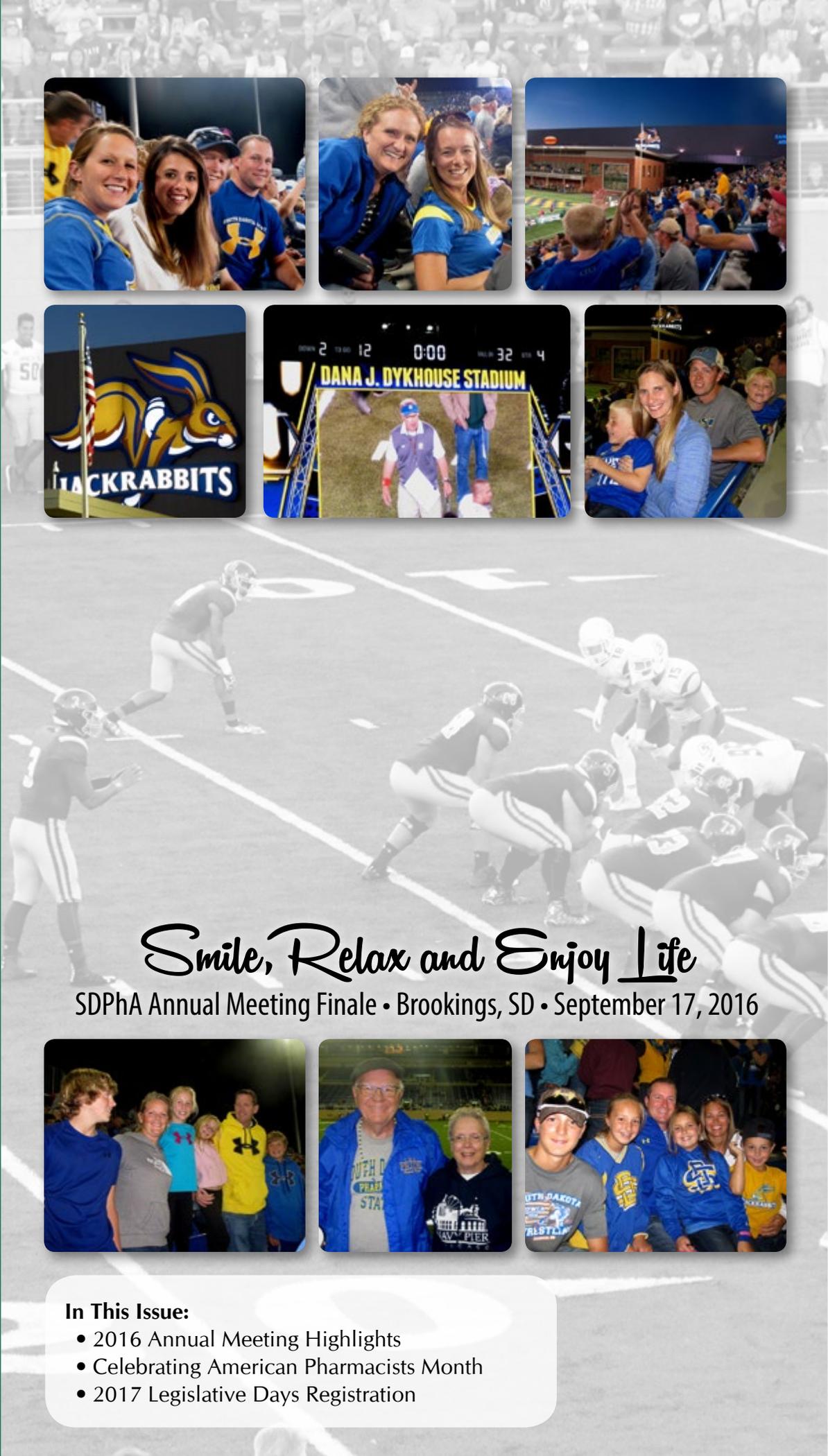


SOUTH DAKOTA PHARMACISTS



Smile, Relax and Enjoy Life

SDPhA Annual Meeting Finale • Brookings, SD • September 17, 2016



In This Issue:

- 2016 Annual Meeting Highlights
- Celebrating American Pharmacists Month
- 2017 Legislative Days Registration

South Dakota Pharmacists Association

320 East Capitol
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“The mission of the South Dakota Pharmacists Association is to promote, serve and protect the pharmacy profession.”

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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>.

OCTOBER American Pharmacists Month

- 1 SDAPT Fall Conference and CE Day
Sioux Falls, SD
- 10 Native American Day
- 11 Sioux Falls District Meeting
5 p.m. social hour and tours; 6:30 p.m. meeting
Fernson Brewing Company, Sioux Falls
- 11-14 National Consultant Pharmacist Week
- 15-19 NCPA Annual Convention
New Orleans, LA
- 16-22 National Hospital and Health-System Pharmacy Week
- 18 National Pharmacy Technician Day
- 22 DEA Take Back Day
Fall District Meetings

NOVEMBER

- 6 Daylight Savings Time Ends
- 11 Veterans Day
- 24 Thanksgiving

DECEMBER

- 4-8 ASHP Midyear Clinical Meeting
Mandalay Bay Convention Center, Las Vegas, NV
- 25 Christmas

JANUARY

- 1 New Years Day
- 10 Legislative Session Begins
- 16 Martin Luther King, Jr. Day
- 24-25 SDPhA Legislative Days, 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



Happy American Pharmacists Month!

We sure had a wonderful annual meeting in Brookings a few weeks ago! Thank you all for coming out to learn, teach, and just plain celebrate the profession! I think Brookings and the College of Pharmacy and Allied Health Professions did a wonderful job of welcoming us back where it

all began for many. I heard from quite a few pharmacists that Brookings should be in the rotation for meetings, so the board will definitely be discussing the matter.

Once again, I'd like to personally thank our students for coming out and helping us with all the convention details. We couldn't put on a convention without your help!

As you know, October is the month we celebrate the profession of pharmacy. And there is much to celebrate! You all deserve a big pat on the back for the care you provide for your patients. Your profession is so very important, and I really feel like other health professions and agencies are starting to really understand the value you bring to the healthcare team. We've placed a page with ideas on how to celebrate this month. We hope you take time to check it out and celebrate with your pharmacy team!

This past month, the Department of Health's Chronic Disease/Diabetes Care office sent out a "Diabetes Toolkit" to all PICs in South Dakota pharmacies. Our pharmacists were engaged to help design the toolkit, and hope you are all finding it useful in your pharmacies. If you've got a particular success story to share regarding its use and value, please do share with us! We want to make sure the program is a success and are hoping it leads to more pharmacy involvement with the Department of Health.

A few Fall District Meetings have scheduled or are in the process...Sioux Falls is leading off with their Fall District meeting in Sioux Falls at the Fernson Brewing Company on October 11th. Please don't forget to RSVP so each district knows how many to expect. The Black Hills District is working out details for their meeting, as is Mitchell. This isn't a mandatory meeting, but we will provide an update if your district chooses

to meet. It's always great to gather with your area pharmacists, technicians and students! Please make plans to attend YOUR district meeting!

