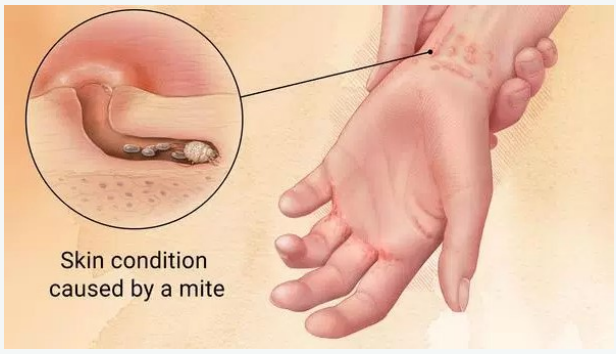
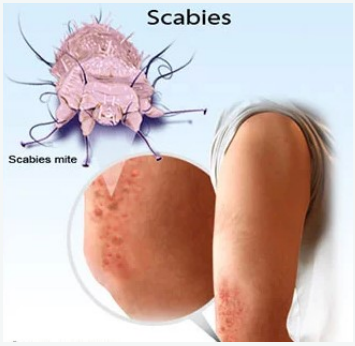
Hospital Segamat, Issue 01/2018

Pharmacy Bulletin

Scabies





INTRODUCTION

- Scabies is caused by the mite, Sarcoptes scabiei var. hominis, which burrows into the upper layer of the skin - the stratum corneum.
- Scabies is normally acquired from skin-to-skin contact with another individual who has scabies. It is frequently acquired among children and can also be sexually transmitted. It is sometimes transmitted from care providers or beddings.
- The incubation period for those without previous exposure to scabies is 2 to 6 weeks. Individuals who have been previously infested with scabies develop symptoms within 1 to 5 days of re-exposure.

In this issue:

CLINICAL MANIFESTATION

⇒ The main symptom is itch, which usually develops within 2 to 6 weeks after infestation.

⇒ The itch is generalized, very intense and intractable.

⇒ The itch is worst at night.

⇒ History of itch among family members within the same period

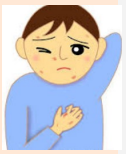
Editorial board

Treatment in Specific Considerations

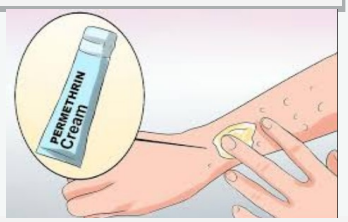
Clinical Condition	Recommended Therapy	Alternative Therapy	Additional Measures	Comments
Classical scabies Infants < 2 months	Sulphur 6% in petroleum in ointment base for 3 days		Treat whole body including the face (avoid eyes and mouth)	Treat all family members/close contacts simultaneously
Children < 2 years	Two applications of Permethrin 5% for 8-12 hours at one week apart	Sulphur 6% in petroleum for 3 days	Treat whole body including the face (avoid eyes and mouth)	Crotamiton cream TDS for 5-7days for nodular scabies
Children < 12 years	Two applications of permethrin 5% for 8-12 hours at one week apart	Benzyl Benzoate 12.5% Whole body neck and below for 3 consecutive days		Crotamiton cream TDS for 7-14 days for nodular scabies
Adults	Two applications of permethrin 5% for 8-12 hours at one week apart	Benzyl Benzoate 25% whole body; neck and below for 3 consecutive days		People in close physical contact, even without symptoms, should receive treatment at the same time
Pregnancy/ lactating women	Two applications of permethrin 5% for 8-12 hours at one week apart			
Crusted scabies	Permethrin and Ivermectin for scabies patients may need admission.	Oral ivermectin alone or in combination with permethrin is very useful OR Several applications of Benzyl Benzoate	Apply keratolytic agents (salicylic acid ointment) to hyperkeratotic areas. Keep nails short and apply medication to subungual areas.	Strict control to prevent spread of infection

Treatment of itch in scabies

Itching usually persists for about one to two weeks after successful treatment but it should be evaluated if prolonged. The treatment includes:



1. **Antihistamines:** chlorpheniramine, hydroxyzine, diphenhydramine, dexachlorpheniramine.
   Sedative antihistamines must be used with caution in children less than 2 years old.
2. **Corticosteroids:** topical or short course of oral steroids (0.5mg/kg depending on the severity).
3. **Emollients:** regular application of emollients for dry and eczematous skin.



