PHARMACY & THERAPEUTICS COMMITTEE

Meeting Minutes

February 2026 – Consent Only

AGENDA ITEM	DISCUSSION	ACTION / CONCLUSION / RECOMMENDATION	RESPONSIBLE PARTY
Call to Order			
A. MMC P&T Minutes	Members were asked to approve the MMC P&T Committee meeting minutes from January 2026	Motion by R Miller second support from T Adams, email support from committee members	
B. Ancillary Meeting Minutes	1. MMC P&T Subcommittee no minutes this month 2. MHC System P&T Meeting Minutes: January 2026 (link)	Informational	
Consent Agenda Items			
C. Consent Agenda Items	MHC Policy and PowerPlans - New and Updated: 1. Policies: Pharmacy and Hospital Operations and Clinical a. Antibiotic Prophylaxis in Interventional Radiology Procedures i. Narrowed allergy criteria for use of cefazolin b. Antibiotic Prophylaxis Surgical Orders – Adult i. Minor changes c. Antibiotic Prophylaxis Surgical Orders – Pediatric i. Add reference to adult protocol for beta lactam allergies d. IV to Oral Conversion Program i. Updated with antibiotic substitutions previously approved by P&T 2. MHC Sys P&T approved of two new outsourced compounding vendors	For Information only – Approved at System P&T (See MHC System P&T January minutes (link))	H Tolfree
New/Old Business			
D. Opioid Withdrawal Treatment and Induction	Protocol for management/induction therapy using buprenorphine for patients with OUD experiencing withdrawal. Includes options for immediate or delayed initiation, and home management. Changing dicyclomine PRN indication from diarrhea to abdominal cramping.	Informational - Approved at System P&T (link)	J Botsford
E. Heparin Infusion Protocol - Adult	There are disparities in how heparin is managed throughout the system. Plan for pharmacy to assume responsibility for all heparin dosing with go live February17th. PowerPlan, policy, and protocol discussed.	Informational - Approved at System P&T (link)	E Warner
F. Cardiac Cath and PCI PowerPlan Update (attached)	Cardiology has asked for some updates to the Cardiac Catheterization and PCI PowerPlan in regards to the pre-procedure hydration. Review and approved by Hope Broxterman, PharmD	Motion by R Miller second support from T Adams, email support from committee members	H Broxterman
Formulary Changes			
G. HMG-CoA Reductase Inhibitor Formulary Changes (attached)	Proposal to remove pravastatin and add rosuvastatin to formulary	Motion by R Miller second support from T Adams, email support from committee members	B Beaman
Periodic Reports			
H. Pharmacist Intervention (attached)	Kudos to those staff on the time 10 list!	Informational	H Tolfree

Next Meeting	The next meeting is scheduled for 3/2/2026 via Microsoft Teams and in person in Dining Room 2.

The information contained herein is confidential and privileged to the greatest extent permitted by law, and is intended solely for patient safety improvement and/or professional review-related purposes.

Unique Plan Description: Cardiac Catheterization and PCI - M
Plan Selection Display: Cardiac Catheterization and PCI
PlanType: Medical
Version: 7
Begin Effective Date: 1/25/2025 1/25/2025 2:52
End Effective Date: Current
Available at: ***MMC***

Pre-Catheterization Orders
Non Categorized

☑ Consent for
Cardiac Catheterization and/or PCI, Print additional armband and give to nurse to ensure bilateral armband is in place. (DEF)*
Coronary Intervention, Print additional armband and give to nurse to ensure bilateral armband is in place.
Renal Angiogram with possible stent
Right Heart Catheterization, Print additional armband and give to nurse to ensure bilateral armband is in place.
Cardiac Cath and/or PCI with Right Heart Catheterization, Print additional armband and give to nurse to ensure bilateral armband is in place.
Coronary Catheterization Only, print additional armband and give to nurse to ensure bilateral armband is in place.
Peripheral Angiogram and/or PTA
Arch Aortogram with 4 vessel run off
Carotid Angiogram
Upper Extremity Angiogram
Upper Extremity Angiogram with PTA
Lower Extremity Angiogram
Lower Extremity Angiogram with PTA
Mesenteric Angiogram with or without PTA
Abdominal Aortagram with or without Run Off
Abdominal Aortagram with or without PTA

