



PHARMACY BULLETIN

Shifa International Hospitals Ltd.

شفا انٹرنیشنل ہسپتال لمیٹڈ

World Pharmacist Day Edition

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and much more.....



Department of Pharmacy Conducted First Annual Medication Management Conference & Workshop on 25-26th September 2021.

Salwa Ahsan, Chief of Pharmacy Message



In Pakistan huge number of patients are affected by medication errors and ADRs every day. There is a dire need that medication selection, storage, prescription and use is based on best practices that ensure minimum harm and maximum effectiveness. **Let us pledge** on this World Pharmacist Day that pharmacists will undertake their roles seriously, invest in their drug related knowledge, understand healthcare as a system and actually implement all of this to improve patient care.

I Wish all pharmacy colleagues a Happy World Pharmacist Day!

Dengue fever , Protection is the only answer

M.Gulzaib (Clinical Pharmacist)

Dengue fever is a severe, flu-like illness that affects infants, young children and adults, but seldom causes death. It spreads through bite of infected mosquito.

Dengue should be suspected if:

High fever (40°C/104°F) is accompanied by 2 of the following symptoms: severe headache, pain behind the eyes, muscle and joint pains, nausea, vomiting, swollen glands or rash.

Symptoms last usually for 2–7 days

Incubation period of 4–10 days after the bite from an infected mosquito.

Severe dengue is a potentially deadly complication due to plasma leaking, fluid accumulation, respiratory distress, severe bleeding, or organ impairment.

Vector control is important, if a patient is infected s/he must be under mosquito net to avoid spread of disease to other persons through mosquito bite.

There is no specific treatment for dengue fever and is usually self limiting

Paracetamol is indicated as antipyretic/analgesic (avoid Aspirin due to bleeding complications)

For severe dengue, medical care by physicians and nurses experienced with the effects and progression of the disease can save lives – decreasing mortality rates from more than 20% to less than 1%. Maintenance of the patient's body fluid volume is critical to severe dengue care



The best way to prevent these diseases is to protect yourself from mosquito bites.

- Use insect repellent, Reapply insect repellent as directed.
- Wear long-sleeved shirts and long pants
- Dress your child in clothing that covers arms and legs.
- Use screens on windows and doors.
- Sleep under a mosquito net if you are outside or when screened rooms are not available.

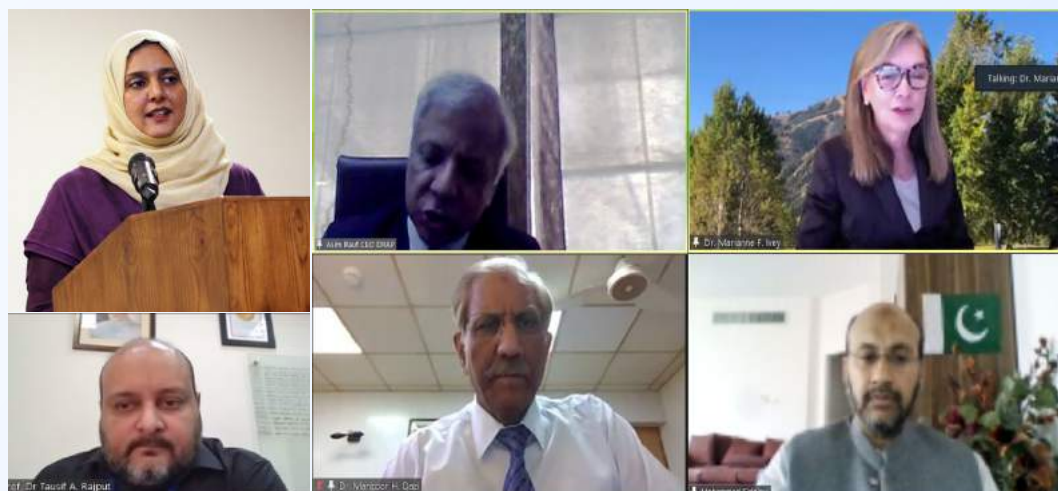


• Once a week, empty and scrub, turn over, cover, or throw out items that hold water. For further details: www.nih.org.pk (Dengue Advisory)

Annual Medication Management Conference and Workshop (AMMC Shifa 2021)

AMMC Conference 2021 DAY: To continue the legacy of learning and leading, SIH Pharmacy Department arranged a fully virtual Annual Medication Management Conference (AMMC Shifa 2021) on world pharmacist day i.e. Sept 25th, followed by workshop on Sept 26th.

