Catholic Health

PHARMACY & THERAPEUTICS NEWSLETTER

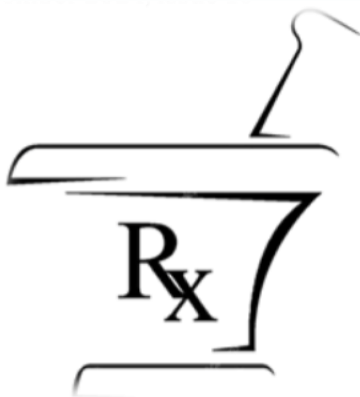
April 2026, Issue 15

IV PUSH LACOSAMIDE

Literature supports the ability to administer this medication as an undiluted IV push – 200 mg over 3 minutes and 400 mg over 5 minutes.

This will facilitate rapid administration for this seizure medication.

Please see the updated information in the IV Guidelines.



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CLEVIDIPINE (CLEVIPREX®)

Rapid-acting dihydropyridine IV calcium channel blocker, given as a continuous infusion, which is used to treat elevated blood pressure that requires immediate reduction. Mechanism: arterial vasodilator, which reduces systemic vascular resistance.

Added to the formulary at CHS as a primary tool to help **achieve target blood pressure range as rapidly as possible in hypertensive patients with intracranial bleed/hemorrhage**. This agent will be used as replacement for IV nicardipine for these indications.

***IV nicardipine will remain on the formulary for other hypertension indications, although clevidipine may be used for the treatment of hypertension in those patients who cannot tolerate the volume required from IV nicardipine.*

Dosing: Initiate clevidipine at 1-2mg/hr (starting dose dependent upon how far away the patient's blood pressure is from the desired target). Approximately a 5% reduction in blood pressure will occur within 2-4 minutes of starting the infusion. Titrate every 2 minutes in 1-2mg/hr increments to achieve the desired blood pressure goal. Use 1mg/hr increments as you get close to goal BP range, and the interval between titrations may be extended to 5 minutes as patient's BP gets more fine-tuned. Maximum infusion dose should be 16mg/hr, although most patients will achieve the desired BP response at a dose of 4-6mg/hr. Down titration is similar at 1-2mg/hr increments every 2-5 minutes. Offset of action (stopped infusion) is within 5-15 minutes.

This product is not desirable for extended duration treatment, especially at higher doses, due to the lipid load. The clevidipine infusion should be of a short-duration, maximum of 6-12 hours.

***If IV calcium blocker blood pressure control is still required, then IV nicardipine can be initiated in place of clevidipine, unless that agent is not appropriate due to patient specific factors*

Clevidipine undergoes esterase elimination; therefore, renal or hepatic dysfunction are not a concern. Because of the short-acting nature of this medication, an appropriate blood pressure control plan must be determined (oral therapy, etc) as this product is being titrated down / stopped.

- Should not be used if: patient has severe aortic stenosis or acute pancreatitis.

Background Nursing Information:

- Available as a 25mg/50ml vial – requires refrigeration (will be stocked in ED / ICU areas)
- Lipid based; therefore, cannot be used in a patient with a soy or egg allergy.
- Lipid based; therefore, the bottle must be inverted a few times prior to spiking.
- Acceptable to be administered through a peripheral line or central line.
- Each bottle cannot hang for more than 12 hours due to the infection control risk with the lipid emulsion.
- Dedicated IV line required – compatible with NS, LR, D5W, **but not other IV medications**.
- Because clevidipine is a low-volume infusion, it is crucial to prime the IV tubing and check for dead space.
- BP & HR must be monitored very frequently while the medication is infusing and for 15 minutes after the medication has been stopped.
- If the patient's blood pressure drops too low, therapy should be stopped and effects should wear off within 5-10 minutes.
- In the Baxter pump – under clevidipine
- Dosing is in **mg/hr**.

ORDERING AN ANTIBIOTIC STAT

A recent sepsis case where a patient did not happen to have any antibiotic ordered by an ED provider. Medicine, on admission, did order an antibiotic, but it wasn't ordered to give "now." Pharmacy usually would catch an issue like this with the timing, but did not in this case.

Ordering Antibiotics ~ First Dose – Include now

When ordering Antibiotics, you can choose First Dose: "Include Now." If not selected, the default is "As Scheduled" and the first dose will be scheduled for the next time slot, which may delay prompt administration of the antibiotic or medication ordered.