☑ Planned Access Site
Planned Access Site: Femoral - Right (DEF)*
Planned Access Site: Femoral - Left
Planned Access Site: Radial - Right, A6 staff to perform the modified Allen's test prior to procedure. Start IV in opposite arm of planned radial access or move existing IV out of the target zone.
Planned Access Site: Radial - Left, A6 staff to perform the modified Allen's test prior to procedure.
Planned Access Site: Brachial - Right, A6 staff to perform modified Allen's test prior to procedure. Start IV in opposite arm of planned radial access or move existing IV out of the target zone.
Planned Access Site: Brachial - Left, A6 staff to perform the modified Allen's test prior to procedure.
Planned Access Site: Popliteal - Right
Planned Access Site: Popliteal - Left
Planned Access Site: Internal Jugular - Right
Planned Access Site: Internal Jugular - Left

☑ Cath Lab / EP Procedures
T;N
*Comments: ****If patient is female and between menarche and menopause, complete a pregnancy test per protocol. See attached reference text.****

Patient Care

☑ Nursing - Pre-Cath PREP Instructions
*****See Reference Text*****

☑ Convert IV to Int Lock - when taking oral fluids well

☑ Pain Management Tips - Reference Text

☑ Fluid (specify)
500 mL oral fluid bolus to be complete ON CALL

Activity

☐ Bladder Scanner Protocol
Follow Bladder Scanner Protocol

Diet/Nutrition

- [x] NPO - Cath Lab Hydration Protocol
  T;N, NPO
  NPO after Midnight
- [ ] ~~NPO after Midnight~~
  ~~*T+1;0001, NPO*~~
- [ ] NPO
  T+1;0600, NPO Except Meds with Sips of Water (DEF)*
  Comments: No trays ordered from dietary department starting at 0600, but patient may have clear liquid breakfast with nurse provided clear liquids from unit pantry until 0830. After 0830 patient to be NPO except meds with sips of water
  NPO Except Meds with Sips of Water

Laboratory

- [ ] Nurse to Order Lab Test in Future Task
  qShift (8hr), Nurse to order: CBC, BUN, Creatinine, PT, PTT, and Potassium on day of procedure

AM LABS

- [ ] CBC w/o Diff
  Blood, Collect Am Draw, ONCE
- [ ] BUN
  Blood, Collect Am Draw, ONCE
- [ ] PT
  Blood, Collect Am Draw, ONCE
- [ ] PTT
  Blood, Collect Am Draw, ONCE
- [ ] Potassium Level
  Blood, Collect Am Draw, ONCE
- [ ] Creatinine
  Blood, Collect Am Draw, ONCE

Cardiology

- [x] EKG PRN (nsg)
  PRN in CCL
- [ ] Electrocardiogram - M
  STAT, Once if not done within the last month

Continuous Infusions

Note to provider: Review potential nephrotoxic drugs: NSAIDS (excluding aspirin), diuretics, ACE inhibitors, Metformin, Vancomycin, aminoglycoside antibiotics, anti-rejection medications.(NOTE)*
Note to provider: If pre-selected IV infusion below are un-checked, Provider must select individual preferred hydration plan.(NOTE)*

- ~~[x]~~ [ ] Sodium Chloride 0.9% IV SOLN
  1,000 mL, IV, Give 1.5 mL/kg/hr x 2 hours then ~~KVO~~ 10mL/hr
  Comments: For PREHYDRATION: Infusion to be completed prior to start of catheterization, convert to ~~KVO a~~ 10mL/hr after infusion complete.
- [x] Sodium Chloride 0.9% IV SOLN
  500 mL, IV, Give 300 mL bolus, then 50 mL/hr X 4hr.
- [ ] Sodium Chloride 0.9% IV SOLN
  1,000 mL, IV, 100 mL/hr x ______hours
  Comments: This line is to have no medications in it or piggybacked to it. If cath procedure time unknown start fluids at midnight.

