

A Brief Report on Alumni Interaction Series 2023 – Lecture 01

(Bridging the gap - Connecting to the World)

Name of the presenter:

Dr Jennie Joykutty
Clinical Pharmacist – Cardiology
ASTER-MIMS Hospital, Calicut,
Kerala, India

Title of the presentation: “Role of Clinical Pharmacist in Cardiology”

Date of the Presentation: 02.03.2023

Program Organized by:

Dept. of Pharmacy Practice & Pharmacy Education Unit
JSS College of Pharmacy, Ooty

As a part of the Alumni interactions 2021, fourth in the series was held on 27.09.2021 by one of the proud Alumnus of Department of Pharmacy Practice, Dr Jennie Joy Kutty, Clinical Pharmacist – Cardiology, ASTER MIMS Hospital, Calicut, Kerala.

Dr Jennie, a Pharm D Graduate from JSS College of Pharmacy, Ooty is experienced more than four years as a Cardiology Clinical Pharmacist in providing pharmaceutical care services. Dr Jennie also leads the role of internal quality auditor - NABH at ASTER MIMS Hospital, Calicut.

Dr Jennie started her presentation “Scope of Practice in Cardiology” from the basic responsibilities of a Clinical Pharmacist in the Cardiology unit and what are the expectations of other healthcare professionals from a Cardiology Clinical Pharmacist. Dr Jennie also enlightened the vital role of a Cardiology Clinical Pharmacist at her Practice Site.

Dr Jennie then discussed two interesting cardiology cases with the participants of the webinar to analyse the level of perception of the participants to implement their theoretical knowledge in real-time practice. Dr Jennie, during her discussion also emphasized her knowledge about the use of anti-coagulants and their use in the department of Cardiology.

Dr Jennie also mentioned about the INR and its impact in the selection of drug therapy for the patients. Dr Jennie then shed light on her day-to-day challenges as a clinical pharmacist and how as a team they overcome such challenges including Medication reconciliation errors, drug selection errors, dosage errors, administration errors and dispensing errors.

Dr Jennie then concluded her presentation followed by taking up queries from the audience and staff, Department of Pharmacy Practice. Over 70+ participants were fruitfully benefitted through this webinar.

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Jennie Joykutty is presenting

SCOPE OF PRACTICE IN CARDIOLOGY

Dr. Jennie Joykutty
Senior Clinical Pharmacist
Cardiology
AsterMims Hospital, Kozhikode

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Jennie Joykutty is presenting

CASE 1

- You have a patient who is a case of s/p mitral valve [mechanical] replacement and is unwilling to continue to remain admitted in the hospital and wants a discharge. His INR today is 1.5. He was initiated on Inj Heparin 5000 units IV Q6H and Tab warf 5 mg yesterday. The Cardiologist wants to discharge him on Inj Enoxaparin [due to convenience in route of administration and timing of administration]. How would you plan the discharge medications and INR monitoring?

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Jennie Joykutty is presenting

CENTRAL ILLUSTRATION: 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure

Guideline Directed Medical Therapy Across Heart Failure Stages

Use this text reference guideline directed medical therapy (GDMT) across the four ACC/AHA stages of heart failure (HF) as outlined in the 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. See the guideline for specific patient considerations.

Stage A	Stage B	Stage C & D		
At-Risk for Heart Failure	Pre-Heart Failure	Stage C: Symptomatic Heart Failure & Stage D: Advanced Heart Failure HFREF LVEF ≤40%	HFrEF LVEF 41-49%	HFrEF LVEF ≤50%
<p>ASPIRIN (I)</p> <p>Statins (I)</p> <p>ACEI/ARB/ARNI (I)</p> <p>beta-blocker (I)</p>	<p>ACEI/ARB/ARNI (I)</p> <p>beta-blocker (I)</p> <p>beta-blocker (II)</p> <p>beta-blocker (III)</p> <p>beta-blocker (IV)</p>	<p>ACEI/ARB/ARNI (I)</p> <p>beta-blocker (I)</p> <p>beta-blocker (II)</p> <p>beta-blocker (III)</p> <p>beta-blocker (IV)</p> <p>beta-blocker (V)</p> <p>beta-blocker (VI)</p> <p>beta-blocker (VII)</p> <p>beta-blocker (VIII)</p> <p>beta-blocker (IX)</p> <p>beta-blocker (X)</p> <p>beta-blocker (XI)</p> <p>beta-blocker (XII)</p> <p>beta-blocker (XIII)</p> <p>beta-blocker (XIV)</p> <p>beta-blocker (XV)</p> <p>beta-blocker (XVI)</p> <p>beta-blocker (XVII)</p> <p>beta-blocker (XVIII)</p> <p>beta-blocker (XIX)</p> <p>beta-blocker (XX)</p>	<p>ACEI/ARB/ARNI (I)</p> <p>beta-blocker (I)</p> <p>beta-blocker (II)</p> <p>beta-blocker (III)</p> <p>beta-blocker (IV)</p> <p>beta-blocker (V)</p> <p>beta-blocker (VI)</p> <p>beta-blocker (VII)</p> <p>beta-blocker (VIII)</p> <p>beta-blocker (IX)</p> <p>beta-blocker (X)</p> <p>beta-blocker (XI)</p> <p>beta-blocker (XII)</p> <p>beta-blocker (XIII)</p> <p>beta-blocker (XIV)</p> <p>beta-blocker (XV)</p> <p>beta-blocker (XVI)</p> <p>beta-blocker (XVII)</p> <p>beta-blocker (XVIII)</p> <p>beta-blocker (XIX)</p> <p>beta-blocker (XX)</p>	<p>ACEI/ARB/ARNI (I)</p> <p>beta-blocker (I)</p> <p>beta-blocker (II)</p> <p>beta-blocker (III)</p> <p>beta-blocker (IV)</p> <p>beta-blocker (V)</p> <p>beta-blocker (VI)</p> <p>beta-blocker (VII)</p> <p>beta-blocker (VIII)</p> <p>beta-blocker (IX)</p> <p>beta-blocker (X)</p> <p>beta-blocker (XI)</p> <p>beta-blocker (XII)</p> <p>beta-blocker (XIII)</p> <p>beta-blocker (XIV)</p> <p>beta-blocker (XV)</p> <p>beta-blocker (XVI)</p> <p>beta-blocker (XVII)</p> <p>beta-blocker (XVIII)</p> <p>beta-blocker (XIX)</p> <p>beta-blocker (XX)</p>

