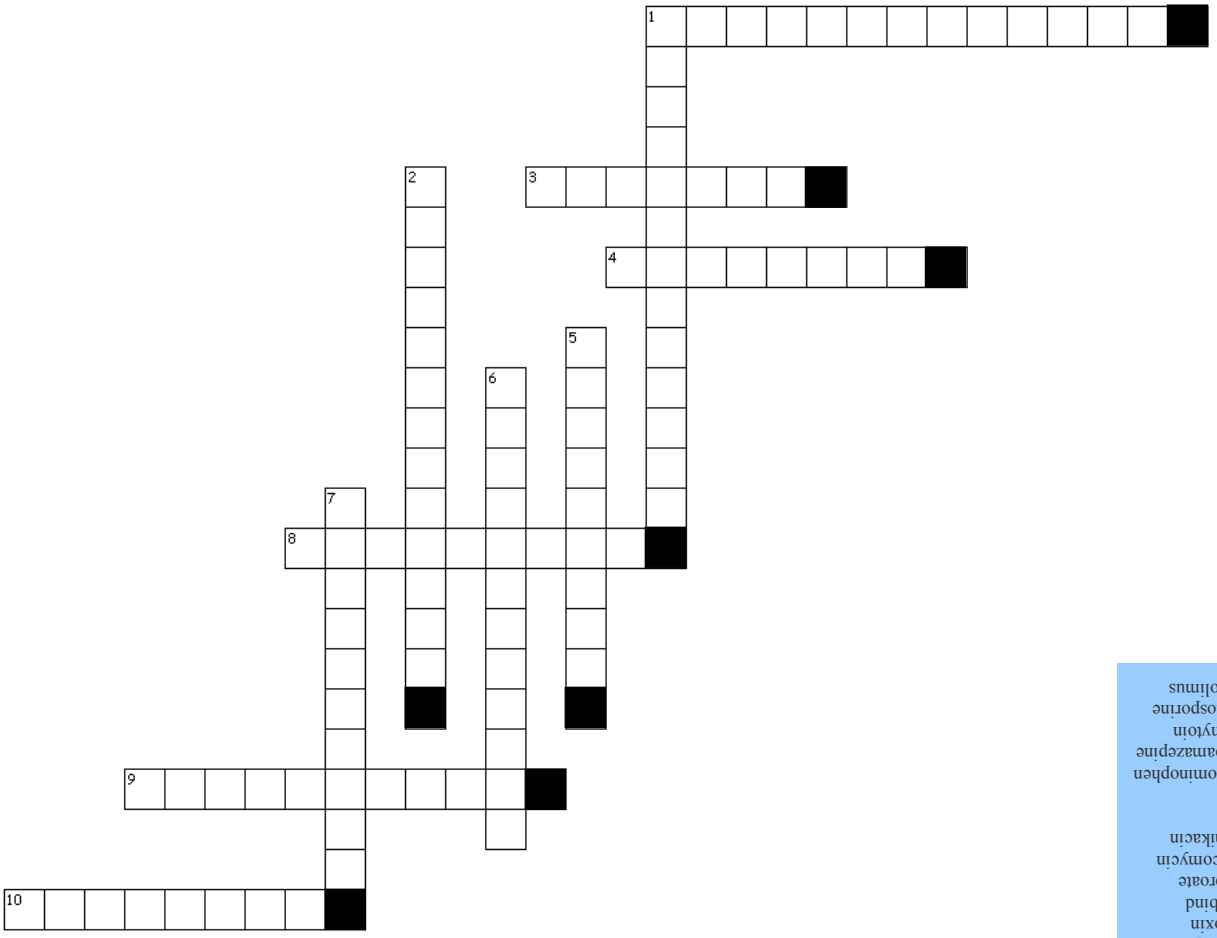
References:
i) Martindale 33th Ed 2002
ii) Basic Clinical Pharmacokinetic (Winter) 2004
iii) Drug Information Handbook 10th Ed 2003
Iv) British National Formulary, Vol 50 Sept 2005
v) Micromedex ® Healthcare Series Vol 130 2006
vi) Infectious Disease Society of America
vii) Drug Doses, Frank Shann 16th Ed 2014