Directions for the application of topical scabicide

Ensure the case and all close contacts are treated concurrently. Always follow the directions on the product label. Below is the direction for application of topical 5% Permetrin, 12.5% and 25% Benzyl Benzoate.

1. Individuals to be treated should have a warm shower or bath with soap, and dry their body prior to treatment. They should also apply clean clothing, bed linen, and only use clean towels.
2. Apply permethrin (5%) for 8 hours or benzyl benzoate (12.5% or 25%) for 24 hours, being sure to adhere to the instructions on the label. Permethrin based medications should be applied in the evening and left overnight.
3. Apply thoroughly to all skin from neck down. Insufficient coverage is the main cause of treatment failure. Ensure all skin folds are treated including finger webs, toe webs, anal and vaginal clefts, belly button and armpits. Fingernails should be trimmed and a thin layer of medication applied beneath the nail using a nailbrush. In infants, hands covered with mittens will prevent removal and ingestion of the treatment product.
4. If there have been treatment failures, or if treating at risk groups (children younger than two years, the elderly and frail, immune compromised, immobile or institutionalized), the treatment area should be increased to include the skin above the neck (avoid contact with eyes and mucous membranes).
5. If the treatment is washed off or otherwise removed (e.g. hand washing or pressure area care) ensure it is reapplied immediately.
6. Once the required time has passed, wash off topical scabicides using soap in a warm shower or bath. Clean clothes and linen should be supplied again after treatment. If treating staff, they can return to work 24 hours after their first treatment.
7. Hot wash (>50°C) all linen and clothing worn in the past 72 hours, items which cannot be washed should be tumble dried or bagged in a plastic bag for 72 hours. Surfaces such as furniture and carpets may be disinfected with heat (such as steam) or by physically removing scabies mites (e.g. vacuuming).
8. Repeat the treatment after seven (7) days to kill newly hatched mites. If treatment failure or recurrent infestation is suspected seek medical re-assessment.

References

1. GUIDELINE FOR MANAGEMENT OF SCABIES IN ADULTS AND CHILDREN BY MINISTRY OF HEALTH MALAYSIA (FEBRUARY 2015)

Varicella Zoster Virus (Chickenpox) Infection in Pregnancy

Chickenpox is a common childhood illness but if this develops in pregnancy it is associated with serious adverse sequelae such as congenital varicella syndrome, maternal Varicella Zoster Virus pneumonia and neonatal varicella infection which may lead to feto-maternal morbidity and mortality. When chickenpox occurs in pregnancy, antiviral therapy either alone or in combination with Varicella Zoster Immune Globulin has been recommended for management.

Varicella Zoster Immune Globulin should be given to susceptible women within 72 hours but can be given up to 96 hours after exposure to the virus. Varicella Zoster Immune Globulin has no therapeutic benefit once chickenpox has developed and should therefore not be used in pregnant women who have developed a chickenpox rash.

The use of antivirals decreases the risk of mortality and morbidity from chickenpox but this will still occur. All pregnant women with established chickenpox should receive oral acyclovir 800mg five times daily for seven days. Compared with placebo, this reduces the duration of fever and symptoms of chickenpox in immune-competent adults if commenced within 24 hours of rash development. If given within 24 hours and up to 72 hours of the development of rash, acyclovir is effective in reducing the feto-maternal mortality and morbidity associated with Varicella Zoster Virus infection, particularly if used intravenously. Intravenous (IV) acyclovir in severe pregnancy complications such as pneumonia is preferred to oral treatment because of bioavailability, especially in the second half of pregnancy. The dose is usually 10–15mg/kg of body weight IV every 8-hours for 5–10 days for Varicella Zoster Virus pneumonia and should be started within 24–72 hours of rash.

