

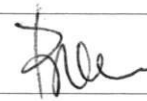
Date: 9/23/17

## RESOLUTION

*(May be submitted by any two Active Members and must be received by the Secretary or Chair of the House of Delegates no later than close of business on September 29, 2017)*

INTRODUCED BY: (1) Sylvia Stoffella

(2) Bonnie Fabian



Golden Gate

(Names – Please Print)

(Signatures)

(Chapter or Division Represented, if applicable)

SUBJECT: Safe and Effective Use of Medications in Pediatric and Neonatal Patients

### DESCRIPTION OF CURRENT SITUATION:

*(Describe problem/concern/issue. Include history and background, facts, opinions, feelings about the situation)*

1. CSHP has policy **2013-35: Medication Use in Geriatric Patients**

CSHP supports medication therapy management to provide safe and effective drug therapy for geriatric patients in addition to supporting the development, refinement, and validation of medication use criteria that consider drug-disease and patient-specific factors for these patients.

However, there are not any recommendations for pediatric and neonatal patients.

2. ASHP has Medication Therapy and Patient Care: Specific Practice Area Position **0912: Safe and Effective Use of Heparin in Neonatal Patients**

ASHP supports the development and use of nationally standardized concentrations of heparin when used for maintenance and flush of peripheral and central venous lines in neonatal patients as well as advocates that hospitals and health systems use manufacturer-prepackaged heparin flush products to improve the safe use of heparin in neonatal patients.

3. ASHP has Medication Therapy and Patient Care: Specific Practice Area Guidelines **Providing Pediatric Pharmaceutical Services in Organized Health Care Systems**

ASHP supports that pharmacy services should be provided with sufficient physical facilities, personnel, and equipment to meet the pharmaceutical care needs of the pediatric population. This includes orientation and training programs for pharmacists providing services to pediatric patients emphasizing dosage calculations, dosage-form selection appropriate to patient's age and condition, and specialized drug preparation and techniques.

4. Organizations such as the American Academy of Pediatrics (AAP), the Institute for Safe Medication Practices (ISMP), The Joint Commission, and the Pediatric Pharmacy Advocacy Group (PPAG) have provided policy statements, position papers, and safety bulletins to advise and promote a culture of pediatric patient safety. These organizations encourage all individuals and institutions caring for these vulnerable populations to be cognizant of the challenges to provide safe and effective medication therapy due to limited availability of published literature and clinical trials, limited FDA-approved for use drugs in pediatric patients, different and changing pharmacokinetic parameters, lack of pediatric formulations, dosage forms, and guidelines, and medication dosing based on body weight, body surface area, and patient age. The pediatric population (including

neonates) is three times more likely to experience a potential adverse drug event (ADE) than the adult population (Kaushal R et al and Suresh G et al). In order to reduce the rates of potential and preventable ADEs in pediatrics, the most effective interventions include computerized physician order entry with integrated clinical decision support and full-time, ward-based clinical pharmacists (Kaushal R et al).

#### References:

American Academy of Pediatrics Steering Committee on Quality Improvement and Management and Committee on Hospital Care: Policy Statement – Principles of pediatric patient safety: Reducing harm due to medical care. Pediatrics 2011;127:1199-1210.

The Joint Commission: Sentinel event alert: Preventing pediatric medication errors. Issue 39, April 11, 2008. Available at: [http://www.jointcommission.org/assets/1/18/SEA\\_39.PDF](http://www.jointcommission.org/assets/1/18/SEA_39.PDF). Last accessed 7/21/2011.

Pediatric Pharmacy Advocacy Group: Statement on standardized drug concentrations. Available at: <http://www.ppag.org/standardconcentrations/>. Last accessed 7/21/2011.

Levine SR, Cohen MR, Blancard NR, et al: Guidelines for preventing medication errors in pediatrics. Journal of Pediatric Pharmacology and Therapeutics 2001;6:427-443.

Kaushal R, Bates DW, Landrigan C, et al: Medication errors and adverse drug events in pediatric inpatients. JAMA 2001;285:2114-2120

Suresh G, Horbar JD, Plsek P, et al: Voluntary anonymous reporting of medical errors for neonatal intensive care. Pediatrics 2004;113:1609-1618.

Recommendations for Meeting the Pediatric Patient's Need for a Clinical Pharmacist: A Joint Opinion of the Pediatrics Practice and Research Network of the American College of Clinical Pharmacy and the Pediatric Pharmacy Advocacy Group. J Pediatr Pharmacol Ther 2012; 17(3):281-91

White Paper: Neonatal and Pediatric Patient Safety – Focus on Drug Therapy. Updated September 2015.

#### **DESCRIPTION OF DESIRED SITUATION**

*(Outcome, e.g. goals, objectives, targets to be met, how desired situation relates to strategic plan)*

1. CSHP advocates for its members, their patients, and the public per the 2017-2021 Strategic Priorities and Goals, including demonstrating the value of the pharmacist in health care delivery, communicating successful practices regarding emerging issues with regulators and members for improved safety, and publicizing the valuable contributions of clinical pharmacists.
2. CSHP develops professional policy in congruence with other professional organizations, but adopts policy as an independent professional society.
3. CSHP does not have a professional policy that provides information on medication use in pediatric and neonatal patients.

#### **PROPOSED ACTION(S):**

*(Include cost analysis and who should address the issue (Board, specific committee, specific individual(s)?)*

1. Adopt the following as CSHP professional policy,

##### **Safe and Effective Use of Medications in Pediatric and Neonatal Patients**

The California Society of Health-System Pharmacists:

- a. Supports that pharmacy services should be provided with sufficient physical facilities, personnel, and equipment to meet the pharmaceutical care needs of the pediatric and neonatal population. This includes orientation and training programs for pharmacists and pharmacy technicians providing services to pediatric and neonatal patients including emphasizing dosage calculations and dosage-form selection appropriate to patient's age and condition as well as specialized drug preparation and techniques
- b. Recognizes that pharmacists and pharmacy technicians who are trained, qualified, and/or who possess

expertise in pediatric pharmacotherapy or skills should be integrated within the interdisciplinary health care team in order to reduce the rates of potential and preventable adverse drug events in pediatric and neonatal patients including:

- i. Promoting safe and effective medication use practices in this patient population
  - ii. Counseling and educating patients and caregivers on their medications
  - iii. Creating appropriate dose standardization in oral and parenteral drug distribution systems
- c. Supports the expansion of pharmacy education and postgraduate residency and fellowship training on pediatric pharmacy and/or pharmacotherapy and the inclusion of pharmacists when conducting pediatric research
- d. Supports the development and use of nationally standardized concentrations of medications as well as advocates that hospitals and health systems use manufacturer-prepackaged products when possible to improve the safe use of medications in pediatric and neonatal patients.

**RESOURCES REQUIRED FOR PROPOSED ACTION(S):**

Financial: None

CEO time: None

Staff time: Limited

\$(Impact on budget.) If it will cost money, how do you propose it be funded?

Have you asked the CEO (or other staff members who will be affected) for input on how this proposal will impact the

**HOD Action:** Approved as written.