



Pikes Peak LTC Ethics Committee

- Meeting the first Friday of Every Month from 12-1pm
- Join Zoom Meeting

<https://zoom.us/j/93138547873?pwd=QUFDZnJIN3R1OGlkcXlucK5UNXFaUT09>

Does Tamiflu Really Help?

[Evaluation of Oseltamivir Used to Prevent Hospitalization in Outpatients With Influenza: A Systematic Review and Meta-Analysis | Clinical Pharmacy and Pharmacology | JAMA Internal Medicine | JAMA Network](#)

I will be reviewing some of the newer data on Tamiflu use for influenza treatment and prophylaxis. You may see my guidance on its use change. I think you will certainly see the guidance on its use change for next season. - Dr. Shepherd

Results Of 2352 studies identified, 15 were included. The intention-to-treat infected (ITT_i) population was comprised of 6166 individuals with 54.7% prescribed oseltamivir. Across study populations, 53.9% (5610 of 10 471) were female and the mean age was 45.3 (14.5) years. Overall, oseltamivir was not associated with reduced risk of hospitalization within the ITT_i population (RR, 0.79; 95% CI, 0.48 to 1.29; RD, -0.17%; 95% CI, -0.23% to 0.48%).

Oseltamivir was also not associated with reduced hospitalization in older populations (mean age ≥65 years: RR, 1.01; 95% CI, 0.21 to 4.90) or in patients considered at greater risk of hospitalization (RR, 0.65; 0.33 to 1.28). Within the safety population, oseltamivir was associated with increased nausea (RR, 1.43; 95% CI, 1.13 to 1.82) and vomiting (RR, 1.83; 95% CI, 1.28 to 2.63) but not serious adverse events (RR,



0.71; 95% CI, 0.46 to 1.08).

Conclusion: **Based on the available RCT data in this systematic review and meta-analysis, there is a lack of convincing evidence that oseltamivir reduces serious complications in outpatients with influenza,** although its use is associated with an increase in nonsevere gastrointestinal adverse events. This meta-analysis provides important data for clinicians, patients, and policy makers to contextualize the evidence and inform guidelines. Future research should focus on the conduct of an adequately powered placebo-controlled trial in a suitably high-risk population.

[Outbreak Investigation of *Listeria monocytogenes*: Frozen Supplemental Shakes \(February 2025\) | FDA](#)

CDC and public health officials in several states are investigating an ongoing multistate outbreak of *Listeria* that started in 2018. Many people from this outbreak lived in long-term care facilities or were hospitalized before becoming sick. This outbreak has been linked to frozen supplement shakes under the brand names of Sysco Imperial and Lyons ReadyCare; they have since been recalled by the FDA.



Updated Surveyor Guidance

- Psychotropic use is still a major concern.
- Ensure you are tracking behaviors that we are treating with a psychotropic
 - **please consider tracking behaviors for days or weeks prior to initiating a psychotropic. This will provide the best documentation to justify the use of the psychotropic.**
- Involvement of the Medical Director in QAPI and availability of the Medical Director seems to be an emphasis.
- Please text me and let me know if you are in survey.

[qso-25-12-nhDownload](#)

Medication Administration: Have a dose for topical medications.

- Please remember to provide a dose for all creams, ointments, powders, etc...
- Example: icy-hot, apply a thin layer on the right shoulder every 8 hours.
- Example: Diclofenac gel can be dispensed as 2g or 4 g.
- Tag for this is listed below for your review



