



Glargine Shortage

- Insulin Glargine vials are in short supply. If you can switch to Glargine pens there is more availability. There are also other long acting insulins that can be used if necessary.
- [Drug Shortage Detail: Insulin Glargine Injection \(Recombinant\)](#)
- [Drug Shortages - ASHP](#)

Antibiotic Stewardship

My pharmacy friends have told me that they have seen tags related to antibiotic stewardship. The tags seemed to primarily involve the long-term use of antibiotics for Cirrhosis, UTI prophylaxis, and Chronic Osteomyelitis.

- Ensure doctors write a progress note outlining the clinical rationale for the use of long term / chronic antibiotic use.
- Consider creating an Antibiotic Risk/Benefit form if obtaining clinical documentation from the doctor is an issue.

[Dealing with disruptive visitors - I Advance Senior Care](#)

Jumpstart Aging Workforce Solutions (JAWS)

Several facilities have become involved in this program and it really has been beneficial for both the facilities, participants, and the residents. For more information you can contact Kimberly Humphrey at khutchi2@uccs.edu.

[About JAWS | Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences](#)

About JAWS



Jumpstart Aging Workforce Solutions (JAWS) is an innovative initiative housed at the University of Colorado Colorado Springs (UCCS), dedicated to addressing the unique challenges facing the long-term care workforce in El Paso County. Funded by El Paso County through the American Rescue Plan Act (ARPA), JAWS aims to enhance the well-being, retention, and effectiveness of professionals in this critical sector.

Our mission is to support and empower long-term care providers through evidence-based strategies, collaborative partnerships, and workforce development programs. We believe that by investing in the people who care for our aging population, we can create sustainable solutions that lead to better outcomes for both caregivers and those they serve.

Through targeted research, community engagement, and educational opportunities, JAWS works to improve job satisfaction, reduce burnout, and promote career advancement within the long-term care industry. Together, we are building a stronger, more resilient aging workforce.

[Risk of dementia following gabapentin prescription in chronic low back pain patients | Regional Anesthesia & Pain Medicine](#)

Gabapentin prescriptions for chronic back pain were linked to higher dementia and cognitive impairment risk.

- Gabapentin prescriptions for chronic back pain were linked to higher dementia and cognitive impairment risk.
- Risks were especially high for chronic back pain patients ages 35 to 64.
- The study highlights potential concerns in light of increasing off-label use of gabapentin.
- non-elderly adults (18-64) prescribed gabapentin had over twice the risk of dementia (**RR: 2.10**; 95% CI: 1.75-2.51) and mild cognitive impairment (**RR: 2.50**; 95% CI: 2.04-3.05) compared to those not prescribed gabapentin.
- 65 and older – gabapentin increased incidence of both dementia (**RR 1.28**, 95% CI 1.15-1.42) and mild cognitive impairment (**RR 1.53**, 95% CI 1.28-1.83).

Among more than 52,000 adults with chronic back pain who were followed for 10 years, those who had six



or more gabapentin prescriptions had a higher incidence of dementia (risk ratio [RR] 1.29, 95% CI 1.18-1.40) and mild cognitive impairment (RR 1.85, 95% CI 1.63-2.10) than those not prescribed gabapentin, according to Chong Kim, MD, of MetroHealth Medical Center in Cleveland, Ohio, and co-authors.

Covid and Influenza Vaccine Recommendations August 2025

Simply stated, there is no more effective, safer means to be protected from these two viruses than to stay up-to-date with vaccinations. The purpose of this brief email is to bring everyone up-to-date with the most current, evidence based, vaccine recommendations.

COVID

This Fall's vaccine strain will be the 2024-2025 COVID-19 vaccine, the same one that we initially gave about a year ago. Although we have not had as many outbreaks in Colorado as there have been in other parts of the country in the past month, chances are we'll start seeing outbreaks in the next couple of months. With that in mind, the time to ideally give this vaccination would be any time in the next 6 weeks. For those few patients who may have received a booster in the past few months already, you should wait until they are 6 months out from the previous booster.

INFLUENZA

This year's influenza vaccine should be available at some point in time over the next month. The vaccine will be a trivalent vaccine with A/H1N1, A/H3N2 and B/Victoria lineage components in it. Timing for the vaccine depends on...

- ☐ Availability - obviously, we cannot give it until the vaccine is supplied / shipped to us
- ☐ Outbreaks - if there are early, documented outbreaks of one of the Influenza A strains, we will vaccinate everyone as quickly as possible. Otherwise...
- ☐ Age matters.
- "Healthy" persons >65 (typically staff and providers) can be vaccinated at any time after you receive the vaccine



— “Sicker” persons and those >65 should be vaccinated closer to Thanksgiving or after in December unless there is an early outbreak. The reason for this is that immunity tends to wane after 90 days, rendering the vaccine less effective at the time Influenza is most likely to get here, ie, in January or February.

Which flu vaccine do I give?

Persons > 65 or who are “sick” - especially if they have diseases that compromise their immune system - should receive either the HIGH DOSE or ADJUVANT vaccine. All others should receive the standard, trivalent vaccine.

Please feel free to reach out if you have any questions about any of the above.