

PHARMACY BULLETIN

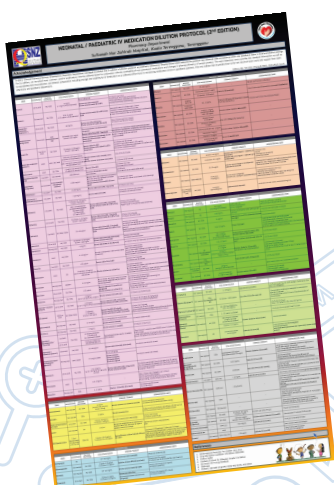
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THE LAUNCHING OF NEONATAL PAEDIATRIC IV DILUTION PROTOCOL 2ND EDITION



Neonatal/Paediatric IV Dilution Protocol 2nd Edition has been launched on 8th May 2017 at ACC Auditorium, HSNZ

HARI BERSAMA MEDIA



by Nur Amalina



Perkhidmatan Tambah Nilai Farmasi (VAS) giat dipromosi di HSNZ untuk mencapai sasaran sekurang-kurangnya 50 peratus pesakit menggunakan pakai perkhidmatan ini bagi mengurangkan kesesakan di farmasi .VAS yang diperkenalkan sejak 2010 oleh Bahagian Farmasi, Kementerian Kesihatan merangkumi kemudahan seperti telefon dan ambil, SMS dan ambil, Letak dan Ambil, Kad Temujanji, Farmasi Pandu Lalu, Sistem Pendispensan ubat bersepadu (SPUB), Pusat pengambilan ubat susulan setempat (PPUSS) serta perkhidmatan ubat melalui pos 1Malaysia (UMP1M). Objektif pelaksanaannya bertujuan menjamin kesinambungan bekalan ubat, mengurangkan masa menunggu di samping menjimatkan kos perjalanan pesakit.



PERKHIDMATAN TAMBAH NILAI

by Khairul Anam

Perkhidmatan tambah nilai farmasi ataupun VAS (Value Added service) adalah satu perkhidmatan yang ditawarkan di hospital/klinik kerajaan yang boleh menjadi pilihan pesakit untuk memudahkan mereka untuk mendapatkan bekalan ubat susulan. Ianya terhasil daripada kreativiti dan inovasi anggota farmasi dalam meningkatkan kualiti perkhidmatan terhadap pesakit. Tujuan perkhidmatan tambah nilai ini adalah untuk menjimatkan masa, memudahkan pesakit dan mempercepatkan pembekalan ubat

CARA

Daftar kali pertama di kaunter farmasi bersama slip ubat

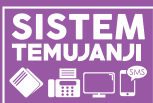


Ambil ubat kali pertama di kaunter farmasi dan tarikh bekalan susulan akan diberikan



Ambil ubat mengikut perkhidmatan yang dipilih

PERKHIDMATAN-PERKHIDMATAN VAS



SISTEM TEMUJANJI FARMASI

Bekalan susulan ubat telah disiapkan sebelum tarikh temujanji. Hanya perlu menghantar pesanan ringkas (SMS) / telefon sebelum datang ke farmasi



SISTEM PENDISPENSAN UBAT BERSEPADU (SPUB)

Pesakit boleh mengambil bekalan ubat susulan mereka di mana-mana fasiliti kesihatan KKM mengikut pilihan pesakit



UBAT MELALUI POS 1 MALAYSIA (UMP)

Ubat susulan pesakit dibekalkan terus ke lokasi pilihan pesakit melalui pos laju dengan caj kiriman yang telah ditetapkan



FARMASI PANDU LALU

Pesakit boleh mendapat bekalan ubat susulan di kaunter farmasi pandu lalu ditetapkan



LETAK DAN AMBIL

Pesakit hanya perlu menyerahkan slip ubat di kaunter farmasi dan boleh mengambil ubat kemudian dalam tempoh seminggu daripada tarikh tersebut.



