Spring Edition 2016 Vol. 30 No. 2

South Dakota Pharmacist

In This Issue:

SOUTH DAKOTA
PHARMACIST

Volume 30 Number 2

South Dakota Pharmacists Association
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www.sdpha.org

"The mission of the South Dakota Pharmacists Association is to promote, serve and protect the pharmacy profession."

SDPhA CALENDAR

Please note: If you are not on our mass e-mail system check our website periodically for district meetings and other upcoming events. They will always be posted at: *http://www.sdpha.org*.

APRIL

8-9 SD Society of Health-Systems Pharmacists (SDSHP) Annual Conference, Rapid City, SD

10 Mobridge District Meeting, Bob's Steakhouse, Gettysburg
6:00 p.m. Social/Dinner & Assoc. Update, CE & Business Meeting to Follow
RSVP to LeRoy at lunruhome@live.com

14 Black Hills District Meeting, Ramkota Hotel/Minerva's, Rapid City
6:00 p.m. Social/Dinner/Meeting, CEs (2-3 credit hrs. anticipated)
RSVP to Curt at 0461@medicineshoppe.com

20 Rosebud District Meeting, Holiday House, Winner
6:30 PM Dinner/Meeting/Association Update
RSVP to Renee at Bkcommrx@gwtc.net

24 Mitchell District Meeting, The Depot, Mitchell
6:15 p.m. Dinner & Assoc. Update; CE & Business Meeting to Follow
RSVP to Lindsay at leilts@lewisdrug.com

26 Watertown District Meeting, *SAVE THE DATE – MORE INFO TO FOLLOW*
RSVP Jess at jfrederiksen@lewisdrug.com

26 Aberdeen Spring District Meeting, Ramkota Hotel, Dakota Rooms A&B
6:30 p.m. Social/Dinner/Meeting, CEs (2 credit hrs. anticipated)
RSVP to Trisha at jeantc80@hotmail.com

26 Sioux Falls District Meeting, Badlands Pawn
5:30 p.m. Display & Social; 6:15 p.m. Dinner/Meeting
RSVP to Elizabeth at elizabethknaak@creighton.edu BY APRIL 17th

30 DEA Take Back Day

MAY

7 SDSU Graduation, Brookings

30 Memorial Day

JUNE

11-15 ASHP Summer Meeting, Baltimore, MD

JULY

4 Independence Day

AUGUST

1 License Renewal Window Opens

Cover Photo by Sue Schaefer, Pierre, SD

SOUTH DAKOTA PHARMACIST
The *SD PHARMACIST* is published quarterly (Jan, April, July & Oct). *Opinions expressed do not necessarily reflect the official positions or views of the South Dakota Pharmacists Association.*

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DIRECTOR'S COMMENTS

Sue Schaefer | Executive Director

Growing Pharmacy

Spring has officially arrived and the trees are beginning to leaf out and flowers are emerging from a mild winter in South Dakota. As I looked around my yard I likened the wakening flora to pharmacy, and how the profession has continued to grow and redesign itself in the past twelve years, since I became your exec. Sometimes the growth patterns are forced due to severe environmental conditions, but in most cases, it's strengthened your profession. Challenges have been met with innovation and positive action instead of surrender. I know quite a few years ago, we had the SURVIVOR theme at convention, and it proved to be a meeting that provided some ability to blow off steam. One of my favorite pharmacists remarked to me that "We just saved this room full of people some serious cash in the therapy department" by offering a beach ball fight that ended up going on for a good 20 minutes. Some beverages were, indeed spilled, but the laughter and stress relief that resulted was immeasurable. I guess my message is simple. While you grow and continue to exceed expectations, don't forget to give yourself a pat on the back once- in- a-while, let off some steam and have some fun.

President Rob Loe and I just returned from the APhA & NASPA meetings in Baltimore. It's always a great meeting, and although we had to cut our attendance short, as legislative session was still in full swing, it provided some excellent networking opportunities.

I would like to extend congratulations to the SDSU College of Pharmacy's APhA-ASP chapter on receiving the Innovative Programming Award for its educational and fundraising efforts for the Ebola outbreak in West Africa. Congratulations to the students and faculty advisors! Once again we enjoyed a nice "phamily" dinner out with our SDSU student pharmacists and faculty members. We always become the students at these dinners, learning about all of the activities going on at the College of Pharmacy. We're so appreciative for the relationships we develop with the students and faculty members.

The 2016 Legislative Session was a busy one for pharmacists. For more information, please refer to Bob Riter's article in this journal. We hope you're staying connected and enjoy receiving your weekly updates.

We're still working to determine if pharmacy will receive a provider reimbursement adjustment, once inflationary factors are taken into consideration, however, with the federal rules on reimbursement changing, and the Department of Social Services having to navigate those changes, it will be months before we'll be able to bring you new information, so please be patient.

Plans have been finalized for the Association's annual meeting, September 16-17, 2016 at the Swiftel Center in Brookings! You'll find an agenda and registration information within this journal, and it's also available online at www.sdpha.org. We sure hope you'll join us, as we have an excellent line up prepared for you, not to mention a JACKS game in the new stadium! We've worked hard to make sure there's something for everyone.

Districts have scheduled their spring meetings. I've placed the specifics in the calendar at the front of this journal, and we'll be sending out notices to each district as well. If you can't make your own meeting due to a scheduling conflict, attend a different meeting and get to know a few more of your colleagues! We've also included meeting information on our website: www.sdpha.org, and our Facebook page. Check us out and LIKE and FOLLOW us! We're also seeking nominations for the Hustead, Bowl of Hygeia and Distinguished Young Pharmacist Awards, so put on your thinking caps. We have so many wonderful pharmacists to recognize.

Keep on growing!

Warm and Sunny Regards,

Sue

PRESIDENT'S PERSPECTIVE

Rob Loe | SDPhA President

The 2016 Legislative session is now in the books. Although the South Dakota Pharmacists Association didn't directly promote any legislation this year, there were a large number of bills we followed that could affect Pharmacy and the healthcare of our patients. The potential for Medicaid expansion seemed closer than we have ever seen in South Dakota, but by the end of the session, it didn't happen.

I would like to thank the faculty and students from South Dakota State University for once again representing our profession at the Capitol during Legislative Days. It was great to see so many students, passionate and excited about our profession, showcase their skills to provide healthcare services to our legislators.

We continue to follow H.R. 592 and S. 314, the Pharmacy and Medically Underserved Areas Enhancement Act, on the federal level. This is better known as the "Provider Status" bill for Medicare in underserved areas. At last look there were 41 cosponsors in the Senate and 272 cosponsors in the House. Both students and pharmacists have done a great job of contacting their elected officials to help gain support of this legislation. Unfortunately, being an election year, not many expect to see much productivity result from our federal legislative process.

Executive Director Sue Schaefer and I had the opportunity to attend the 2016 APhA annual meetings in Baltimore, MD. This was a great opportunity for education and networking. The theme of the meeting was "Expanding Opportunities through Patient Care." Dr. Rajiv Shah, a nephrologist from Minnesota, gave the keynote address. Dr. Shah is a huge advocate for Pharmacists. Some of you may have seen his YouTube video: "The New Disrupters in Healthcare – Patients and Pharmacists." If you haven't seen it, I urge you to take a look. It is both inspiring and thought provoking. One of my takeaways was that Dr. Shah believes we have a "Marketing" problem in our profession. I continue to hear of Pharmacists throughout our state, collaborating with our Physician partners, expand their vaccination practice to help reduce the amount of vaccine-preventable illness in our patients.

Historically, we are getting closer to the end of our flu season. According to the most recent Department of Health statistics, deaths, hospitalizations and confirmed cases of influenza should all be the lowest in many years, if the data trends continue. All of you deserve a pat on the back. Your hard work in vaccinating and educating your patients makes a huge difference. Thanks for all you do for your patients and for Pharmacy.

SAVE THE DATE!

South Dakota Pharmacists Annual Convention
September 16-17, 2016 (Display Day 16th)
Swiftel Center
Brookings, SD

SOUTH DAKOTA BOARD OF PHARMACY

Kari Shanard-Koenders | Executive Director

HAPPY SPRING!

Happy spring from the SD Board of Pharmacy! We have spring cleaned the office and have moved! Please update your files with our new address: **4001 W. Valhalla Blvd., Ste. 106, Sioux Falls, SD 57106**. Our phone and fax numbers remain the same. Stop by our office when you are in the neighborhood. It's a short distance west of our former location.

NEW REGISTERED PHARMACISTS/PHARMACIES

The following four candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Stacey Ellison, Vijaya Gaddipati, Sylwia Kulik, and Aaron Morrow.

New pharmacy permits issued over the same time period are: CVS Pharmacy Inc., dba Target Pharmacy – Sioux Falls two locations (change of ownership), CVS Pharmacy Inc., dba Target Pharmacy – Rapid City (change of ownership); Avera Dialysis – Wagner; Hoffman Drug – Platte (change of ownership); Community Pharmacies, dba Vilas Pharmacy – Highmore, SD. and Walmart Pharmacy 10-2443 – Sioux Falls.

