

# CALIFORNIA NORTHSTATE UNIVERSITY CSC CASE

SNPhA/Kroger Clinical Skills Competition  
Sacramento, California

March 10, 2017

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## 2017 Region III, IV, & V Patient Counseling Competition Case | Sacramento, CA

**Case Date:** March 10, 2017

### **Patient Background**

You and your partner are the pharmacists on duty today at Kroger pharmacy. It has been a busy day; you still have 60 prescriptions to check in the queue and one technician went home sick. Your intern is at drop off finishing up with a customer. Zachary Mento is a grumpy 55 y/o caucasian obese male that gets his prescriptions filled at your pharmacy. He never asks questions at the register and does an adequate job of taking care of himself since his wife's death 3 months ago. He seems to get more confused when he has multiple pills to take. Today he looks pleasant, but a little sunburned, and has lost considerable weight. He patiently waits in line for you to acknowledge him. In his hands he holds a bag of lightly salted popcorn, 2 bananas, a 100-count bottle of ibuprofen, and a new prescription. Your partner pulls up his profile and see's the history below. You call him up to the counter. He verifies his address and DOB, and then explains that Dr. Potter did a D-dimer test and ultrasound to diagnose him with a DVT. He has come to pick up his prescriptions. [This is where you will begin your counseling session].

### **Medication Profile**

Medication List	Quantity	Last Fill	Status	Cost	Prescriber
Warfarin 5mg 1PO every MWF	12	First Fill	Ready for pick up	\$10	Potter
Warfarin 2.5mg 1PO every TRSS	16	First Fill	Ready for pick up	\$10	Potter
Lisinopril 10mg 1PO Qday	30	Fifth Fill 2/9/17	Picked up 2/9		Smith
Contrave 8mg/90mg 2PO BID	120	Second Fill 3/7/17	Ready for pick up	\$50	Smith
Ezetimibe 10mg 1PO Qday	30	Fourth Fill 2/27/17	Picked up 2/28		Smith

### **Patient Characteristics**

**Occupation:** Computer programmer (works from home)

**Alcohol:** 3 beers weekly

**Smoking:** (-)

**Family:** Widower, 2 adult children

**Diet:** Tries to eat a healthy diet, has increased vegetable intake and decreased carbohydrate intake

**Attitude:** Normally grumpy, today surprisingly pleasant

**Exercise:** Walks twice weekly (an increase from none)

**Illicit Drug Use:** (-)

**PMH:** Hypertension, dyslipidemia, obesity

**Allergies:** Penicillin- Hives

**Vaccination History:** Up to date

**INR:** 2.3

### **Clinical Counseling Pearls**

- Counsel on prescribed medications and any added OTCs/prescriptions
- Advise patient on any potential drug-drug and/or drug-food interactions
- Assess patient's willingness to stop drinking alcohol
- Counsel patient on medication adherence

## Answer Key

### Warfarin

- Because patient is losing weight, ask about diet
- *He has started eating broccoli and spinach sporadically a few times a week*
- Tell the patient to eat the vegetables consistently and to not overeat green leafy vegetables because it works directly against the warfarin. If patient insists on increasing intake, inform them to speak with doctor so a sooner visit can be scheduled to monitor effect on INR
- Ask patient if he was bridged with LMWH. *Yes, in the hospital. He left the hospital with the same warfarin dose that he is getting today and his INR was at 2.3. Goal 2-3.*
- **Ibuprofen** can interact with warfarin and increase risk of bleeding. *Patient is using because he heard it is good for his sunburn and he gets headaches occasionally*
- Bleeding signs: easy bruising, pink urine, dark stools, vomit resembling coffee grounds. Recommend acetaminophen at a maxed dose of 1.2 grams daily for headaches
- **Adherence:** patient gets confused with multiple pills, consider contacting physician about using only warfarin 5mg tablets and splitting them on 2.5mg days. This will also lessen copay for patient.

**Alcohol** could interact with warfarin, is he willing to stop?

- Alcohol is a depressant if consumed in high amounts. Other side effects from alcohol should be discussed; **Short term:** vision, coordination, slower reaction time, slurred speech, slower brain activity, alcohol poisoning (large amounts). **Long term:** disrupts normal brain development, liver damage and cirrhosis of liver, brain cell death, stomach and intestinal ulcers, increased blood pressure, heart disease, heart attack, stroke, lower levels of iron and vitamin B (anemia), death.