One important reminder for you – **please don't forget to support your district and donate to our Commercial & Legislative Fund.** For those of you who prefer a paper form, you'll find one within this journal for you to fill out and return. Our website has an online payment option, so please visit www.sdpha.org to donate! We need to keep our Lobbyists Bob Riter and Margo Northrup engaged, so your help is very much appreciated.

We're excited to share that Lori Ollerich, a pharmacist with Pharmacy Specialties, Inc. in Sioux Falls, has joined your Executive Board team! Lori was nominated by the Sioux Falls District and elected to the position of Secretary/Treasurer for the board. Welcome, Lori! We work hard to keep a broad representation on our board, so we really appreciate it when pharmacists step forward and agree to share their expertise and enthusiasm for the profession! Your Executive Board of SDPhA work extremely hard and do their best to represent all practice settings equally, and tackle the tough issues as they arise.

I'd also like to welcome our new President, Trisha Hadrick from Faulkton, as she begins her "Presidential" year. Trisha has always been a steadfast leader in her community and profession, so we're very fortunate to have her at the helm of the Association this year!

It's hard to say goodbye to our Immediate Past President Rob Loe, but we're happy he'll stay on the board and remain engaged through this next year. Rob, thanks SO much for your valued leadership this past year! We're so fortunate to have your passion and tenacity in the profession. You were always willing to do the right thing, even when the road had a few potholes and obstacles!

I wish you all a wonderful fall season, and will look forward to seeing many of you at district meetings.

DON'T FORGET TO CELEBRATE YOUR PROFESSION!

Warmest Wishes,

Sue

PRESIDENT'S PERSPECTIVE

Trisha Hadrick | SDPhA President



It's American Pharmacists Month, what will you be doing to celebrate? That can be a difficult question to answer since most of us are busy with many various activities. I will have some time to think about it while I am out helping with harvest in the tractor driving grain cart or if I'm lucky in the combine. Do be sure to check out the ideas that are included in this journal.

survey results were provided to the SD Board of Pharmacy and their Executive Director. The results were also used to support the testimony that our immediate past president, Rob Loe, gave to the Board of Pharmacy. On behalf of SDPhA he requested that the tech-check-tech variance request be permanently tabled. After much discussion on the topic, the Board of Pharmacy did approve the variance request for one store only for one year. There are nine pages of Policy and Procedures developed by the company requesting the variance that must be followed. This store also has to provide reports at each Board of Pharmacy meeting during the year of the variance. We will continue to work with the Board of Pharmacy to make sure our members concerns are being addressed especially patient safety.

We had a wonderful 130th Annual Convention in Brookings! The attendance was great and it was exciting to be in a new venue. I know I enjoyed being back in Brookings and hope all who attended did as well. Thank you to Sue Schaefer for all you do to coordinate this event and all the other events that happen throughout the year!

We continue to work on many pharmacy issues at both the state and national level. A few of them include working on a new payment model with SD Medicaid, DIR fees, and provider status legislation.

Congratulations to all of our very deserving Award winners!

- Julie Decker - Technician of the Year
- John McCloud - Outstanding Industry Salesperson of the Year
- Ashley Hansen and John Kappes - Distinguished Young Pharmacists
- Curt Rising - Bowl of Hygeia Award
- Jim Bregel - Hustead Award

Mark your calendars now for Legislative Days, the evening of January 24th and the morning of January 25th. The students from SDSU have brought a "busload" the past few years. It would be great to have a few more pharmacists attend! We are fortunate to still have our long term lobbyist, Bob Riter, and one of his partners in his firm, Margo Northrup, working with us during legislative session. To continue with their services we will need to see an increase in donations to the Commercial & Legislative (C&L) Fund in the very near future. We want to maintain a relationship with the lobbyists each year even if it appears that there are not any bills that will directly affect pharmacy. Almost anytime during session a bill could suddenly be introduced that may affect pharmacy and we need to be ready for it. Thank you in advance for your support of the C & L Fund!

We also recognized the pharmacists who were originally licensed in South Dakota who had maintained their license in the state for 50 years. It was great to have eleven of the twelve in attendance at convention. I enjoyed visiting with many of you! Thank you for your years of service to our profession!

I look forward to working with our executive board this year. Thank you to Rob Loe for his leadership this past year and thank you to the executive board for your continued service!

This summer a survey was emailed to our members regarding tech-check-tech and we thank you for your responses. The

SOUTH DAKOTA BOARD OF PHARMACY

Kari Shanard-Koenders | Executive Director



NEW REGISTERED PHARMACISTS/PHARMACIES

The following 20 candidates recently met licensure requirements and were registered as pharmacists in South Dakota in the last quarter: Christina Aldrich, Stacy Anderson, Cynthia Bartha, Sara Butts, Jared Gilliland, Emily Kappes, Katherine Kaufman, Jessica Kranz, Jessica McManus, Christine McNamara, Charles Morrison, Katie Mothershed, Richard Naquin,

Debora Palmer, Laurel Park, Emily Rogers, Bethany Saffert, Alyson Schwebach, Mollie Sloom, and Amber Yaeger. Five of the candidates met requirements through reciprocity.

New full-time pharmacy permit issued over the same time period were: SD Human Services Center Pharmacy – SD State Penitentiary AMDD – Sioux Falls; New part-time pharmacy permits issued over the same period were: Rapid City Rehab AMDD – Rapid City; Avera Medical Group Family Health Center Emergency Department AMDD – Sioux Falls; and Avera Long Term Care Pharmacy AMDD1 – Aberdeen.

BOARD PROCESSING TECHNICIAN RENEWALS - REMINDERS

PICs, remember you must review and sign all technician renewals! It is your job to ensure technicians under your supervision are registered per ARSD 20:51:29:14. “The pharmacist-in-charge (§ 20:51:06:02.01) of each pharmacy utilizing a pharmacy technician is responsible for verifying that any technician working in the pharmacy is registered and compliant with all rules of this chapter. Any violation by the technician may be grounds for disciplinary action against the pharmacist-in-charge.” Please be reminded also that each technician who was registered as a tech- in- training (TT) as of October 30, 2014 must become certified by October 30, 2016!! If currently a TT and not yet certified, their TT registration will expire on the date that they need to become certified.

With technician registration renewals in full swing, the Board office wants to provide a reminder that the 2017 renewal application contains more questions than in previous years. Please try to answer all questions. In 2012, the Primary Care Task Force (PCTF) was appointed by Governor Daugaard to bring forth recommendations pertaining to ensuring access to primary care across South Dakota. One of the recommendations was to create a data system collecting specific data elements on

health care professionals in South Dakota. In 2013, Senate Bills 3 and 4 passed which mandated Department of Labor Relations (DLR) to collect information on any person that is licensed or certified by any department, board, or commission in South Dakota. The DLR data elements are required by SDCL 13-1-60 through SDCL 13-1-62. Further reminder – PLEASE SEND YOUR RENEWAL IN EARLY!

NABP NEWSLETTER GOES DIGITAL

The NABP Quarterly Newsletter is going digital! The newsletter will be delivered by on-line format going forward. We will send an email with a link to the newsletter each quarter to remind you that a new newsletter is available. Please check your email near the beginning of every quarter. If you don't get emails from the Board, please update your email address with us. Use the “Change of Name, Address, or Employment” form on our website at this link: <http://doh.sd.gov/boards/pharmacy/assets/ChangeAddressForm.pdf>. We need to be able to communicate with you!! There will also be a copy of the newsletter on the Board's website at www.pharmacy.sd.gov and on the NABP Website at <https://www.nabp.net/publications/state-newsletters/>. We realize that not everyone has access to email and computers. Please ask a family member to help if needed. This is a significant cost saving measure as well as an environment-saving measure.