BOARD WELCOMES NEW CONSUMER MEMBER

Spearfish retired legislator and hospitality industry leader Tom Nelson has been appointed to the South Dakota Board of Pharmacy by Governor Dennis Daugaard. He replaces Arlene Ham-Burr who has served the Board well for over nine years. Thank you Arlene and welcome Tom!

BOARD WELCOMES NEW STAFF

Melissa DeNoon, R.Ph. began her duties on February 1, 2016 as our new PDMP Director. Melissa brings a new perspective to the PDMP as she has a wealth of knowledge and experiences from her 25 years in retail pharmacy with 19 of those years in the role of pharmacy manager. Please reach out to Melissa with PDMP needs.

NEBRASKA PASSES NEW PDMP LAW

While there were many components to the new law, one of the most important to SD prescribers and dispensers is that starting January 1, 2017, dispensers will be required to submit all controlled prescriptions to the NE PDMP. This will have an effect on SD dispensers mailing to NE residents. Further, reports may be more easily accessible and more accurate. Previously dispenser submissions were voluntary.

USP CHAPTER < 800> FINALIZED

The General Chapter on USP 800-Hazardous Drugs was published on February 1, 2016 in the First Supplement of USP 39-NF 34. If you are handling hazardous drugs, you will need to be familiar with this enforceable document. You may purchase the chapter through a subscription to the USP Compounding Compendium. Please refer to the following website for details www.usp.org.

USP CHAPTER <797> REVISION UPDATES

We reached out to the FDA and received the following information on USP <797>. "The public comment period for the proposed General Chapter <797> *Pharmaceutical Compounding – Sterile Preparations* ended on January 31, 2016. The Compounding Expert Committee is currently reviewing all of the public comments received. The earliest that General Chapter <797> may be published is on November 1, 2016 in USP 40-NF35 with the earliest official date of May 1, 2017. Based on the nature and significance of the public comments received, the Committee will determine whether the chapter will be revised, republished in the Pharmacopeial Forum, or forwarded to ballot. More information about USP's development process can be found here and the publication and comment schedule can be found here."

DEA REQUIREMENTS

Ensure that your documentation on DEA Form 222s meets DEA requirements for pharmacy and supplier completion. This is important both when the pharmacy is the receiver as well as the supplier. Remember, the pharmacy is the supplier when sending controlled medications to a reverse distributor. Recently we were sent a message from the DEA regarding a pharmacy violation discovered when the green copies were sent to the DEA. The violation was: "Registrant did not note the quantity shipped and the date shipped as required by Title 21 Code of Federal Regulations, Section 1305.13(b)". They went on to include:

§1305.13 Procedure for filling DEA Forms 222

(a) A purchaser must submit Copy 1 and Copy 2 of the DEA Form 222 to the supplier and retain Copy 3 in the purchaser's files.

(b) A supplier may fill the order, if possible and if the supplier desires to do so, and must record on Copies 1 and 2 the number of commercial or bulk containers furnished on each item and the date on which the containers are

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SOUTH DAKOTA BOARD OF PHARMACY

(continued from page 6)

shipped to the purchaser. If an order cannot be filled in its entirety, it may be filled in part and the balance supplied by additional shipments within 60 days following the date of the DEA Form 222. No DEA Form 222 is valid more than 60 days after its execution by the purchaser, except as specified in paragraph (f) of this section.

PRESCRIPTION DRUG MONITORING PROGRAM UPDATE

At the end of December 2015, 85% of pharmacists, 25% of MD/DOs, 53% of PAs, 45% of NPs and 20% of DDS/DMDs are approved for PDMP data access. The top controlled substance in SD remains Hydrocodone combination products despite moving them to CII. On March 3, 2016, our PDMP partnered with SD Division of Criminal Investigation in a presentation "Prescription Drug Monitoring Program and Opiates – From Pills to Heroin" at the SD Academy of Physician Assistant's Conference in Rapid City. Please contact us for PDMP presentations.

BOARD MEETING DATES

Please check our website for the time, location and agenda for future Board meetings.

BOARD OF PHARMACY STAFF DIRECTORY

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Jessica Neal, Senior Secretary .....jessica.neal@state.sd.us
Board of Pharmacy Website.....www.pharmacy.sd.gov
PDMP Data Access Website
..... https://southdakota.pmpaware.net/login
PDMP Data Submitters Website ...https://pmpclearinghouse.net

Year 2015 Most Prescribed Drugs	RXs	Quantity	Days Supply	Quantity/Rx
Hydrocodone Bitartrate/Acetaminophen	276,035	18,859,107	3,617,169	68
Tramadol HCl	175,349	13,699,215	3,270,466	78
Zolpidem Tartrate	102,928	3,356,900	3,323,350	33
Lorazepam	97,996	4,993,295	2,283,744	51
Clonazepam	87,300	5,400,444	2,639,542	62
Alprazolam	65,568	3,831,484	1,710,678	58
Dextroamphetamine/Amphetamine	63,497	2,852,869	1,905,945	45
Methylphenidate HCL	59,302	2,679,360	1,789,177	45
Oxycodone HCL	54,251	4,712,612	1,063,232	87
Oxycodone HCL/Acetaminophen	53,870	3,507,373	683,582	65

SOUTH DAKOTA STATE UNIVERSITY

College of Pharmacy

Dennis Hedge | Dean

Greetings from the South Dakota State University College of Pharmacy!

As we move to the latter stages of the academic year, I would like to take this opportunity to update you on several things at the College.

The Pharm.D. program admissions process for our next P1 class was recently completed. Total applications for admission were down once again this past year, which is consistent with national trends. That being said, the academic statistics of the incoming class remain equally strong when compared to previous years.

Two members of our faculty were recognized at the SDSU Celebration of Faculty Excellence program in February. Dr. Om Perumal was recipient of the Pat and Jo Cannon Intellectual Property Commercialization Award and Dr. Wenfeng An was named the College's Outstanding Researcher. In addition, Dr. Jayarama Gunaje gave a presentation on his scientific work as part of the day's Sewrey Colloquium.

Dr. Teresa Seefeldt was selected for the *Dr. April Brooks Woman of Distinction Award* in the SDSU Faculty Category. Teresa was one of just four women recognized on the South Dakota State University campus for their accomplishments. The award was presented at a March 29 reception and award ceremony.

In January, the College received good news from ACPE regarding re-accreditation of the Continuing Pharmacy Education Program. The accreditation term granted to the program extends until January 31, 2022, a standard six-year term.

The SDSU APhA-ASP chapter was awarded the Innovative Programming Award at the APhA Annual Meeting in Baltimore. The chapter was recognized for its education and fundraising efforts in response to the Ebola outbreak in West Africa last year.

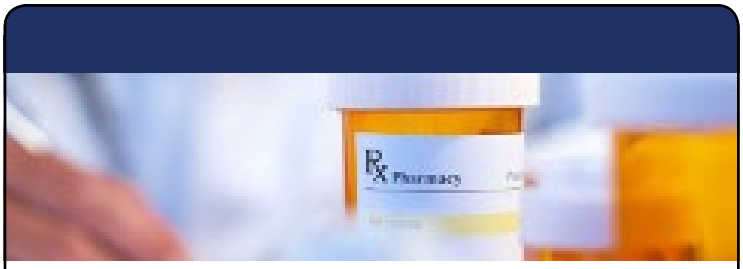
The American Association of Pharmaceutical Scientists chapter was selected as the winner of the South Dakota Board of Regents Award for Academic Excellence. The chapter was recognized for its journal clubs and professional development workshops.

The College received very positive press coverage from a February 26 *Pharmacy Times* column highlighting pharmacy schools with the best NAPLEX passing rates. The SDSU College of Pharmacy was one of just two U.S. schools to have a 100% first-time pass rate on the NAPLEX in 2015. All 82 Class of 2015 graduates took the NAPLEX during the 2015 testing window. Congratulations, Class of 2015!

And finally, on April 1st SDSU President David Chicoine announced that I will be serving as interim provost and executive vice president for academic affairs of South Dakota State University as current Provost Laurie Nichols completes her tenure at SDSU on May 13th. Dr. Jane Mort has agreed to serve as acting dean of the College of Pharmacy while I am serving as interim provost. Jane is an outstanding academician and she is well known throughout the academy of pharmacy educators. With Jane as acting dean, the College is certainly in great hands.

As always, if you are in the Brookings area, please stop by for a visit.

Warm regards,
Dennis D. Hedge, Dean of Pharmacy



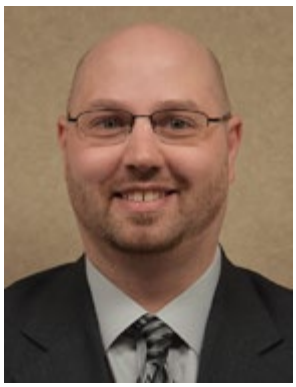
SD Medicaid Prescriber Update

For prescription claims, South Dakota Medicaid currently accepts the prescriber DEA or NPI. In the near future Medicaid will accept only the prescriber NPI; claims submitted with the prescriber DEA will deny. Medicaid encourages all pharmacies to contact their software help desk to initiate the transformation to NPI. The process is simple and usually only takes a few minutes.

