Consent Agenda:
The following consent agenda items were approved:
• Hold/Suspend Orders for Medication Policy
• Contrast Enhanced Echocardiography Policy
• Mannitol Shortage Plan

Committee Reports:
• The Pediatric P&T Committee: The committee approved dysphagia thickening recommendations to help ensure patients receive appropriately thickened fluids. Thickening agents added to the pediatric formulary include: Simply Thick Gel, Thik and Clear, Thick It, and Rice Cereal. Drug shortages and the med error report were discussed.
• Antimicrobial Subcommittee of P&T Committee: Aminoglycoside pharmacy dosing service policies have been updated and vancomycin MICs will be tested for by turbidity to improve turnaround times.
• The following are accepted recommendations for revision of the aminoglycoside dosing service:
  o Remove ascites as an exclusion from the pharmacy aminoglycoside dosing service
  o Add definition of acute renal failure: SCr increase by by $\geq 0.5$ mg/dL OR an increase by $\geq 50\%$ from baseline in the last 48 hours
  o Add caveat for gentamicin/tobramycin: 10 mg/kg IV should be utilized in cystic fibrosis patients

Formulary Review:
• Rivaroxaban restrictions have been removed due to the recent FDA approval for atrial fibrillation. An alert will fire to the pharmacist regarding dosage limits in renal impairment.
• Dexmedetomidine restrictions were expanded to use the drug in patients with neurologic injuries who require continuous sedation. New order sets will be developed to communicate these indications. Nursing staff will be educated about the use of this agent.

Medication Use Policy: Medication Use Evaluation
• Standardized dosing for prothrombin complex concentrate (PCC, Bebulin VH) for warfarin reversal in intracranial hemorrhage (ICH) was approved to be 30 international units/kg. A careset/powerplan related to the use of prothrombin complex concentrate in the treatment of warfarin-induced ICH that includes monitoring parameters will be developed.
• A medication use evaluation was conducted on the use of PO APAP in surgical patients to determine:
  o Patients at increased risk for APAP toxicity
  o The number of patients with the potential to receive $>4$ g/day of APAP
  o The number of patients who actually received $>4$ g/day of APAP
  o Patients who experienced adverse effects from APAP use
• Recommendations from this evaluation were to educate nursing staff on the 4 g/day limit for APAP and to conduct an additional MUE looking at APAP usage in non-surgical patients.

• A new PCA dosing by pharmacy pilot will be developed for use in post-op patients at MUH going to an ICU. This will be an opt-in program when the physician orders a new PCA pump in CPOE. If the patient meets exclusion criteria the pharmacist will contact the physician.

• A Sedative shortage plan has been decided on:
  o For adults – midazolam is recommended to be reserved for procedural areas. In the ICU, propofol is the first choice followed by benzodiazepines as needed. Ketamine + propofol are potential options for intubation, but require physician administration.
  o For pediatrics – reserve midazolam for procedural areas and intubation kits and restrict lorazepam to status epilepticus when supply becomes critically low.

Information Only
• A drug shortage report was provided in the P&T packet for review. New critical drug shortages include injectable sedatives and mannitol.
• An FDA alert report was provided in the P&T packet for review.