The conference announcement created a substantial stir in the pharmacy fraternity as it featured some of the shining stars of Pharmacy i.e. **Mr. Asim Rauf**, CEO, Drug Regulatory Authority of Pakistan (DRAP), **Prof. Dr. Marianne F. Ivey**, Professor Emerita, James



L. Winkle College of Pharmacy (University of Cincinnati – USA), immediate past president Hospital Pharmacy Section (FIP), **Dr. Muhammad Tahir Aziz**, CEO SKMCH & RC, Peshawar, **Zeeshan Ahmed**, Director Regulatory, R&D Analytical Laboratory, Getz Pharma Pvt. Ltd Pakistan, **Dr. Farrukh Malik**, Chief Consulting Officer SYNTOF, France, **Prof. Dr. Tauseef Rajput**, Dean faculty of Pharmaceutical and Allied Health Sciences – STMU, Islamabad, **Mohammad Aslam Siddiqui**, Director, Inpatient Pharmacy Services, Cleveland Clinic Abu Dhabi, UAE.



More than 350 participants joined virtually across the globe and physically to get benefit from the experience and skills of these renowned pharmacists. Conference also gave a chance to young budding pharmacy researches to showcase their work in form of scientific

e-poster presentation. This competition was tough and out of 13 presented posters, winners were selected by the judges; **Dr. Obaidullah (Director Registration DRAP)**, **Dr. Waseem Ullah Khan** and **Dr. Zirwah (from STMU)**.

AMMC WORKSHOP 2021 DAY 2

On day 2, a workshop was arranged for enhancing basic clinical skills of pharmacists where 70+ participants joined physically as well as virtually. Following trainings were conducted:

- Performing appropriateness review of prescriptions
- Common Lab Intervention for pharmacists
- Therapeutic Drug Monitoring
- Core and Supplementary strategies for Antibiotic Stewardship

Participants were provided with case scenarios for hands on training. Chairperson AMMC Shifa 2021, Salwa Ahsan, Chief of Pharmacy concluded these events by her closing remarks and expressed that Knowledge and Life Long Learning is the key to success for pharmacy profession and Shifa will continue to conduct such activities in future too to upgrade the pharmacy profession in Pakistan.



	Winner - Affiliation	Abstract Title
1 st	Rabia Munawar Jinnah Sindh Medical University, Karachi	Importance of incorporating Pharmacist in ward rounds in a Government based tertiary care hospital to avoid medication errors
2 nd	Sajeel Saeed Rawalpindi Medical College, Rawalpindi	Assessment of Legibility and Completeness of Prescriptions at Tertiary Care Hospitals: A Cross-Sectional Study
3 rd	Sundus Shukar Jiaotong University, Shaanxi, China	Evaluation of access to anti-cancer medicines in Pakistan: Results of an observational study
	Maleeha Begum Dow University of Health Sciences, Karachi	Knowledge, Attitudes, And Prevalence Of Antibiotic's Self Medication Among University Students



World Pharmacist Day (WPD) in Shifa: WPD is celebrated on 25th September every year. For many

years, pharmacists have consistently been named among the top five most trusted professionals in national/international surveys. "Pharmacy: Always trusted for your health" is the theme of this year's World Pharmacists Day 2021.

Department of Pharmacy Services, Shifa International Hospitals Ltd. (SIH) is among the best hospital and clinical pharmacy setups in the country, duly acknowledged and accredited by Joint Commission International (JCI) and ISO certified for its robust Medication Management, Antibiotic Stewardship Program, Homecare medication services, clinical pharmacy and medication safety. It houses a large number of professional pharmacists (70+) that are managing an entire spectrum of hospital, clinical pharmacy and homecare services 24/7. Every year we at Shifa, celebrate world pharmacist day with zeal and passion and this year too we continued the legacy.