If you have any questions you may contact South Dakota Medicaid at their Provider Help line, 800-452-7691.

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Tadd Hellwig, Pharm.D., BCPS | SDSHP President



Spring Greetings from SDSHP!

Hopefully you all have had an opportunity to register for the 40th Annual SDSHP Conference to be held on April 8th & 9th at the Rushmore Plaza Holiday Inn in Rapid City. The event will provide 10 hours of ACPE accredited continuing education and will also offer a technician track on Saturday morning. At the awards presentation, we will be honoring Dana Darger as the recipient of this year's Gary W. Karel Lecture Award as well as the pharmacist of the year and the technician of the year. The board would like to thank the annual meeting committee, chaired by Rhonda Hammerquist and Joel Van Heukelom, for all their hard work in setting up what should be another great meeting.

We look forward to hosting the 15th Annual Gary Van Riper Society Open Golf Classic this July. This will be at the Central Valley Golf Course in Hartford, SD. We will also be hosting the 4th Annual SDSHP Pharmacy Resident's Conference in Chamberlain, SD this July. Exact dates for these events have not been finalized quite yet, please check out the SDSHP website for updates on dates.

We are excited to announce the development of a SDSHP Newsletter. This newsletter aims to focus on exemplary pharmacist practice advancements throughout the state. In addition, updates on significant clinical trials and guidelines will be included. Please find this newsletter on the Resources tab on the SDSHP website. http://www.sdshp.com/resources/

The 2015-2016 Board of Directors has been a wonderful group to work with and I want to sincerely express my gratitude for their dedication to our profession and the society. We have been able to accomplish many things this year, but this is only because of their hard work and dedication. A special thanks to our outgoing board members: Andrea Aylward, Joel Van Heukelom and Brittany Bailey. They have been responsible for a ton of work relating to health-systems pharmacy and the society couldn't have succeeded without them.

Finally, I would like to thank the members of SDSHP for giving me the opportunity to serve as your president. It has been an honor to work with many pharmacists across South Dakota. In the upcoming year, we will continue our tradition of serving health-system pharmacists and technicians under the excellent leadership of Rhonda Hammerquist.

Large Antique & Collectible Auction: Saturday, April 30, 2016 at 9:00 am MT

Owner: Marcine E. Thomas Trust & Clifford W. Thomas Trust
Mike Thomas, Trustee

AUCTION LOCATION:
Fine Arts Building, Central States Fairgrounds
800 San Francisco St.
Rapid City, SD

For those of you who remember Cliff Thomas, he was an enthusiastic collector of all things pharmacy! For more information on this auction, visit http://casteelauction.com and click on upcoming auctions.

SD ASSOCIATION OF PHARMACY TECHNICIANS

Sue DeJong | President

SDAPT is working hard to prepare our Fall CE and Conference Day for all of you. It will be held October 1, 2016 at the Avera Prairie Center, Sr. Colman Room in Sioux Falls. The conference will begin with registration at 8:00 am. There are five interesting continuing education opportunities being offered throughout the day. Please plan to attend now.

There are some changes to the PTCB Recertification deadlines that have taken effect as of January 1, 2016. Application for recertification must be completed by the first day of the month in which the certification expires. If your certification expires on Nov. 30th, you must have your application in by Nov. 1st or it will be considered late with an additional charge of $25.00. The new timeline for recertification is to help streamline the recertification applications and have them processed and completed for you in a more timely manner.

SDAPT has been invited to exhibit at the SDSHP convention April 8th and 9th. We will be represented there. Thank you to them for including our organization in their plans.

There are many free Technician Specific CE available from Bernie Hendricks at the SDSU School of Pharmacy. Please feel free to contact him at bernie.hendricks@sdstate.edu if you are interested or in need of CE. He is a wonderful asset to our organization.

Also, there are many opportunities around the state this spring to attend the District Spring meetings. The Districts and SDPhA are working together to provide CE for technicians, as well as pharmacists at these meetings. Plan now to attend your District meeting.

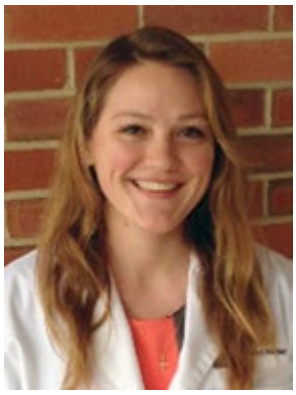
Our SDAPT officers this year are:
Sue DeJong, President .....sdejong99@hotmail.com
Jerrie Vedvei, Pres. Elect .....jvedvei@nvc.net
Deb Mensing, Treasurer .....damens55@hotmail.com
Lynna Brenner, Secretary..... lynnabrenner@hotmail.com

Please feel free to contact any of us with your questions, comments or suggestions. We love to hear from you!

Seize Spring!

ACADEMY OF STUDENT PHARMACISTS

Traci Eilers | APhA-ASP SDSU Chapter President



As APhA-ASP President, I am delighted to share some of our chapter's spring updates with you. We are starting out the spring semester on a good note.

In January, we were able to take 43 students to the Capital for Legislative Days. We provided patient care screenings and were able to interact with legislators throughout South Dakota. We would like to thank Sue Schaefer and SDPhA for providing this wonderful opportunity each year!

In February, our chapter elected the next executive board for the 2016-2017 academic year. We would like to congratulate those who were elected this past February! We also hosted our annual IPSF potluck and chapter auction, which was a huge success. Thank you to all those who contributed and participated in international potluck and chapter auction!

In March, four chapter members traveled to Baltimore, MD for APhA Annual Meeting. At the meeting, chapter members were able to interact with other student pharmacists across the country. We would like to thank SDPhA for the lovely dinner Saturday night. We all had a wonderful time talking with the South Dakota pharmacists throughout dinner. During the awards ceremony, our chapter received the 2014-2015 Innovative Programming Award for our fundraising and educational efforts for the Ebola outbreak in West Africa. We would like to thank everyone who helped contribute to the success of the Ebola project!

Overall, our chapter has completed over 800 patient care

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Notice to Hospital PICs/Staff Regarding Department of Health's Administrative Rule on Potential Drug Therapy Irregularities

We've heard from quite a few PICs/Pharmacy Directors indicating this recently promulgated rule is very burdensome for pharmacy staff:

44:75:08:03. Medication therapy review. The pharmacist shall review the patient's diagnosis, the drug regimen, and any pertinent laboratory findings and dietary considerations. The pharmacist shall report potential drug therapy irregularities and make recommendations for improving the drug therapy of the patients to the attending physician, physician assistant, nurse practitioner, and the administrator. The pharmacist shall document the review by preparing a report of the potential irregularities and recommendations. The administrator shall retain the report in the facility. A copy of the medication review shall be in the patient medical record.

According to Tom Martinez, Deputy Director for the Department of Health, the gist of comments/concerns they've received since the rule was promulgated is that the regulation is overly burdensome on hospitals. The original rule was modeled after long-term care regulations and the intent of this particular rule was to highlight the important service pharmacists provide to the medication therapy review process according to the facility's policies and procedures. They did receive some inquiries/ comments about the proposed rule during the formal rules promulgation process but those comments were general in nature and the tenor of the comments at that time certainly were not of the nature they are now receiving.

After taking the input they've received into consideration and further discussing this issue with Licensure & Certification staff, they have come to the conclusion that the rule is in fact causing some significant unintended consequences for hospital providers. ***As a result, the Department of Health plans to repeal ARSD 44:75:08:03 in its entirety. They will begin the formal rules promulgation process to accomplish that in the next few weeks. The public hearing will likely be scheduled in early May, and they will present the proposal to the Interim Rules Review Committee at their June 1st meeting. Therefore, the effective date of the repeal will be June 21, 2016. The DOH staff will not be citing any facilities for violation of the regulation, as has been the case since they started to hear significant concerns about the rule after it was implemented.***

We certainly appreciate the Department of Health's quick response to the concerns of our hospital pharmacists! If you have any further questions or concerns, please feel free to contact SDPhA.

ACADEMY OF STUDENT PHARMACISTS

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screenings with a goal of 900 screenings throughout the academic year. We are excited to have almost reached our patient care screening goal and will continue to provide patient care screenings throughout the spring semester. We are looking forward to continue to provide the best possible screenings for patients in our communities. With summer approaching, we are looking into providing screenings at county fairs throughout South Dakota. If you have a county fair in your area that you would like to see screenings at, please contact me with details about the fair!

Throughout the fall and spring semesters, we collaborated with various healthcare students on campus in the SDSU –Health campaign. Our chapter organized several screenings and health education booths on campus. Along with these screenings and booths, our chapter was able to hold patient care screenings at the Harvest Table and the Banquet, which are local soup kitchens in the Brookings and Sioux Falls area.

In collaboration with the Brookings Health System, we were able to provide patient care screenings as well as medication reviews for patients for our Transitions of Care project. Along with our Transitions of Care project, we were able to help the Brookings Health System administer influenza vaccines to patients in the Brookings area during their mass immunization clinics. We will continue these patient care screenings and collaboration with the Brookings Health System throughout the year.