Medications

- [x] Hold Metformin
  Hold Metformin - see comments, Note, Note, BIDWM, 48 hour(s)
  Comments: Hold Metformin day of procedure and for at least 48 hours post-procedure if patient is to receive contrast and patient is on Metformin.Nurse - If patient is scheduled to receive or receives contrast during a procedure and Metformin is scheduled to be administered before and/or within 48 hours post-procedure, please contact a pharmacist to have the Metformin order discontinued and re-entered with an appropriate start date/time.

For patients on oral anticoagulants dabigatran (Pradaxa), rivaroxaban (Xarelto), or apixaban (Eliquis) the following are recommendations to stop the medication prior to high risk bleeding procedures. If patient is on

dabigatran (Pradaxa) prior to cath it had been stopped for - 3 days in patients with CrCl greater than 50ml/min - 4 days in patients with CrCl 30-50mL/min - 6 days in patients with CrCl less than 30 mL/min If patient is on rivaroxaban (Xarelto) prior to cath it has been stopped for - 2 days in patients with CrCl greater than 50 mL/min - 3 days in patients with CrCl less than 50 mL/minIf patient is on apixaban (Eliquis) prior to cath it has been stopped for - 3 days in patients with CrCl great than 50 mL/min - 4 days in patients with CrCl less than 50 mL/min(NOTE)*

☑ Cardiac - Nursing Anticoagulation Prior to Procedure

D/C Heparin Drip, Enoxaparin,or Fondaparinux, Note, Note, q4hSTD, NOW (DEF)*

Comments: Pre-Procedure Cardiac Cath/PCI - directions to nurse for patient on Heparin Infusion:1. Nurse to stop Heparin Infusion when patient transfers to CCL2. D/C Heparin Powerplan3. D/C this note. (For patients on subcutaneous heparin for DVT prophylaxis- continue subcutaneous heparin pre procedure)- For patients on low molecular weight heparin (enoxaparin or dalteparin) or fondaparinux stop drug 24 hours prior to procedure - INSTRUCTIONS: Once procedure date and time are determined, nurse to modify stop time to stop drug 24 hours prior to procedure. THEN D/C this note

Continue Current Heparin Drip to CCL, Note, Note, q4hSTD, NOW

Comments: Pre-Procedure Cardiac Cath/PCI - directions to nurse:1. Continue Current Heparin Drip to CCL2. Once patient leaves floor D/C Heparin Powerplan3. D/C this note

Anxiolytic

☐ Valium TAB

5 mg, Oral, Tab, ON CALL, 72 hour(s) (DEF)*

Comments: Give 1-2 hours prior to procedure

2.5 mg, Oral, Tab, ON CALL, 72 hour(s)

Comments: Give 1-2 hours prior to procedure

10 mg, Oral, Tab, ON CALL, 72 hour(s)

Comments: Give 1-2 hours prior to procedure

Contrast Allergy

☐ Contrast Allergy.(SUB)*

Post-Catheterization Orders

Non Categorized

☑ Code Status

☐ Nurse Facilitated Discharge - OPE - POST CATH PCI PVI(SUB)*

☐ Post Femoral Cath - M(SUB)*

☐ Post Radial Cath - M(SUB)*

☐ Post Brachial Cath - M(SUB)*

☐ Post Venous Cath - M(SUB)*

☐ Post Tibial Cath - M(SUB)*

☐ Pacemaker Transvenous(SUB)*

☑ MACRA Quality Measure Patient Encounter

Continuous Infusions

Note to provider: : If pre-selected IV infusion below are un-checked, Provider must select individual preferred hydration plan.(NOTE)*