BOARD WELCOMES NEW INSPECTOR

Carol Smith, R.Ph. has joined the SD Board of Pharmacy as the Northeast/Northcentral area inspector replacing Bill VanderAarde. She has a background in both hospital and retail pharmacy and is an excellent addition to our inspector team. Carol lives in Groton, has completed training, and has hit the ground running.

BEYOND USE DATE (BUD)

USP 795 defines BUD as the date after which a compounded preparation should not be used. This is calculated from the date the preparation is compounded. In the absence of stability information that is applicable to a specific drug and preparation, the following table provides maximum BUDs recommended for nonsterile compounded drug preparations stored at controlled room temperature. The BUD shall not be later than the expiration date on the container of any component.

See Table on Page 7

(continued on page 7)

SOUTH DAKOTA BOARD OF PHARMACY

(continued from page 6)

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATE

The South Dakota Prescription Drug Monitoring Program (SD PDMP) continues to increase its number of approved users which in turn increases utilization of this invaluable tool. The total number of approved users as of July 31, 2016 is 2,860, which is an increase of 154 from April 30, 2016, and includes the following: 1,039 pharmacists; 749 physicians (MD, DO, DPM, OD); 282 physician assistants; 250 nurse practitioners; 96 dentists; 271 prescriber delegates; and 137 law enforcement. Pharmacist queries still outpace prescriber queries: 4,383 to 3,114. See *July's top ten most prescribed drugs below.*

AWARxE Tips:

Always read the Announcements found on the right side of the "My Dashboard" page that appears after signing into AWARxE. We use this section for important alerts and user tips. These are our two most recent announcements:

- **Tip #1 REPLACES zip code announcement from 6/3/16**
IN-STATE SEARCHES: Complete the REQUIRED FIELDS (first name, last name, birthday in MM/DD/YYYY format) AND a ZIP CODE to improve the likelihood of finding a specific patient. You may also provide other details you have such as the address, city, and/or state.

OUT-OF-STATE SEARCHES: ONLY complete the REQUIRED FIELDS (first name, last name, birthday in MM/DD/YYYY format) as this improves the likelihood of finding a specific patient in other participating states' databases.

TWO searches are necessary for the most complete return of data when out-of-state data is needed.

- **Tip #2 Guidelines to perform a patient search when the patient's last name is two words, separated either with a hyphen or a space:**
 - (1) Perform a patient search with the two words together as one word, and
 - (2) Perform a patient search with the hyphen, and/or
 - (3) Perform a patient search with a space. Even though a pharmacy's profile may include the hyphen or space, the data may get submitted into our repository without the hyphen or space making it into one word, therefore performing these multiple searches will return the most complete data.

Please contact our office with any questions or concerns.

(continued on page 21)

BUD by Type of Formulation	
For Non-aqueous Formulations	- The BUD is not later than the time remaining until the earliest expiration date of any API (active pharmaceutical ingredient) or 6 months, whichever is earlier.
For Water-Containing Oral Formulations	- The BUD is not later than 14 days when stored at controlled cold temperatures (refrigerated).
For Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations	- The BUD is not later than 30 days.

July Most Prescribed Drugs	RXs	Quantity	Days Supply	Quantity/Rx
Hydrocodone Bitartrate/Acetaminophen	21,026	1,396,760	272,311	66
Tramadol HCl	13,871	1,058,719	255,795	76
Zolpidem Tartrate	8,299	303,884	301,053	37
Lorazepam	8,060	409,566	198,159	51
Clonazepam	7,342	470,360	243,082	64
Dextroamphetamine Sulf-Sacce/Amphetamine	6,355	364,183	235,684	57
Alprazolam	5,666	367,497	168,884	65
Methylphenidate HCL	5,041	286,991	188,809	57
Oxycodone HCL	4,528	397,788	92,584	88
Oxycodone HCL/Acetaminophen	4,015	271,491	55,644	68



SOUTH DAKOTA STATE UNIVERSITY

College of Pharmacy and Allied Health Professions



Jane Mort | Acting Dean



Greetings from the College of Pharmacy and Allied Health Professions.

The fall is off to a great start here at South Dakota State University. On September 17th we awarded nearly \$200,000 worth of scholarships to 161 students. That is a 24% increase over the total dollars awarded last year. It is an honor to recognize the hard work and dedication of our students. These

awards are made possible through the gifts of our alumni and supporters, and we are extremely grateful for their generosity. In addition, Gary Van Riper was recognized as the College of Pharmacy and Allied Health Professions Distinguished Alumnus for 2016.

The South Dakota Pharmacists Association (SDPhA) hosted their annual meeting in Brookings on September 16th and 17th, which gave us a chance to welcome over 100 pharmacists to the campus for a reception at the Dana Dykhouse Stadium. It was a great opportunity to share SDSU with many of our alumni and staunch supporters. We greatly appreciate SDPhA choosing Brookings for the event.

Work continues on our PharmD curriculum in an effort to assure we have a nationally competitive program that stays abreast of current trends in pharmacy. The College provided an interim report to the Accreditation Council for Pharmacy Education

(ACPE) and received a very positive evaluation with no further reporting needed prior to the next site visit in 2022-2023. In addition, all colleges of pharmacy were required to report on their readiness to meet ACPE Standards 2016 by outlining plans to address six specific aspects within the standards. ACPE notified us that our plans are in line with their expectations. Our plans include completing implementation of the Pharmacists Patient Care Process and undertaking a curricular revision. We look forward to this work.

In the area of research, Dr. Surachat Ngorsuraches received grant funding for over \$100,000 from the National MS Society for the research project entitled, "Examining the Cost-escalation and Patient Valuation of Disease-modifying Therapies for Multiple Sclerosis." In other news from the research front, we are actively seeking candidates for the Kevin and Lorie Haarberg Endowed Chair in Oncology Research. The research efforts within the College continue to grow and are the definite result of hard working, dedicated researchers who are being empowered to excel through donor support.

The Masters of Public Health degree program continues to grow rapidly. This is a joint program with the University of South Dakota. While the program was started only recently (spring 2015), 23 SDSU students are currently enrolled. Efforts are underway to pursue accreditation for the program next spring.

In September we celebrated the inauguration of President Barry Dunn, our 20th president at South Dakota State University. We look forward to the leadership he will provide in the coming years.

Did You Know?

As pharmacists, you can submit immunization information to the South Dakota Department of Health's Immunization Registry?

Contact Tammy LeBeau to get registered! Tammy is the Coordinator for South Dakota's Immunization Information System (SDIIS) and can be reached at her direct extension, 605-773-4783.

SD SOCIETY OF HEALTH-SYSTEM PHARMACISTS

Rhonda Hammerquist, Pharm.D., BCPS | SDSHP President



Greetings from the South Dakota Society of Health-System Pharmacists!