Reference:

1. Lamont, R. F., Sobel, J. D., Carrington, D., Mazaki-Tovi, S., Kusanovic, J. P., Vaisbuch, E., & Romero, R. (2011). Varicella-zoster virus (chickenpox) infection in pregnancy. *BJOG: An International Journal of Obstetrics & Gynaecology*, *118*(10), 1155-1162.

Drug Safety Update

Ketamine: Risk of Severe Liver Damage with Repeated and/or Prolonged Use at High Doses

Overview:

Ketamine is an NMDA-receptor antagonist used for general anaesthesia and sedation. It has anaesthetic and analgesic properties, depending on the dose administered. Ketamine is used in subanaesthetic doses for control of acute and chronic pain, especially severe forms with evidence of central sensitisation not well-controlled with other agents. It is usually combined with an opioid for acute pain.

Background of the Safety Issue:

The French National Agency for the Safety of Medicines and Health Products (ANSM) published a Dear Healthcare Professional Communication (DHPC) letter on the risk of severe liver damage during repeated and/or prolonged use of high-dose ketamine. Healthcare professionals in France were reminded to follow the recommended dosage for palliative care practice at 0.5mg/kg/day (continuous IV infusion) with increments of 0.25mg/kg/day. Treatment should be initiated by a team specialised in the management of pain or palliative care with close observation and monitoring, including liver function monitoring.

Adverse Drug Reaction (ADR) Reports:

The NPRA has received a total of 24 reports with 34 adverse events related to ketamine. The most reported adverse event was tonic-clonic convulsions (5, 14.7%), followed by maculopapular rash (3, 8.8%) and urticaria (3, 8.8%). To date, no case of liver damage has been reported to the NPRA.

Advice for Healthcare Professionals:

- ◊ Please comply with the recommended dosing for ketamine especially with repeated and/or prolonged use.
- ◊ Monitor patient's liver function closely if repeated and/or prolonged high dose of ketamine is used.
- ◊ Please report all adverse events suspected to be related to the use of ketamine to the NPRA.

Local Scenario:

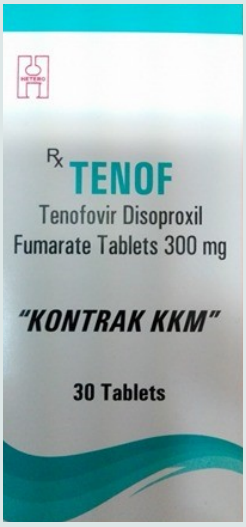
In Malaysia, currently, there are two products containing ketamine that have been registered. Indications approved in Malaysia include:

- ⇒ Sole anaesthetic for diagnostic and surgical procedures that do not require skeletal muscle relaxation.
- ⇒ Induction of anaesthesia prior to the administration of other general anaesthetic agents.
- ⇒ As a supplement to low potency agents, such as nitrous oxide.
- ⇒ May be used in children as intense analgesic for management of minor surgical and diagnostic procedures or repeated procedures, e.g. changing burn dressing.

References

1. Reaksi Drug Safety News 2017 - Issue 6/2017 by NPRA MALAYSIA

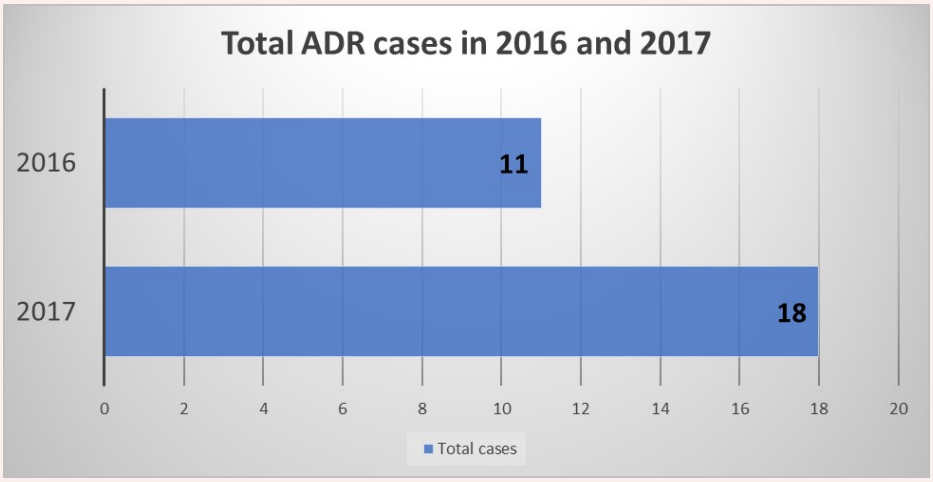
New Medication available in Hospital Segamat (November 2017)