☑ Sodium Chloride 0.9% IV SOLN

1,000 mL, IV, Give 5 mL/kg/hr x 4 hours then int lock (DEF)*

Comments: POST CATH HYDRATION: based on LVEDP less than 13. Convert to intermittent lock when infusion complete

1,000 mL, IV, Give 3 mL/kg/hr x 4 hours then int lock

Comments: POST CATH HYDRATION: based on LVEDP 13-18. Convert to intermittent lock when infusion complete

1,000 mL, IV, Give 1.5 mL/kg/hr x 4 hours then int lock

Comments: POST CATH HYDRATION: based on LVEDP greater than 18. Convert to intermittent lock when infusion complete

☐ Sodium Chloride 0.9% IV SOLN

1,000 mL, IV, Give 100 mL/hr x 4 hours then int lock (DEF)*

Comments: Convert to intermittent lock when IV finished

1,000 mL, IV, Give 150 mL/hr x 4 hours then int lock

Comments: Convert to intermittent lock when IV finished

1,000 mL, IV, Give 75 mL/hr x 4 hours then int lock

Comments: Convert to intermittent lock when IV finished

☐ Intermittent Lock - Peripheral Saline Flush(SUB)*

Medications

☑ Hold Metformin

Hold Metformin - see comments, Note, Note, BIDWM, 48 hour(s)

Comments: Hold Metformin day of procedure and for at least 48 hours post-procedure if patient is to receive contrast and patient is on Metformin.Nurse - If patient is scheduled to receive or receives contrast during a procedure and Metformin is scheduled to be administered before and/or within 48 hours post-procedure, please contact a pharmacist to have the Metformin order discontinued and re-entered with an appropriate start date/time.

☐ Continue Integrilin

1 Note, Note, Once

Comments: If Integrilin ordered in Cath Lab, continue Integrilin as ordered

Antiplatelets

☐ aspirin

81 mg, Oral, Tab Chew, DailyWM

Comments: Give with food if able.

Low-Molecular-Weight Heparin

☐ Lovenox

Indication: Other, 1 mg/kg, Subcut, Syringe, q12hr, Start T+1;N (DEF)*

Comments: Start in 24 hours

Indication: Other, 1 mg/kg, Subcut, Syringe, q12hr, Start T;N+720

Comments: Start in 12 hours

Oral Anticoagulants

☐ Pharmacy to Dose - Warfarin

Medication to Dose: Coumadin

☐ PT

Blood, Collect Am Draw, T+1;0330, Daily Lab, for 3 day(s)

☐ Pradaxa

Indication: VTE Prophylaxis, 150 mg, Oral, Cap, BID (DEF)*

Comments: Stop IV Heparin prior to first dose; Stop Subcut Heparin/LMWH and start dabigatran within 2 hours of next scheduled dose

Indication: VTE Prophylaxis, 75 mg, Oral, Cap, BID

Comments: Lower dose for reduced renal function CrCl < 30 mL/min; Stop IV Heparin prior to first dose; Stop Subcut Heparin/LMWH and start dabigatran within 2 hours of next scheduled dose

Pain

☐ Norco 5 mg-325 mg oral tablet

1 to 2 tab, Oral, Tab, q4hr, PRN Mild-Moderate Pain

Comments: Pain score 1-3, administer 1 tab. May repeat this dose ONCE after 60 min if pain score remains 1-3. If last cumulative dose of 2 tabs was most effective, may administer 2 tabs at the next dosing interval.Pain score 4-6, administer 2 tabs.Do not exceed 4 grams acetaminophen in 24 hours.