PUSAT PEMBEKALAN UBAT SUSULAN SETEMPAT (PPUSS)

Pesakit boleh mengambil bekalan ubat susulan mereka di fasiliti PPUSS berdekatan (contohnya Klinik 1Malaysia)

MEI



Pameran penggunaan ubat di bulan puasa yang berlangsung pada 17 Mei dan 5 Jun 2017 di ruang legar ACC, HSNZ



JUN



Sambutan Hari raya Aidilfitri Jabatan Farmasi beserta jamuan perpisahan Hj Abdullah telah diadakan pada 18 Julai 2017



Lawatan Pengarah Kanan Perkhidmatan Farmasi Gred Jusa A, Dr. Salmah Bt. Bahri ke Farmasi HSNZ pada 16 Julai 2017



JULAI

Kursus TDM: Bridging Levels to Optimal Patient Care yang berlangsung pada 25 Julai 2017 di Bilik Seminar JPL, HSNZ



SOGO

Kursus Psycosocial Aspect yang berlangsung pada 1 Ogos 2017 di bilik seminar Jabatan Pesakit Luar, HSNZ

Kursus Chemotherapy Updates yang berlangsung pada 21 Ogos 2017, di bilik mesyuarat farmasi utama



Pameran Penggunaan Ubat-ubatan Sepanjang Kehamilan dan Penyusuan yang berlangsung pada 23hb Ogos 2017 di ruang legar Pusat Rawatan Ibu dan Bayi (PRIBA), HSNZ



Pameran 'Kenali Ubat Anda' sempena Karnival Pertubuhan Kebangsaan yang diadakan pada 13 Oktober 2017



OKTOBER



Pameran 'Kenali Ubat Anda' sempena Hari Terbuka HSNZ yang diadakan pada 25 Oktober 2017



Pameran sempena 'World Antibiotic Awareness Week 2017' peringkat Hospital Sultanah Nur Zahirah yang telah diadakan pada 13 hingga 19 November 2017 bertujuan untuk memberi kesedaran kepada orang awam tentang kepentingan penggunaan antibiotik yang betul bagi mengelakkan kerintangan antibiotik.

NOVEMBER

ADVERSE DRUG REACTION ONLINE REPORTING



by Nur Amalina

Adverse drug reaction (ADR) reporting now can be made online through website National Pharmaceutical Regulatory Agency (NPRA) at npa.moh.gov.my for the use of healthcare professional or public.



Public



Healthcare Professional

Adverse effect reporting can be done either by a healthcare professional or anyone in the general public

IMPORTANT NOTE:

Please fill every section of the ADR web form. Kindly state 'none/nil/not applicable' if necessary.

Section 1: Report Form	
FIELD(s)	NOTES
Report Type	Initial report: First submission of report to NPRA of a particular patient involving a particular ADR. Follow-up report: Submission of further reports related to the same case to inform of additional information not mentioned previously or which occurred after the initial report. Please insert the Initial Report Number or mention the date of initial report at "Reporter Comment" column (under Section 7: Reporter Information) for reference.
Case Type	Normal case Parent Child Case: used primarily when a foetus/child has suffered the reaction after the parent has taken the drug, e.g.: exposure during pregnancy or through breastfeeding.

Section 2: Patient Demographic	
FIELD(s)	NOTES
Patient Initials	Preferably full NRIC (without "-").
Patient Age	IMPORTANT NOTE: Whole numbers only; no decimal points.
Weight (kg)	
Height (cm)	