130th Annual South Dakota Pharmacists Association Convention
Swiftel Center • Brookings, SD
September 16-17, 2016

Line-up (Tentative)

Friday, September 16

8:00 a.m. – 9:30 a.m.	**Curt Muller, Inspector | Criminal Investigator (Invited)** Special Investigations Branch Office of Inspector General - Office of Investigations U.S. Department of Health & Human Services Office of the Inspector General **CAPT Jon Schuchardt, RPh (Invited)** Indian Health Service Great Plains Area Pharmacy Consultant
9:30 a.m. – 10:30 a.m.	**Pharmacy Law** Dr. Dave Helgeland
10:30 a.m. – 11:30 a.m.	**Business Meeting**
11:30 a.m. – 1:30 p.m.	**Vendor Time/Luncheon/Awards Presentations**
1:30 p.m. - 3:00 p.m.	**New Drug Update** Dr. Joe Strain
3:00 p.m. – 3:30 p.m.	**SDSU Ice Cream Social**
3:30 p.m. – 5:00 p.m.	**Board of Pharmacy/PDMP Update** Executive Director Kari Shanard Koenders PDMP Director Melissa DeNoon
5:00 p.m. – 6:00 p.m.	**Antibiotic Stewardship** Dr. Aly Howard

Saturday, September 17

8:00 a.m. – 9:00 a.m.	**Light Breakfast/Second Business Meeting**
9:00 a.m. – 10:30 a.m.	**Medication Review for Community Pharmacy** Dr. Tadd Hellwig
10:30 a.m. – 12:30 p.m.	**Immunization Update** Dr. Alex Middendorf Dr. Amy Heiberger

SEPTEMBER 16-17, 2016 ★ BROOKINGS, SD

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Home Phone: _____

Email: _____

Spouse/Guest Name:

_____

eProfile ID:

For Hotel Reservations Call:
Hampton Inn & Suites
3017 Lefevre Dr. • Brookings, SD 57006
(605) 697-5232

Convention Registration Cancellation Policy:
Cancellations will be accepted without penalty prior to September 7, 2016.
A $25 cancellation fee will be applied to all cancellations after September 7, 2016.
Refunds will be issued after October 1, 2016.

*Full Registration includes all educational sessions, exhibits, meals and evening events.

**One-Day Registration includes educational sessions, exhibits, meals, and evening event, if applicable.

130th Annual South Dakota Pharmacists Association Convention

Registration Form

Swiftel Center | Brookings, SD | September 16-17, 2016

All SDSU Student Registrations are FREE!
(Hotel Not Included)
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Full Registration*								
Before August 19, 2016	$150	$75	$20	$75	$125	Free	$225	_____
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Please send payment and registration to:
South Dakota Pharmacists Association
PO Box 518 Pierre, SD 57501
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Register Online at www.sdpha.org

2016 AWARD NOMINATIONS

The SDPhA is accepting nominations for awards to be presented at the 2016 Convention in Brookings. Nominations should be submitted along with biographical and contact information. The following awards will be presented:

Bowl of Hygeia

The recipient must be a pharmacist licensed in South Dakota; be living (not presented posthumously); not be a previous recipient of the award and not served as an SDPhA officer for the past two years. The recipient has compiled an outstanding record of community service, which apart from his/her specific identification as a pharmacist reflects well on the profession.

Nominee:_____

Distinguished Young Pharmacist

The nominee must hold an entry degree in pharmacy received less then ten years ago, licensed in South Dakota, member of SDPhA, practiced pharmacy in the year selected, involvement in a national pharmacy association, professional programs, state association activities and/ or community service.

Nominee:_____

Hustead Award

Nominee must be a pharmacist licensed in South Dakota, who has not previously received the award. The nominee shall have made a significant contribution or contributions to the profession, and should have demonstrated dedication, resourcefulness, service, and caring.

Nominee:_____

Distinguished Service Award

The nominee must be a non-pharmacist who has contributed significantly to the profession. The award is not routinely given each year, but reserved for outstanding individuals. Persons making the nomination should complete the form providing reasons why the nominee should be selected. The nomination should clearly outline why the nominee is worthy of the award. If a recipient is selected, the Association will then contact the individual to notify them of the selection and obtain biographical data.

Nominee:_____

Salesperson of the Year Award

Nominee must have made an outstanding contribution to the profession of pharmacy through outside support of the profession.

Nominee:_____

District Technician of the Year Award

Nominee has demonstrated an excellent work ethic, is reliable, consistent, and works well with other. Technician provides a valuable service to the pharmacy profession.

Nominee:_____

Fax nominations by **May 13, 2016** to (605) 224-1280 or e-mail to sue@sdpha.org. Using the criteria for each award listed, please describe in detail the reason for the SDPhA Board of Directors to consider your nominee. Include specific examples and/or details.

Name of Individual Nominating:_____

Address:_____

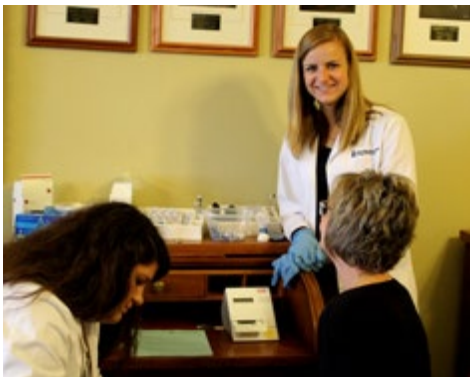
City:_____ State:_____ Zip:_____

Phone:_____ Fax:_____ E-Mail:_____

Pharmacy/Organization:_____

SDPhA LEGISLATIVE DAYS 2016

January 26-27, 2016 • Pierre, SD



2016 LEGISLATIVE REPORT

Robert C. Riter & Margo D. Northrup | SDPhA Lobbyists

DATE: March 29, 2016

Today was the day for the legislature to consider the possible override of several gubernatorial vetoes. The last day of the main run of the legislative session actually occurred on March 11, 2016.

The legislature's principal focus this year was on the Governor's proposal to increase the sales tax to increase teachers' salaries and provide some limited property tax relief. The bill passed and was signed by the Governor. The increased sales tax will become effective June 1, 2016. The significant discussions and focus on this bill, HB 1182, eliminated some other issues which often garner attention.

Certainly, one of the measures which was expected to receive attention, that being the Governor's proposal to increase the Medicaid eligible pool, was ultimately withdrawn. One can only surmise that the decision not to proceed further on that bill was in part based upon not wanting to distract the legislature from the teachers' salaries bill, but also related to the delayed response from the federal government relative to treatment of patients covered by Indian Health Services.

Of particular interest to this Association are the following bills:

- HB 1079 permits the prescription and possession of an opioid antagonist in certain instances. This bill, which the Association supported, authorizes a family member, friend or close third party to possess and administer an opioid antagonist which has been prescribed by a licensed healthcare professional, without any liability upon that healthcare professional. It passed both Houses and was signed by the Governor, to be effective July 1, 2016.

- The legislature also considered two bills to provide limited immunity to individuals who assist persons in need of emergency care or who are themselves in need of emergency care. HB 1077 would have provided that immunity for drug related overdoses and HB 1078 would have provided that limited immunity for alcohol related offenses. This Association was supportive of both measures, which were introduced principally by the South Dakota State Medical Association. HB 1078 relating to alcohol related offenses did receive approval and was signed by the Governor to be effective July 1, 2016. While HB 1077 was approved by the full House, ultimately the Senate Committee considering the same narrowly defeated the bill after it received strong opposition from prosecuting attorneys and law enforcement organizations.

- HB 1068 is a lengthy bill amending the South Dakota Nonprofit Corporation Act. As ultimately passed and approved by the Governor, it amended nonprofit statutes to, among other things, allow those entities to utilize electronic notice provisions and to allow merger of nonprofit corporations in certain circumstances. Of course, this impacts your Association as a nonprofit corporation.

- SB 28 adds meningococcal immunization to the list required for school entry. This bill was introduced at the recommendation of the South Dakota Department of Health. The bill did pass, despite opposition from certain citizens who were concerned about increased mandates for immunizations. In that regard, there was also a bill introduced, SB 108, which would have required notice if certain immunizations contained more than trace amounts of mercury. The bill referred principally to childhood immunizations. While it passed out of the Senate Committee, it was defeated on the Senate floor by a close vote.

- SB 29 updates the nurse practice act and adopts a new Interstate Nurse Licensure Compact. This bill amends SDCL 36-9 to update the language of that act to reflect current operations of the South Dakota Board of Nursing and current nursing practice. The bill adopts a revised Nurse Licensure Compact (NLC) for RNs and LPNs. It passed both bodies and was signed by the Governor.

- HB 1162 would have provided for the licensure and regulation of midwives under the South Dakota Board of Nursing. It would have also created a midwife advisory committee. It was passed by the House. It also passed the Senate Committee considering it, but ultimately failed to pass the full Senate.