TDM SERUM SAMPLING GUIDE

DRUG		STEADY STATE		SAMPLING TIME		SAMPLE STABILITY
AMINOGLYCOSIDES	AMIKACIN	SDD	MDD	SDD	MDD	-
		Adult & Paed After 2nd dose	Adult Pre & Post 4th dose Paed Pre & Post 3rd dose	1st sample Post 2 hours 2nd sample post 6 hours	Pre 0-30 min before dose Post 60 min after 60 min infusion completed	8 hours
	GENTAMICIN					4 hours
		IP: before 3rd bag		IP: pre (0-30 min before dose)		
CARBAMAZEPINE		Initiation: 2-3 weeks (Induction Phase) MD: 2-5 days after initiation and dose changes.		Pre: 0-30 min before dose		8 hours
CYCLOSPORINE (EDTA tube)		3-5 days		C0: Immediately before next dose C2: 2 hours after dose		8 hours
DIGOXIN		Withold LD: 7-14 days With LD: 12-24 hours ESRD: 15-20 days		Pre: 0-30 min before dose Post: Oral: at least 6 hours after dose IV: at least 4 hours after dose		8 hours
LITHIUM		4-5 days		Pre: 12 hours after dose (BD) Pre: 24 hours after dose (OD)		-
PARACETAMOL		Toxicity: 4 hours after ingestion		Toxicity: 4 hours after single acute ingestion OR Unknown ingestion time: 2 samples at 2 hours interval		8 hours
PHENOBARBITAL		Without LD: 2-3 weeks After LD: 2-3 hours after administration		Pre: 0-30 min before dose		8 hours
PHENYTOIN		With LD: 12-24 hours Without LD: 8-10 days		Pre: 0-30 min before dose		8 hours
SALICYCLATE		Therapeutic: 5-7 days Toxicity: 4 hours after ingestion		Therapeutic: 1-3 hours after dose Toxicity: 4 hours after ingestion		8 hours
TACROLIMUS (EDTA tube)		3-5 days		Pre: 0-30 min before dose		-
THEOPHYLLINE / AMINOPHYLLINE		Adults: 2 days Children: 1-2 days Infants: 1-5 days Newborn: 5 days Premaure neonates: 6 days		Pre: 0-30 min before dose		8 hours
VALPROIC ACID		2-4 days		Pre: 0-30 min before dose		2 days
VANCOMYCIN		Normal renal function: After 3rd dose Impaired renal function: After 1st stat dose Continuous infusion: Take a sample after 12-24 hours after starting the continuous infusion		Trough level: 30 mins before dose Peak level: 1 hour after the infusion completed		4 hours

SDD: Single daily dosing MDD: Multiple daily dosing LD: Loading dose MD: Maintenance dose

CHALLENGE TIME: TDM CROSSWORDS



Across
1. indicated for bradycardia in neonates
3. use ideal body weight
4. antidote for digoxin
8. steady state : 2 to 4 days
9. sample TDM after stat dose for esrf patient
10. aminoglycoside

Down
1. rummack matthew nomogram
2. auto-induction
5. michaelis-menten pharmacokinetics
6. cannot be centrifuge
7. EDTA tube

Across
1. aminophylline
3. digoxin
4. digibind
8. valproate
9. vancomycin
10. amikacin

Down
1. acetominophen
2. carbamazepine
5. phenytoin
6. cyclosporine
7. tacrolimus

AKTIVITI JABATAN FARMASI HOSPITAL SEGAMAT

ANGGOTA FARMASI BERSAMA DR AMAN DI MAJLIS PERPISAHAN & PENGHARGAAN PENGARAH HOSPITAL SEGAMAT

PENGLIBATAN PEGAWAI FARMASI DALAM AKTIVITI KEMASYARAKATAN BERSAMA WARGA HOSPITAL SEGAMAT

KURSUS ORIENTASI ANGGOTA BARU JABATAN FARMASI HOSPITAL SEGAMAT 2017