Post-PCI Orders

Non Categorized

☑ Code Status

☐ Same Day Discharge from A6(SUB)*

☐ Nurse Facilitated Discharge - OPE - POST CATH PCI PVI(SUB)*

☐ PCI Femoral(SUB)*

☐ PCI Radial(SUB)*

☐ PCI Brachial(SUB)*

☐ PCI Tibial(SUB)*

☑ MACRA Quality Measure Patient Encounter

Laboratory

AM LABS

☑ Creatinine

Blood, Collect Am Draw, ONCE

☑ Hemoglobin

Blood, Collect Am Draw, ONCE

Continuous Infusions

Note to provider: : If pre-selected IV infusion below are un-checked, Provider must select individual preferred hydration plan.(NOTE)*

☑ Sodium Chloride 0.9% IV SOLN

1,000 mL, IV, Give 5 mL/kg/hr x 4 hours then int lock (DEF)*

Comments: POST CATH HYDRATION: based on LVEDP less than 13. Convert to intermittent lock when infusion complete

1,000 mL, IV, Give 3 mL/kg/hr x 4 hours then int lock

Comments: POST CATH HYDRATION: based on LVEDP 13-18. Convert to intermittent lock when infusion complete

1,000 mL, IV, Give 1.5 mL/kg/hr x 4 hours then int lock

Comments: POST CATH HYDRATION: based on LVEDP greater than 18. Convert to intermittent lock when infusion complete

☐ Sodium Chloride 0.9% IV SOLN

1,000 mL, IV, Give 100 mL/hr x 4 hours then int lock (DEF)*

Comments: Convert to intermittent lock when IV finished

1,000 mL, IV, Give 150 mL/hr x 4 hours then int lock

Comments: ~~KVO~~. Convert to intermittent lock when IV finished

1,000 mL, IV, Give 75 mL/hr x 4 hours then int lock

Comments: Convert to intermittent lock when IV finished

☐ Intermittent Lock - Peripheral Saline Flush(SUB)*

Medications

☑ Hold Metformin

Hold Metformin - see comments, Note, Note, BIDWM, 48 hour(s)

Comments: Hold Metformin day of procedure and for at least 48 hours post-procedure if patient is to receive contrast and patient is on Metformin.Nurse - If patient is scheduled to receive or receives contrast during a procedure and Metformin is scheduled to be administered before and/or within 48 hours post-procedure, please contact a pharmacist to have the Metformin order discontinued and re-entered with an appropriate start date/time.

☐ Continue Integrilin

1 Note, Note, Once

Comments: If Integrilin ordered in Cath Lab, continue Integrilin as ordered

Antiplatelets

☑ Note

1 Note, Note, Once

Comments: Nurse to ensure patient is on dual antiplatelet therapy with Aspirin AND either Clopidogrel, Prasugrel or ticagrelor post pci. If not contact provider for order. This note may be D/C'd if patient has orders for dual antiplatelet therapy.

☑ aspirin

81 mg, Oral, Tab Chew, DailyWM

Comments: Start tomorrow. Give with food if able.

☑ Plavix

75 mg, Oral, Tab, Daily, Start T+1;0500

☐ Plavix

300 mg, Oral, Tab, Once, STAT

☐ Brilinta (ticagrelor)

90 mg, Oral, Tab, BID

Comments: Start 12 hours after loading dose. If combined with aspirin, the aspirin dose should be 81 mg po daily.

☐ Brilinta (ticagrelor)

180 mg, Oral, Tab, Once, STAT

~~*Comments: Non-formulary; stocked in ED only for loading dose prior to transfer to higher level of care.*~~

Effient (prasugrel) is contraindicated in patients with pathological bleeding, history of TIA or CVA, and age over 75 years. For patient weight 60 kg or less dose should be reduced to 5 mg.(NOTE)*

☐ Effient

*10 mg, Oral, Tab, Daily, **Restricted to Cardiology* (DEF)*

Comments: Reduce dose to 5 mg weight less than 60kg. Not recommended in patients over

the age of 75 years

*5 mg, Oral, Tab, Daily, **Restricted to Cardiology*

Comments: Reduce dose to 5 mg weight less than 60kg.   Not recommended in patients over the age of 75 years