Section 6: Drug Details																															
IMPORTANT NOTE																															
1. Remember! Please click the Add Drug button each time after you have completed all the columns for each suspected/interaction/concomitant drug.																															
<table border="1"> <thead> <tr> <th>Characterisation</th> <th>Product Name</th> <th>Active Ingredient</th> <th>Dose / Unit</th> <th>Dose Frequency</th> <th>Start Date</th> <th>End Date</th> <th>Reporter</th> </tr> </thead> <tbody> <tr> <td>Concomitant</td> <td>Hovac 10mg Tablet</td> <td>AMLODIPINE BESILATE</td> <td>10 mg milligram(s)</td> <td>1 DAY(s)</td> <td>13/04/2015</td> <td></td> <td>Reporter</td> </tr> <tr> <td>Suspected</td> <td>COVAPRIL TABLET 4MG</td> <td>PERINDOPRIL ERBUMINE</td> <td>4 Mg milligram(s)</td> <td>1 DAY(s)</td> <td>17/10/2016</td> <td>16/01/2017</td> <td>Reporter</td> </tr> </tbody> </table>								Characterisation	Product Name	Active Ingredient	Dose / Unit	Dose Frequency	Start Date	End Date	Reporter	Concomitant	Hovac 10mg Tablet	AMLODIPINE BESILATE	10 mg milligram(s)	1 DAY(s)	13/04/2015		Reporter	Suspected	COVAPRIL TABLET 4MG	PERINDOPRIL ERBUMINE	4 Mg milligram(s)	1 DAY(s)	17/10/2016	16/01/2017	Reporter
Characterisation	Product Name	Active Ingredient	Dose / Unit	Dose Frequency	Start Date	End Date	Reporter																								
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Suspected	COVAPRIL TABLET 4MG	PERINDOPRIL ERBUMINE	4 Mg milligram(s)	1 DAY(s)	17/10/2016	16/01/2017	Reporter																								
2. Please check if the drug details have been added to the table as shown above.																															

FIELD(s)	NOTES				
Dose; Dose Unit:	IMPORTANT NOTE: Whole numbers only; no decimal points. <table border="1"> <tr> <td>500 MG milligrams</td> <td>0.5 G grams</td> </tr> <tr> <td>500 µg micrograms</td> <td>0.5 MG milligrams</td> </tr> </table>	500 MG milligrams	0.5 G grams	500 µg micrograms	0.5 MG milligrams
500 MG milligrams	0.5 G grams				
500 µg micrograms	0.5 MG milligrams				
Dose Interval / Frequency; Dose Interval / Frequency Unit	OD: 1 DAY(s) BD: 12 HOUR(s) TDS: 8 HOUR(s) QID: 6 HOUR(s) STAT: Please state "STAT" at the "Reporter Comment" Column PRN: Please state "PRN" at the "Reporter Comment" Column				
Cumulative Dose/day	Total dose administered to the patient between therapy start date until first sign of the ADR.				
Indication	Please state the specific indication of the suspected drug e.g.: 'pneumonia due to <i>S. Pneumoniae</i> '- NOT 'infection' or 'antibiotic'; 'lower back pain'- NOT 'painkiller' or 'NSAID'.				
Reaction reappeared after reintroducing suspected drug	If Yes (i.e. the ADR reappeared after reintroducing drug), please describe the rechallenge fully (dose given, timing, brand used, etc.) under Section 5: Adverse Drug Reactions. Rechallenge: at least ONE (1) dose interval has been skipped with the patient recovering fully from the reaction(s) in that period.				
Concomitant	If the patient was NOT taking any concomitant drugs, please state " No concomitant drugs " at the "Reporter Comment" Column.				

Any further queries, please contact 03-7883 8466/5464, or email to: fv@npa.gov.my with the subject line: [ADR Online Reporting].

CHANGE IN INSULIN PEN



by Nurul Jannah

Over the years, HSNZ has supplied various types of insulin pen to the patients. Below are the types used previously and the current one (Insupen Pro).



Novopen 4



Allstar



Insupen Pro

AVAILABLE INSULIN



There are three main groups of insulins: Fast-acting, Intermediate-acting and Long-acting insulin.