Any medication ordered with a STAT/NOW first dose – should be brought to the attention of the nurse. (per CHS policy CSC0054)

azithromycin (Zithromax) tablet 500 mg — Accept — Cancel

Dose: 500 mg | 250 mg | 500 mg
Calculated dose: 1 tablet
Reference Links: ClinicalPharmacology
Route: oral | enteral tube
Frequency: Daily | Daily | Once
Starting: 2/11/2026 | Today | Tomorrow — For: 5 | Doses | Hours | Days
First Dose: Include Now | As Scheduled
First Dose: Today 1530 — Final Dose: Sun 2/15 0900 — Number of doses: 5
02/11 1530 | 02/12 0900 | 02/13 0900 | 02/14 0900 | 02/15 0900

INSULIN RX DISCHARGE ISSUES – CONCERNS AROUND RAPID-ACTING INSULIN ORDERED ON DISCHARGE

There have been some issues identified when providers place outpatient RX orders for rapid-acting insulin:

- Pushing across inpatient orders with their lengthy instruction verbiage – This isn't able to be reproduced on the outpatient RX label thus the patient does not have all of the information on dosing.
- Pushing across inpatient orders as vials (used in the hospital); pens are the desired option for outpatient RX, not vials.
- Pushing across multiple outpatient prescription for the same product – correction scale order + nutritional insulin order. The pharmacy should receive only **one RX** for all rapid-acting insulin.

To facilitate the desired practice – a block while be put in place if you attempt to "push across" one or more rapid-acting hospital inpatients orders to generate an outpatient RX. This is what you will see:

Alternative Selection

Alternative Recommended

You are reordering:

insulin lispro (HumaLOG/Admelog) injection - CORRECTION DOSING: 0-12 Units, subcutaneous, 3 times daily before meals insulin, First dose on Tue 2/3/26 at 1200, For 90 days Moderate Intensity regimen BKC-(Black dispose) Dispose of leftover medication in black waste container BG 140-180: 2 BG 181-220: 4 BG 221-260: 6 BG 261-300: 8 BG 301-350: 10 BG > 350: 12 BG > 350 instructions: call provider

Details

Hospital orders for rapid-acting insulin (correct/nutritional) should NOT be pushed across as outpatient prescriptions. Only one RX should be sent for each type of insulin (rapid-acting/basal), using insulin Pen dosage form, to encompass all of the patient's required rapid-acting insulin dosing.

Calculate the patient's Max Daily Dose – Taking into account nutritional (if applicable) & correctional (assume pt will use the highest scale dose for insulin amount calculation).

Specific detailed dosing instructions should be put into the AVS document – not on the insulin RX.

Alternatives

Alternative	Details
○ insulin lispro (HumaLOG) 100 unit/mL subcutaneous pen	Use as directed - please see the discharge summary sheet for your specifi…

The text in red describes what should and should not occur. There is an "alternatives" order for an insulin pen, which you can select. It leads to this:

insulin lispro (HumaLOG) 100 unit/mL subcutaneous pen ✓ Accept ✕

BG 140-180: 2
BG 181-220: 4
BG 221-260: 6
BG 261-300: 8
BG 301-350: 10
BG > 350: 12
BG > 350 instructions: call provider
Instructions:
Moderate Intensity regimen
BKC-(Black dispose) Dispose of leftover medication in black waste container

Product: INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS PEN

Sig Method: Specify Dose, Route, Frequency | Taper/Ramp | Combination Dosage | Use Free Text

Start Date: 3/3/2026 End Date: First fill:

Dispense: Quantity: Refill: 0 1 2 3 11

☐ Dispense As Written

Renewal Provider: ☐ Do not send renewal requests to the authorizing provider (None selected)

Mark long-term: ☐ INSULIN LISPRO

Patient Sig: Use as directed - please see the discharge summary sheet for your specific insulin dosing information/max daily dose = *** units.
Amount of pen 5 packs (1500u total) = *** for 30 days.

Insert SmartText 100%

Use as directed - please see the discharge summary sheet for your specific insulin dosing information/max daily dose = *** units.
Amount of pen 5 packs (1500u total) = *** for 30 days.

Patient sig contains unfilled wildcards ("***") or SmartLists.

Class: Normal | Normal | Print | Phone In | No Print | Sample

1) Place the number of 5 pack insulin pens to dispense. A five pack has a total of 1500 units of insulin.