- HB 1234 was a bill which would have required legislative approval before the state adopts any changes to the Medicaid program. It prohibited the Governor from submitting a state plan amendment or a waiver for approval to the federal centers for Medicare and Medicaid Services regarding eligibility for Medicaid entitlements without approval of the Legislature. It passed the House but was defeated by the Senate Committee which had it under consideration.

(continued on page 19)

Safety Sensitive Positions: Are You at Risk?

Amanda McKnelly and Maria Eining | Midwest Health Management Services

There are occupations in our communities that are considered "safety sensitive" because they are responsible for the welfare and safety of others. Safety sensitive positions include pilots, police officers, firefighters, attorneys and healthcare professionals. Because these individuals have a responsibility to the public, these positions require personal accountability and public oversight and are often regulated by a licensing board or similar authority.

Like all professionals, workers in safety sensitive positions are susceptible from illnesses that can lead to impairment. Such illnesses are common in society; both depression and alcoholism each reportedly affect 1 in 10 Americans. If a safety sensitive work is impaired, errors may occur which could cause significant harm to themselves or others.

Fortunately, there is an organization in South Dakota that provides confidential assessments, resources and ongoing monitoring of individuals at-risk for impairment. Midwest Health Management Services is a confidential, clinical resource for people in safety sensitive positions, including healthcare professionals. MWHMS was founded to assist professionals and organizations, to be a resource in addressing any of the following:

- Education regarding health and wellbeing for professionals in safety sensitive positions
- Education and assistance and evaluation if substance use or mental health concerns are identified
- Referral to appropriate treatment services and ongoing monitoring of continued recovery status.

To date, MWHMS has provided assistance to more than 420 professionals and students across South Dakota. Monitored recovery services offered by MWHMS follow and replicate strategies used by State Physician Health Programs (PHP) and the Federal Aviation Medicine Advisory Service.

Studies of PHP programs, including the Domino Study and the Dupont Study revealed that, nationally, PHP participants demonstrate a 78% success in recovery without relapse at an average of over 7 years of monitoring. Long-term success rates of pilot monitoring programs reported by the aviation industry note abstinence rates exceeding 85%. These rates are in stark contrast to recovery rates for the general public, as generally, only about 40% remain in remission at 1-year follow-up.

When an ill professional engages in appropriate treatment and monitored recovery services, a highly valuable resource is preserved and is a benefit to the public. In addition, given the morbidity and mortality related to untreated and undertreated substance use and mental health disorders, professional monitoring programs offer great advantages in recovery outcomes.

A vibrant monitored recovery program for professionals in safety sensitive positions can actually enhance public safety by encouraging early intervention, reducing risk associated with potentially impairing health conditions. Assisting professionals in safety sensitive positions to obtain the appropriate treatment and continued care is key. Professional monitoring programs acknowledge a primary concern for public safety, while taking into account that appropriate intervention and monitoring can save a career, a reputation, or even a life.

MWHMS welcomes questions or referrals from any source including, peers, self, physicians, colleagues, attorneys, treatment centers, family or friends.

Domino, K.B., Hornbein, T.F., Pollissar, N.L., Renner, G., Johnson, J., Alberti, S & Hankes, L. (2005) Risk factors for relapse in healthcare professionals with substance use disorders. Journal of the American Medical Association, 293, 1453-1460.

DuPont, R., McLellan, A.T., Carr, G., Gendel, M., & Skipper, G.E. (2009) How are addicted physicians treated? A national survey of physician health programs. Journal of Substance Abuse Treatment. 37(1), 1-7.

Aviation Medicine Advisory Service, FAA-Sanctioned pilot alcohol abuse programs in business aviation. Accessed online on 7/4/2011. at http://aviationmedicine.com/articles/index.cfm?fuseaction=printVersion&articleID=18

FINANCIAL FORUM

This series, Financial Forum, is presented by PRISM Wealth Advisors, LLC and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

Comprehensive Financial Planning: What It Is, Why It Matters

Don't let the market's jumps rattle your commitment to staying invested.

Just what is "comprehensive financial planning?" As you invest and save for retirement, you will no doubt hear or read about it – but what does that phrase really mean? Just what does comprehensive financial planning entail, and why do knowledgeable investors request this kind of approach? While the phrase may seem ambiguous to some, it can be simply defined.

Comprehensive financial planning is about building wealth through a process, not a product.
Financial products are everywhere, and simply putting money into an investment is not a gateway to getting rich, nor a solution to your financial issues.

Comprehensive financial planning is holistic. It is about more than "money." A comprehensive financial plan is not only built around your goals, but also around your core values. What matters most to you in life? How does your wealth relate to that? What should your wealth help you accomplish? What could it accomplish for others?

Comprehensive financial planning considers the entirety of your financial life. Your assets, your liabilities, your taxes, your income, your business – these aspects of your financial life are never isolated from each other. Occasionally or frequently, they interrelate. Comprehensive financial planning recognizes this interrelation and takes a systematic, integrated approach toward improving your financial situation.

Comprehensive financial planning is long-range. It presents a strategy for the accumulation, maintenance and eventual distribution of your wealth, in a written plan to be implemented and fine-tuned over time.

What makes this kind of planning so necessary? If you aim to build and preserve wealth, you must play "defense" as well as "offense." Too many people see building wealth only in terms of investing – you invest, you "make money," and that is how you become rich. That is only a small part of the story. The rich carefully plan to minimize their taxes and debts, and adjust their wealth accumulation and wealth preservation tactics in accordance with their personal risk tolerance and changing market climates.

Basing decisions on a plan prevents destructive behaviors when markets turn unstable. Impulsive decision-making is what leads many investors to buy high and sell low. Buying and selling in reaction to short-term volatility is a day trading mentality. On the whole, investors lose ground by buying and selling too actively. The Boston-based investment research firm Dalbar found that from 1994-2013, the average retail investor earned 5% a year compared to the 9% average return for U.S. equities – and chasing the return would be a major reason for that difference. A comprehensive financial plan – and its long-range vision – helps to discourage this sort of behavior. At the same time, the plan – and the financial professional(s) who helped create it – can encourage the investor to stay the course.[1]

A comprehensive financial plan is a collaboration & results in an ongoing relationship. Since the plan is goal-based and values-rooted, both the investor and the financial professional involved have spent considerable time on its articulation. There are shared responsibilities between them. Trust strengthens as they live up to and follow through on those responsibilities. That continuing engagement promotes commitment and a view of success.

Think of a comprehensive financial plan as your compass. Accordingly, the financial professional who works with you to craft and refine the plan can serve as your navigator on the journey toward your goals. The plan provides not only direction, but also an integrated strategy to try and better your overall financial life over time. As the years go by, this approach may do more than "make money" for you – it may help you to build and retain lifelong wealth.

(continued on page 19)

2016 LEGISLATIVE REPORT

(continued from page 16)

- SB 171 passed the Senate but was ultimately defeated by the House. The bill initially was to allow for the compassionate use of medical cannabis. Ultimately, it was changed by the Senate Committee considering the same to be limited to allowing physicians to provide cannabidiol oil to treat intractable epilepsy. While the Senate passed the bill it was ultimately defeated on the House floor.

As mentioned above, while the legislature was principally involved with the teachers' funding measure, there were many other issues which did involve consideration and participation by your Association.

We appreciated the opportunity to again assist you. If you have any questions about any of the measures discussed above, please do not hesitate to contact us.

Financial Forum

(continued from page 18)

Citations.
1 - fool.com/investing/general/2015/03/22/3-common-mistakes-that-cost-investors-dearly.aspx [3/22/15]

Pat Reding and Bo Schnurr may be reached at 800-288-6669 or pbh@berthelrep.com.
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AND THE LAW by Don R. McGuire Jr., R.Ph., J.D.

This series, Pharmacy and the Law, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

New Advances

We are entering another period of change in the pharmacy profession. We experienced such a period during the 1990's when collaborative practice and pharmacist-administered immunizations were new topics of conversation. Now we are seeing an enhancement of pharmacist-provided, patient-centered services. And these changes are dovetailing with the drive for provider status for pharmacists. I remember performing kinetic dosing for aminoglycosides at our hospital in the 1990's. We were very proud of how progressive and advanced we were. Our results were improving our patients' outcomes. It was only later that we discovered that collaborative practice wasn't yet authorized by our state practice act.

At the opposite end of the spectrum from those who blindly race ahead are those who resist such changes. These are pharmacists who are comfortable in their existing practices and are worried about the extra liability when exposure performing new patient care services. These extra liability concerns have been discussed in previous articles. Change and progress are necessary to stay relevant and useful in the modern world. The key to managing change is preparation.

Ohio enacted a law at the end of 2015 that enhanced the ability of pharmacists and physicians to enter into collaborative practice agreements. Among the authorities granted to pharmacists are; ordering blood and urine tests, analyzing those results, modifying drug regimens (including ordering new drugs), and authorizing a refill of critical medications. Oregon has a new law going into effect in 2016 which authorizes pharmacists to prescribe self-administered oral or transdermal birth control. California has also passed a law similar to Oregon's. Typically these statutes authorize pharmacists to expand their practices, but they do not require them to do so. So how do you prepare to expand your (and your patients') horizons?

