On July 16, 2015, the Centers for Medicare & Medicaid Services (CMS) published a proposed rule in the Federal Register entitled "Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities." These proposed changes would revise the requirements that long-term care (LTC) facilities must meet to participate in the Medicare and Medicaid programs. The requirements for participation for LTC facilities has been edited and added to over the years; however, this the first comprehensive review since 1991.

According to CMS, “these proposed changes are necessary to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. These proposals are also an integral part of our efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.” In addition to “modernizing” the current rule, the proposed changes aim to reduce hospital admissions, cut the rate of infections, and increase the overall quality and safety of nursing homes.

The document was open for comment by the public until September 14, 2015; however, this was extended until October 14, 2015, due to the number of comments CMS received. LeadingAge and the American Society of Consultant Pharmacists, are just a few examples of key stakeholders in the long-term care industry that participated in reviewing and providing CMS with comments on the proposed rule. Blue Ridge Pharmacy also participated in providing comments. Although many support CMS’ attempt in revising the current rules, there are concerns about some of the potential changes and wording used in the document.

It is unclear at this time when the proposed rule will be revised based on the comments received and when and how they will go into effect once approved. For more information regarding the proposed rule, please visit the following website: https://www.federalregister.gov.
THE KENNEDY TERMINAL ULCER
Beth Barkley, RN

Most pressure ulcers are avoidable, however, not all pressure ulcers are avoidable. There is evidence that some pressure ulcers may be indicative of impending death. The Kennedy Terminal Ulcer (KTU), named after the nurse who discovered it, is an identified type of skin breakdown that almost always leads to a quick death. Characteristics of these ulcers are:

1. They come on quickly. They were not present in the morning, but at shift change a new ulcer has appeared.
2. The initial ulcer is generally superficial with irregular borders, often presenting as a blue/purple area (vs a reddened area which is typical for most pressure ulcers), but rapidly grows in depth and size, often in just a matter of hours.
3. Often found in the geriatric population.
4. Death usually occurs within 8-24 hours of identification. There are cases where the person lived several weeks after the development of a KTU.

In the dying process, the body systems are slowing down. The blood is not perfusing optimally, which may manifest as ice cold lower legs and feet, and/or mild duskeness to outright mottling of the skin. The skin is the body’s largest organ. Poor blood perfusion to the tissues may result in skin failure. This is thought to be the basis for unavoidable terminal ulcers. Staff may have accurately assessed a resident’s risk for pressure ulcers and initiated all appropriate interventions. However, when a dying resident can no longer manage sufficient dietary intake, and the circulatory system and other major systems are slowing down, these conditions may result in the formation of a Kennedy Ulcer.

Skin breakdown is seen as an indicator of quality of care, therefore, it is imperative that accurate documentation supports the picture of a resident in the stages of final decline, and that the development of inevitable skin breakdown may be related to the active dying process. Documentation may make all the difference in how a surveyor interprets staff actions and quality of care. Skin fails. It is not a pressure ulcer unless pressure or sheer is involved. KTU typically develop on the sacrum, but may occur anywhere on the body—even on areas with no pressure. Educate staff and family to assist them to understand end-of-life processes and that skin breakdown may be inevitable despite the best care.

The diagnosis of KTU can be heart-wrenching and often is associated with an unfounded sense of guilt relevant to preventative measures not taken. Learning about the Kennedy Terminal Ulcer may assist everyone involved with the realization that this occurs because the patient is nearing death, not lacking care.

References:
1. *Pressure Ulcers and Deep Tissue Injury: Palliative Care*, Diane Langemo, RN, PhD, FAAN, University of North Dakota, College of Nursing
2. www.KennedyTerminalUlcer.com
People diagnosed with Parkinson’s disease (PD), multiple system atrophy (MSA), pure autonomic failure (PAF), dopamine beta-hydroxylase deficiency, or non-diabetic autonomic neuropathy, may suffer from a condition known as symptomatic neurogenic orthostatic hypotension (nOH). Common symptoms include dizziness, lightheadedness, or “feeling like you are about to pass out when you stand up.” While symptomatic nOH is related to nervous system disorders, it is a separate condition that can be diagnosed and managed by a doctor.

