Clinical issues such as age, concurrent drug use, and the underlying diseases, such as liver failure, chronic obstructive pulmonary disease, renal failure, and heart failure, were not identified as independent significant predictors of prolonged recovery times in this patient population. However, based on the literature, health care providers should still consider these patient-specific issues when making decisions regarding initial and total dosages of midazolam. As our results indicate, prospective midazolam dosing decisions will have an impact on patient recovery time from intravenous conscious sedation.

3313513

PREOPERATIVE PROPHYLACTIC ANTIBIOTICS: FOCUS ON TIMING AND APPROPRIATE DOCUMENTATION

Stavris, M. A. (Saint Barnabas Medical Center, Livingston, NJ, USA), Berndt, E., Hansen, C. and Allen, P. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**P-536D (Dec) 1996

English

A multidisciplinary study was performed on preoperative prophylactic antibiotic administration times and documentation. Initial results indicated a deficiency in administering antimicrobial agents within a desired two hours of incision time. Based on this study, the following policy and procedural changes evolved: anesthesia personnel administer the preoperative antimicrobial agent within 30-60 minutes of incision time, anesthesia personnel document administration time on a newly revised Preoperative Anesthesia Evaluation Form, the antimicrobial agents are stored in an automated dispensing device (Pyxis/Medstation/Rx) in the OR Holding Area where they are administered, and physician order sheets were revised to reflect preoperative antimicrobial administration within 30-60 minutes of incision time. Upon reevaluation, there was an improvement over baseline rates.

3313514

PRESCRIBING TRENDS OF LITHIUM, CARBAMAZEPINE, AND DIVALPROEX SODIUM IN A STATE PSYCHIATRIC FACILITY

Lazowick, A. L. (Capital District Psychiatric Center, 75 New Scotland Avenue, Albany, NY 12208, USA) and Levin, G. M. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**P-56E (Dec) 1996

English

Lithium, carbamazepine (CBZ), and divalproex sodium (DVPX) are mood stabilizers widely prescribed for the treatment of bipolar disorder. Prescribing trends of these agents in 54 patients at a New York State psychiatric facility was assessed by a retrospective chart review. Diagnoses, maximum daily doses, plasma levels, and comorbidity of alcohol and substance abuse was documented. Forty-three patients received monotherapy: lithium=11, CBZ=8, DVPX=24. Ten patients received polytherapy: lithium and DVPX=5, CBZ and DVPX=2, and lithium and CBZ=3. No differences existed between doses or plasma levels in monotherapy versus polytherapy patients (p=ns, ANOVA). Substance abuse comorbidity most frequently appeared in patients with a diagnosis of bipolar disorder (58.3%); however, this difference did not reach statistical significance (p=0.2, chi squared).

3313515

PROBLEMS AND RESOLUTION: IMPLEMENTING A SEDATION PROTOCOL

Johnson, S. C. (The William W. Backus Hospital, 326 Washington Street, Norwich, CT 06360, USA), Temkin, T. A. and Beltram, L. A. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**P-84D (Dec) 1996

English

Pharmacy Services has developed tools and strategies to encourage appropriate use of sedative agents. These include 1) reviewing medical charts to identify and target patients requiring sedation, 2) identifying patterns of prescribing sedatives at our institution, 3) communicating with other hospitals regarding sedation policies, 4) performing a comprehensive manual and computer literature search, 5) collaborating with physicians, nurses and pharmacists to develop a protocol and physician order form, 6) developing parameters to ensure efficacy and safety, and 7) presenting extensive interdisciplinary educational processes. The protocol was implemented. Each patient utilizing the protocol is monitored through the drug use evaluation process. The appropriateness, effectiveness, and safety of the protocol is evaluated through the interdisciplinary team formulated to develop the sedation protocol. At the ASHP meeting, we would like to present numerous case studies of successes and problems. We would also like to present our methodology for resolving problems. An example of a problem case is a patient who developed prolonged paralysis after treatment with vecuronium and the effect on long-term outcome.

3313516

PROPHYLACTIC FLUCONAZOLE FOR THE PREVENTION OF INTRA-ABDOMINAL FUNGAL INFECTIONS IN ADULT LIVER TRANSPLANT RECIPIENTS

Shifrin, F. A. (University Hospitals of Cleveland, 11100 Euclid Avenue, Cleveland, OH 44106, USA), Salata, R. A., Schulak, J. A. and Cowan, R. I. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**P-411D (Dec) 1996

English

This study utilizes a computerized database to evaluate how prophylactic fluconazole affected our incidence of intra-abdominal fungal infections in adult liver transplant recipients. Data was collected prospectively. Antifungal regimen initially consisted of clotrimazole three times daily or nystatin four times daily for 90 days. Current antifungal regimen consists of 200 mg intravenous fluconazole followed by 100 mg for 6 days. Then acyclovir or nystatin is dosed as above. The incidence of intra-abdominal fungal infection fell from 38.1 percent to 31 percent with fluconazole. Intra-abdominal infections, which occurred within the first 2 weeks post transplant, fell from 87 percent to 40 percent. Late fungal infection, >30 days, was associated with bile leaks and/or clotting of hepatic artery. This evaluation is still ongoing.