### Contrave

- The prescription the patient presents with is BUPROPION. Don't fill the bupropion, old prescription, duplicate therapy. Explain that the bupropion is a formulation of the contrave and is a possibility of why he is feeling better
- Healthy diet and exercise 150minutes per week is adjunct to this medication, increase walking to at least three times weekly
- No opioid pain medications should be taken while using medication
- Can increase BP, so continue monitoring at least twice weekly
- Continue to weigh himself a few times weekly and document progress

### Lisinopril

- Hasn't been filled because he had a productive cough (dry cough would be adverse effect). Ask if he should get it ready. Patient wants to wait even with the pharmacy busy. No need to offer alternative because this is not an adverse effect of Lisinopril; but an alternative would be losartan.
- Medication adherence compliance box
- Discuss BP goals and importance of adherence. Goal 140/90 or below. *Normal BP for him is 130's/mid80's.*

### Sunscreen

- Sun protection factor (SPF) is the ratio of UVB only radiation that may be tolerated while wearing sunscreen to the amount of **sun tolerated without sunscreen**

- Example: A person who can be in the sun for 20 minutes without burning will be able to spend 200 minutes in the sun with SPF 10
- (20 minutes X SPF 10 = 200 minutes)
- Should wear sunscreen year-round with an SPF of at least **15**, all day everyday. Reapply every 2 hours. Apply 15 minutes before exposure.

### **Interactions**

- Acetaminophen may enhance the anticoagulant effect of Vitamin K Antagonists. This appears most likely with daily acetaminophen doses exceeding 1.3 or 2 g/day for multiple consecutive days. B
- NSAID (Nonselective) may enhance the anticoagulant effect of Vitamin K Antagonists. D
- ACE Inhibitors may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the combination may result in a significant decrease in renal function. Nonsteroidal Anti-Inflammatory Agents may diminish the antihypertensive effect of ACE Inhibitors. C

## Warfarin || Counseling Points

<b>Medication</b>	Coumadin (warfarin)
<b>Drug Class</b>	Anticoagulant / Vitamin K Antagonist
<b>Indication</b>	Thromboembolic complications / blood clots DVT
<b>Dose</b>	<b>2.5mg</b> (green) Tuesday, Thursday, Saturday, Sunday <b>5mg</b> (peach) Monday, Wednesday, Friday
<b>Maximum Daily Dose</b>	-----
<b>Route</b>	Oral
<b>Frequency</b>	Daily (dose alters)
<b>Duration</b>	Minimum 3 months
<b>Missed Dose</b>	Take a missed dose as soon as you think about it on the same day you missed the dose. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses. Do not take more than 1 dose of this drug in the same day.
<b>Storage</b>	Room temperature away from light
<b>Contraindications</b>	Hypersensitivity to warfarin or any component of the formulation; hemorrhagic tendencies (eg, active GI ulceration, patients bleeding from the GI, respiratory, or GU tract; cerebral aneurysm; CNS hemorrhage; dissecting aortic aneurysm; spinal puncture and other diagnostic or therapeutic procedures with potential for significant bleeding); recent or potential surgery of the eye or CNS; major regional lumbar block anesthesia or traumatic surgery resulting in large, open surfaces; blood dyscrasias; malignant hypertension; pericarditis or pericardial effusion; bacterial endocarditis; unsupervised patients with conditions associated with a high potential for noncompliance; eclampsia/preeclampsia, threatened abortion, pregnancy (except in women with mechanical heart valves at high risk for thromboembolism)
<b>Common/Major Side Effects</b>	<i>Common:</i> Alopecia <i>Serious:</i> Tissue necrosis, bleeding, hemorrhage, hypersensitivity reaction, intracranial hemorrhage, intraocular hemorrhage