Fast-acting insulin:

Is absorbed quickly from your fat tissue (subcutaneous) into the bloodstream. It is used to control the blood sugar during meals and snacks and to correct high blood sugars

e.g: **Insugen®-R Actrapid®**

Intermediate-acting insulin:

Is absorbed more slowly, and lasts longer, it is used to control the blood sugar overnight, while fasting and between meals

e.g: **Insugen®-N Insugen®-30/70 Mixtard® 30 Insulatard®**

Long-acting insulin:

Is absorbed slowly, has a minimal peak effect, and a stable plateau effect that lasts most of the day. It is used to control the blood sugar overnight, while fasting and between meals

e.g: Insulin Glargine, Insulin Detemir

Below are the types of insulin cartridge that are currently available at HSNZ:



■ Mixtard® 30 ■ Insulatard® ■ Actrapid®



■ Insugen®- 30/70 ■ Insugen®-N ■ Insugen®-R



NPH INTERMEDIATE INSULIN



REGULAR INSULIN



NPH PREMIXED INSULIN

DESCRIPTION OF INSULIN TYPE

Type of insulin	Pharmacokinetic profiles			
	Onset	Peak (hour)	Duration (hour)	Timing of insulin
NPH Intermediate-acting				
-Insulatard	1.5 hour	4-12	18-23	Pre-breakfast/ Pre-bed
-Insugen-N	1.5 hour	4-12	24	
SNI Short-acting, regular				
-Actrapid	30 minutes	1-3	8	30 mins before meal
-Insugen-R	30 minutes	2	6-8	
NPH Premixed insulin (30% regular insulin + 70% NPH)				
-Mixtard	30 minutes	Dual Dual	18-23	30-60 mins before meals
-Insugen 30/70	30 mins - 1 hour		10-12	

PENGENDALIAN KECEDERAAN TUSUKAN BENDA TAJAM DAN PERCIKAN BENDALIR BADAN



by Nur Amalina



Luka atau cedera akibat peralatan tajam di kalangan kakitangan kesihatan di persekitaran klinik semakin mendapat perhatian serius kebelakangan ini. Berdasarkan data yang diperolehi daripada Unit Kesihatan Pekerjaan (UKP), Kementerian Kesihatan Malaysia, bermula daripada tahun 1998 sehingga 2005, kecederaan akibat tusukan jarum adalah yang paling banyak berlaku di kalangan kakitangan kesihatan iaitu sebanyak 74.9% daripada kesemua kecederaan. Tertusuk secara tidak sengaja oleh jarum yang tercemar boleh menyebabkan cecair toksik termasuklah darah yang mengandungi virus boleh memasuki badan melalui kulit yang cedera. Walaupun ianya amat sedikit, akibatnya begitu besar kerana boleh menyebabkan berlakunya penyakit berjangkit seperti AIDS, hepatitis B dan Hepatitis C.

TINDAKAN SEGERA DI LOKASI/TEMPAT KEJADIAN

Tusukan Benda Tajam:

- Picit keluar darah di bawah aliran air paip

Percikan Bendalir Badan:

- Cuci dengan air dan sabun

Jika pada mata:

- Alirkan air berterusan/irigasi dengan Normal Saline

Jika di dalam mulut:

- Ludah dan berkumur

Lapor dengan segera (dalam masa 24 jam) kepada:

- Ketua Jururawat Wad
- Ketua Jururawat Oncall
- Ketua Jabatan yang berkaitan

Kenalpasti sumber darah/pesakit:

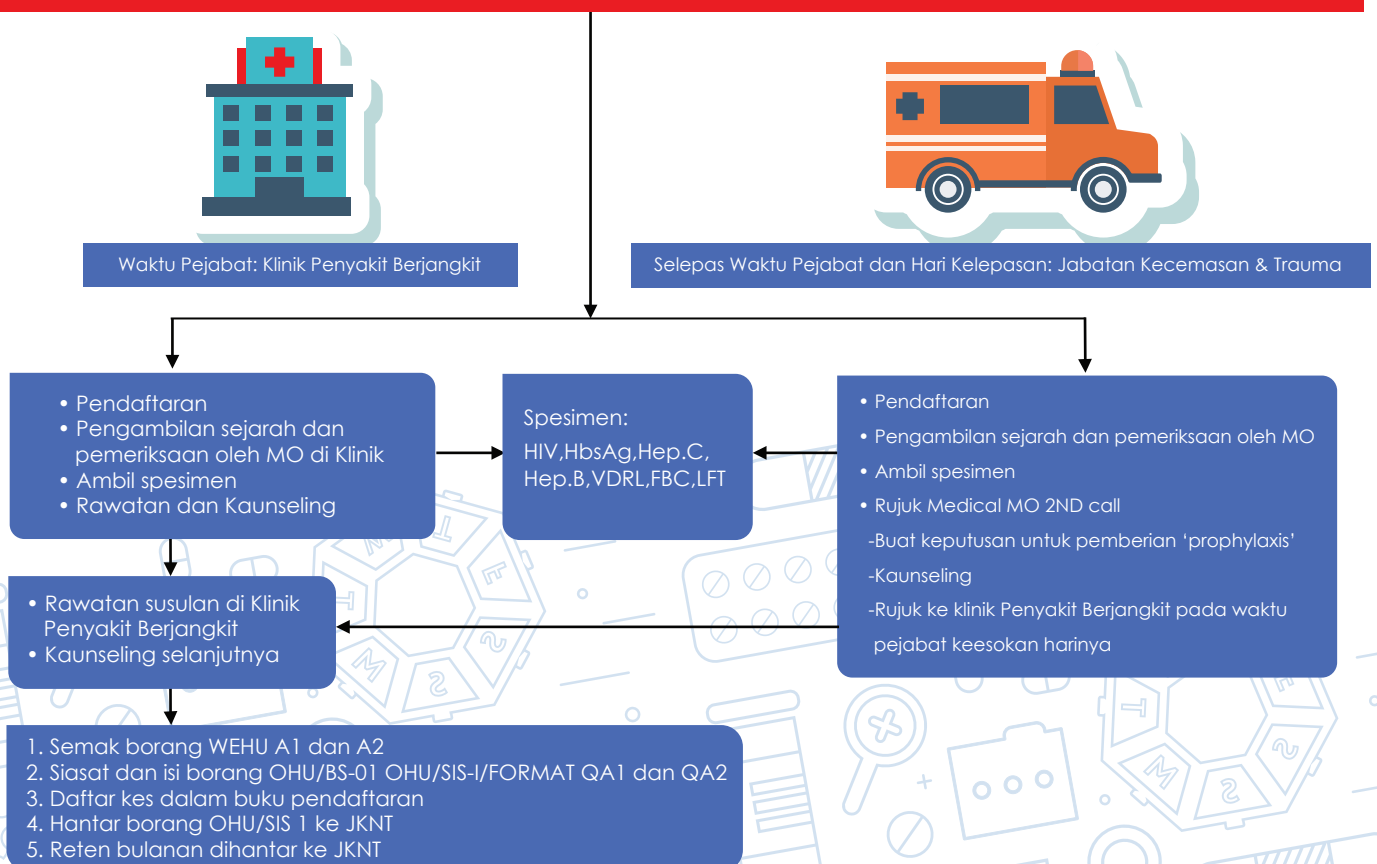
- Nilai risiko sumber/pesakit(IVDU/Dialisis)
- Ambil darah pesakit untuk HIV, Hep.C, Hep. B

Notifikasi :

- Melalui telefon ke UKP dalam masa 24 jam ext 2848/2040
- Isi borang WEHU A1 & WEHU A2 dan hantar ke UKP(dalam masa 48 jam)

Rujuk ke Klinik Penyakit Berjangkit/Jabatan Kecemasan (dalam masa 24 jam)

Carta alir pengendalian kecederaan tusukan benda tajam dan percikan bendalir badan