On February 18th, 2014 the FDA approved NORTHERA® (droxidopa capsules), a synthetic amino acid analog that is directly metabolized to norepinephrine by dopadecarboxylase. Norepinephrine increases blood pressure by inducing peripheral arterial and venous vasoconstriction. Northera® comes in dosage forms of 100, 200 and 300 mg capsules. Northera® is generally initiated at 100 mg, taken three times daily upon arising in the morning, at midday, and in the late afternoon at least 3 hours prior to bedtime (to reduce the potential for supine hypertension during sleep). It is titrated in increments of 100 mg three times daily every 24 to 48 hours up to a maximum dose of 600 mg three times daily (max total daily dose of 1,800 mg).

A recent study assessed the clinical effect of Northera® in subjects with symptomatic orthostatic hypotension. The study method evaluated safety and efficacy of Northera® in 263 symptomatic orthostatic hypotension patients. Standing systolic blood pressure increased 11.2mmHg with Northera® vs. 3.9mmHg with placebo (p<0.001). Supine hypertension, (SBP >180mmHg) occurred in 5% Northera®-treated vs. 3% placebo-treated patients. The most frequent adverse events in Northera-treated versus placebo-treated patients were headache 11% vs. 0%, dizziness 8% vs.1%, nausea 5% vs. 0%, and fatigue 4% vs. 3%.

While very few drugs indicated for orthostatic hypotension have been explored, more studies are needed to see where Northera® will fit in and how effective it is in comparison to drugs that have been on the market previously.

References:

CORRECTION FROM SUMMER ISSUE
In the summer issue of the Pill-anthropy Post, the article “What’s new with inhalation devices?” contained an error regarding the dosing of Tudorza®. The correct dosing is as follows:

Tudorza® Pressair 1 inhalation **twice daily**
VAGINAL ESTROGEN AS PROPHYLAXIS FOR RECURRENT UTI’S IN POST-MENOPAUSAL WOMEN

Andrew Burns, PharmD candidate, UNC Eshelman School of Pharmacy

Approximately 50% of all women will experience at least one UTI during their lifetime and more than a quarter of those women will have another infection within six months. Recurrent UTI’s is defined as at least three episodes in a year and one major cause is a decrease in estradiol levels after menopause leading to vul-vovaginal atrophy. Symptoms include dryness, itching, urinary incontinence, and an increase in vaginal pH. Lactobacilli, the organisms responsible for the protective low vaginal pH, are sensitive to changes in estrogen. The most common pathogen that causes over 85% of UTI’s is E. coli, which first invades the bladder epithelium and can aggregate into reservoirs that are a potential source for chronic recurrent infections. Estrogen modulates cell growth/differentiation and is thought to contribute to an increase in antimicrobial properties as well as a decrease in cell shedding, which prevents a further thinning of the vaginal mucosa.

Vaginal estrogen replacement products are available as creams, vaginal tablets, suppositories, and rings. These vaginal options limit systemic increases in estradiol compared to oral therapy. No endometrial cancers, thromboembolisms, or breast cancers have been reported by the use of low-dose vaginal estrogen. The quality of evidence for the use of low-dose vaginal estrogen for UTI is moderate, meaning that the potential benefits outweigh the current known risks of treatment, however further research is warranted to assess the long term risks. Vaginal therapy is thought to be safe, however it is still contraindicated in women with vaginal/uterine bleeding, and patients with active treatment of breast cancer with aromatase inhibitors (such as anastrazole). For women with a high risk of breast cancer, the smallest dose of estradiol available should be used to limit exposure (such as the vaginal tablet: 20mcg weekly). Oral estrogen replacement therapy should NOT be considered for UTI’s due to a lack of efficacy and the severity of side effects.

Over the last few decades multi-drug resistant organisms including uropathogenic E. coli have become more prevalent as a direct result of the overutilization of antibiotics. While low-dose antimicrobial therapy continues to be the most effective intervention for recurrent UTI’s, more than 50% of women experience a recurrence in as little as three months after discontinuation of the drug. One of the most popular choices is nitrofurantoin because it is concentrated in the urine and has very limited resistance. However, nitrofurantoin is on the Beer’s Criteria list due to the potential for pulmonary toxicity with reduced renal function (CrCl<60ml/min) in the elderly. While long term use as UTI prophylaxis is not recommended, it can be considered for short course therapy to treat acute cystitis in older adults with adequate renal function. Studies evaluating the safety and efficacy of non-antimicrobial strategies for UTI prophylaxis such as vaginal estrogen are ongoing.

References:
Pharmacy Facts!