Gary Van Riper Society Open Golf Classic

The 15th annual Gary Van Riper Society Open Golf Classic was held at Central Valley Golf Course in Hartford on July 22, 2016. Although the weather was HOT, there were 63 golfers, which tied last year for

highest attendance! A total of \$3,253.01 was raised to support our student pharmacists with scholarships and funding for SDSU Student travel to the ASHP Clinical Skills Competition. We would like to thank all those that participated, as well as our Platinum Sponsors: Gary and Sharon Van Riper, Tyler and Kristin Turek, Tom and Jodi Johnson, Glenn and Mary Ann Voss, SDSU College of Pharmacy, and Pharmacists Mutual. A special thanks to Tyler Turek for organizing the event again this year!

SDSHP Statewide Residency Conference

Pharmacy residents, program directors, and preceptors from around the state of South Dakota gathered at Cedar Shore Resort in Chamberlain for the 4th Annual SDSHP Statewide Residency Conference. The Conference is intended to allow residents opportunities to network and gain valuable knowledge on various topics such as: professional organization involvement, research design, teaching certificate, quality improvement projects, statistics, financial planning, and research products with a panel of PGY2 residents. The feedback from the conference was very positive. We should like to thank Aaron Larson, SDSHP Resident Liaison, for organizing the conference!

Resident Liaison

Congratulations to Haylee Brodersen, PGY1 Pharmacy Practice Resident at Avera McKennan Hospital and University Health System, on being selected as the SDSHP resident liaison to the SDSHP Board of Directors. As we welcome Haylee to the Board, we want to thank Aaron Larson, outgoing SDSHP resident liaison for all his service and commitment to the organization and pharmacy profession.

Upcoming events:

• Preceptor Development

The Continuing Education Committee is planning a Preceptor Development CE on Writing Letters of Recommendation on Monday, October 24. Please watch your email and visit the SDSHP website at www.sdshp.com for more information once details are finalized.

• Dakota Night Reception at ASHP Midyear Clinical Meeting

Mark your calendars for the ASHP Midyear Clinical Meeting Dakota Night on Monday, December 5th from 5:30 – 7:30 PM. Pharmacist, students, and technicians are welcome to partake in refreshments and networking opportunities.

• 41st Annual SDSHP Conference

The SDSHP Annual Conference will be held on April 7-8, 2017 at the Holiday Inn City Centre in Sioux Falls, SD. More information will be posted on our website as details are finalized.

Please visit SDSHP's website at www.sdshp.com to learn more about SDSHP and see the latest dates for CE programming and other events!!

ACADEMY OF STUDENT PHARMACISTS

Nicole Stenzel | APhA-ASP SDSU Chapter President



I can't believe three months have already passed. We have had a busy couple of months, but I think the majority of us are slowly adjusting to life back in school.

In July, our President-elect Analisa Buysse attended the Summer Leadership Institute in Washington, D.C. at the American Pharmacists Association. SLI is a great networking opportunity as well

as a chance to brainstorm new and exciting ideas for chapter activities. Each college of pharmacy sends one individual to attend the institute every summer. At SDSU, we send our President-elect each year. I had the great privilege of attending last year, and am very happy we are able to keep the tradition going.

In August things were kind of calm as everyone transitioned back to school and the Executive Board prepared for a new year. We held a few meetings in order to prepare – the second being almost five hours long (I don't think my EB was very happy with me). We did a lot of great brainstorming and worked diligently to make our first chapter meeting a success.

Our first meeting was held in September. I think I speak for the entire Executive Board when I say the "Welcome Back Picnic" sponsored by SDPhA is always a crowd pleaser and a great way to entice pre-pharmacy students. Who knew you could get

freshman so interested with free food?! On behalf of the entire SDSU chapter of APhA-ASP – THANK YOU for your generosity again this year. At our first meeting the following week we had over 100 members attend! Even better, we retained 92 of them for the second meeting! Analisa and I hope to keep this momentum going and can't wait to show you what we have in store for American Pharmacists Month in October.

Best wishes from the Sioux Falls/Brookings kids, and as always – Go BIG, go BLUE, go JACKS!



Chapter President-elect Analisa Buysse (back row, third from the left) enjoying a rooftop dinner at the APhA Headquarters in Washington, D.C. overlooking the national mall.

SAVE

the

DATE

SDPhA ANNUAL MEETING

SEPTEMBER 22-23, 2017

THE LODGE *at* DEADWOOD

SD ASSOCIATION OF PHARMACY TECHNICIANS

Sue DeJong | President



Happy Fall!
Hoping you're enjoying the beautiful fall colors that are starting to pop up over the horizon.

As I write, I am busy planning the final details for our SDAPT fall conference, October 1st. I am so blessed to have your officers Deb, Lynna and Jerrie working together with me to prepare an enjoyable and interesting day of CE and reconnections with your fellow technicians across the state. At this time there are over 80 attendees registered. I'm excited to meet and greet all of you!

The SDAPT Board would like to challenge each pharmacy district to increase the number of SDAPT members in your district! SDAPT provides five informative, live CE opportunities at our fall conference every year. We help to give technicians a voice within our profession with links to SDPhA and SDSHP. Our affiliation with SDPhA provides discounts to the annual SDPhA convention, a subscription to the *South Dakota*

Pharmacist journal, continuing education through SDPhA programs at a 50% discount, and support in advancing the profession of pharmacy, including American Pharmacists Month and Pharmacy Technician Day.

I encourage all of you to check out PTCB for your recertification applications and deadlines. The timing has changed for everyone to help streamline re-certifications in a timely manner. There is a penalty if you do happen to miss your new application deadline.

Please feel free to contact any of your SDAPT officers with questions or suggestions. SDAPT officers for 2016-2017 are:

Sue DeJong, President
Jerrie Vedvei, President-Elect
Bonnie Small, Immediate Past President
Lynna Brenner, Secretary
Deb Mensing, Treasurer

You can find us at sdapt.org or through our Facebook page.

Happy Pharmacy Technician Day on October 18th!

Pharmacists Mutual Insurance Company Named a 2016 Ward Group Top 50 Property-Casualty Insurance Company

(Algona, IA) Pharmacists Mutual is proud to announce that it has been named to the 2016 Ward's 50 Benchmark Group of top-performing insurance companies in the United States. Being named to this group recognizes Pharmacists Mutual for achieving results in the areas of safety, consistency, and performance over a five year period (2011-2015).

"Over the past five years, we have worked to instill a results oriented culture while preserving our member service focus," said Ed Yorty, President and CEO of Pharmacists Mutual. "I am gratified to see those efforts recognized. The recognition as a Ward's 50 company would not have occurred without our great team of employees."

Jon Grether, Chief Operating Officer of Pharmacists Mutual also noted, "There have been a lot of changes in our organization over the past five years, all in an effort to become more efficient and effective for our members. Being ranked in the top 2% of all

property and casualty insurance companies in the United States by being named a Ward 50 company is a high honor."

Ward Group, a Cincinnati, Ohio-based consulting and benchmarking firm that specializes in the insurance industry, annually reviews the operations of over 3,000 Property/Casualty insurance companies, selecting the top 50 performers. This group of 50 companies is referred to as the "Ward's 50".

