2015- 2016 Influenza Vaccination at BWFH

Inpatient Influenza Vaccination Program

In preparation for the 2015-2016 flu season, the inpatient influenza vaccination program has started at Brigham and Women’s Faulkner Hospital. All ordering prescribers will be prompted to assess the vaccination status of each patient that is admitted and order the influenza vaccine for all unvaccinated patients.

As a reminder, the default vaccine for all inpatients should be the **quadrivalent influenza vaccine (FLUZONE)**. This vaccine is carried in all OmniCell locations.

In addition, it important to assess that the patient has not previously received their flu vaccination for this season. Be vigilant when entering, verifying, and administering orders to ensure that patients do not receive duplication of therapy.

Flu vaccines for BWFH staff

The Flu Policy for BWFH employees has recently been updated. See the updated policy [here](#).

The seasonal influenza vaccine will be available for all employees at the 2015 Safety Fair from Tuesday October 20 to Monday October 26 in the Mary Ann Tynan Conference Center.
New or Updated DAGs:

Check out what's new in the Faulkner DAG library on Faulkner 411

- Ceftazidime/Avibactam (Avycaz)
- Ceftolozane/ Tazobactom (Zerbaxa)
- Heparin –update
- Potassium Chloride -update

Electrolyte Repletion Scales

In alignment with practice at BWH, when patients are ordered for both IV and PO Potassium or Magnesium Replacement Scales, you will no longer be required to contact the Responding Clinician to have one of the orders discontinued.

Patients should still receive administration via ONLY one route as appropriate based on the patient’s oral intake status or line access for a resulted Potassium or Magnesium value.

Be sure to communicate this information during hand-off to prevent duplicate administrations.

Change to IV Continuous Heparin Admin Instructions

In an effort to remove some of the confusion surrounding IV continuous heparin administration and monitoring, the eCare team has updated several sections of the heparin order.

Admin Instructions: As shown to the left, the instructions for the titration nomogram have been updated to be easier to read. The order will now state “START INFUSION at # units/kg/hour and then check PTT in 6 hours. Prescribers may adjust the starting rate as appropriate (ie: Restarting a patient who was therapeutic at a lower rate) to instruct the nurse to the desired starting dose.

PTT ranges: The PTT ranges have been updated to included PTT readings to the tenth decimal place. This should close the gaps for PTT values and eliminate confusion from PTT values reported to the tenth decimal place.

NOTE: These changes do not include new titration instructions or PTT goals. For patients with goals or titrations outside the pre-set order instructions, prescribers should continue to use the Heparin Custom order set.

Admin Instructions:

START INFUSION at 18 units/kg/hr and then check PTT in 6 hours

PTT Goal 60-80 – Titration Instructions

If PTT less than 40:
- Administer bolus of 60 units/kg AND Increase dose by 3 units/kg/hr
  If PTT 40-49.9:
- Administer bolus of 30 units/kg AND Increase dose by 2 units/kg/hr
  If PTT 50-59.9:
- Increase dose by 1 unit/kg/hr
  If PTT 60-80:
- No change to dose
  If PTT 80.1-100:
- Decrease dose by 2 unit/kg/hr
  If PTT greater than 100:
- Hold dose for 60 minutes AND decrease dose by 3 units/kg/hr AND call RC to confirm

CHECK PTT
In 6 hours after ANY dose adjustment OR if in therapeutic range for 2 consecutive 6 hour PTT checks decrease
PTT frequency to Q 12 hours

NEXT PHARMACY AND THERAPEUTICS COMMITTEE MEETING:
November 12, 2015

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