This year's celebration kicked off with Week-long WPD activities from September 20, 2021, where drug information desks were established at different prominent places within the hospital. Under supervision of senior pharmacists, pharmacy

residents, interns and pharmacy students from Shifa Tameer e Millat

University (STMU) engaged patients, general public, doctors, nurses

and other healthcare staff. They offered patient counselling,

promoted wellness and answered drug related queries. Gift

and giveaways were also presented to them for exhibiting

correct general medication related knowledge. Patients and their families visited the pharmacy counter to seek information about their

drugs and health. There was a very welcoming response and highly

appreciated the efforts of SIH pharmacy team through verbal and written testimonials.

Pharmacy teams also visited different patient care areas, clinics and wards where nurses, doctors and other healthcare staff also joined fun learning activities including general medication management and use quiz, promoting ADR reporting, creating awareness on key components of antibiotic stewardship and safe use of medications. Helpful learning material, pocket guides, guideline printouts and gifts were also distributed. Healthcare staff highly appreciated the efforts of pharmacists.

The weeklong activity continued till the big day where yet another milestone was achieved by Pharmacy Department in form of fully virtual Annual Medication Management Conference (AMMC Shifa 2021)



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Liraglutide, Insulin More Effective Than Other Drugs in Maintaining Average Blood Glucose Levels

Abdul Manan, Staff Pharmacist eShifa Lahore

Controlling blood glucose levels is a major challenge for individuals with type 2 diabetes. The **GRADE study** is the largest and longest study comparing the efficacy of common medications and was designed to compare the effectiveness of glucose-lowering medications in maintaining average blood glucose levels in the target range that has been identified to reduce the risk of long-term complications.



The Study Design: enrolled **5000+ patients** with **type 2 diabetes** with an **average age of 57 years** and an average duration of diabetes of 4 years. Approximately 1250 patients were randomly assigned to each of the 4 medications being investigated and were followed for an average of 5 years and a maximum of more than 7 years.

Head-to-head comparison performed of the 4 most commonly used classes of medications in conjunction with metformin and analyzed their ability to keep average blood glucose levels in the recommended target range, defined as an A1C level of less than 7%. **The comparison included the 2 oral medications glimepiride and sitagliptin, and 2 injectable medications, insulin glargine and liraglutide.**

Result:

- **Liraglutide and insulin were the most effective in keeping A1C levels below 7%.** Glimepiride had a smaller effect and sitagliptin showed the lowest effect. Insulin glargine was the most effective in keeping A1C levels below 7.5%. These findings were similar among both men and women across the different races, ethnicities, and age groups.
- Participants treated with liraglutide and sitagliptin had **more weight loss** than those treated with glimepiride. The patients treated with insulin glargine had a stable weight over time.
- Patients receiving liraglutide experienced **more gastrointestinal adverse effects**, including nausea, abdominal pain, and diarrhea. Glimepiride was associated with a **higher risk for hypoglycemia** compared to the other medications.
- Based on preliminary results, the researchers found that liraglutide had a relative benefit compared with the 3 other medications for reduction of a composite outcome of heart attacks, stroke, and other heart and vascular complications.

Reference: *Liraglutide and Insulin More Effective in Maintaining Average Blood Glucose Levels Than Other Common Diabetes Drugs.* News release. Presented at: American Diabetes Association 81st Scientific Sessions. June 28, 2021.

Azithromycin, Covid and Pakistan

Aimen Faheem, Resident Pharmacist

Antimicrobial stewardship activities have been affected during the first wave of the covid-19 pandemic mainly due to scarcity of data on bacterial co-infections and lack of therapeutic options.

Antimicrobial resistance is majorly attributed to unnecessary use of antibiotics, among other causes, which facilitates the emergence of resistant pathogens.

This is worrisome as that COVID-19 is a viral disease and according to one study only 20% of the patients were found to have bacterial co-infection. In 2019, the WHO also identified AMR as one of the major threats facing healthcare systems. WHO does not recommend antibiotic use in suspected/mild/moderate COVID-19.

- ◆ National Institutes of Health (NIH) and Infectious Diseases Society of America (IDSA) COVID-19 guidelines recommend **against** the use of azithromycin (as monotherapy or in combination with hydroxychloroquine or chloroquine) for the treatment of COVID-19.
- ◆ For patients with COVID-19, the addition of azithromycin to existing standard of care regimens **does not appear** to improve outcomes. Truth be told, recommending azithromycin for COVID-19 treatment is careless.