Examine the new practices open to you in your state. Which of them are you currently competent to perform? Which can you obtain addition training relatively quickly and become competent? Which ones best serve the needs of your patients? Once you know that, you can assess your liability exposure in performing those services. This is done by reviewing your legal duties to your patients. What duties are required for you to provide the service? What possible ways could those duties be breached? What possible injuries that could result from that breach? In this way, you can evaluate your exposure for providing any new service.

Once you have decided to move ahead, the next step in preparation is to examine your insurance coverage. You can't just assume that new practices are covered. Individual insurance companies can determine what they do and do not want to cover in a policy, regardless of what constitutes the scope of practice in your state. It is never safe to assume that you have coverage for something without first asking and validating that with your insurance carrier. For example, there are policies available in the marketplace that exclude damages resulting from patient counseling – whether or not the counseling is required by law. While we are talking about optional activities and services here, your insurance policy should certainly cover the activities that you are required to perform. To avoid problems later, it is a good practice to read your insurance policy to make sure that it provides the coverage that you need.

Once you have assessed your possible exposure and verified your insurance coverage, you are ready to begin providing advanced services like those authorized in Oregon, Ohio, California and other states. You are part of the next wave of change in pharmacy practice. The profession of pharmacy has come a long way in a relatively short period of time. In the 1950's, it was unethical to tell a patient the name of their prescribed medication. Now pharmacist are engaging in extensive collaborative practices, providing MTM and immunizations; even prescribing medications whose names they weren't allowed to disclose a few years ago. It is an exciting time to be a pharmacist!

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel, Senior Vice President, Risk Management & Compliance at Pharmacists Mutual Insurance Company.

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Continuing Education for Pharmacists

Pharmacist Patient Assessment Skills for Optimizing Self-Care, Part 2 of 4: Evaluation of Eyes, Ears, Nose, Mouth and Throat

- Knowledge-based CPE

Goal - To enhance pharmacists' knowledge regarding patient assessment.

Learning Objectives - Upon successful completion of this course, the pharmacist should be able to:

1. Assess the eyes, ears, nose, mouth and throat to identify common self-treatable medical conditions.

2. Recognize common ocular complaints and know which symptoms require physician referral.

3. Differentiate between symptoms associated with a common cold, influenza, and allergic rhinitis.

4. Recognize symptoms that indicate a potential sinus infection.

5. Identify symptoms that may be useful in differentiating between viral and streptococcal pharyngitis.

Messerschmidt

Oehlke

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and

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Introduction

In the first installment of this series we introduced the QuEST process, which is a tool designed to help pharmacists elicit the information needed to provide appropriate recommendations regarding self-care.[1] In this next section we continue to explore opportunities for utilizing basic patient assessment skills in the ambulatory care setting, with a focus on assessment of the eyes, ears, nose, mouth, and throat.

EYES

The eyes can be affected by a number of medical conditions, some of which are amenable to self-treatment while others may require immediate medical attention. The potential risk to vision from ophthalmic problems requires the pharmacist to accurately distinguish between the two scenarios.

When examining the eyelids and surrounding areas, note the quantity, distribution, and texture of the eyebrows; also check the eyelids for masses, drooping, redness and swelling. A chronic inflammatory condition of the eyelid margins is called blepharitis. Inflammation and infection of a gland in the eyelid or the follicle of an eyelash may result in a hordeolum (sty).

In addition to local conditions, sometimes systemic disease can alter the appearance of the external eye. For example, renal impairment can cause excessive fluid retention resulting in periorbital edema, and hyperthyroidism can cause an abnormal protrusion of the eyeball known as exophthalmos. The unintentional loss of the lateral portion of the eyebrows may indicate untreated hypothyroidism, and slowly growing light-yellow plaques on the inner eyelids called xanthelasmas are frequently associated with dyslipidemia.

QuEST Process[1]

- **Qu**ickly and accurately assess the patient (e.g., symptoms, current medications and medical conditions, allergies)
- **E**stablish that the patient is an appropriate candidate for self-care
- **S**uggest appropriate strategies for self-care
- **T**alk with the patient about:
  - √ The medication's actions, proper administration, and potential adverse effects
  - √ What to expect from treatment

One of the more common ocular problems a pharmacist encounters is redness of the eye. Although most cases are relatively benign, some require immediate medical attention. Conjunctivitis, an inflammation or infection of the clear mucous membrane lining the eye, can be the result of infectious or noninfectious etiologies.

Noninfectious causes most commonly stem from seasonal or perennial allergies. Hallmark symptoms include bilateral redness, a profuse watery discharge, puffiness, and itching. In more severe cases, a mucoid discharge may be noted. To help identify allergies as the cause of the symptoms, ask the patient about the presence of any non-ocular symptoms of allergic rhinitis such as rhinorrhea (runny nose), sneezing, nasal congestion, postnasal drip, itching of the ears, nose, throat, or palate, and systemic symptoms such as malaise and fatigue.

Conjunctivitis secondary to viral infection is the most common infectious cause of a red eye. This condition usually occurs during, or shortly after an upper respiratory tract infection and is characterized by a "pink eye", swollen eyelids, and a profuse watery discharge. Patients may also complain of light sensitivity, itching, and/or a mild foreign-body sensation or scratchiness. Symptoms associated with viral conjunctivitis are usually self-limiting and tend to resolve over a period of one to three weeks.

The symptoms typically start out in one eye, but commonly spread to the other eye within a day or two. Cold compresses and lubricating eye drops may help control mild symptoms. Since pink eye is highly contagious, patients should be counseled regarding good hygiene practices to minimize the spread of infection[2] (Table 1).

If the patient is experiencing severe eye pain it may indicate corneal trauma, in which case the patient should be referred to their physician in order to rule out a corneal abrasion.

True or False? *Redness of the eye is a common ocular complaint that can be safely self-treated, regardless of the etiology of the redness.*

Bacterial conjunctivitis also presents with a red eye and is usually accompanied by tearing and ocular irritation. Within one to two days a purulent, yellow-green discharge may be noted, often resulting in crusting and matting of the eyelids that develops overnight. Patients should be referred to a physician for antibiotic drops whenever a bacterial infection is suspected.

Table 1. Patient counseling tips to prevent the spread of pink eye

Thoroughly wash hands on a regular basis
Avoid touching eyes with hands
Avoid close contact with other individuals
Use a clean towel and washcloth daily
Change pillowcases frequently
Avoid sharing objects that may be contaminated (e.g., towels, washcloths, eye cosmetics)
Throw away eye cosmetics and disposable contact lenses (and lens supplies) that may be contaminated

Another common ocular complaint is dry eye; this condition is especially problematic in the elderly population. Patients with dry eyes typically complain of general ocular discomfort, itching, burning or stinging, redness, and a foreign body sensation[3]. Medications that can exacerbate dryness include diuretics, and those drugs with anticholinergic side effects such as antihistamines, tricyclic antidepressants, and phenothiazines.

Self-treatment with artificial tears and/or ocular emollients (during the night) can be recommended for up to three days. Likewise, the use of ocular vasoconstrictors (e.g., Visine® Original) should be limited to three days in order to prevent rebound conjunctivitis; these products should also be avoided in patients with narrow-angle glaucoma.

Patients should not self-treat most ophthalmic conditions for longer than 72 hours without consulting a physician. Other indications for physician referral include symptoms of ocular pain, blurred vision that does not clear with blinking, photophobia, or any history of trauma, or chemical or thermal exposure. A patient complaining of a unilateral red eye that is accompanied by severe ocular pain, visual defects, or nausea and/or vomiting should be referred to a physician for immediate evaluation to rule out acute angle-closure glaucoma.

EARS

Examination of the ears begins with the inspection of the outer ear and surrounding skin, looking for any redness, swelling, or lesions. Special attention should be given to non-healing skin lesions, which may indicate a squamous cell carcinoma. This condition occurs most frequently in fair-skinned individuals who have had frequent sun exposure. The lesion is usually located on the upper rim of the ear and results in a raised, crusted lesion with a central ulceration.

Table 2. Otic symptoms and conditions requiring physician referral

Signs or symptoms of potential infection (i.e., ear pain, drainage, or fever)
Tinnitus
Dizziness
Perforation of the ear drum (including tympanostomy tubes, recent ear surgery or trauma)
Loss of hearing
Lightheadedness, loss of balance, vertigo, nausea or vomiting
Foreign objects in the ear canal

The entrance to the ear canal should also be examined for drainage, excessive earwax (cerumen), and redness or swelling. Some patients have a tendency to accumulate and retain excessive moisture in the ear canal, especially after bathing, swimming, sweating, or just being exposed to a humid environment. This may result in a condition called water-clogged ears. The patient may complain of a feeling of wetness or fullness, which can be accompanied by gradual hearing impairment. Ear drops containing isopropyl alcohol in anhydrous glycerin (e.g., Auro-Dri®, Swim Ear®) can be used to dry out the ears after each exposure to water, but these products should be avoided in children less than twelve years of age, and in those with other exclusions for self-treatment (Table 2).

