PharMerica®

Collaborative Strategies for COVID-19

Literature Review & Identifying Frailty Risk with Dr. Steven Buslovich Senior

Q: I think the concern with masking fever by NSAID or APAP is not valid. Dr. Buslovich stated earlier in his presentation that most NF residents do not have common symptoms of fever and dry cough. Is he suggesting that we remove all analgesics from all of our NF residents for fear that we may mask a fever, even when fever is less likely to be an indication of COVID infection. Additionally, recent WHO guidance states that there is no increased risk of worsening COVID when NSAIDs are used.

A: From a practical stand-point, this strategy is primarily intended for persons under investigation or new patients transitioning from the hospital or community, who need to be placed on a 14 day quarantine. I did not say that NSAIDS worsen COVID-19 conditions, except to say that earlier studies suggested this might be contributing, but there was no definitive indication that it is contraindicated. This presentation was developed nearly a month prior and it is understood that some of the information may have changed.

Q: What Quality Indicators are being used to generate the frailty score? Has Pharmerica partnered with Point Click Care to generate a working assessment for nursing teams to utilize and management to review via reports?

A: Frailty risk score is comprised of 70 clinical variables amongst functional, cognitive and psychosocial domains. Please contact your EHR vendor to determine if they have a frailty risk score tool available.

Q: There is no evidence that ARB/ACEI use in human is a concern with COVID. In fact, recent literature from Wuhan indicated that patients on ACEI and ARB have no difference in outcomes than patients not on ACEIs and ARB. There is some theoretical evidence that ARBs may be protective and losartan is currently undergoing a clinical trial for the treatment of COVID infection. Dr. Buslovich's slide on Collaboration indicates that these are concerning meds, when current guidelines recommend continuing them!

A: For clarification, it was verbally said that there is no definitive evidence that ARBs or ACEI treatment strategies need to change at this time.

Q: Do you have a fragility questionnaire that you can share with us?

A: You can access a self-guided assessment at patientpattern.com/frailty-risk

Q: The Combivent Respimat is not an MDI. It is a soft-mist inhaler. There is no recommendation to change nebulizers to SMIs. The recommendation to change to MDI is only when a spacer is available to be used. There is also recommendations that the dosing of the MDI may have to be significantly increased to replace the impact of the nebulizer. Why did you choose to convert to the Respimat rather than use an MDI with spacer?

A: It was simply an example of on alternative option. We use MDI with a spacer and have increased the dosing significantly. Supply chain constraints given the MDI shortage led to use of Combivent Rescumat locally.

Q: I work with patients with developmental disabilities who live in a residential setting. Should they not use nebulizers at this time if staff don't have appropriate PPE?

A: The consideration to reduce use of nebulizer treatments for those individuals who are either potentially exposed to COVID-19 or are positive for COVID-19.

Q: Does the use of NSAIDs put someone at a higher risk for COVID-19?

A: At this time there is no concrete evidence to support that NSAIDS have any impact on the risk of contracting COVID-19.