	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<div>F 0658</div> <div>Level of Harm - Minimal harm or potential for actual harm</div> <div>Residents Affected - Few</div>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48112</p> <p>Based on observations, record review and interviews, the facility failed to ensure one (#26) of six out of 32 sample residents were provided services that met professional standards of quality.</p> <p>Specifically, the facility failed to:</p> <p>-Ensure the physician's orders for Resident #26 contained the dose of the medication the nurse was to administer to the resident.</p> <p>Findings include:</p> <p>I. Professional reference</p> <p>According to the National Institutes of Health (NIH), National Library of Medicine, Nursing Rights of Medication Administration (September 2023), retrieved on 8/21/24 from https://www.ncbi.nlm.nih.gov/books/NBK560654/, It is standard during nursing education to receive instruction on a guide to clinical medication administration and upholding patient safety known as the 'five rights' or 'five R's' of medication administration. Incorrect dosage is a prevalent modality of medication administration error. This error type stems from nurses giving a patient an incorrect dose of medications, even if it is the correct medication and the patient's identity is verified, without first checking to ensure it is the correct strength for the patient.</p> <p>According to the National Institutes of Health (NIH), National Library of Medicine, Lidocaine 4% cream. (January 2019), retrieved on 8/21/24 from https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=a3216e25-82bb-4905-ac0b-b2ef4aa32ea0&type=display, Apply externally to the affected area up to three to four times a day.</p> <p>According to the National Institutes of Health (NIH), National Library of Medicine, Silver Sulfadiazine (January 2023), retrieved on 8/21/24 from https://www.ncbi.nlm.nih.gov/books/NBK556054/, A layer one sixteenth of an inch should be applied to entirely cover the cleaned area.</p> <p>According to the National Institutes of Health (NIH), National Library of Medicine, Triamcinolone (February 2024), retrieved on 8/21/24 from https://www.ncbi.nlm.nih.gov/books/NBK544309/, Instructions are to apply a thin layer to the affected area and rub gently.</p> <p>(continued on next page)</p>

Measles

Measles is highly contagious. Symptoms include fever, cough, runny nose, conjunctivitis/pinkeye. The symptoms start 2 to 4 days prior to the onset of a rash. The rash is described as maculopapular.



As of 3/6/2025 there have been 222 recognized cases of measles in the United States. Most of the cases are among children who have not received the MMR vaccine.



- Nasal skin lead to severe health complications such as pneumonia, encephalitis, and death. The virus is transmitted through airborne spread via infectious droplets. The virus remains infectious in the air and on surfaces for up to 2 hours. Patient is harboring the measles virus are contagious from 4 days before the rash starts 3 to 4 days afterwards. Incubation period is approximately 7 to 10 days. from the time of exposure to the onset of the rash is typically 10 to 14 days, with a range of 7 to 21 days.
- — Adults at high risk should have at least 1 documented dose of MMR.
- — Adults with a high risk of exposure such as healthcare workers and international traveler should have 2 documented doses of MMR.
- — Teenagers and adults previously vaccinated with 1 dose of MMR vaccine should receive a second dose
- — Those with no evidence of immunity should receive 1 dose of MMR immediately followed by second dose at least 28 days later.
- — If vaccination status is in question, titers can be ordered which should help determine whether or not a person has been vaccinated or exposed.
- — If you suspect someone has measles it is best practice to isolate the patient



immediately.

- - There is no antiviral therapy for measles.
- Measles is immediately reportable by both laboratories and providers. Report any patient suspected of having measles to your local health department or to CDPHE by phone 303-692-2700 (after hours 303-370-9395).
- Measles PCR testing on respiratory (throat or nasopharyngeal swab) specimens is the preferred test and can be done at the CDPHE Lab.
- Adults not at high risk of exposure should have at least one documented dose of MMR vaccine in their lifetime, or other evidence of immunity.
- Adults at high exposure risk, including students at post-secondary institutions, health care workers, and international travelers, should have two documented doses of MMR vaccine.
- [Measles | Colorado Department of Public Health and Environment](#)

[Measles Vaccination for Specific Groups | Measles \(Rubeola\) | CDC](#)

Healthcare personnel without presumptive evidence of immunity should get 2 doses of MMR vaccine, separated by at least 28 days. Although birth before 1957 is considered acceptable evidence of immunity in routine circumstances, healthcare facilities should consider vaccinating healthcare personnel born before 1957 who lack laboratory evidence of immunity or laboratory confirmation of disease.

***The lifetime risk of dying from heart disease is 15%
The lifetime risk of lung cancer in a smoker is approximately 20%***



The lifetime risk of dying in a car accident is 1%

The risk of death from measles is 0.1-0.3%

The risk of a severe allergic reaction from the measles vaccine is 0.0001% (1 in 1 million).

The risk of serious complications from the vaccine is below 0.1%.

The risk of complications from measles is 100-1000 times higher than the vaccine.

2022 AHA/ACC Heart Failure Guideline Update

[AHA/ACC 2022 HF Guidelines](#)