Caution: Due to increased use of antibiotics Pakistan is facing a lot of XDR Pathogens which are sensitive to very limited number of antibiotics e.g. **XDR salmonella typhi**. The CDC and the World Health Organization have warned that the risk of acquiring XDR typhoid in Pakistan is **high** and azithromycin is **one of the fewer drugs** that have activity against it other than carbapenems. Azithromycin is the only oral option for typhoid as Carbapenems should be reserved for patients who have severe or complicated infection as with a suspected XDR strain.

In fact if we started misusing azithromycin we could end up resistant to azithromycin too as we have resistance to quinolones and ultimately we have to use carbapenems which are very expensive. **Surely irrational Azithromycin use has been increased during the pandemic therefore, its use should be limited or restricted. If we do not limit the use, we will lose this drug.**

**Say NO to
Azithromycin
In Covid-19
treatment,
Preserve it for
XDR Typhoid**

Pharmacy Groups Call for Immediate End to Prescribing, Dispensing Ivermectin for COVID-19 Outside of Clinical Trials

Rehan Anjum Clinical Transplant Pharmacist

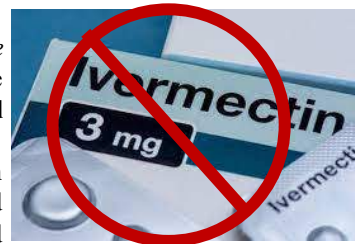
Several medical groups and pharmacy advocacy organizations have released a statement calling for an immediate end to dispensing, prescribing, and use of Ivermectin for the prevention or treatment of COVID-19, outside of its use in clinical trials.

The groups include the *American Medical Association*, the *American Pharmacists Association*, and the *American Society of Health-System Pharmacists*. According to a press release, Ivermectin is approved by the FDA for the prevention of infections caused by internal or external parasites in humans but is **not approved** for the prevention or treatment of COVID-19.

Ivermectin is also frequently used by veterinarians; although there has been widespread use of the drug in humans, the groups noted in the press release that medications formulated or intended for animals should never be used by humans. Calls to poison control centers regarding Ivermectin use in humans have increased 5-fold since the beginning of the pandemic, as its use has been found to be harmful to those who have consumed it.

The CDC and FDA have issued statements saying that Ivermectin is not authorized or approved for the prevention or treatment of COVID-19, and the National Institutes of Health, the World Health Organization, and Merck have all said that there is insufficient evidence to support its use for COVID-19. Guidelines on the treatment and management of patients with COVID-19 from the Infectious Diseases Society of America also counsel against the use of Ivermectin outside of the clinical trial settings.

Reference: AMA, APhA, ASHP Call for Immediate End to Prescribing, Dispensing, and Use of Ivermectin to Prevent or Treat COVID-19 Outside Clinical Trials. News release. ASHP; September 1, 2021.



Team from French Medical Institute (FMIC) for Mothers and Children hospital Kabul, Afghanistan visited Department of Pharmacy Shifa for training related to their JCIA journey

Adverse Drug Reaction (ADR) Update

Caspofungin is recently launched Antifungal agent in Pakistan. The ADR data in our patients shows that **Chills/shivering, deranged ALT/AST, tachycardia and electrolyte disturbance** are among the common ADRs.

How to manage?

- Usually reactions are transient and manageable by slowing the infusion + supportive care (i.e. antihistamines/paracetamol and close monitoring).
- Hypokalemia or hypomagnesaemia can be managed by oral/IV magnesium sulphate or potassium supplementation + close level monitoring
- For tachycardia or hypotension: closely monitor esp. for first dose. Treat symptomatically
- In general, abnormal LFTs are less common in echinocandin-treated patients than in those treated with Amphotericin B (conventional or lipid based) and fluconazole. Periodically monitor LFTs. In some cases, dose reduction from 50 mg to 35 mg may help. Avoid concomitant use of hepatotoxic agents.