3313517

PROSPECTIVE UTILIZATION EVALUATION OF GRANISETRON PLUS DEXAMETHASONE IN PERIPHERAL BLOOD STEM CELL TRANSPLANT PATIENTS

Trovato, J. A. (University of Maryland Cancer Center, 22 South Greene Street, Baltimore, MD 21201, USA) and Stull, D. M. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**P-258E (Dec) 1996

English

This DUE demonstrates the antiemetic efficacy, safety and appropriate use of granisetron plus dexamethasone in peripheral blood stem cell transplant patients. Efficacy of granisetron plus dexamethasone was assessed by using the Common Toxicity Criteria (CTC) grading scale for nausea and vomiting. A total of 18 patients were evaluated between December 1995 and May 1996. The severity of vomiting throughout the preparative regimen ranged from grade 0 to grade 2 with 61% of patients experiencing < grade 2 vomiting. The severity of nausea ranged from grade 0 to grade 3 with 83% experiencing < grade 3 nausea. Headache (55%) was the most common side effect followed by somnolence (44%) and weakness (7%). Granisetron plus dexamethasone was well tolerated, utilized appropriately, and reasonably effective in preventing nausea and vomiting related to high dose chemotherapy.

3313518

QUALITY ASSESSMENT OF SURGICAL ANTIMICROBIAL PROPHYLAXIS IN A GENERAL HOSPITAL

Roure, C. N. (Hospital de Barcelona, Diagonal 660, 08034 Barcelona, Spain), Martinez, J. C., Lacasa, C. D. and Silva, J. G. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**Intl-10 (Dec) 1996

English

The purpose of this study is to establish a quality indicator of surgical antimicrobial prophylaxis in a general hospital with 12,208 operations in 1995. Appropriateness criteria were developed according to institution guidelines. We prospectively monitored 521 surgical procedures randomly selected from a total of 1115 performed in May 1996. The distribution of surgical teams and procedures in our sample was not significantly different from total surgical activity. Prophylaxis was performed in 298 (57%, CI 52.8-61.5%) procedures and 124

(41%, CI 36-47%) fulfilled all criteria. Timing was optimal in 174 (58%, CI 53-64%), antibiotic was correct in 271 (91%, CI 88-95%), and prophylaxis was unnecessarily prolonged in 66 (22%, CI 18-27%). Nineteen patients (9%, CI 5-13%) did not receive antibiotics although recommended, and prophylaxis of unproven value was used in 54 (28%, CI 22-35%). These results are being used to redesign strategies that integrate our plan for continuous antimicrobial prophylaxis improvement. The study will be repeated every year in order to evaluate effectiveness of the corrective measures applied.

3313519

RANDOMIZED PHASE III STUDY OF TRIMETREXATE, LEUCOVORIN AND DAPSONE VERSUS PENTAMIDINE FOR TREATMENT OF PNEUMOCYSTIS CARINII PNEUMONIA IN HIV PATIENTS INTOLERANT/REFRACTORY TO TRIMETHOPRIM/SULFAMETHOXAZOLE

Habboubi, N. (USB Pharma Ltd, Suites 10 & 12, The Courtyards, Croxley Business Park, Watford WD1 8YH, England) (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**Intl-26 (Dec) 1996

English

This Phase III trial was conducted in HIV-infected patients with Pneumocystis carinii pneumonia (PCP) who were intolerant of or refractory to trimethoprim/sulfamethoxazole to compare the safety and efficacy of trimetrexate, leucovorin and dapsone (TMTX/LCV/DAP) with that of pentamidine. Seven patients received trimetrexate (45 mg per meter squared per day i.v.), leucovorin (20 mg per meter squared every 6 hours i.v. or p.o.) and dapsone (100 mg per day p.o.), and seven patients received pentamidine (4 mg/kg/day i.v.); the duration of treatment was 21 days. This study provided preliminary evidence that the combined regimen of TMTX/LCV/DAP was both efficacious and well tolerated for the treatment of PCP in HIV-infected patients.

3313520

RANDOMIZED STUDY TO COMPARE THE EFFICACY OF SUCRALFATE AND DIPHENHYDRAMINE SUSPENSION IN THE TREATMENT OF MUCOSITIS

Hallin, P. A. (University of Kentucky, Markey Cancer Center, 800 Rose St., Rm. C-117, Lexington, KY 40536-0084, USA), Adkins, L. R., Baxter, D. B., Solise, L. W. and John, W. J. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**P-119R (Dec) 1996

English

This randomized single blind study is being conducted to determine if sucralfate and diphenhydramine suspension can decrease the number of days of mucositis and stomatitis (Southwestern Oncology Group grade two or greater) in patients receiving cancer chemotherapy. Patients will receive either sucralfate in diphenhydramine syrup and sterile water or Maalox (aluminum hydroxide and magnesium hydroxide) in diphenhydramine syrup and sterile water every six hours to be swished for two minutes and swallowed. Treatment will continue until resolution of mucositis. Serial assessments will be completed by a blinded third party on days 1, 4, 7, 10, 13, and every third day until resolution. Assessments will be based on mucositis evaluations in addition to a pain history, nutritional history, and the amount of rescue medications administered.

