Pathway Pearls



Optimizing HF/COPD Medication

Pharmacists/Nurse Practitioners share collaboration strategies and discuss best practice



Learning Objectives



- Review recommendations
- Identify resources providing Best Practice Recommendations
- Discuss approach to optimizing HF/ COPD medications
- Share site experiences with medication optimization
- Identify 2 Pathway Pearls to assist implementation

Pathway Pearls: Optimizing HF/COPD Medication

Outline



- Recommendations
- Optimizing HF / COPD Medications
 (Mike Johnson, Pharmacist, Medicine Hat Hospital)
- Group Discussion:
 - How it works in your setting
 - Challenges / solutions
- Wrap Up

GOLD 2018 Summary Report: Global Strategy for the Diagnosis, Management and Prevention of COPD



Discharge Criteria: The introduction of care bundles should include education, **optimization of medication**, supervision and correction of inhaler technique, assessment and optimal management of comorbidities, early rehabilitation, telemonitoring and continued patient contact are all been investigated to address these issues (2018, p. 107)

2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure

Principles underpinning the pharmacological management of HFpEF include:

- (1) identification and treatment of underlying etiological factors implicated in the development of HFpEF;
- (2) identification and treatment of comorbid conditions that might exacerbate the HF syndrome;
- (3) control of symptoms; and
- (4) realization of clinically meaningful cardiovascular end points such as HF hospitalization and mortality.

Presentation



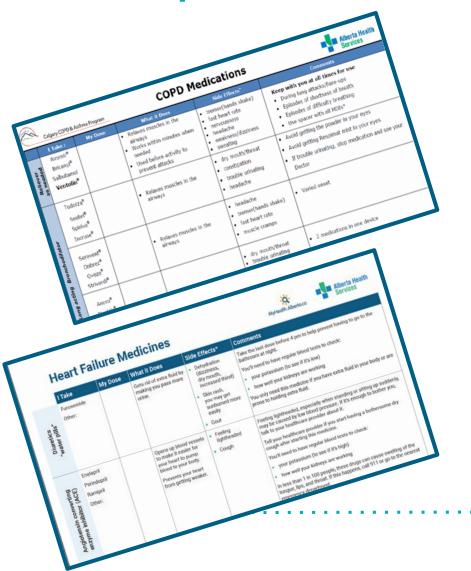
Mike Johnson

Introduction

Pharmacist Medicine Hat Regional Hospital

Sample Resources





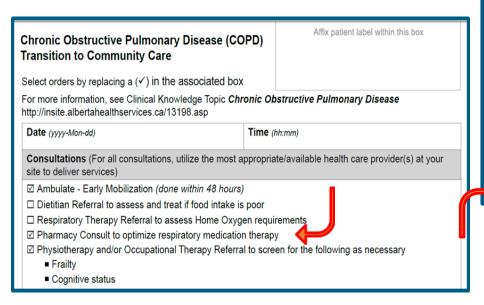
Alberta Health Services			Affix patient label within this box			
Maintenance Inhaler	Therapy					
Drug	Brand	Available Strengths		Delivery Device	Ordering Dose	
Long Acting Muscarinio	Antagonists (LAMA)					
tiotropium	Spiriva HandiHaler	18 mcg/dose		DPI	1 puff daily	
tiotropium	Spiriva Respimat	2.5 mcg/dose		SMI	2 puffs daily	
aclidinium	Tudorza Genuair	400 mcg/dose		DPI	1 puff BID	
glycopyrronium	Seebri Breezhaler	50 mcg/dose		DPI	1 puff daily	
Long-Acting Beta-Agon	ists (LABA)					
salmeterol	Serevent Diskus	50 mcg/dose		DPI	1 puff BID	
formoterol	Oxeze Turbuhaler	12 mcg/dose		DPI	1 puff BID	
indacaterol	Onbrez Breezhaler	75.	mcg/dose	DPI	1 puff daily	

Heart Failure								
CCS 2014 Evidence Based Heart Failure Drugs/Doses† for Patients with Systolic LV Dysfunction								
Drug	Start Dose (orally)	Target Dose (orally)						
ACE inhibitors								
capTOPRIL	6.25 to 12.5 mg TID	25 to 50 mg TID						
enalapril maleate	1.25 to 2.5 mg BID	10 mg BID						
lisinopril	2.5 to 5 mg Daily	20 to 35 mg Daily						
perindopril	2 to 4 mg Daily	4 to 8 mg Daily						
ramipril	1.25 to 2.5 mg BID	5 mg BID						
trandolapril	1 to 2 mg Daily	4 mg Daily						
Beta-blockers								
bisoPROLol	1.25 mg Daily	10 mg Daily						
carVEDilol	3.125 mg BID	25 mg BID††						
ARBs								
candesartan	4 mg Daily	32 mg Daily						
valsartan	40 mg BID	160 mg BID						

Pathway Pearls: Optimizing HF/COPD Medication

Documentation - Optimizing HF & COPD Medication Therapy

Transition to Community Care



Admission Date (yyyy-Mon-dd) Time (l		Time (hh:mm)	m)					
Activity		Completed						
Patient Education				No	N/A	Initial		
1. Provide 'Patient Education Resource Package' - Review with	patie	ent/caregiver						
a) COPD Medications								
b) Inhaler Technique								
c) COPD: Learning to Breathe Easier								
d) COPD: Avoiding Your Triggers								
e) Pneumococcal / Influenza Vaccines								
f) Tobacco use; assess, provide brief intervention, and tobac	со се	ssation						
support resources.								
Patient Demonstration								
2. Patient demonstrates adequate inhaler technique								
Prior to Discharge Review results, where relevant, and ensure appropriate	follow	up						
3. Early mobilization (done within 48 hours by any discipline)								
Review and optimize respiratory medication						(

Admission to Discharge Checklist



Participants are encouraged to participate in session talks.

If you would like to email your question, please send to:

hfpathway@ahs.ca