Currently licensed in 50 states, the District of Columbia, and Puerto Rico, Pharmacists Mutual Insurance Company provides professional liability, business, and personal insurance products for its core markets of pharmacy, dentistry, home medical/home health, grocery and card and gift stores. Pharmacists Mutual Insurance Company strives "To help our customers attain peace of mind through specialized insurance products, risk management solutions, and superior personal service." Learn more at www.phmic.com or call 800.247.5930.

**COMMERCIAL AND LEGISLATIVE (C&L) & DISTRICT DUES
CONTRIBUTIONS
2016/2017**

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Mobile Phone _____
Employer/Company _____
Work Address _____
Work City _____ State _____ Zip Code _____
Work Phone _____ Work Fax _____
Email Address _____

Do you wish to receive SDPhA email alerts regarding important pharmacy issues? YES NO

2016 - 2017 Commercial & Legislative (C&L) Fund
(Memberships set by SDPhA C & L Executive Committee, 2007)

Pharmacy or Business Membership (\$100.00)
(Includes One Individual Membership)

Name of Pharmacy/Business _____
Name of Individual Included _____

Corporate Membership (\$200.00)
(Two or more stores of the same corporation)

Name of Corporation _____
Name of Individual Included _____

Individual Membership

\$50 Level \$75 Level Other \$ _____

District Dues
(Circle your District)

Aberdeen -\$10.00	Black Hills -\$20.00	Huron -\$10.00	Mitchell -\$10.00	Mobridge -\$10.00
Rosebud -\$10.00	Sioux Falls -\$20.00	Watertown -\$20.00	Yankton -\$15.00	

TOTAL ENCLOSED \$ _____

Mail to SD Pharmacists Association • Box 518 • Pierre, SD 57501-0518 • FAX: 605-224-1280



SDPHA LEGISLATIVE DAYS JANUARY 24-25, 2017

Legislative Days provides you with an opportunity to visit face-to-face with your state legislators, express your opinions, and observe the legislative process.

Tuesday, January 24

- Networking Social and Dinner at 6 p.m. at the ClubHouse Hotel & Suites/ RedRossa in Pierre for student pharmacists, pharmacists, and pharmacy technicians
- Legislative Update

Wednesday, January 24

- SDSU College of Pharmacy student pharmacists will provide health screenings in the President's and Speaker's lobbies (third floor of the Capitol) starting at 7 a.m.
- Pharmacists may visit with legislators.
- A light breakfast will be provided.

Registration Deadline: January 19, 2017

Hotel Reservations:

ClubHouse Hotel & Suites
808 W. Sioux Ave.
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LEGISLATIVE DAYS 2017 REGISTRATION FORM

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Registration Deadline: January 19, 2017

Please send registration form to:

SDPhA
PO Box 518
Pierre, SD 57501

OR Phone: (605) 224-2338

Fax: (605) 224-1280

Email: sdpha@sdpha.org

We hope to see you in Pierre as we address important pharmacy issues!

Celebrate Your Profession!

October is American Pharmacists Month! It's time to celebrate your profession, recognize your staff, and reach out to your patients. SDPhA has compiled some creative ways for you and your colleagues to celebrate American Pharmacists Month!

in the community pharmacy setting

- Use a special answering message promoting American Pharmacists Month when you answer your phone, "Thank you for calling. We are celebrating American Pharmacists Month. How can I help you?"
- Conduct an Immunization Day (flu clinic), blood pressure clinic or osteoporosis screening. Create a patient care center in your pharmacy.
- Hold a week long event of brown bag medication reviews in your pharmacy.
- Decorate your pharmacy for the month of October with banners and posters highlighting American Pharmacists Month.
- Hold an educational session with snacks at a convenient time, call it "Snacks & Facts" and invite the public.
- Hold an "open house" at your pharmacy and hand out goody bags with an informational brochure inside.
- Give an OTC tour to your patients on how to select the best OTC products for their individual condition.
- Invite local students to visit your pharmacy for a class trip and give them a tour of the pharmacy.
- Reach out to local media.
- Host a visit for your senator or representative and provide him/her with a view of the role of the pharmacist.

hospitals, institutions, managed care & long-term care settings

- Place information in your facility's newsletter about American Pharmacists Month.
- Decorate the hospital or institution lobby with posters or displays. Create a lunch tray tent card explaining the goals of the pharmacy and services you offer.
- Hold an "open house" for all employees to visit the pharmacy.
- Host a visit for your senator or representative and provide him/her with a view of the role of the pharmacist.
- Reach out to local media.

student pharmacists and Colleges of Pharmacy

- Create a plan and be prepared to help your employer or rotation site hold activities and events for the month of October.
- Create a banner and ask your school to display the banner to promote American Pharmacists Month.
- Hold a t-shirt fundraiser at your school in honor of American Pharmacists Month.
- Talk to high school students about pharmacy careers.

Please send SDPhA information on what you are doing this year to celebrate American Pharmacists Month. Send us an email at sdpha@sdpha.org or fax at 605-224-1280 telling us your plans. Make sure to include names of those who participated and photos, if available. Visit our website at www.sdpha.org and click on "October is American Pharmacists Month" for more ideas on how to celebrate. This is a celebration of pharmacists and pharmacy-so make sure to share your story!

American Pharmacists Month

October 2016

Make sure to recognize your pharmacy staff during American Pharmacists Month!
October is the perfect time for managers and supervisors to show their appreciation for the great work the pharmacy staff does throughout the year.

go out into your community

- Senior Citizen Centers are always looking for new, exciting educational events. Set up a brown bag medication review event at a local Senior Citizen Center.
- Hold a healthcare event in your community or get involved in your local health fair.
- Present information on pharmacy to people in the community. Promote the event in advance and invite the public.
- Speak with the local school nurse on educating high school teachers about pharmacy. Ask the guidance counselor if you can set up a presentation on careers in pharmacy for Career Day.
- Contact the media in your area, write a news release and talk with the media about American Pharmacists Month.



don't forget to celebrate!

October 11-14, 2016
National Consultant Pharmacist Week

October 16-22, 2016
National Hospital & Health-Systems Pharmacy Week

October 18, 2016
National Pharmacy Technician Day

Make sure to show your appreciation for your pharmacy technicians on this day by acknowledging their significant contributions in the pharmacy!

resources

For more information on how to celebrate, visit the APhA website at:

<http://www.pharmacist.com>

Follow the Newsroom tab to the American Pharmacists Month tab for a web page full of promotional items and gifts available to you for American Pharmacists Month.

Spread the Word
Pharmacists improve patient health!



Pharmacy Technician of the Year
Julie Decker receives the Pharmacy Technician of the Year Award from Trisha Hadrick



Husted Award
Incoming President Trisha Hadrick presents the Husted Award to Jim Bregel of Chamberlain



Salesperson of the Year
President Rob Loe presents John McCloud with the Salesperson of the Year Award



Bowl of Hygeia Award
President Rob Loe presents the Bowl of Hygeia Award to Curt Rising of Rapid City



Distinguished Young Pharmacists
John Kappes and Ashley Hansen were both honored as Distinguished Young Pharmacists



2016-2017 SDPhA Executive Board

Bernie Hendricks, At-Large Board Member; Trisha Hadrick, President; Lori Ollerich, Secretary/Treasurer, Sioux Falls; Jan Lowe, At-Large Board Member; Erica Bukovich, Vice President; Eric Grocott, President-elect, Montrose; and Rob Loe, Past President



Above: (Left to Right) Rob Loe receives the President's Gavel Award from Incoming President Trisha Hadrick, exhibitors share product and service information with attendees

Below: Convention attendees at the "Drug Diversion 2016: Detection, Investigation, Prevention" session



50-Year Pharmacists

12 pharmacists, originally licensed in South Dakota, reached their 50-year mark in 2016.