Low-Molecular-Weight Heparin

☐ Lovenox

Indication: Other, 1 mg/kg, Subcut, Syringe, q12hr, Start T+1;N (DEF)*

Comments: Start in 24 hours

Indication: Other, 1 mg/kg, Subcut, Syringe, q12hr, Start T;N+720

Comments: Start in 12 hours

Oral Anticoagulants

☐ Pharmacy to Dose - Warfarin

Medication to Dose: Coumadin

☐ PT

Blood, Collect Am Draw, T+1;0330, Daily Lab, for 3 day(s)

☐ Pradaxa

Indication: VTE Prophylaxis, 150 mg, Oral, Cap, BID (DEF)*

Comments: Stop IV Heparin prior to first dose; Stop Subcut Heparin/LMWH and start dabigatran within 2 hours of next scheduled dose

Indication: VTE Prophylaxis, 75 mg, Oral, Cap, BID

Comments: Lower dose for reduced renal function CrCl less than 30 mL/min; Stop IV Heparin prior to first dose; Stop Subcut Heparin/LMWH and start dabigatran within 2 hours of next scheduled dose

Pain

☐ morphine IVPush

2 to 4 mg, IVPush, Inject, q2hr, PRN Severe Pain

Comments: Pain score 7-10, administer 2 mg, may repeat this dose ONCE after 15 min if pain score remains 7-10.   If last cumulative dose of 4 mg was most effective, may administer 4 mg at the next dosing interval.

☐ Norco 5 mg-325 mg oral tablet

1 to 2 tab, Oral, Tab, q4hr, PRN Mild-Moderate Pain

Comments: Pain score 1-3, administer 1 tab.   May repeat this dose ONCE after 60 min if pain score remains 1-3.   If last cumulative dose of 2 tabs was most effective, may administer 2 tabs at the next dosing interval.Pain score 4-6, administer 2 tabs.Do not exceed 4 grams acetaminophen in 24 hours.

System Auto-Generated

☐ Last Plan Review Date

***Report Legend:**

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase

Rosuvastatin Formulary Addition SBAR

Situation: Rosuvastatin and pravastatin formulary status was reviewed

Background:

- Atorvastatin and pravastatin are the only statins on formulary
- All other statins are auto substituted to atorvastatin. If patient has a documented allergy to atorvastatin, then pravastatin is the preferred option.
- Rosuvastatin and pravastatin are hydrophilic. This results in lower overall tissue penetration and confines the statin to the liver. This in turn lessens common adverse events associated with lipophilic statins such as atorvastatin.[1,2]
- The American College of Cardiology recognizes atorvastatin 40-80 mg and rosuvastatin 20-40 mg as high intensity statins (>50% LDL reduction). Pravastatin is classified as moderate intensity (30-49% LDL reduction) even at the maximum 80 mg dose.[3]
- The ACC recommends maximally tolerated statin therapy as secondary prevention in all patients with clinical ASCVD. High intensity statins are the recommended initial therapy in all patients <75 years of age with low ASCVD risk and in all patients regardless of age with very high risk[3].
- The ACC recommends high intensity statins for primary prevention in all patients with LDL >190 or high ASCVD risk >20%[3]
- Rosuvastatin has the highest bonding interactions with HMG-CoA reductase, making it the most potent inhibition of cholesterol synthesis currently available.[2]
- Rosuvastatin has greater LDL reduction than pravastatin and similar safety profile[4,5]
- Like pravastatin, rosuvastatin is not significantly metabolized by CYP3A4 (minor CYP2C9), lowering interaction risk vs atorvastatin when CYP3A4 inhibitors are coadministered[,6]
- Rosuvastatin has a maximum dose of 10 mg in severe renal dysfunction (CrCl <30 ml/min)[7]
- Rosuvastatin became generic in 2016 and is now the second most prescribed statin behind atorvastatin
- Pravastatin and rosuvastatin are now equally affordable with current Redbook average WAC pricing of $0.20 and $0.19 per tablet respectively.[7]

Assessment:

- Rosuvastatin is more efficacious than pravastatin and has a similar safety profile
- Formulary addition of rosuvastatin is no longer prohibited by cost
- With the current formulary limited to atorvastatin and pravastatin, patients who take rosuvastatin due to intolerance to lipophilic statins, cannot continue a high-intensity statin regimen during hospitalization.
- Replacing pravastatin with rosuvastatin will better align with current prescribing trends and guideline recommendations
- Adding rosuvastatin to formulary will streamline home medication continuation, decrease medication reconciliation errors, and improve continuity of care.
- Financial analysis: full conversion from atorvastatin to rosuvastatin would increase cost across MHC by approximately $68,000

Recommendation:

- Add rosuvastatin to formulary

Rosuvastatin Formulary Addition SBAR

- Remove pravastatin from formulary, auto substitute orders to rosuvastatin with the following conversion[3]

	Pravastatin Home Dose	Proposed Rosuvastatin substitute dose
Moderate intensity	**80 mg**	**10 mg**
Moderate intensity	**40 mg**	**5 mg**
Low intensity	**≤20 mg**	**5 mg (lowest available dose)**

- Make rosuvastatin the preferred substitution in patients with intolerance to atorvastatin
- Implement renal dosing and standard drug interaction alerts

References:

1. Climent E, Benaiges D, Pedro-Botet J. Hydrophilic or Lipophilic Statins?. *Front Cardiovasc Med*. 2021;8:687585. Published 2021 May 20. doi:10.3389/fcvm.2021.687585
2. Rosuvastatin: A new HMG-CoA reductase inhibitor for the treatment of hypercholesterolemia. *Cleveland Clinic MedEd.* 2003. https://www.clevelandclinicmeded.com/medicalpubs/pharmacy/novdec2003/rosuvastatin.htm
3. Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol. *J Am Coll Cardiol.* 2019;73(24):e285-e350. doi:10.1016/j.jacc.2018.11.003
4. Yamazaki T, Kurabayashi M; ASTRO-1 Study Group. A Randomized Controlled Study to Compare the Effects of Rosuvastatin 2.5 mg and Pravastatin 10 mg on the Plasma Lipid Profile in Japanese Patients with Hypercholesterolemia (ASTRO-1). *Ann Vasc Dis*. 2009;2(3):148-158. doi:10.3400/avd.AVDoa090017
5. Brown WV et al., “Efficacy and safety of rosuvastatin compared with pravastatin and simvastatin in patients with hypercholesterolemia” Am Heart J. 2002;144(6):1036-43
6. Neuvonen PJ, Niemi M, Backman JT. Drug interactions with lipid-lowering drugs: mechanisms and clinical relevance. *Clin Pharmacol Ther*. 2006;80(6):565-581. doi:10.1016/j.clpt.2006.09.003
7. Lexicomp Online, Hudson, OH: Wolters Kluwer Health, Inc.; *Rosuvastatin Monograph.* Accessed October 30, 2025.

H. Interventions – 11/2025

Heidi Davidson

Medication Clarification

60 yo f preop orders for Enoxaparin 40mg sq preop, patient weight=43kg, called provider and got order adjusted to enoxaparin 30mg sq x1.

Philip DiMondo

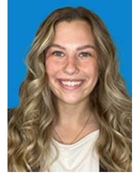
Anticoagulation

Heparin transition to apixaban, review timing, removed heparin powerplan, dc of future labs to prevent error/resource stewardship.

Philip DiMondo

Anticoagulation

Apixaban started; heparin infusion left active. dc heparin and powerplan and future labs for safety and stewardship purposes, ensured safe transition from anticoagulants.



Cayman Dulz

Antibiotic Stewardship

Patient was on vanco over weekend and awaiting negative MRSA swab to d/c, noticed it hasn't been collected since 12/13 on admission, cancelled and reordered MRSA swab stat, came back negative and was able to d/c vanco.

