

Using “Don’t Rush to Crush” in MIMS Online

MIMS Online offers “Don’t Rush to Crush” as an optional content module that provides Australia’s most comprehensive guide to administering oral medicines to patients who are unable to swallow or have swallowing difficulties. The “Don’t Rush to Crush” guidance is produced and maintained by The Society of Hospital Pharmacists of Australia (SHPA), the professional body which represents around 3,000 pharmacists, pharmacy technicians and associates practicing in all parts of the Australian health system.

Quality information with a robust Editorial Process


A multidisciplinary approach is important to achieving positive medication outcomes for patients. To best meet this need, the team producing the “Don’t Rush to Crush” content includes health professionals and clinicians from a variety of disciplines, including pharmacists, dietitians, nurses and allied health professionals. A rigorous content review ensures that the guidance is evidence-based and facilitates unbiased decision making according to current standards of care.

The content is managed by a team of two Pharmacist Editors. The Editors are assisted by a Monograph Editorial Committee who are responsible for the content of the monographs; Introduction Subcommittee responsible for the additional guidance and content beyond the monographs, and a team of pharmacist monograph reviewers. In all, over forty five clinicians and health professionals review and maintain the content. The contributors are primarily members of the Society of Hospital Pharmacists currently practicing in the public health sector in Australia.

Several pharmaceutical companies have also provided information included in individual drug monographs. This information has been provided on the understanding that these companies do not advocate the off-label use of products manufactured and produced by them. Information provided by these companies can be found in the monograph references as ‘personal communication’.

ACAMPROSATE

acamprosate calcium

Form ¹	Brand names	Available strengths	Quick guide
Tablet (enteric coated)	Campral	333 mg	

Drug class: Neuromediator
Effects of food: Absorption is decreased by food¹
Other: May cause dry mouth.² See section 3.4

Tablet (enteric coated)	
Enteral feeding tube	Do not divide, crush or chew tablet
Swallowing difficulties	Do not divide, crush or chew tablet
Preferred course of action* 1. Contact the prescriber to consider other medicines	

*Check PBS availability where formulation or medicine changes are being considered (www.pbs.gov.au)

References



1. MIMS Online, St Leonards, NSW: UBM Medica; 2010. Accessed 23/12/10
2. Acamprosate. In: DRUGDEX System (Internet database). Greenwood Village, Colorado: Thomson Reuters (Healthcare) Inc. Updated periodically. Accessed 23/12/10

FIG 1 - Example DRTC monograph for a medication UNSUITABLE for crushing

Integration of Don't Rush to Crush Content into MIMS Online

“Don't Rush to Crush” content is seamlessly integrated into MIMS Online and can be retrieved via the standard search methods used for navigating to product or consumer information. Searching for a product by brand name, generic or ingredient name, therapeutic class or action/ indication will lead the user to a number of tabbed windows that display information about the medication. In MIMS Online the available tabs are typically Abbreviated Product Information, Full Product Information and Consumer Medicines Information. When “Don't Rush to Crush” content is available, an additional tab is displayed which contains the DRTC advice and guidance. This information is always only one mouse click away from the standard MIMS information, but remains clearly separated to avoid confusing the content with the official MIMS product information.

HALOPERIDOL

Form ¹	Brand names	Available strengths	Quick guide
Oral liquid	Serenace	2 mg/mL	
Tablet	Serenace	0.5 mg 1.5 mg 5 mg	

Drug class: Dopamine antagonist/antipsychotic

Dose alterations: No dose change is required when switching between oral liquid and tablets¹

Warnings: Stopping antipsychotic medicines may cause a discontinuation (withdrawal) syndrome. This may be avoided by gradual dose reduction. Contact the prescriber³

Other: May cause dry mouth or excessive salivation.¹ See section 3.4

Oral liquid	
Enteral feeding tube	Give oral liquid <ul style="list-style-type: none"> There is no information regarding jejunal administration. Monitor for increased side effects or loss of efficacy
Swallowing difficulties	Give oral liquid <ul style="list-style-type: none"> See section 7.2 if there is an aspiration risk
Tablets	
Enteral feeding tube	Use Method B – tablets are slow to disperse² <ul style="list-style-type: none"> There is no information regarding jejunal administration. Monitor for increased side effects or loss of efficacy
Swallowing difficulties	Use Method E – tablets are slow to disperse² <ul style="list-style-type: none"> See section 7.2 if there is an aspiration risk

Preferred course of action*

- Give oral liquid
- Crush tablet (Method B or E)
- Injection available. Contact the prescriber to consider parenteral use if appropriate

* Check PBS availability where formulation or medicine changes are being considered (www.pbs.gov.au)

References

- MIMS Online. St Leonards, NSW: UBM Medica; 2010. Accessed 27/09/10
- Martin TP, Hayes P, Collins DM. Tablet dispersion as an alternative to formulation of oral liquid dosage forms. Aust J Hosp Pharm 1993; 23(6): 378-86
- Psychotropic Expert Group. Therapeutic Guidelines: psychotropic. Version 6. Melbourne, Victoria: Therapeutic Guidelines Ltd; 2008

FIG 2 - Example DRTC Monograph for a medication SUITABLE for crushing

Typical Navigation of Don't Rush to Crush - Search

The “Don't Rush to Crush” information is fully accessible within MIMS Online by following standard MIMS Online searching and information navigation flows. Searching for either a generic or branded medication will display a “SHPA (Society of Hospital Pharmacists)” link if “Don't Rush to Crush” content is available. In the example below, “Diltiazem Hydrochloride” has been entered in the MIMS Online Simple Search. The resulting display indicates relevant branded medications and the ability to view “Don't Rush to Crush” information with one single click.