If left untreated, water-clogged ears may develop into acute otitis externa, or "swimmer's ear", which is an inflammation or infection of the outer ear canal. This occurs when continued water exposure, along with the patient's attempts to remove the excess moisture, results in the breakdown of the ear's natural defenses and allows inflammation and infection to take place.

If the patient complains of pain or itching in the ear canal, or if any discharge or inflammation is noted, perform the "tug test". To do this, gently tug on the ear to move it up and down, and press on the tragus (the piece of cartilage that protects the opening of the ear canal). Movement of the external ear is painful in acute otitis externa, and these patients, as well as any other patient with a suspected ear infection (otitis media), should be referred to their physician.

Problems with ear wax are another common otic complaint, especially in patients over the age of 65. If excessive or impacted wax causes bothersome symptoms, such as a feeling of pressure, fullness, or itching, or if it interferes with hearing or causes trapping of moisture, it should be removed. Options for removal include over the counter ear wax softeners, or manual

Table 3. Selected symptoms of common otic disorders

	Water-clogged ears	Otitis externa	Otitis media	Impacted cerumen
Pain	No	Often	Usually	Rarely
Hearing difficulty	Possible	Possible	Usually	Often
Purulent discharge	No	Common	If perforation	No
Bilateral symptoms	Possible	Possible	Possible	Fairly common
Appropriateness of self-treatment	Yes	In selected cases[#]	Never	In selected cases*

Only if individual has a history of swimmer's ear and can reliably recognize recurrences

*For adults only, self-treatment for up to four days is appropriate.

removal by a physician.

The use of cotton-tipped swabs, or other foreign objects such as bobby-pins, should be avoided due to the potential for pushing the hardened wax further into the ear canal or causing trauma. A summary of the symptoms of the most common otic disorders is provided in Table 3.

Pharmacists should also be aware of the potential effect of medication use on the ear and its functions. Drug-induced ototoxicity can present itself in a number of ways, and it very commonly goes unrecognized. Medications may impair the auditory function of the ear (hearing) by affecting the eighth cranial nerve, and as a result, patients may notice a muffling of sounds, or they may complain of fullness in the ears or hearing loss. Tinnitus frequently precedes or coincides with hearing loss and may be described as a ringing, buzzing, ticking or roaring sound.

Medications may also result in vestibular toxicity. Since the vestibular system influences balance and equilibrium, vestibular toxicity can result in symptoms of lightheadedness, loss of balance, vertigo, nausea and vomiting. Most often these effects are reversible upon discontinuation of the offending drug. Medications associated with potential ototoxicity include antibiotics (e.g., erythromycin, aminoglycosides, vancomycin), loop diuretics, quinine, cisplatin, salicylates and NSAIDs. Any patient with symptoms suggestive of drug-induced ototoxicity should be referred to a physician for further assessment.

NOSE AND SINUSES

When inspecting the nose, start by examining the external surface for skin lesions, erythema or drainage. Check the patency of the nasal passages by occluding one nostril at a time and asking the patient to inhale through the other nostril. Air passage should be noiseless and unobstructed. If significant congestion is noted, question the patient about a recent upper respiratory tract infection such as a common cold, or any allergic symptoms like itching, puffy or watery eyes, or a watery nasal discharge. Symptoms of a common cold can vary slightly depending on which one of over 200 viruses is causing the cold, but most commonly it starts with a scratchy, sore throat, followed by a runny nose, sneezing, and watery eyes. A mild headache, malaise, and fatigue may also be present. Towards the end of a cold, the runny nose typically turns into a stuffy nose, and up to 20% of patients develop a nonproductive cough. Over the counter cold products containing antihistamines and decongestants can help ameliorate symptoms, but do not "cure" or shorten the duration of the cold. With influenza, the symptoms are generally more severe and are often accompanied by a high fever and muscle aches (Table 4).

Allergic rhinitis may also be difficult to distinguish from a common cold, but in general, patients suffering from allergies are more likely to complain of itching of the eyes, ears, nose and palate, and the duration of symptoms usually exceeds one week. Make sure to specifically ask patients about the recent use of topical nasal decongestants, since the use of these drugs for more than three to five days, or at doses which are higher than recommended, can cause rebound nasal congestion. Allergy patients should be referred to their physician for suspected complications (e.g., ear, sinus, or pulmonary infection) or co-morbidities (e.g., asthma, obstructive sleep apnea) that need medical evaluation, or if they are not responding adequately to nonprescription treatment.

Table 4. Differentiating between a cold and influenza

Symptom	Common Cold	Influenza
Fever	Rare	Sudden onset, often > 102° F (38.9°C)
Headache	Mild or absent	Prominent
Myalgias/arthralgias	Mild or absent	Prominent
Fatigue, weakness	Mild or absent	Extreme, up to 2 weeks
Runny nose, sneezing	Common	Less common
Nasal congestion	Common	Less common
Sore throat	Common	Common
Cough (usually non-productive)	Less common Usually mild, hacking	Common, persistent Can be severe
Ocular	Watery eyes	Pain, burning, photophobia
Duration	7 days	7 days
Complications	Sinus congestion, earache	Bronchitis, pneumonia

If nasal drainage is present, note the color and consistency of the discharge. Clear, watery drainage is often associated with allergic rhinitis or the first stage of a common cold. Yellow, green or blood streaked discharge indicates a possible sinus infection. To assess for sinus problems, ask the patient about any symptoms of nasal congestion, facial pain, pressure or tenderness, and about any recent upper respiratory tract infections. To detect tenderness, use your thumbs to press upward under the eyebrows and under both cheekbones. Excessive discomfort or pain suggests sinusitis.

With sinus congestion, the patient's speech will have a nasal quality. A patient is more likely to have a sinus infection (rather than just a cold) if their symptoms have not improved after about ten days, or if their symptoms worsen (rather than improve) after five to seven days.

Other symptoms indicating a potential sinus infection include, but are not limited to, the following: a low-grade fever, cough, malaise, nasal congestion that is unresponsive to nasal decongestants, a preceding upper respiratory infection, toothache, headache or facial pain (especially upon awakening or bending over), and purulent nasal drainage. Individually, each of these signs or symptoms has poor prognostic value, but when seen in combination they can be highly predictive of a sinus infection. When a sinus infection is suspected the patient should be referred to a physician for further evaluation and treatment.

MOUTH AND THROAT

Mouth

When inspecting the mouth, use a tongue blade and penlight to examine the lips, gums, cheeks, tongue, teeth, and palate. Have the patient remove any lipstick or dentures in order to facilitate your examination. Also note any unusual odor to the patient's breath. A sweet odor, similar to ripened bananas, may indicate diabetic ketoacidosis, while a foul or putrid odor may be a sign of a dental or pulmonary infection.

True or False? *Over-use of nasal decongestant sprays and drops may cause rebound nasal congestion.*

Observe the lips for color, moisture, swelling, asymmetry, or presence of lesions. Common findings include herpes simplex lesions (cold sores or fever blisters) which are recurring lesions that are usually located on the border of the lip. These painful lesions usually start as a small cluster of vesicles that rupture and form a yellowish-brown crust. Healing generally occurs over a period of 10 to 14 days. Any non-healing lesion should be examined by a physician to rule out carcinoma. Dry, cracked, or inflamed lips can be a sign of sun or wind exposure, dehydration or poorly fitting dentures. An asymmetrical drooping of one side of the mouth may be the result of Bell's Palsy (inflammation or dysfunction of the facial nerve) or a cerebrovascular accident and should be promptly referred to a physician to determine the cause.

Next, ask the patient to open their mouth. Note the state of dental hygiene and observe for any signs of inflammation of the gums (gingivitis) or easy bleeding, both of which may be an early symptom of periodontal disease. Gingival hyperplasia (enlargement of the gums) may be associated with pregnancy, leukemia, or exposure to certain drugs (e.g., calcium channel blockers, phenytoin, cyclosporine). A yellowish to brown discoloration of the teeth from tobacco, coffee, tea, or prior tetracycline use is a fairly common but benign finding.

Inspect the gums, cheeks, and palate for erythema, lesions, or swelling. The normal oral mucosa should be pink and moist. A lack of saliva under the tongue may be an indication of dehydration. Aphthous ulcers (canker sores) are small, painful pale yellow to white spots or ulcerations that are often surrounded by a reddened halo. They are a fairly benign finding and usually heal within 7 to 10 days without treatment. Leukoplakia presents as a thickened and painless white patch and may occur anywhere on the oral mucosa. This finding is usually the result of chronic irritation such as from chewing tobacco and is considered a premalignant condition that should be further evaluated.

Oral thrush is a yeast infection of the mouth that results in creamy-white, curd-like patches. The area under the patches is often reddened and sore. These lesions may be found on the cheeks, tongue, throat, hard and soft palate, and gums. Patients more susceptible to oral thrush are those on certain medications such as inhaled or systemic steroids, antibiotics or other immunosuppresants, as well as those who smoke, are diabetic or have an immunosuppressive disorder. Patients with suspected thrush should be referred to a physician for further evaluation and treatment.