Derald Shaw | Owatonna, MN



After graduation from SDSU in 1966, I finished my internship at Dale's Pharmacy in Faulkton, S.D. and then spent two years as a pharmacist in the U.S. Army in Texas and Japan. During my 50 years in Pharmacy I have worked in retail, hospital and long-term care settings. My journey has taken us

to: Faulkton, Gettysburg, Redfield, Miller and Aberdeen in S.D; El Paso, TX; Camp Zama, Japan; Forest Lake, St. Paul, Luverne, Waseca and Owatonna in Minnesota.

The most gratifying and probably the most challenging part of my career was the 15 years that Linda and I, along with Michelle and Steve, owned our own store in Luverne, MN. It was a great feeling to become close to so many people, as not only their Pharmacist, but their friend and much more.

I am still working 1 1/2 days a week in a Long-Term Care setting in Owatonna. I have truly enjoyed my career choice in Pharmacy and cherish the many friends that we have made in the profession through the years.

Roland "Ted" Wick | Hot Springs, SD



I married Linda in December of 1966 and we will be celebrating our 50th anniversary this year. The first seven years after graduation were spent working for Osco in Sioux Falls and Sioux City. Then we were in Rapid City for a short time before moving to Sheldon, Iowa. Wick Drug occupied our time for about

20 years in Sheldon until Pamida purchased our business. Pamida moved us to Hot Springs, SD in 1995 and we are still here. It was a challenging experience bringing a new pharmacy from one to two prescriptions a day up to nearly 200 per day. I enjoyed being a pharmacy manager until

excessive corporate regulations lead me to work part time for the last couple of years. I pretty much retired this past July.

Our daughter Lisa is also a pharmacy graduate from SDSU and manages a pharmacy in Rapid City. This location is close enough for us to be able to enjoy time with our three grandkids. On July 7, 2007, we had a slight setback when a forest fire destroyed our home along with 32 others. We rebuilt on the same spot with about 2,000 fewer trees. Hunting, fishing and model railroading occupy spare time. We have also done some world traveling in the last few years. Pharmacy has been a rewarding career choice.

Bernard Hietbrink | Bella Vista, AR



A short biography of my professional life:

B.S. in Pharmacy, SDSC Division of Pharmacy 1958; PhD in Pharmacology, University of Chicago 1961; Research Associate (Instructor-Assistant Professor), University of Chicago 1961-1964; Assistant Professor SDSU 1964-1966; Registered Pharmacist

3545 State of South Dakota January 31, 1966; Associate Professor (Head of Pharmacology), SDSU 1966-1971; Professor (Head of Pharmacology), SDSU 1971-1983; Professor (Head, Pharmaceutical Sciences), SDSU 1983-1986; Acting Dean, College of Pharmacy, SDSU July 1986-December 1986; Dean, College of Pharmacy, SDSU January 1987-August 1994. Retired to Bella Vista, AR, September 1994-present.

3545 State of South Dakota January 31, 1966; Associate Professor (Head of Pharmacology), SDSU 1966-1971; Professor (Head of Pharmacology), SDSU 1971-1983; Professor (Head, Pharmaceutical Sciences), SDSU 1983-1986; Acting Dean, College of Pharmacy, SDSU July 1986-December 1986; Dean, College of Pharmacy, SDSU January 1987-August 1994. Retired to Bella Vista, AR, September 1994-present.

James Stephens, Pierre, SD
John "Jack" Burns, Winner, SD
Dale Eads, Worthington, MN

Gerald Petersen, Vermillion, SD
Ronald Keith, Dixon, IL
Philip Dohn, Yankton, SD

Jerry Hutchison, Burke, SD
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FINANCIAL FORUM

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Paying Attention to the Wrong Things Becomes All Too Easy

If you ever have the inkling to manage your investments on your own, that inkling is worth reconsidering. Do-it-yourself investment management is generally a bad idea for the retail investor for myriad reasons.

Getting caught up in the moment. When you are watching your investments day to day, you can lose a sense of historical perspective – 2011 begins to seem like ancient history, let alone 2008. This is especially true in longstanding bull markets, in which investors are sometimes lulled into assuming that the big indexes will move in only one direction. Historically speaking, things have been so abnormal for so long that many investors – especially younger investors – cannot personally recall a time when things were different. If you are under 30, it is very possible you have invested without ever seeing the Federal Reserve raise interest rates. The last rate hike happened before there was an iPhone, before there was an Uber or an Airbnb. In addition to our country's recent, exceptional monetary policy, we just saw a bull market go nearly four years without a correction. In fact, the recent correction disrupted what was shaping up as the most placid year in the history of the Dow Jones Industrial Average.¹

Listening too closely to talking heads. The noise of Wall Street is never-ending, and can breed a kind of shortsightedness that may lead you to focus on the micro rather than the macro. As an example, the hot issue affecting a particular sector today may pale in comparison to the developments affecting it across the next ten years or the past ten years.

Looking only to make money in the market. Wall Street represents only avenue for potentially building your retirement savings or wealth. When you are caught up in the excitement of a rally, that truth may be obscured. You can build savings by spending less. You can receive "free money" from an employer willing to match your retirement plan contributions to some degree. You can grow a hobby into a business, or switch jobs or careers.

Saving too little. For a DIY investor, the art of investing equals making money in the markets, not necessarily saving the money you have made. Subscribing to that mentality may dissuade you from saving as much as you should for retirement and other goals.

Paying too little attention to taxes. A 10% return is less sweet if federal and state taxes claim 3% of it. This routinely occurs, however, because just as many DIY investors tend to play the market in one direction, they also have a tendency to skimp on playing defense. Tax management is an important factor in wealth retention.

Failing to pay attention to your emergency fund. On average, an unemployed person stays jobless in the U.S. for more than six months. According to research compiled by the Federal Reserve Bank of St. Louis, the mean duration for U.S. unemployment was 28.4 weeks at the end of August. Consider also that the current U-6 "total" unemployment rate shows more than 10% of the country working less than a 40-hour week or not at all. So you may need more than six months of cash reserves. Most people do not have anywhere near that, and some DIY investors give scant attention to their cash position.^{2,3}

Overreacting to a bad year. Sometimes the bears appear. Sometimes stocks do not rise 10% annually. Fortunately, you have more than one year in which to plan for retirement (and other goals). Your long-run retirement saving and investing approach – aided by compounding – matters more than what the market does during a particular 12 months. Dramatically altering your investment strategy in reaction to present conditions can backfire.

Equating the economy with the market. They are not one and the same. In fact, there have been periods (think back to 2006-2007) when stocks hit historical peaks even when key indicators flashed recession signals. Moreover, some investments and

(continued on page 21)

Financial Forum

(continued from page 20)

market sectors can do well or show promise when the economy goes through a rough stretch.

Focusing more on money than on the overall quality of life.