Fax FAQs: Preventative Maintenance Tips

By Ben Wax

Brand
Brother Model 2840

Toner Replacement (High Yield-Brother TN450)
- Press Menu (#1 "General Setup")
- Press OK
- Press #7 "Replace Toner"
- Press OK

Drum Replacement (Brother DR420)
- Open toner/drum panel on the front of the fax machine
- Press CLEAR button
- Press #1
- Press OK

Out of Memory
- Turing off Remote Fax Options
- Menu/Set
- 2,5,1,
- Fwd/page/store/
- Up or Down arrow to OFF
- Press Menu/Set
- Press Stop/Exit

Transmission Report
- Menu/Set 2,4,1
- I Transmission
- Up or Down Arrows
- To Off or On+Image

Cleaning Tips
If the pages have lines are dark patches on the paper:

FIRST:
- Open the toner/drum panel on the front of the fax machine
- Remove the toner/drum unit
- Slide the colored button located in the back right corner from the
- Replace the toner/drum unit; shut the panel door

SECOND:
- Open the top lid where the buttons are located
- Take and alcohol pad and clean the glass panel located under the panel
- Take a second alcohol pad and clan the bar over the glass located on
Flu News
David Phillips, PharmD, BCPS

Flu season is upon us! Although few cases have been confirmed in North Carolina, and no deaths have been reported from October 4 - 24, 2015, it is important that people get vaccinated as soon as possible. If your staff and/or residents have not received their flu shot, now is the time to do it to provide the greatest protection. All residents and health care personnel are encouraged to get vaccinated unless contraindicated.

Although there are more than 10 vaccine products available for the 2015-2016 flu season, ACIP does not express a preference for use of any particular flu vaccine product over another when indicated for the population being vaccinated. If you have questions, or would like more information regarding influenza and vaccination, please check out the patient friendly insert included with this newsletter, contact the pharmacy, or visit one of the following websites:

- http://www.flu.gov/
- http://www.flu.nc.gov/

I won’t spread flu to my patients or my family.

Even healthy people can get the flu, and it can be serious.

Everyone 6 months and older should get a flu vaccine. This means you.

This season, protect yourself—and those around you—by getting a flu vaccine.

For more information, visit: http://www.cdc.gov/flu
GET TO KNOW...

JOE LYLE, PHARM.D

Joe was raised in a small town in the heart of Western Pennsylvania and moved to Asheville with his wife to pursue his pharmacy career in 2011. Earlier that Spring, he graduated from Lake Erie College of Osteopathic Medicine with a Doctorate of Pharmacy. Additionally, he has experience on the retail side of pharmacy, is a NC state registered immunizer, and is ASHP sterile compound certified. Joe serves as the IV Specialist at Blue Ridge Pharmacy. In his free time, Joe enjoys shooting guns, golfing, working on cars, traveling, and hanging out with his family. He has two babies- a 1 year old daughter, Harper, and a 6 year old Chihuahua, Winston.

"Most people have the will to win, few have the will to prepare to win."

-Bobby Knight

BLANE GARROU, CPhT

Blane became a member of the Blue Ridge Pharmacy team in May. She is originally from Valdese, North Carolina and moved to Asheville in 2007 to attend university. She completed her BA in Psychology at UNC Asheville. During school, she began working as a technician for a retail pharmacy chain, and has been working in pharmacy ever since. As a new member to the Blue Ridge Access Team, she is excited about her prospective future at Blue Ridge and the opportunities that she will have to expand her pharmacy knowledge. When not at work, she loves to bake and to spend time with her dog, Brewer, and her cat, Trixie doodle.

"Life isn’t about finding yourself. Life is about creating yourself."

-George Bernard Shaw
Contact Us!

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         175 Towerview Court | Cary, NC 27513
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        919-377-0189 (Cary)
Fax:     828-298-0155
Hours:   9am- 6pm Mon-Fri, 9am-1pm Saturday, Closed Sunday
Online:  www.blueridgerx.com

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Fax:       828-298-8190
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Online:   www.blueridgerx.com

Address: 948 Tunnel Road | Asheville, NC 28805
Phone:    828-348-3000
Fax:       828-298-8190
Hours:    9am- 6pm Mon-Fri, 9am-1pm Saturday, Closed Sunday
Online:   www.blueridgerx.com

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and care you can trust from people you know.
FLU MYTHS vs. FLU FACTS

- Myth: The flu shot can give me the flu.
  Fact: Flu viruses used in flu shots are inactivated, so they cannot cause infection.

- Myth: Vaccines are not proven to prevent the flu.
  Fact: If you get the flu vaccine, you are about 60% less likely to need treatment for the flu.