True or False? *Thrush is due to an overgrowth of resistant bacteria in the mouth.*

Throat

To inspect the throat, use a tongue blade and penlight to visualize the posterior portion of the oral cavity and the tonsils. Insert the tongue blade posteriorly, no further than the uvula to avoid provoking the gag reflex. Moistening the tongue blade with warm water may help avoid triggering this reflex. While pressing gently downward on the tongue, ask the patient to say "aaah". This raises the soft palate and allows for better visualization of the oropharynx and tonsillar area. Observe the surrounding region for inflammation, erythema, exudate or lesions. Small, irregular spots of pink or red lymphatic tissue and small blood vessels are commonly present.

The color of the tonsils usually blends in with the pink color of the pharynx and they normally should not project beyond the limits of the tonsillar pillars. If the tonsils are reddened, swollen, or covered with whitish spots, or exudate, an infection may be present. A yellowish, mucoid drainage in the pharynx is typical of postnasal drip.

A sore throat, or pharyngitis, is one of the most common reasons a patient seeks medical attention. This condition is usually caused by the invasion of the pharyngeal tissue by a pathogen, although non-infectious etiologies (e.g. gastroesophageal reflux disease, postnasal drainage) are also possible. Both bacterial and viral organisms can produce a sore throat.

Approximately 50 to 80% of pharyngitis is due to viral pathogens, while Group A streptococcus is by far the most common bacterial pathogen. Since untreated streptococcal pharyngitis (strep throat) may lead to complications such as rheumatic fever, one of the most important tasks in evaluating a patient with a sore throat is to decide whether or not they may have strep throat.

Table 5 lists common findings associated with both streptococcal and viral pharyngitis. Although individual signs and symptoms are not accurate enough to make a clear diagnosis, patients with one or fewer of the cardinal findings (i.e., tonsillar exudate, swollen tender anterior cervical nodes, absence of cough, history of fever) have a relatively low risk of strep throat.

It is important to refer any patient with suspected strep throat to their physician for further assessment, diagnosis and care. A low grade fever and malaise often accompany the viral sore throat. Although distressing to the patient, this condition is usually benign and self-limited. During the acute phase of pharyngitis, most patients will benefit from rest, adequate fluid intake, antipyretic/analgesic therapy, and warm salt water gargles.

Table 5. Characteristic findings associated with pharyngitis

Signs and symptoms suggestive of streptococcal pharyngitis
Sudden onset of severe throat pain
Pain on swallowing
Fever > 101° F (38.3°C)*
Headache and malaise
Abdominal pain (especially in children)
Nausea and vomiting
Rash
Enlarged or tender cervical lymph nodes*
Pharyngeal erythema, exudate
Tonsillar erythema, enlargement, exudates*
Bad breath
Lack of cough*

Signs and symptoms suggestive of viral pharyngitis
Cough
Temp ≤101° F (38.3°C)
Runny nose
Hoarseness
Conjunctivitis
Pharyngeal vesicles and/or ulcers
Malaise

* cardinal symptoms of strep throat

CONCLUSION

Patients commonly present to their community pharmacy seeking a recommendation for the treatment of symptoms involving the eyes, ears, and upper respiratory tract. While many of these conditions can be self-treated, some require physician referral, and it is imperative for the pharmacist to be able to distinguish between the two.

By utilizing basic patient assessment skills, the pharmacist is able to guide the patient regarding the most appropriate treatment to pursue, whether it be self-treatment or further evaluation by a physician. Using these skills, along with effective communication techniques, allows the pharmacist to build long-term, trusting relationships that optimize patient care.

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ASSESSMENT QUESTIONS

1. Which of the following statements best describes symptoms typically associated with allergic conjunctivitis?
   A. Unilateral redness, irritation, and purulent discharge
   B. Bilateral redness, watery discharge, and ocular itching
   C. Severe ocular pain and redness
   D. Crusting and matting of the eyelids, particularly upon awakening

2. A patient presenting with a unilateral red eye and severe ocular pain should be:
   A. Instructed to self-treat with acetaminophen for up to five days
   B. Referred to a physician if the symptoms do not improve on their own within 72 hours
   C. Referred to a physician for immediate evaluation
   D. Told to practice thorough hand washing and to avoid sharing contaminated objects with others

3. Which of the following statements regarding the self-treatment of common ocular problems is FALSE?
   A. Patients should not self-treat most ophthalmic conditions for longer than 72 hours without consulting a physician.
   B. The use of ocular vasoconstrictors should be limited to three days in order to prevent rebound conjunctivitis.
   C. Patients experiencing severe eye pain should be referred to their physician as it may be a sign of a corneal abrasion.
   D. Patients who have experienced a chemical exposure to the eye should be instructed to flush well with water and call their physician if the pain and/or vision problems do not resolve within 72 hours.

4. Which of the following otic conditions is potentially appropriate for self-treatment?
   A. Symptoms of ear pain, fever and drainage
   B. Suspected drug-induced ototoxicity
   C. A repeat case of swimmer's ear
   D Impacted cerumen in a patient with dizziness and tinnitus

5. Pain associated with the "tug test" is most suggestive of:
   A. Otitis externa (swimmer's ear)
   B. Ear wax impaction
   C. Ototoxicity
   D. Otitis media

6. Clear, watery nasal discharge accompanied by an itchy nose and eyes is most consistent with :
   A. A bacterial sinus infection
   B. A common cold
   C. Influenza
   D. Allergic rhinitis

7. Symptoms that suggest a patient has influenza rather than a common cold include:
   A. Nasal congestion
   B. Myalgias and arthralgias
   C. Runny nose and sneezing
   D. Sore throat

8. Symptoms of purulent nasal discharge, cough, nasal congestion, facial pain or tenderness, and a headache are most consistent with:
   A. Influenza
   B. Strep throat
   C. A sinus infection
   D. Seasonal allergies

9. Leukoplakia is a pre-malignant condition found on the:
   A. Oral mucosa
   B. Nose
   C. Scalp
   D. Eyelids

10. Painful, creamy-white, curd-like patches in the oral cavity are due to:
   A. Chronic irritation
   B. A viral infection
   C. A bacterial infection
   D. Yeast

11. Which of the following symptoms are more likely to be suggestive of viral pharyngitis rather than streptococcal pharyngitis?
   A. Enlarged cervical lymph nodes and a high fever
   B. Tonsillar exudate
   C. Sudden onset of severe throat pain
   D. Low grade fever, runny nose and a cough

12. Which of the following are signs and symptoms of streptococcal pharyngitis that should alert you to recommend a prompt referral to a physician?
   A. Pain on swallowing, temperature $\leq$ 101° F (38.3°C)
   B. Runny nose and cough
   C. Temperature >101° F (38.3°C) with tonsillar exudate
   D. Low grade fever, runny nose and a cough

"Pharmacist Patient Assessment Skills for Optimizing Self-Care, Part 2 of 4: Evaluation of the Eyes, Ears, Nose, Mouth and Throat"

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Learning Objectives - Pharmacists*: 1. Assess the eyes, ears, nose, mouth and throat to identify common self-treatable medical conditions; 2. Recognize common ocular complaints and know which symptoms require physician referral; 3. Differentiate between symptoms associated with a common cold, influenza, and allergic rhinitis; 4. Recognize symptoms that indicate a potential sinus infection; 5. Identify symptoms that may be useful in differentiating between viral and streptococcal pharyngitis.*

Circle the correct answer below:

1. A B C D	**5. A B C D**	**9. A B C D**
2. A B C D	**6. A B C D**	**10. A B C D**
3. A B C D	**7. A B C D**	**11. A B C D**
4. A B C D	**8 A B C D**	**12. A B C D**

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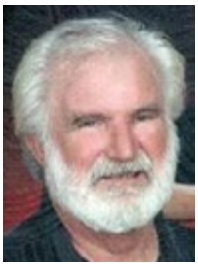
IN MEMORIAM

Bob Roach



Bob passed away February 17, 2016 at his residence surrounded by his loving family.

Bob was born April 15, 1940 to Reverend Orval and Elsie Roach in Chicago, Illinois. He was the second of 5 sons. He graduated from high school in Ollie, Iowa and attended the University of Sioux Falls.

The most important things for Bob were his family, his many friends, his work (40 years as wholesale pharmaceutical sales and sales management), skydiving (40 years; 2,737 jumps), his faith, and having a yard full of flowers and color.

Bob never met a stranger; he had a knack for making everyone feel important. He received many awards from work and skydiving but always down-played his achievements. He had a big heart and his natural inclination was always to help others.

Bob was extremely proud of his children both when they were little and of the wonderful adults they became. He was the best play grandpa for his grandchildren and the best lap grandpa for his great-grandchildren. He never missed an opportunity to boast about all of them.

Bob is survived by his wife, Linda; sons, Ben (Mankato, MN), Rick and his wife Kim, Mike; daughter, Michelle Wells and her husband Eric (all of Sioux Falls); 8 grandchildren and 3 great-grandchildren; brother, Roger and his wife Nancy of Fremont, NE and brother, Dan of Lincoln, NE. He was preceded in death by his parents and brothers, Donn and Richard.

The family requests that memorials be sent to Asera Care, 528 N. Sycamore Ave., Sioux Falls, SD 57110.

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