### Warnings:

- This drug may cause very bad and sometimes deadly bleeding. Talk with the doctor.
- Call your doctor right away if you have any signs of bleeding problems, like bruising; black, tarry, or bloody stools; bleeding gums; blood in the urine; coughing up blood; cuts that take a long time to stop bleeding; feel dizzy; feeling very tired or weak; nosebleeds; pain or swelling; throwing up blood or throw up that looks like coffee grounds; or very bad headache.
- Call your doctor right away if you have vaginal bleeding that is not normal or very heavy periods (menstrual bleeding).
- You will need to have your blood work (PT/INR) checked while you take this drug. This is important to make sure the drug works right and to check your risk of bleeding. Have your PT/INR checked as you have been told by your doctor or other health care provider.
- Your diet and certain drugs may affect your PT/INR level. Talk with your doctor.
- Avoid actions or sports that may raise the chance of injury or bleeding.

### Education:

- Have your blood work (PT/INR) checked as told by the doctor.
- Elderly and debilitated patients are more prone to bleeding complications while taking this drug.
- Advise patient to report signs/symptoms of hemorrhage, skin and tissue necrosis, and hepatitis.
- Instruct patient to avoid situations/activities in which cuts, bruising, or injury is likely to occur.
- Patient should brush teeth with a soft bristle toothbrush.
- Patient should not drink alcohol while taking this drug.
- Advise patient there are multiple significant drug-drug interactions for this drug.
- Instruct patient to avoid cranberry juice or cranberry products

Contrave || Counseling Points

<b>Medication</b>	Contrave (naltrexone and bupropion)
<b>Drug Class</b>	Anorexiant [opioid antagonist, dopamine/NE reuptake inhibitor ]
<b>Indication</b>	Weight management
<b>Dose</b>	8mg/90mg
<b>Maximum Daily Dose</b>	32mg/360mg
<b>Route</b>	Oral
<b>Frequency</b>	2 tablets twice daily
<b>Duration</b>	BMI / weight loss dependent
<b>Missed Dose</b>	Skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses.
<b>Storage</b>	Room temperature
<b>Contraindications</b>	Hypersensitivity to bupropion, naltrexone, or any other component of the formulation; concomitant use of other bupropion-containing products; chronic opioid, opiate agonist (eg, methadone) or partial agonist (eg, buprenorphine) use; acute opioid withdrawal; uncontrolled hypertension; seizure disorder or a history of seizures; bulimia or anorexia nervosa; abrupt discontinuation of alcohol, benzodiazepines, barbiturates, and antiepileptic drugs; concomitant use of MAO inhibitors (concurrently or within 14 days of discontinuing the MAO inhibitor or naltrexone/bupropion); initiation of naltrexone/bupropion in a patient receiving linezolid or intravenous (IV) methylene blue; pregnancy
<b>Common/Major Side Effects</b>	<i>Common:</i> Headache, sleep disorder, nausea, constipation, vomiting <i>Serious:</i> seizure

**Warnings:**

- This drug is not approved to treat mental or mood problems like low mood (depression) or to help stop smoking. When another bupropion drug was used to stop smoking, mental or mood problems happened or got worse. Talk with the doctor.
- Can potentiate seizures, caution in patients who have experienced seizures.
- If you are taking an opioid drug on a regular basis, are addicted to an opioid drug, or are having withdrawal signs.
- Signs of high blood pressure like very bad headache or dizziness, passing out, or change in eyesight can be worsened.

**Education:**

- Do not administer with high-fat meals; may result in a significant increase in bupropion and naltrexone systemic exposure
- CONTRAVE should be used with a reduced-calorie diet and increased physical activity
- Can increase blood pressure and heart rate
- Do not drink a lot of alcohol and abruptly stop drinking, or use medicines called sedatives (these make you sleepy), benzodiazepines, or anti-seizure medicines and you stop using them all of a sudden