Managing investments – or the entirety of a very complex financial life – on your own takes time. More time than many people want to devote, more time than many people initially assume. That kind of time investment can subtract from your quality of life – another reason to turn to other resources for help and insight.

Citations.

- 1 - cnbc.com/2015/09/10/this-market-is-setting-a-wild-volatility-record.html [9/10/15]
- 2 - research.stlouisfed.org/fred2/series/UEMPMEAN [9/4/15]
- 3 - research.stlouisfed.org/fred2/series/U6RATE/ [9/4/15]

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Pat Reding and Bo Schnurr may be reached at 800-288-6669 or pbh@berthelrep.com.

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SOUTH DAKOTA BOARD OF PHARMACY

(continued from page 7)

Prescription Drug Monitoring Programs have been named among the most promising clinical tools to curb prescription opioid abuse. If left unaddressed, opioid misuse and abuse can lead to opioid addiction, which can lead to opioid overdose and death. As is seen by the number of pharmacist users and the number of pharmacist online queries, our SD pharmacists are very attentive to the needs of their patients and are vigilant in their use of the SD PDMP. Working together is a must to find a “cure” for our nation’s opioid epidemic.

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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- PDMP Data Access Website
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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.

Advocacy

To paraphrase John Godfrey Saxe; *laws are like sausages, it's better not to see them being made.* I am not an expert on sausages, but I would disagree with this comment with regards to laws. Even if we don't get involved in the making of laws, we will be subject to them nonetheless. Pharmacists can ill afford to be impacted by laws drafted by those who know nothing about pharmacy.

Unfortunately for many of us, lobbying is a word with very negative connotations. It projects images of under the table dealings and improper exchanges of cash. So how do we inform lawmakers of the impact of proposed laws on the practice of pharmacy? Through advocacy.

Advocacy is simply the act of supporting a cause, an idea, or a proposed policy. Many state and national associations organize advocacy meetings for their members. While we can all do this individually, a group of concerned citizens visiting the lawmaker's office together can certainly make a larger impact. The purpose of these visits is to educate the lawmaker and their staff on proposed laws that impact our profession. We might be in favor of a proposal, opposed to it or want to amend the language as presented.

Lawmakers are serving because they want to make a positive difference in our society. However, they are not experts in every field. There is only one pharmacist, Buddy Carter of Georgia, in the 114th Congress. The other Senators and Representatives need pharmacists' help to understand how proposals will affect pharmacy practice.

I have participated in advocacy meetings on both the state and national level. In my experience, the lawmakers and staffers are eager to hear how proposals will affect constituents in their districts. The meetings usually consist of an introduction, explanation of why you are there, what the real impact in

their district will be, and what action you want them to take. For pharmacists, the potential impact is not always direct. The impact may be on our patients; denying access, increasing costs, or creating hurdles to care. Of course, these indirect impacts will have impact on your pharmacy practice. Many times the true impact on patients is not readily apparent. Pharmacists can explain how a particular policy will make it more difficult for patients to get their medications. Don't expect immediate action. It is always a pleasant surprise to get a commitment, but many times the materials that you provide are circulated in the office before decisions are made.

Not all advocacy has to take place in Washington, D.C. or your state capital. Invite your lawmaker to visit your pharmacy while they are home in the district. Then they will get to see first-hand what you are doing for your patients, their constituents. You can also advise them about how proposed laws will impact your ability to provide these services. First-hand knowledge and stories of real impacts (not just theoretical ones) will have the most influence on the process.

If pharmacists don't educate lawmakers about the effects of the changes on their practices and their patients, who will? Don't think of it as lobbying. We are really educating our lawmakers. Joining and participating in professional organizations is a good way to get started. In the end, the profession will benefit and ultimately, our patients will too.

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

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.

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Continuing Education for Pharmacists

Pharmacist Patient Assessment Skills for Optimizing Self-Care, Part 4 of 4: Evaluation of the Abdomen, Musculoskeletal, and Nervous Systems

Goal – To enhance the knowledge and skills of pharmacists regarding patient assessment.

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

1. Properly evaluate common gastrointestinal complaints and recognize when to refer patients to their physicians.
2. Identify medications that commonly cause diarrhea and constipation.
3. Describe risk factors and symptoms associated with GERD.
4. Evaluate the characteristics and common causes of leg pain .
5. Recognize typical symptoms associated with various types of headaches, transient ischemic attack (TIA) and cerebrovascular accident (CVA).

Introduction

Each and every day, thousands of people seek guidance from their pharmacist regarding the appropriate use of their medica-



Oehlke



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tions. Pharmacists must rely upon not only their pharmaceutical knowledge base, but also upon effective communication and patient assessment skills in order to meet the needs of these individuals.

In this final section of our four part series, we continue to explore opportunities for utilizing basic patient assessment skills, with a focus on assessment of the abdomen, musculoskeletal system, and nervous system. By understanding these vital concepts, pharmacists can confidently make an early impact on patient care.

Abdomen

The pharmacist's role in assessment of the abdomen normally does not entail performing a physical examination. However, the pharmacist should be able to interpret the information from an exam or a patient interview in order to make sound, medication related recommendations. In most cases, patients who present to the pharmacy with abdominal pain should be referred to their physician.

Patients with other common gastrointestinal complaints such as nausea and vomiting, diarrhea, constipation, peptic ulcer disease (PUD), and gastroesophageal reflux disease (GERD) may or may not need to be referred; in these cases, a thorough patient history will help the pharmacist to determine the best course of action.

Nausea is generally nonspecific and may be associated with a number of conditions including viral illness, pregnancy, motion sickness, liver or pancreatic disease, or malignancy. Nausea is also a very common side effect of many medications. Vomiting may occur with more specific illnesses such as gastroenteritis, bile duct obstruction, intestinal obstruction, or it may be the result of head trauma or ingestion of a toxic sub-

stance. Since nausea and vomiting can be caused by such a variety of benign to serious conditions, one of the major goals of treatment should be to identify and resolve the underlying disorder. Assessment of the situation includes identifying how long the patient has been experiencing the nausea or vomiting, when it began, what it was associated with (e.g., food, new medication), what the vomitus looks and smells like (e.g., vomited material with a fecal smell indicates intestinal obstruction and mandates immediate referral), whether associated symptoms such as pain or fever are present, and whether the patient has any underlying medical conditions.

Because it is impossible to discuss all of the clinical situations in which nausea and vomiting might be a pertinent finding, clinical judgment is needed to determine which patients are not candidates for self-care. Table 1 lists some examples of patients that should typically be referred to their physician for further evaluation. Additionally, any patient who experiences nausea and vomiting for more than one or two days, or who has a complicated medical history or a continued worsening of their condition should be referred.¹

Dehydration may result from excessive vomiting and is especially important with infants and young children. Warning signs of dehydration in children include excessive thirst, decreased urine output, dry mucous membranes, fever without sweating, unusual listlessness or decreased alertness, a sunken fontanelle and crying with little tear produc-

Table 1. Exclusions to self-treatment of nausea and vomiting¹

Suspected food poisoning that has lasted for more than 12 hours
Accompanying symptoms such as: severe abdominal pain, fever and diarrhea, blood in the vomitus, signs of liver dysfunction (e.g., yellow skin or eyes, dark urine, pale stools), or stiff neck and headache with light sensitivity
History of a recent head injury
Underlying chronic medical condition such as glaucoma, BPH, gastrointestinal disease, or diabetes
Suspected medication side-effect or sign of toxicity (e.g., digoxin, theophylline, lithium)
Suspected eating disorder
Pregnancy

tion¹. Additionally, patients may experience dizziness and lightheadedness, fainting, or low blood pressure. Any patient exhibiting symptoms of dehydration should be referred to their physician.