3313521

REDUCTION IN DOSAGE OF CEFTRIAXONE WITH POSITIVE EFFECT ON LENGTH OF HOSPITALIZATION

Woolard, C. H. (Washington County Hospital, 1 Medical Plaza, Plymouth, NC 27962, USA), Venable, R. L., Oak, C. Y., Atieh, M. K. and Tirupattur, P. R. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**CR-12 (Dec) 1996

English

Criteria was established by the Pharmacy and Therapeutics Committee to prospectively review ceftriaxone utilization. The purpose of the study was to optimize use of ceftriaxone, encourage proper dosing and reduce overall medication related costs. Length of stay for pneumonia and bronchitis was evaluated in a retrospective analysis for a 29 month period. Criteria for utilization was followed for ten months wherein significant improvement in utilization of ceftriaxone was noted. Length of stay for patients treated with 1 gram was significantly lower (4.2±2.4 days) when compared to those treated with 2 grams (6.2±3.2 days) [n=18, $p<0.05$]. From this study it was concluded that, in most patients, ceftriaxone can be dosed at 1 gram daily without adversely affecting outcome. In addition, patients treated with lower dose of ceftriaxone, had shorter hospital stays.

3313522

RELATIONSHIP OF GLUCOSE AND INSULIN FOR THE OPTIMAL GLUCOSE CONTROL IN DIABETES MELLITUS PATIENTS RECEIVING TOTAL PARENTERAL NUTRITION

Lee, J. Y. (Seoul National University Hospital, Yongon-Dong 28, Chongno-Gu, Seoul 110-744, Korea), Lee, Y. P., Kim, H. S., Park, K. H., Shin, W. G. and Cho, N. C. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**Intl-25 (Dec) 1996

English

Hyperglycemia is the main problem in diabetes mellitus or pancreatic disease patients on Total Parenteral Nutrition (TPN) therapy. Insulin therapy is first used in hyperglycemia by admixturing insulin to TPN solution.

The purpose of our study is to calculate the insulin requirement for optimal blood dextrose (glucose) control. The amount of glucose intake and insulin administered during TPN therapy was studied by reviewing the charts of patients with diabetes and pancreatic disease who had received TPN from January 1994 to December 1995 in SNUH retrospectively. The 34 cases are divided into well-controlled level group (A: 16 cases) and non-controlled level group (B: 18 cases).

In the well-controlled level group, the blood glucose level is maintained between 100 - 230 mg/dl during TPN administration. Both groups are subdivided into IDDM, NIDDM, and Pancreatic Disease. We calculated Insulin and glucose ratio (I/G) in IDDM and NIDDM of the well-controlled level group. The I/G values of IDDM group and NIDDM are 0.20±0.066 and 0.077±0.01, respectively.

This result shows that IDDM's insulin requirement is larger than NIDDM's as expected ($P<0.05$). When stress factor (e.g., surgery, infection) is considered, it was found that stress factor affects blood glucose control.

3313523

RETROSPECTIVE DRUG USE EVALUATION OF DOXAPRAM FOR THE TREATMENT OF NEONATAL APNEA

Gumpper, K. F. (University of Maryland Medical System, 22 South Greene Street, Baltimore, MD 21201, USA) and Eisenschenk, C. D. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**P-338E (Dec) 1996

English

The use of doxapram for the treatment of neonatal apnea is an alternative for those infants failing methylxanthine therapy. Doxapram was considered for formulary addition in August 1993. At that time it was denied approval because of FDA labeling against its use in newborns. Doxapram contains benzyl alcohol which has been associated with the gasping syndrome. A retrospective drug use evaluation was conducted to determine its safety in neonates in our institution. Doxapram use was reviewed in nineteen infants. One patient experienced a possible adverse effect that may have been related to this agent. As a result of this evaluation, doxapram was added to the formulary and guidelines for use in this institution were developed.

3313524

RETROSPECTIVE REVIEW OF PRESCRIPTIVE PATTERNS AND EFFICACY OF METFORMIN IN THE TREATMENT OF NON-INSULIN DEPENDENT DIABETES MELLITUS AT THE BOISE VETERANS AFFAIRS MEDICAL CENTER

Aldrich, A. P. (Veterans Affairs Medical Center, 500 West Fort Street, (119A), Boise, ID 83702, USA), Calley, D. M. and Mason, B. J. (Abstract of Meeting Presentation)

ASHP MIDYEAR CLINICAL MEETING **31:**P-443R (Dec) 1996

English

The objective of this report is to ensure appropriate metformin dosing through clinical pharmacy interventions and monitor long term metformin efficacy. Fifty-six clinic patients seen between July and September 1995 were screened for metformin use in conjunction with other antidiabetic medications. In June 1996 the prescription profiles were retrospectively reviewed to evaluate if proper titration of metformin was achieved and how

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