- Myth: It is better to get the flu shot than to get a flu vaccine.
  Fact: People should get a flu shot as soon as they are available because it takes about two weeks for antibodies to develop.

- Myth: I should wait to get vaccinated so that I’m covered through the end of the season.

For more flu myths and facts, go to www.cdc.gov/flu/keyfacts.htm or www.cdc.gov/flu/about/gp/misconceptions.htm

Cold vs Flu

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>COMMON COLD</th>
<th>FLU</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIRED?</td>
<td>Mildly</td>
<td>Moderately to severely</td>
</tr>
<tr>
<td>FEVER?</td>
<td>Low grade fever</td>
<td>Fever higher than 100°F</td>
</tr>
<tr>
<td>CHILLS?</td>
<td>Rare</td>
<td>Common</td>
</tr>
<tr>
<td>BODY ACHES?</td>
<td>Slight, usually only headaches</td>
<td>Usual and often severe, affecting the entire body</td>
</tr>
<tr>
<td>HEADACHE?</td>
<td>Less common</td>
<td>Common</td>
</tr>
<tr>
<td>STUFFY NOSE?</td>
<td>Common</td>
<td>Less common</td>
</tr>
<tr>
<td>SORE THROAT?</td>
<td>Common</td>
<td>Less common</td>
</tr>
<tr>
<td>COUGH?</td>
<td>Hacking cough that brings up mucus</td>
<td>Dry, tickly, unproductive cough</td>
</tr>
<tr>
<td>CHEST DISCOMFORT?</td>
<td>Mild-to-moderate</td>
<td>Often severe</td>
</tr>
</tbody>
</table>

Prevention

- GET A SHOT: Getting a flu vaccine every year is the single best way to prevent catching the flu.
- WASH HANDS OFTEN: Particularly after being out in public.
- AVOID SICK PEOPLE: People can’t catch what they’re not around. This includes handshakes and borrowing other people’s phones.
- GET A GOOD NIGHT’S SLEEP: Sleep-deprived people produce fewer virus-fighting cells.
- RELAX: Stress releases cortisol, which can weaken the immune system.
- WORK IT OUT: Thirty minutes of regular exercise can help prevent illness.
- DON’T SPREAD IT: Stay home when sick and always cough or sneeze into a sleeve or tissue.

www.obamacarefacts.com
www.theraflu.com
### Frequently Asked Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the flu?</strong></td>
<td>Both the flu and the common cold are viruses, NOT bacteria. That’s why antibiotics do not work</td>
</tr>
<tr>
<td><strong>When should I get vaccinated?</strong></td>
<td>As soon as possible, but at least by October</td>
</tr>
</tbody>
</table>
| **What kind of vaccinations are available?**  | 1. Intramuscular injection is the traditional shot for those 6 months of age and older  
2. Intradermal injection uses a smaller needle and is for those 18-64 years old  
3. Needle free jet injector is for those 18-64 years old  
4. Nasal spray vaccine is for those 2-49 years old  
5. High dose vaccine is for those 65 and older  
The CDC recommends a yearly flu vaccine for everyone 6 months of age and older |
| **How can I treat cold and flu symptoms without medication?** | 1. Rest and drink plenty of water  
2. Place a cool, damp cloth on your neck, forehead, arms, and legs for fever  
3. Use a humidifier to make breathing easier  
4. Gargle with salt water (1:1 ratio warm water to salt) to soothe a sore throat  
5. Cover up with a warm blanket to calm chills |
| **How can I treat congestion?**               | 1. Decongestants such as Sudafed® (pseudoephedrine) and vapor inhalers can ease discomfort from stuffy noses, sinuses, ears, and chests  
2. Expectorants like Mucinex® (guaifenesin) can loosen mucous to help clear it out |
| **How can I treat coughing and sore throat?** | A dry cough and sore throat can be treated with cough medicine such as Robitussin® (dextromethorphan), cough drops, and throat lozenges |
| **How can I reduce fevers and discomfort?**  | Fever and pain can be treated with Tylenol® (acetaminophen), Advil® or Motrin® (ibuprofen), or Aleve® (naproxen)                      |
| **Is it safe to take over the counter flu and cold medications?** | Read all labels carefully  
Many flu and cold products have similar ingredients  
Doubling up on certain ingredients can cause serious health problems |

*Always talk to your health care provider or pharmacist before taking any over the counter medication, especially if you have kidney, liver, stomach, or blood pressure problems.*