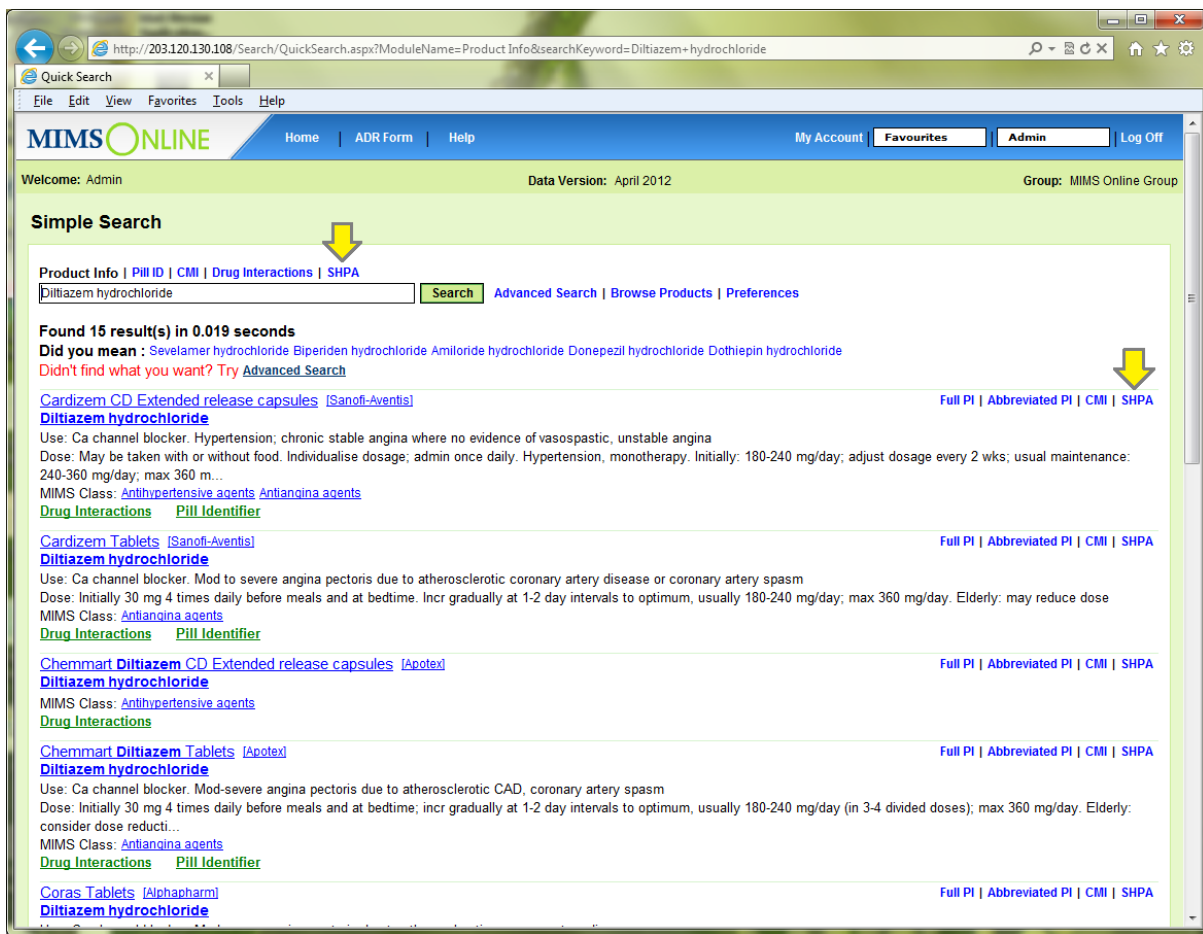


FIG 3 - Example DRTC MIMS Online “Simple Search”

Don't Rush to Crush – Monograph Display

The “Don't Rush to Crush” monograph is displayed within a tabbed content pane when the SHPA link is selected from any MIMS Online search result. To ensure the end-user does not confuse the medication crushing advice, medication product information or the consumer medicines information sheet, the “Don't Rush to Crush” content is separated into a dedicated tab pane. The monograph is identical to the relevant page displayed in the printed “Don't Rush to Crush” publication provided by the SHPA. Conveniently, the associated product information and consumer information for the medication is only one mouse click away.

The screenshot shows the MIMS Online interface. At the top, there's a navigation bar with 'Home', 'ADR Form', and 'Help'. Below that, a search bar contains 'Diltiazem hydrochloride' and a yellow arrow points to the 'SHPA' tab. The main content area is titled 'Crushable?' and displays the following information:

Product Name: Cardizem CD Extended release capsules
Generic Name: Diltiazem hydrochloride

DILTIAZEM Diltiazem hydrochloride			
Form ¹	Brand Names	Available strengths	Quick Guide
Tablet	Cardizem Chemmart diltiazem Coras Diltiazem Sandoz Dilzem GenRx diltiazem Terry White chemist diltiazem Vasocardol	60 mg	
Capsule (Extended release)	Cardizem CD Chemmart diltiazem CD Diltahexal CD Dilzem CD GenRx diltiazem CD Terry White chemist diltiazem CD Vasocardol CD	180 mg 240 mg	

Drug Class: Benzothiazepine calcium channel blocker
Effects of Food: Absorption from some sustained release preparations is increased by food. Give consistently with relation to food²
Dose alterations: When switching from controlled release to immediate release tablets, give the total daily dose in three to four divided doses. Adjust dose according to response³

FIG 5 - Example DRTC MIMS Online Monograph Display