Linezolid is a restricted antibiotic that should only be used when required. Following Criteria should be met for Linezolid Use

Linezolid Use Criteria:

1. Empiric order for suspected VRE (if C/S awaited, Order for 72hrs only)

(VRE suspected based on travel, no-response, past microbiology, previous use of Vancomycin in last 4-6 weeks)

2. Documented Vancomycin Resistant Enterococcus (VRE) infection (not colonization)

3. Approved by Infectious Disease consultant

4. Patient allergic to Vancomycin

Pseudo allergy, Redman syndrome etc. are ruled out, Patient allergy status updated in system and mentioned in file

5. Serious Adverse Drug Reaction (ADR) with Vancomycin

6. Vancomycin associated AKI

7. Failure of Vancomycin Therapy i.e.

Trough levels below 10µg/ml despite increasing dosing frequency or giving continuous infusion) (4g/day Max)

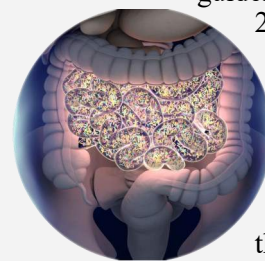
8. Second-line treatment of MDR-TB when no other alternative therapies exist. (As once daily)



Updated IDSA C. Diff Guidelines Recommend Fidaxomicin, Not Vancomycin, in Patients with Initial, Recurrent Infection

Sundus Maria, Clinical Infectious disease pharmacist

The *Clostridioides* (formerly *Clostridium*) *difficile* infection (CDI) guidelines from IDSA/SHEA were last revised in 2017 This update specifically concerns use of *fidaxomicin* and *bezlotoxumab*.



Key Points updated

Fidaxomicin is preferred over oral vancomycin for first cases of CDI. Fidaxomicin as either continuous or pulse therapy is recommended over oral vancomycin for cases of recurrent CDI.

Bezlotoxumab is recommended as additional therapy for CDI that has recurred within 6 months. Fidaxomicin is an oral medication with minimal systemic absorption. Initial clinical responses are similar for both fidaxomicin and vancomycin, although recurrences of *C. diff* are fewer following treatment with fidaxomicin.

While the preference for fidaxomicin and bezlotoxumab is reasonable based on recent trials, both medications are expensive; (and not yet available in Pakistan) thus, these recommendations are all conditional. For patients with economic constraints, oral vancomycin remains an acceptable option.

Reference: <https://www.jwatch.org/na53800/2021/07/07/updated-guidelines-managing-clostridioides-difficile>

Third dose of COVID-19 mRNA vaccine for immunocompromised individuals



The FDA has now authorized a 3rd dose of the mRNA vaccines against covid-19 (Pfizer-BioNTech and Moderna) for immunocompromised individuals. The authorization is based upon studies showing that the immune response to a two-dose mRNA vaccine series is suboptimal and that administration of a third dose may improve the immune response without causing short-term adverse events. Immunocompromised individuals include those receiving active chemotherapy for cancer, hematopoietic cell or solid organ transplant recipients, immunosuppressive therapy (e.g., rituximab and other biologic agents, antimetabolites, alkylating agents, prednisone ≥ 20 mg daily), and advanced or untreated HIV).

Influenza and COVID:

COVID-19 and influenza are both viral infections having similar symptoms, including cough, runny nose, sore throat, fever, headache and fatigue. Symptoms may vary on individual basis. Both influenza and COVID-19 can be fatal.



Because influenza and COVID-19 are two different diseases. But because both respiratory diseases can impact the health of those infected in severe ways, getting immunized against influenza can decrease the impact of this disease on someone who may already be struggling with COVID-19. Vaccination is an important part of preventing severe disease and death for both COVID-19 and influenza.

Patients can now receive their COVID-19 vaccine and flu shot during the same visit, according to updated recommendations by the Centers for Disease Control and Prevention.

Getting vaccinated yourself may also protect people around you, including those who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.

To protect against COVID-19 and influenza, follow these public health and social measures:

- Maintain at least a 1-metre distance from others and wear a well-fitted mask when that's not possible
- Avoid crowded and poorly ventilated places and settings;
- Open windows or doors to keep rooms well ventilated
- Cough or sneeze into a bent elbow or tissue and throw the tissue into a closed bin;
- Clean your hands frequently
- Avoid touching your eyes, nose and mouth.