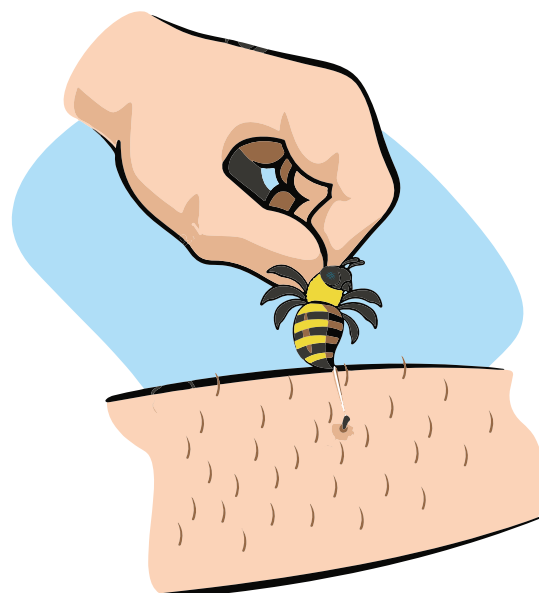
ANAPHYLACTIC SHOCK SECONDARY TO INSECT STINGS



by Toh Chin Chiang

There are a lot of insect sting admissions recently involving children to HSNZ, mainly due to hornets and bees sting. It usually causes local reactions such as pain, swelling and urticaria rashes. However, if left untreated, it can lead to serious anaphylactic reactions that requires emergency treatment. First line treatment of anaphylactic reactions includes:

- Securing the airway and restoration of blood pressure (BP) (laying the child flat and raising the legs or in the recovery position if unconscious)
- Intramuscular (IM) Adrenaline/Epinephrine; the dose should be repeated if necessary at 5 minute intervals according to BP, pulse and respiratory function



Age	Dose	Volume of Adrenaline(1mg/ml)
Child 1 month-5 years	180 micrograms	0.15ml 1 in 1000
Child 6-11 years	300 micrograms	0.3ml 1 in 1000
Child 12-17 years	500 micrograms	0.5ml 1 in 1000

- High-flow oxygen. If continued respiratory deterioration, treat with bronchodilators such as inhaled or intravenous (IV) Salbutamol, inhaled Ipratropium bromide, IV Aminophylline (5mg/kg. Max. per dose 500mg) or IV Magnesium Sulfate (40mg/kg, Max. per dose 2g, to be given over 20 minutes).

Dose of IV Salbutamol

Age	Dose
Child 1-23 months	5mcg/kg for 1 dose, administered over 5 minutes
Child 2-17 years	15mcg/kg for 1 dose(max 250mcg), administered over 5 minutes

- Intravenous fluids
- Antihistamine, such as IV/IM Chlorpheniramine maleate

Age	Dose
Child under 6 months	250micrograms/kg(max.2.5mg) repeated if required up to 4 times in 24 hours
Child 6months-6 years	2.5mg, repeated if required up to 4 times in 24 hours
Child 6-12 years	5mg ,repeated if required up to 4 times in 24 hours
Child 12-18 years	10mg, repeated if required up to 4 times in 24 hours

- IV/IM Corticosteroid such as Hydrocortisone sodium succinate

Age	Dose
Child 1-5 months	Initially 25mg 3 times a day, adjusted according to response.
Child 6months-5 years	Initially 50mg 3 times a day, adjusted according to response.
Child 6-11 years	Initially 100mg 3 times a day, adjusted according to response.
Child 12-17 years	Initially 200mg 3 times a day, adjusted according to response.