2) Calculate max daily dose. If only generating a sliding scale RX – assume the patient is using the highest correction (sliding-scale) dose at the max frequency – say usually around 10 units three times a day – so 30 units per day. Then calculate the 30-day amount, in this case 900 units. This would round to one insulin five pack of pens per month. If a patient is receiving nutritional insulin, such as 5 units with each meal -- add that up as a total daily dose (15 units) – add that to the correction amount if ordered to yield the overall total dose.

Note: Please avoid the use of nighttime correct insulin dosing; just stick to prior to meals correction (AC).

3) Because there is a limited space on the label of the outpatient prescription for patient instructions; we have included text that states – see discharge summary for detailed specific insulin instructions – you do not need to put extensive instructions on the RX.

Use as directed - please see the discharge summary sheet for your specific insulin dosing information/max daily dose = *** units.
Amount of pen 5 packs (1500u total) = *** for 30 days.

4) There are three different smart text options with canned insulin instructions that you can select from depending upon the regimen that your patient is going home on. Search using the word "insulin" in the smart text box to find these options:

CHS DISCHARGE CORRECTION AND NUTRITIONAL INSULIN INSTRUCTIONS
CHS DISCHARGE CORRECTION INSULIN INSTRUCTIONS
CHS DISCHARGE NUTRITIONAL INSULIN INSTRUCTIONS

Open i-Vents
New i-Vent
Progress Notes
Education
After Visit Summary
Medication Detail
Instructions
AVS Preview
After Visit Summary
After Visit Summ...

Video: Blood Pressure Medicines (English)
Video: Calcium Channel Blockers (English)
Video: Diuretics (English)
Video: Managing Your High Blood Pressure (English)
Video: Potassium or Magnesium Supplements (English)

insulin

Correction Insulin:
Check your blood sugar level three times a day, right before eating each meal. Based upon your blood sugar level, inject under your skin the following dose of fast-acting insulin:

150-200 = give yourself 2 units of insulin
201-250 = give yourself 4 units of insulin
251-300 = give yourself 6 units of insulin
301-350 = give yourself 8 units of insulin
351-400 = give yourself 10 units of insulin
Greater than 400 = give yourself 12 units of insulin

Last Modified by Pharmacist Willow, RPh at 3/10/26 0819

Restore | Close | Previous | Next

For this example with correction insulin, you can see the standard recommendations for the scale. This should be applicable to most patients; although you can edit the insulin amount if desired. The instruction wording is in plain language.

INSULIN RX DISCHARGE ISSUES – ORDERING DIABETES RELATED SUPPLIES

Concerns around product ordering and selection for diabetes related supplies – new generic pick list for supplies – type in diabetic supplies in the search

CHS Discharge Diabetic Supplies

- ☐ blood-glucose meter misc
  Pharmacy may substitute based on patient preference and/or insurance coverage.
- ☐ glucose blood test strip
  Pharmacy may substitute based on patient preference and/or insurance coverage.
- ☐ ultra thin lancets 28 gauge
  Pharmacy may substitute based on patient preference and/or insurance coverage.
- ☐ pen needle, diabetic 32 gauge x 5/32" needle
  Pharmacy may substitute based on patient preference and/or insurance coverage.

Next Required

OUTPATIENT PRESCRIPTION CONCERN

Multiple events identified concerning modifying a sent outpatient prescription

Incorrect pediatric RX (dosing) that was changed to the correct dose by a pharmacist. In the discharge orders, the RX was modified to the correct dose and the prescription resent. Assumption that the "old" RX was cancelled because of the new one. This was not the case.

Discharge prescription was desired to be prednisone 80mg daily x 7 days. Patient states pharmacy filled 40mg daily x 5 days. Pharmacy stated they received 2 scripts. The 80mg daily one (second RX) was placed on hold. It appears the initial prescription was written for 40mg daily and was later modified to 80 mg. The first prescription was never cancelled on the outpatient side, and the incorrect one was filled.

Recommendation: discontinue any not desired RX and replace it with a new one. Do not modify the completed and sent RX. It may be beneficial to call the pharmacy or add a note on the new RX explaining the scenario.

Note to Pharmacy: ✚ Add Note to Pharmacy

CHS PHARMACY RESIDENCY DATES TO REMEMBER

Journal Club	05/15/2026 – Emily Austin
Grand Rounds	05/21/2026 – Adam Murphy (Hemophilia and von Willebrand disease)
WNYSHP Midday CE Presentations	05/06/2025 – Natalie Peunic 06/03/2026 – Megan Pohorecki

Pharmacists at the NYSCHP Annual Assembly in Saratoga Springs, NY