Reference: <https://www.medscape.com/viewarticle/958545>

Safety and Efficacy of Weekly Paclitaxel and Cisplatin Chemotherapy for Ovarian Cancer

Patients with Hypersensitivity to Carboplatin *Bushra Anjum Principal Oncology Pharmacist*

A study was conducted to evaluate the safety and efficacy of weekly paclitaxel and cisplatin chemotherapy in patients with ovarian cancer who developed carboplatin hypersensitivity reaction. Eighty-six (86) patients who developed hypersensitivity reactions for carboplatin were treated with weekly paclitaxel and cisplatin chemotherapy, and 71 (83%) of the 86 patients were able to receive treatment without hypersensitivity reaction to cisplatin. The severity of the hypersensitivity reaction for cisplatin observed in all 15 patients was below grade 2, and there were no deaths due to hypersensitivity reaction to cisplatin. The majority of patients (55 patients, 64%) completed the scheduled weekly paclitaxel and cisplatin chemotherapy, and only 9 patients (10%) discontinued treatment due to hypersensitivity reaction within 6 cycles. **Weekly paclitaxel and cisplatin chemotherapy were well-tolerated and effective for patients who developed carboplatin hypersensitivity reaction.**

Reference: Shinichi Tate, Kyoko Nishikimi, Ayumu Matsuoka, Satoyo Otsuka, Makio Shozu, 2021

Guidance Statements for use of DOACs in Patients with Obesity *Muhammad Awais (Anticoagulation Clinical Pharmacist)*

- 1). Consistent with the 2016 ISTH SSC recommendations, we conclude that the use of any DOAC is appropriate for patients with BMI up to 40 kg/m² or weight 120 kg. For patients with BMI >40 kg/m² or weight >120 kg, we recommend that the individual DOACs should be used as follows:
- 2). **For treatment of VTE**, standard doses of rivaroxaban or apixaban are among appropriate anticoagulant options regardless of high BMI and weight. Fewer supportive data exist for apixaban than rivaroxaban. Vit K Antagonists (VKA), weight based LMWH (per manufacturers' recommendations), and Fondaparinux are also options.
- 3). **For primary prevention of VTE**, standard doses of rivaroxaban or apixaban are among appropriate anticoagulant options regardless of high BMI and weight. Drug approval is restricted to elective hip and knee arthroplasty and (in some countries) extended VTE prevention following acute medical illness.
- 4). Do not use dabigatran, edoxaban, or betrixaban for VTE treatment and prevention in patients with BMI >40 kg/m² or weight >120 kg, given unconvincing data for dabigatran, and lack of clinical or PK/PD data for edoxaban and betrixaban.
- 5). Not to regularly follow peak or trough drug-specific DOAC levels because there are insufficient data to influence management decisions.
- 6). Not to use DOAC for treatment or prevention of VTE in the acute setting after bariatric surgery (because of concerns of decreased absorption), and instead, to initiate such patients on parenteral anticoagulation in the early postsurgical phase. We suggest that switching to VKA or DOAC may be considered after at least 4 weeks of parenteral treatment, and if so, suggest obtaining a DOAC trough level to check for drug absorption and bioavailability.

Reference: Martin et al. - Journal of Thrombosis and Haemostasis - 2021

World Pharmacist Day Messages



Taimoor Shah, COO Shifa international Hospital Islamabad

World Pharmacist Day 2021 - Pharmacy trusted for your health

In reference to the world pharmacist day, I would like to mention that the role of pharmacist in healthcare profession is increasing day by day, whether it is in antimicrobial stewardship program or the IV admixture program. Pharmacists have emerged as an important member of the healthcare team beyond the role of dispensing medicines only.

A good example of this was seen during the pandemic when pharmacists played a key role. On this day, I would like to thank all those pharmacists who played their role befittingly. **Happy World Pharmacist Day.**

Dr. Zeeshan Bin Ishtiaque

Medical Director, SIH

Pharmacists play a critical role for the safe and effective use of medicines. On this occasion of World Pharmacist Day, I want to thank all the pharmacists for their devotion and dedication. I also urge all the pharmacists to continue their struggle towards safe medication practices. I also request all the physicians to extend full support to pharmacists so that we can work as a team to achieve this common goal of promoting safe medication management and use.



Dr. Monette B.

Brombuela

Chief Nursing Officer

My warmest congratulations to all the pharmacist in the world and specially our shifa pharmacist, you have able to build the trust and develop great working relationship with nursing division as well as the hospital in general. Through the years you made a very consistent effort with all your competent and expert pharmacists here in our shifa hospital, we can assure that our medication are all up to the mark. In this undertakings we gain confidence in this level and I would like to extend my warmest congratulations to all.