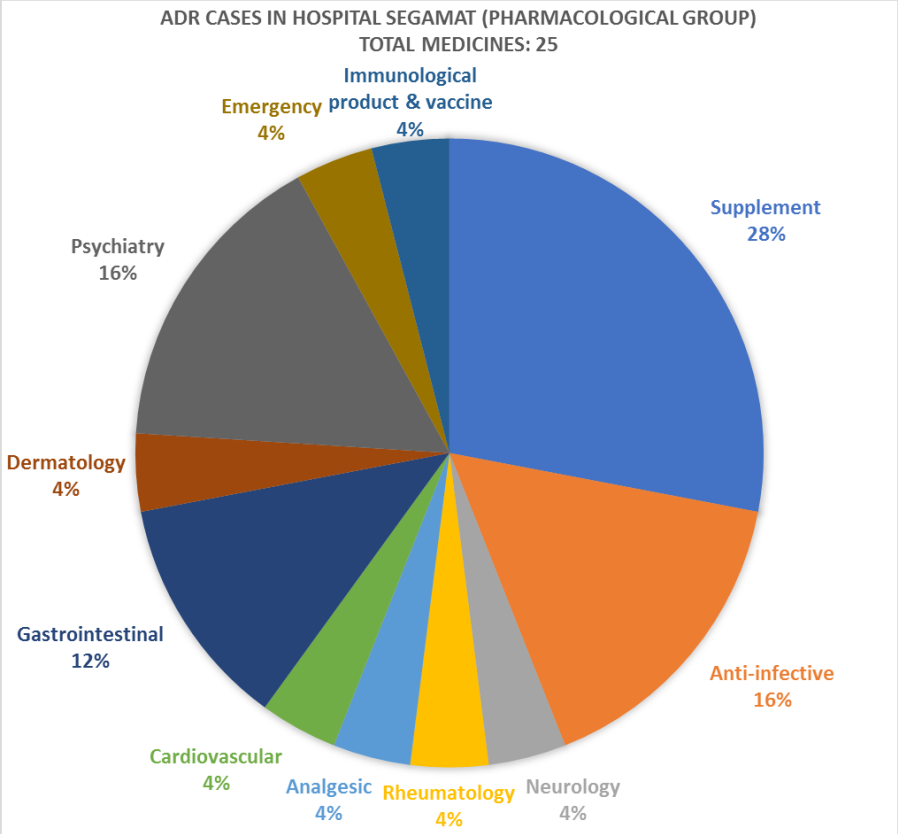
TENOFOVIR 300MG TABLET

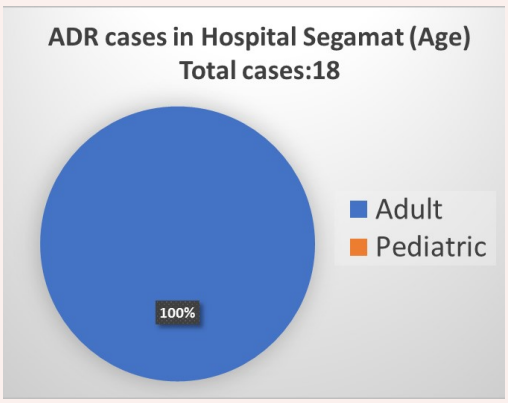
Prescriber category in MOH drug list	A*
Indication	⇒ Treatment of HIV-1 infected adults in combination with other antiretroviral agents ⇒ Use as first line monotherapy for chronic hepatitis B or as a rescue therapy for patients with drug resistance hepatitis B virus (according to resistant profile or treatment guidelines)
Dosage/treatment regimen	◊ 300mg once daily ◊ Renal dose adjustment: ⇒ 30-49ml/min: 300mg every 48 hours ⇒ 10-29ml/min:300mg every 72 hours ⇒ Hemodialysis: 300mg every 7 days after dialysis