Cayman Dulz

Medication Clarification

Noticed patient was receiving both stress dose steroids and home chronic steroids at the same time, recommended d/c'ing stress dose steroids and continuing on home therapy since patient was hemodynamically stable

Noel Nerbonne

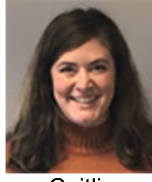
Medication Clarification

Patient on Quetiapine and metoclopramide ordered. Due to chance of dopamine Extrapyramidal side effects. stopped Metoclopramide

Tricia Strom

Drug Therapy Optimization

3% Saline bolus and infusion ordered by admitting - advised nurse to redraw BMP and wait for results before starting. labs resulted with appropriate sodium correction. 3% discontinued - order changed to saline.



Caitlin Taylor

Medication Clarification

Dietician ordering large changes to electrolytes in TPN. Reviewed labs and could not justify changes. Discussed with dietician, she had entered many quantities in error.

Nick Torney

Antibiotic Stewardship

Recommended to d/c prophylactic rifampin s/p shoulder hardware explant in a patient on apixaban, which can reduce apixaban levels up to 50%.

Zack Zawacki

Drug Therapy Optimization

High incidence of hypophosphatemia (38%) with Teclistimab, and the patient's phosphorus has been trending down following the first ramp-up dose 2 days ago. Reached out to add supplementation, and recommendation was accepted.

The information contained herein is confidential and privileged to the greatest extent permitted by law, and is intended solely for patient safety improvement and/or professional review-related purposes.

H. Interventions – 12/2025

Andy Biskupski

Anticoagulation

Patient was on out of hospital arrest secondary to STEMI and received TNKase + aspirin at outside facility Noted no aspirin was ordered on admission and patient possibly going for heart cath today, added aspirin per provider request.

Heidi Davidson

Medication Clarification

42 yo f with Crohn's on Duloxetine, noticed Linezolid dc'd upon admit, called provider and educated re: okay to be on Duloxetine, upon the provider ok'd restarting home med, preventing withdrawal.

Heidi Davidson

Medication Clarification

55 yo f with lung ca requiring LP, provider did not realize patient on Apixaban, orders adjusted along with timing of LP.

Heidi Davidson

Drug Therapy Optimization

54 yo m with PE only on Heparin for one day...provider wrote for Pradaxa which requires Enoxaparin x5 days before switching to Pradaxa, contacted provider and Enoxaparin ordered.

Philip DiMondo

Discharge Assistance

Patient transferred from A7 to rehab, dose of diltiazem increased for afib from 180 to 240 just this AM; this change was not reflected in discharge documentation; contacted provider and ended up making changes just before transfer

Aleah Hunt

Antibiotic Stewardship

Patient started on ceftriaxone for possible throat and neck infection. Patient only on GN and minimal GP coverage. Recommended adding oral anerobic coverage based on source of infection. Provider agreed and metronidazole added to regimen.

Aleah Hunt

Drug Information Question

Patient was in AV block and on hydroxychloroquine. Hydroxychloroquine can lead to conductivity issues, so I recommended suspending and provider agreed.

Ashley Wischmeyer

Drug Information Question

Azithromycin ordered for persistent wheeze w/ COPD exacerbation/?CAP. Patient takes clozapine 300 mg TDD. Discussed QT prolongation risk, swapped to doxycycline 100 mg BID.

Ashley Wischmeyer

Antibiotic Stewardship

DFI with wound growing MSSA and Kleb aerogenes, susceptible. Reached out to hospitalist as ID not consulted. Okay with de-escalation to cefazolin + metronidazole as aerobic culture in progress.

Bradley Wuthrich

Drug Therapy Optimization

R-CHOP ordered for lymphoma for a patient on amio. Cat X w/ doxorubicin/vincristine. Alerted onc and gave several alternatives, change to R-CEPP. Downstate cardiologist contacted to clarify amio dose/alternatives to enable use of optimal chemo in the future.

The information contained herein is confidential and privileged to the greatest extent permitted by law, and is intended solely for patient safety improvement and/or professional review-related purposes.