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Jennie Joykutty is presenting

Reconciliation errors

On discharge summary, patient was prescribed with INJ ACTRAPID 10-8-6 Units instead of INJ NOVORAPID 12-8-6 units s/c. Informed to the doctor and corrected.

Patient was on Tab Valparin Chrono 300 mg HS and Tab Levipil 250 MG HS for seizures which were not continued during admission. Informed and added

Doctor missed to prescribe INJ HUMAN ACTRAPID 12-10-8 in the discharge summary in view of DM. It was informed to the corresponding doctor and was added accordingly in it

Patient was on TAB ECOSPRIN 75MG but patient bystander missed to say that the patient was on TAB ECOSPRIN 75mg. Informed to Doctor and was added.

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Jennie Joykutty is presenting

DISPENSING ERRORS

Patient is a KCO Penphagus vulgaris and was prescribed and indentated with TOBRAMYCIN 5% eye ointment, but dispensed TOBRAMYCIN eye drops and administered the same. Identified and rectified.

The price of Tiotropium Transulader 9 mg dispensed from the IP pharmacy was 485.85, which was different from the amount billed (538.15). Informed and rectified the error.

49 numbers of Tab amlogard 5 mg was dispensed instead of 46 tablets from the IP pharmacy at discharge. Informed and corrected.

Staff nurse intended 25 numbers of Tab Nitrocefin 2.6 mg, but only 18 tablets were dispensed from IP Pharmacy.

The doctor prescribed Tab Prolomet XL 50 mg 1/2-0-1, Staff intended 25 mg and 50 mg strength of Tab Prolomet XL. Pharmacist Labelled as 1/2-0-0 for Tab Prolomet XL 25 mg instead of 1-0-0. Informed and corrected

The doctor prescribed Tab Dexona 8 mg 1-0-1 at discharge. Nurse intended same strength but Tab Dexona 4 mg was dispensed from IP Pharmacy and labelled as BD.

Patient was prescribed with Tab Natrise 15 mg 1-0-0 x 1 week. Staff nurse intended 8 tablets of Natrise 15 mg. A single tablet of Natrise 15 mg conts Ra. 145. Informed to the staff and returned 1 tablet

The pharmacist labelled Tab Calcimax 500 mg BD instead of OD. Informed and corrected.

The doctor advised Tab Linezolid 300 mg TID x 10 days at discharge for a paediatric patient who was admitted for Pleural effusion. The medicine was labelled incorrectly as Tab Linoplas 300 mg BD instead of TID. Informed and corrected.

Patient was prescribed with NEB LEVOLIN 0.31 MG TID but 0.63 mg respules were dispensed from OP pharmacy Identified the error and corrected

The doctor advised Tab Wysolone (Prednisolone) 40 mg twice daily X 3 days at discharge, which was labelled incorrectly as thrice daily from IP Pharmacy. Informed and corrected.

The staff nurse intended 18 tablets of Medrol 4 mg, but only 14 tablets was dispensed. Informed and dispensed remaining tablets

The doctor advised Fosizol sachet 3 gm o/s in 3 days for 2 weeks at discharge which was labelled incorrectly thrice weekly. Informed and corrected.

The doctor prescribed Tab Augmentin Duo 625 mg BD for 5 days. The staff nurse intended 15 tablets instead of 10 tablets and 15 tablets were billed, by the pharmacist. Informed and returned 5 tablets

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