## Lisinopril || Counseling Points

<b>Medication</b>	Zestril (lisinopril)
<b>Drug Class</b>	ACE inhibitor
<b>Indication</b>	Hypertension
<b>Dose</b>	10mg
<b>Maximum Daily Dose</b>	40mg
<b>Route</b>	Oral
<b>Frequency</b>	1 tablet daily
<b>Duration</b>	Indefinite or until blood pressure is controlled with diet and lifestyle changes
<b>Missed Dose</b>	Take a missed dose as soon as you think about it on the same day you missed the dose. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses
<b>Storage</b>	Room temperature, dry place
<b>Contraindications</b>	Hypersensitivity to lisinopril, other ACE inhibitors, or any component of the formulation; angioedema related to previous treatment with an ACE inhibitor; idiopathic or hereditary angioedema; concomitant use with aliskiren in patients with diabetes mellitus. Documentation of allergenic cross-reactivity for ACE inhibitors is limited. However, because of similarities in chemical structure and/or pharmacologic actions, the possibility of cross-sensitivity cannot be ruled out with certainty.
<b>Common/Major Side Effects</b>	<i>Common:</i> Hypotension, dizziness, dry cough, increased serum creatinine <i>Serious:</i> Angioedema, acute renal failure

### Warnings:

- At any time during treatment (especially following first dose), angioedema may occur rarely with ACE inhibitors; it may involve the head and neck (potentially compromising airway) or the intestine (presenting with abdominal pain). African-Americans may be at an increased risk.
- Potassium supplements may cause hyperkalemia

### Education:

- Take with or without food
- Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you.
- To lower the chance of feeling dizzy or passing out, rise slowly over a few minutes when sitting or lying down. Be careful climbing stairs.
- Have your blood pressure checked often. Self monitor a few times weekly, increase monitoring if s/s of hypotension or hypertension.
- Have blood work checked as you have been told by the doctor. Talk with the doctor.
- If you are taking a salt substitute that has potassium your potassium level could be high

Ezetimibe || Counseling Points

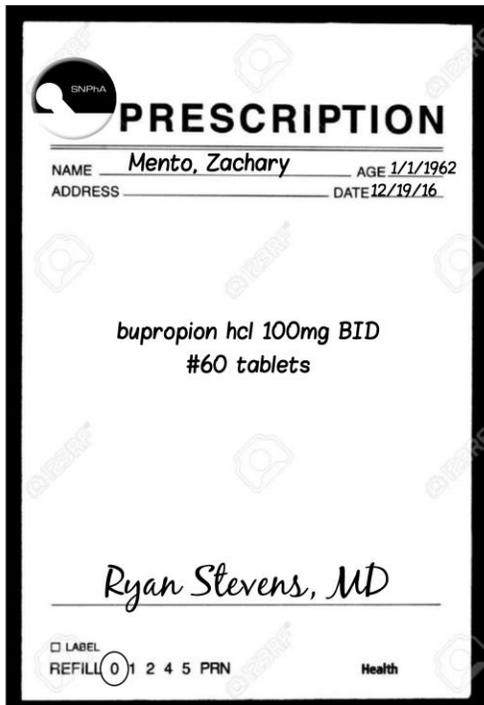
<b>Medication</b>	Zetia (ezetimibe)
<b>Drug Class</b>	Antilipemic
<b>Indication</b>	Hypercholesterolemia
<b>Dose</b>	10mg
<b>Maximum Daily Dose</b>	10mg
<b>Route</b>	Oral
<b>Frequency</b>	1 tablet daily
<b>Duration</b>	Indefinite or until cholesterol is controlled
<b>Missed Dose</b>	Take a missed dose as soon as you think about it on the same day you missed the dose. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses
<b>Storage</b>	Room temperature, dry place
<b>Contraindications</b>	Hypersensitivity to ezetimibe or any component of the formulation; concomitant use with an HMG-CoA reductase inhibitor (statin) in patients with active hepatic disease or unexplained persistent elevations in serum transaminases; pregnancy and breast-feeding (when used concomitantly with a statin)
<b>Common/Major Side Effects</b>	<i>Common:</i> Fatigue, diarrhea, arthralgia, upper respiratory tract infection <i>Serious:</i> Rhabdomyolysis and myopathy

**Warnings:**

- Discontinue use of ezetimibe if ALT elevations >3 times upper limit of normal persist, not recommended for patients with moderate or severe hepatic impairment

**Education:**

- Take with or without food
- Adjunct with cholesterol-lowering diet
- If muscle pain occurs and is severe contact physician
- Ask if patient has tried the first line statins. *He has and had very bad myopathy. Tried 2 different statins.*



**Thank you!**

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