

FDA Safety Alerts

Use of Verbal Orders without Read Back Increases Risk of Medication Errors

The Institute for Safe Medication Practices (ISMP) has identified the potential for medication errors when using verbal or telephone orders. One recommendation for reducing errors due to verbal orders is the use of an electronic medical record whenever possible, such as the new UHS Epic system.

In situations where a verbal order is necessary, it is recommended that the listener document the order and read it back to the speaker. This ensures the order was both heard and documented correctly.

Examples of Potential Verbal Ordering Errors

The speaker orders 15 units of insulin. The listener hears 50 units of insulin. This error can be avoided by stating out numbers fully, such as “one five” units of insulin.

The speaker orders fluvoxamine. The listener mishears the order as fluoxetine. Read back helps identify potential misheard drug names.

This monthly pharmacy newsletter serves to provide UHS medical staff, nurses, and pharmacists critical information about medication management and other pharmacy-related news.

Drug Shortages:

- Bupivacaine with epinephrine – all presentations
- Lidocaine with epinephrine – all presentations
- Nulytely to prep solution
- Haloperidol Injection

Pharmacy Spotlight

Monoclonal Antibodies for Treatment of COVID-19

UHS Hospitals now has access to 2 interchangeable monoclonal antibody therapies for treatment of mild to moderate COVID-19: bamlanivimab and the combination therapy casirivimab/imdevimab. These therapies are indicated for the treatment of patients at risk of progressing to severe illness or hospitalization. Patients hospitalized for COVID-19 or who require oxygen therapy do not qualify for treatment. Patients that qualify for treatment include those with chronic kidney disease, diabetes mellitus, a body mass index ≥ 35 , immunosuppressed patients, and those ≥ 65 years of age.

Monoclonal infusions are available at the Binghamton General Hospital Infusion Center. Access the therapy plan within Epic to order. Enter bamlanivimab into the therapy plan assignment field.

Who?	Indicated for patients >12 year old who weigh more than 40kg with mild-moderate COVID-19 at risk of progressing to severe illness or hospitalization
When?	Within 10 days of symptom onset
How?	Both drugs are given as a 60 min IV infusion

COVID-19 Vaccine Frequently Asked Questions

UHS employees have had access to both the Moderna and Pfizer COVID-19 vaccines. Below are answers to some of the most frequently asked questions concerning these 2 vaccines.

How are these 2 vaccines administered?	The Pfizer vaccine is given as two 0.3mL doses, given 3 weeks apart. The Moderna vaccine is given as two 0.5mL doses, given 4 weeks apart.
Do I have to get the 2 nd dose exactly 3 or 4 weeks after the 1 st dose?	There is a grace period of 4 days for both vaccines. If the grace period elapses, the 2 nd dose should be given at the earliest opportunity and the series does not need to be repeated.
I had another vaccination recently. Can I get the COVID-19 vaccine?	It is recommended to administer the COVID-19 vaccine alone, with no other vaccines administered for 14 days before or after the COVID-19 vaccine.
When is the COVID-19 vaccine contraindicated?	An anaphylactic reaction to the first COVID-19 vaccine dose contraindicates the second dose. Severe allergic reactions to other vaccines or injectable therapies is a precaution, not a contraindication.
How effective are the vaccines?	The Pfizer vaccine is 52.4% effective after the 1 st dose, and 95% after 2 doses. The Moderna vaccine is 94.1% effective after 2 doses. It takes 1-2 weeks after the 2 nd dose of vaccine to be considered fully vaccinated.
Can individuals with underlying medical conditions, autoimmune conditions, or who are immunocompromised get the vaccine?	Yes, individuals with any of these conditions can receive either the Pfizer or Moderna vaccine.
What are the potential side effects of the vaccine?	Side effects include swelling and redness at the injection site, chills, fever, headache, and body aches. Most are mild to moderate and occur within 3 days of vaccine administration. These side effects are more common in individuals ages 18-55 years old than in those greater than 55 years old.