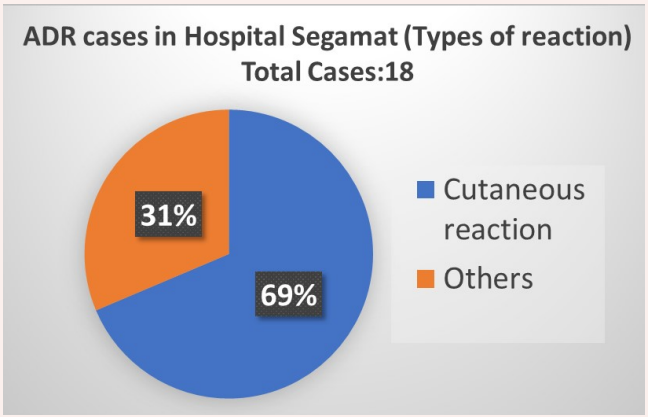
Adverse Drug Reaction (ADR) Cases In Hospital Segamat from 2016 to 2017



Adverse Drug Reaction (ADR) Cases In Hospital Segamat from Jan to Dec 2017







Aktiviti Jabatan Farmasi

Sambutan Hari Deevapali dan Krismas Peringkat Hospital Segamat pada 16 November 2017.

Penglibatan Staf Farmasi dalam Gotong-Royong Perdana Hospital Segamat pada 9 Mac 2018.

Majlis Perpisahan PRP pada 4 Februari 2018.

Sambutan Maulidur Rasul 1439 Hijrah Peringkat Hospital Segamat pada 5 Januari 2018. Jabatan Farmasi berjaya mendapat tempat pertama dalam pertandingan perarakan.

Penglibatan Pegawai Farmasi dalam Program Gotong-royong Rumah Pesakit di Sungai Gerchang, Chaah pada 25 Februari 2018 Bersempena Program Komuniti Kesihatan Mental Hospital Segamat.

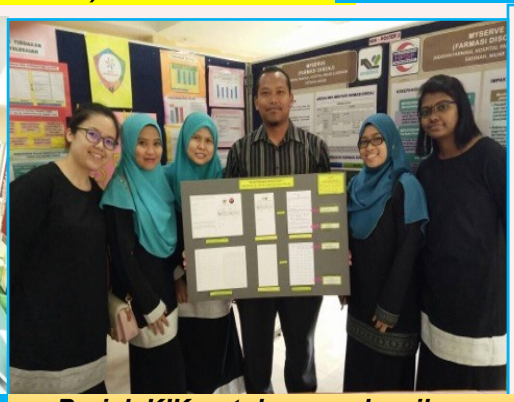
Konvensyen Inovasi Peringkat Negeri Johor pada 27 & 28 Februari 2018.

Jabatan Farmasi telah menghantar 4 penyertaan.

(2 Inovasi, 1 KIK dan 1 QA)

Jabatan Farmasi mendapat tempat ketiga dalam kategori QA poster.
(Mengurangkan masa menunggu pesakit di farmasi pesakit luar)

Medicart untuk memudahkan dan mempercepatkan proses pembekalan kepada pesakit wad di luar waktu pejabat



Projek KIK untuk menyelesaikan kelewatan pesakit farmasi pandu lalu untuk mengambil ubat pada tarikh temujanji

Smart Counselling Kit untuk melancarkan proses kaunseling.