A. PERMOHONAN TAMBAHAN/PINDAAN KEPADA FUKKM YANG DILULUSKAN

BIL	NAMA UBAT	PINDAAN	LAMPIRAN
1.	Pneumococcal polysaccharide conjugate vaccine (adsorbed) 13-valent injection	Penyenaraian ubat baru	1
2.	Darbepoietin alfa 20mcg/0.5ml injection	Penyenaraian ubat baru	
3.	Darbepoietin alfa 40mcg/0.5ml injection	Penyenaraian ubat baru	
4.	Darbepoietin alfa 120mcg/0.5ml injection	Penyenaraian ubat baru	
5.	Nepafenac 0.1% ophthalmic solution	Penyenaraian ubat baru diluluskan dengan indikasi - <i>Reduction in the risk of postoperative macular oedema associated with cataract surgery in diabetic patients</i>	
6.	Empagliflozin 10mg tablet	Penyenaraian ubat baru	
7.	Empagliflozin 25mg tablet	Penyenaraian ubat baru	
8.	Mesalazine 1g/100ml enema	Tambahan kekuatan	
9.	Menotrophin (highly purified, multidose) 600IU injection	Tambahan kekuatan	2
10.	Urokinase 250,000 IU injection	Tambahan kekuatan	
11.	Leuprolide 22.5mg depot injection	Tambahan kekuatan	
12.	Azithromycin 250mg tablet	Pindaan kategori preskriber daripada A* kepada A/KK bagi indikasi – <i>Adult treatment of uncomplicated genital infections due to Chlamydia trichomatis or susceptible Neisseria gonorrhea</i>	3
13.	Urokinase 6,000 IU injection	Dimansuhkan daripada FUKKM	4
14.	Terbutaline 0.5mg/dose inhalation	Dimansuhkan daripada FUKKM	
15.	Rifampicin 150mg, Isoniazid 75mg & Pyrazinamide 400mg tablet	Dimansuhkan daripada FUKKM	
16.	Cyclopentolate 0.5% eye drops	Dimansuhkan daripada FUKKM	
17.	Pilocarpine 4% eye drops	Dimansuhkan daripada FUKKM	
18.	Molgramostim 300 mcg Injection	Dimansuhkan daripada FUKKM	
19.	Aluminium Hydroxide 600 mg tablet	Dimansuhkan daripada FUKKM	
20.	Calcitonin (synthetic salmon) 200 IU nasal spray	Dimansuhkan daripada FUKKM	
21.	Fusafungine 1% nasal spray	Dimansuhkan daripada FUKKM	
22.	Menotrophin (non- purified; single dose) 75IU injection	Dimansuhkan daripada FUKKM	
23.	Menotrophin (highly purified; single dose) 150IU injection	Dimansuhkan daripada FUKKM	
24.	Ketorolac Tromethamine 0.5% Eye drops	Dimansuhkan daripada FUKKM	
25.	Telmisartan/Amlodipine (80mg/5mg) tablet	Dimansuhkan daripada FUKKM	

BIL	NAMA UBAT	PINDAAN	LAMPIRAN
26.	Telmisartan/Amlodipine (80mg/10mg) tablet	Dimansuhkan daripada FUKKM	
27.	Losartan/Amlodipine (50mg/5mg) tablet	Dimansuhkan daripada FUKKM	
28.	Losartan/Amlodipine (100mg/5mg) tablet	Dimansuhkan daripada FUKKM	
29.	Valsartan/Amlodipine (160mg/10mg) tablet	Dimansuhkan daripada FUKKM	
30.	Valsartan/Amlodipine (160mg/5mg) tablet	Dimansuhkan daripada FUKKM	
31.	Amlodipine/Valsartan/HCTZ (5/160/12.5mg) tablet	Dimansuhkan daripada FUKKM	
32.	Amlodipine/Valsartan/HCTZ (10/160/25mg) tablet	Dimansuhkan daripada FUKKM	
33.	Amlodipine/Valsartan/HCTZ (10/160/12.5mg) tablet	Dimansuhkan daripada FUKKM	
34.	Irbesartan 150mg tablet	Dimansuhkan daripada FUKKM (bersyarat)	
35.	Irbesartan 300mg tablet	Dimansuhkan daripada FUKKM (bersyarat)	
36.	Recombinant factor VIII (octocog alfa) 250 IU & 500IU injection	Pindaan nama generik	5
37.	White Petroleum Anhydrous Liquid Landin, Mineral Oil eye ointment	Pindaan nama generik	
38.	Hypromellose 0.3% Eye Drops	Pindaan nama generik	
39.	Hypromellose 0.3%, Carbomer 980 ophthalmic gel	Pindaan nama generik	
40.	Paradichlorobenzene, Turpetine Oil and Chlorbutol ear drops	Pindaan nama generik	
41.	Valsartan 80mg & 160mg tablet	Pemansuhan indikasi "hypertension"	6

