Drug Information requests

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Out lines:

- Picking up the line
- Taking the question
- Formulating the question
- Systemic approach in answering questions
- What to look for in purchasing DI resource
- Linking with health institutions
- Keeping up with updates
Picking up the line:

- introduce your self clearly “stating your name”
- Having the form ready
- Listen carefully to the question
- Repeat the question
- How urgent?
DI form

انموذج الإجابة عن الاستفسارات لمركز معلومات الأدوية..doc
Systemic approach was first introduced by Watanabe et al. in 1975.

1. Identify the requestor:
   - consider the health literacy and professional background of the requestor.

2. Define the true question and information need:
   - asking probing questions to the requestor. “what is the dose of linezolid” with MRSA infected wound”!!
   - “postpartum with BP 150/90?”

3. Obtain complete background information:
   - including examining the medical record for patient data, if applicable, to individualize the response to meet the requestor’s need.
Categorize the question:

- Classify requests (e.g. product availability, adverse drug event, compatibility, compounding/formulation dosage/administration, drug interaction).

Perform a systematic search.

- Tertiary, secondary, and primary resources, including electronic resources, as necessary.

Analyze the information.

- Evaluate, interpret, and combine information from the resources used.
Systemic approach

7. Disseminate the information.
   - Provide an oral or written response, or both
   - Urgency?
   - Support with documents.

   - Document the request, information resources used, the information found in each source, time spent on the response.

9. Follow-up. \Clinical_Photarmacist_Interventions (DIC).pdf

Perform a follow-up assessment to determine the utility of the information provided and whether the information resulted in change in medication-use practices or patient outcomes.
1. “I went to the pharmacy and they didn’t give me my medications?”
   - zolpidem
   - bromazepam
2. “I took 6 boxes of infatrini and kept it in the trunk of my car for about 6 hrs” can I use them?
3. “Artesunate + sulfadoxine- Pyrimethamin KIT” what is the dosing regimen?
Currently available as separate scored tablets containing 50 mg of artemisinin, and tablets containing 500 mg sulfadoxine and 25 mg of pyrimethamine. The total recommended treatment is 4 mg/kg bw of artemisinin given once a day for 3 days and a single administration of sulfadoxine+pyrimethamine (25/1.25 mg base/kg bw) on day 1. This combination is efficacious only where 28-day cure rates with sulfadoxine–pyrimethamine alone exceed 80%.[1]

### Dosing of Artesunate + Sulfadoxine–Pyrimethamine (WHO, 2010, NVBDCP 2010)[1,2]

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose of Artesunate (No of 50mg Tablet) Once daily for 3 days</th>
<th>Dose of SP (No. of 500/25mg Tablet) Single dose on Day 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>25 (½ tablet)</td>
<td>125/6.25 (¼ tablet)</td>
</tr>
<tr>
<td>≥1-4 years</td>
<td>50 (1 tablet)</td>
<td>500/25 (1 tablet)</td>
</tr>
<tr>
<td>≥5-8 years</td>
<td>100 (2 tablets)</td>
<td>750/37.5 (1½ tablets)</td>
</tr>
<tr>
<td>≥9-14 years</td>
<td>150 (3 tablets)</td>
<td>1000/50 (2 tablets)</td>
</tr>
<tr>
<td>≥15 years</td>
<td>200 (4)</td>
<td>1500/75 (2 tablets)</td>
</tr>
</tbody>
</table>

SP recommends ASP as the ACT of choice for treating *P. falciparum* malaria all across India.

SP also recommends single dose of primaquine (0.75mg/kg) on Day 2 for all cases of *P. falciparum* malaria.
Before Purchasing DI resource consider the following:

1. Features of the resource (e.g., frequency of updates, qualifications and affiliations of authors, year of publication, type of information, organization of material, method of delivery, cost).
2. Practice setting (e.g., type of facility and needs of health care professionals within that environment, state specific regulatory requirements).
3. Accessibility of the resource (e.g., location of print resources, number of users allowed by subscription).
Keeping Current

1. Subscribe to table of contents of or full access to relevant journals, as appropriate.
2. Subscribe to appropriate email list servers (e.g., Food and Drug Administration Drug Information Updates, National Guideline Clearinghouse, Centers for Disease Control and Prevention, Medline Plus).
3. Receive email alerts from relevant health-related websites (e.g., Med Watch, Medline Plus).
4. Bookmark important websites and check regularly for updates (e.g., Institute for Safe Medication Practices, ASHP Drug Shortages Resource Center).
5. Maintain active membership in local, state, and national pharmacy associations/societies.
6. Pursue board certification from the Board of Pharmacy Specialties.
Reference

- Am J Health-Syst Pharm—Vol 72 Apr 1, 2015
This session is over!

Waiting for your questions