Happy World Pharmacist Day

Dr. Darakhshan Jabeen

Direct PGME, SIH

In a teaching hospital junior physicians are involved in prescribing medication orders, Pharmacists play a vital role to ensure safe prescribing by providing timely guidance and feedback, as well as mentoring and supporting them all along. The physician and pharmacists work as a multi-disciplinary team. They are an integral part of the critical care staff ensuring the patients safety. Pharmacists are our trusted source of knowledge, advice, and help. **Happy Pharmacists Day**



Dr. Syed Nayyar Mehmood (Chairman Pharmacy & Therapeutic Committee—SIH)

Pharmacist is the backbone of healthcare system, lack of qualified pharmacist leads to increase in medication errors, in prescribing and dispensing. With the help of good number of pharmacists we have cut down our medicine related error remarkably. Clinical pharmacists is emerging field especially in this time of super specialization.

Happy World Pharmacist Day



Faisal Aziz

Sandeela,

Manger Pharmacy

We being Pharmacists are the TRUSTED members among health care professionals, we have to learn, grow and play our role each day each time. Every day must be a new day full of learning, sharing and serving the community. Take pride in what you are doing. I am proud to be a Pharmacist.



Farhan Jillani , Manger Pharmacy

Practicing Pharmacy is in emerging era. It is not now the art of procurement only. It is the safe medication management and medication safety has no boundaries. We should always keep our self updated with new knowledge and techniques. We should keep serving society in the best way which we can. Many congratulations to all Pharmacists working in any sector. Enjoy your special day!



Nabeel Alvi, Assistant Manager Quality

Pharmacist hold pivotal role in the healthcare ensure rationale use of drugs and patient safety. I would like to thank you all the pharmacist for standing firm in hard times of COVID-19 for putting their best efforts for the patients. **Happy World Pharmacists Day to all pharmacists!**

Salient Features of Shifa Department of Pharmacy Services

Operational

1. Satellite pharmacies (inpatient and outpatient)
2. Central pharmacy
3. Surgical pharmacies
4. Pharmacist oversight on implants and medical devices
5. IV admixture program
6. TPN service
7. Compounding (sterile and non sterile)
8. Drug & Poison Information Center
9. Welfare pharmacy
10. Point of Care pharmacy Neurology
11. Emergency pharmacy
12. Take-home medicines and discharge counseling service
13. Homecare Services (home medicines delivery, home chemo, home peritoneal dialysis, home vaccination)
14. Quality and Patient Safety

Clinical

1. Multidisciplinary Clinical pharmacy rounds with physicians
2. Infectious diseases rounds
3. Drug evaluation for formulary addition
4. Post formulary addition review
5. Annual Medication Management & Use (MMU) review
6. Annual formulary review
7. ADR tracking and monitoring
8. Guidelines development on medication usage
9. Maintaining pharmacy software safety checks
10. Antimicrobial Stewardship (Audits, DURs, DDDs, TDM, IV-PO switch, restrictions etc.)
11. TDM in OPD pharmacy
12. Patient counseling
13. Medication reconciliation (admission and discharge)
14. Poison management and patient follow-up

Value Addition

1. Supply chain risk assessment
2. Formulary management
3. Pharmacovigilance
4. Drug/device Recall system
5. Robust medication safety plan and annual targets
6. Well defined Key Performance indicators (KPIs) of pharmacy
7. Performance appraisal based on KPI progress
8. Quarterly Grand tests (CE) for pharmacists
9. Monthly C.E. sessions
10. Mandatory learning module for new joiners
11. Semi annual Simulation exercise to ensure correct dispensing and prescription review
12. Pharmacists involved in nurses and doctors trainings and orientation on MMU
13. Close monitoring and actions on near miss reports

Formulary Updates (Visit Shifa Intranet Home Page—click Medication Updates for details)			
Brand	Generic	Class	Indications
Voniza 10 mg	Vonoparazon	Potassium-competitive acid blocker	Ulcers
Rolip Eze	Rosuvastatin + Ezetimibe	Statins + cholesterol absorption inhibitor	Dyslipidemia
Linamide 10, 25mg	Lenalidomide	Antineoplastic	Multiple Myeloma



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Thank you.



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