Diarrhea and constipation are also frequent complaints of patients, especially in the elderly population. Diarrhea is the abnormal passage of watery stools, and constipation is infrequency of, and/or difficulty in passing hard stools. Common findings of patients with diarrhea include sudden onset of abnormally frequent stools, which may also be accompanied by abdominal cramping, weakness, fatigue, abdominal bloating and flatulence, nausea, vomiting, and fever. Signs of dehydration and electrolyte/metabolic abnormalities may be found on physical exam. Low back pain, abdominal distention, vague discomfort, anorexia and headache may be found in patients with constipation. Similar assessment

True or False? Nausea is a side effect of many medications and can be safely self-treated.

questions apply to diarrhea and constipation as for nausea and vomiting.

Drug-induced causes of diarrhea and constipation may be found in Table 2. Patients should be warned of the potential side effects of medications and what to do if they occur.

Lack of exercise, and inadequate intake of fluids and fiber may also cause constipation; each of these factors should be addressed when treating this common complaint. As with vomiting, rehydration should always be stressed to patients who experience severe and/or prolonged episodes of diarrhea. In general, if the diarrhea or constipation has been present for one week or more, or if there is evidence of bleeding,

Common causes of peptic ulcer disease (PUD) include *Helicobacter pylori* and NSAIDs. A patient may present with melena (dark, sticky stools), hematochezia (bright red blood in stool), epigastric pain, pain that awakens the patient at night, weight loss, nausea and vomiting, belching, or bloating. Pain that is relieved by eating, or that occurs 1 to 3 hours after eating is more typically associated with a duodenal ulcer, while pain that is exacerbated by eating is more suggestive of a gastric ulcer. Encourage the patient to remove aggravating factors such as cigarette smoking, NSAID or aspirin use, and alcohol. Avoiding foods that cause dyspepsia will also aid in healing. Any patient with suspected PUD should be referred to a physician for further evaluation.

GERD is a disorder in which gastric contents are refluxed into the esophagus. Risk factors for this disorder may include:

- Large meals and eating before bedtime
- Dietary fat
- Chocolate, peppermint, alcohol, and caffeine
- Medications (e.g., alpha blockers, beta blockers, calcium channel blockers, anticholinergics, theophylline, benzodiazepines, barbiturates)
- Pregnancy and obesity

Table 2.
Medications that commonly cause diarrhea and constipation

DIARRHEA
Antibiotics
Antacids (containing magnesium)
Acarbose
Bethanecol
Colchicine
Metformin
Metoclopramide
Quinidine
CONSTIPATION
Opiate analgesics
Antacids (containing aluminum or calcium)
Anticholinergics
Antihypertensives
Diuretics
Iron supplements
Neuroleptics
Vincristine

Table 3. Exclusions for self-treatment of diarrhea and constipation¹

Exclusions for self-treatment of diarrhea
Patients less than 6 months of age
Significant dehydration
Persistent fever or vomiting, or abdominal pain
Significant medical comorbidities (e.g., uncontrolled diabetes, immunosuppression)
Pregnancy
Chronic or persistent diarrhea (e.g, symptoms not resolved after 48 hours)
Poor response to self-treatment
Blood, mucus, or pus in the stool
Exclusions for self-treatment of constipation
Significant abdominal pain or distention
Accompanying fever, nausea, and/or vomiting
Unexplained changes in bowel habits or significant weight loss
Dark, tarry, bloody, or pencil thin stools
Persistent (i.e., two weeks or more) or recurrent (i.e., over 3 months or more) symptoms
History of inflammatory bowel disease

The patient may present with heartburn (retrosternal burning and discomfort), water brash (hypersalivation), belching, dysphagia, or respiratory symptoms (e.g., morning hoarseness, pneumonia, cough, wheezing and chest tightness).

Generally, GERD is a chronic condition that is characterized by recurrent symptoms and may require long-term or maintenance therapy. Self treatment may include non-pharmacologic therapy such as changing the diet, elevating the head of the bed, and avoiding medications that affect the lower esophageal sphincter. Patients presenting with warning symptoms (e.g., dysphagia, choking, bleeding, weight loss) or atypical symptoms (e.g., chest pain, pulmonary symptoms, chronic hoarseness, chronic cough or pharyngitis) should be evaluated by a physician. Patients who do not respond to self-care, including lifestyle modifications and OTC treatment, after two weeks should also be referred for a complete evaluation.²

True or False? *Self treatment of GERD may include nonpharmacologic therapy such as changing the diet, elevating the head of the bed, and avoiding medications that affect the lower esophageal sphincter.*

MUSCULOSKELETAL

Leg pain is a frequent complaint relating to the peripheral vascular system. Leg pain, cramping or weakness that occurs with walking and is relieved with rest is termed intermittent claudication, and is a primary symptom associated with peripheral vascular

disease (PVD). It is caused by hypoxia, or lack of oxygen to the leg muscles. Leg pain can also result from musculoskeletal problems, trauma, and various other causes (e.g., deep vein thrombosis or DVT).

Edema in the extremities, manifested as a change in the usual contour of the leg, may also be a common complaint of patients. When assessing a patient's peripheral edema, press your index finger on the extremity and hold for several seconds. A depression that does not rapidly refill and resume its original contour indicates pitting edema. This finding is not usually accompanied by a thickening or change in pigmentation of the overlying skin, which may be more indicative of venous stasis. Peripheral edema may be secondary to heart failure, PVD, DVT, trauma or renal failure.

If a patient presents with unilateral leg swelling, warmth, erythema, and tenderness, a DVT may be suspected. A DVT is defined as the presence of a thrombus, or clot in a deep vein and is accompanied by an inflammatory process in the vessel wall. Blood flow stasis, vascular damage, and hypercoagulability are all factors which may predispose the patient to thrombus formation. Major veins that are commonly affected include the iliac, femoral and popliteal. Risk factors associated with DVT include:

- Orthopedic surgical procedures
- Cancer
- Fractures of the spine, pelvis, femur, and tibia
- Immobilization
- Pregnancy
- Estrogen use
- Hypercoagulable disease states

Occasionally, a cord-like obstruction may be felt on palpation of the affected leg, but patients may also be asymptomatic. Skin color may vary between erythema (redness), pallor (paleness), or cyanosis (a dusky blue hue). The major concern of a DVT is the risk of a thrombus detaching and moving to the lung, which is termed pulmonary embolism (PE). Any suspicion of a DVT or PE should be referred for emergency attention.

NERVOUS SYSTEM

The nervous system is divided into two parts, the central nervous system (CNS) and the peripheral nervous system (PNS). The brain and spinal cord are included in the CNS, while the PNS includes the 12 pairs of cranial nerves, the 31 pairs of spinal nerves, and the corresponding branches. The PNS carries messages to the CNS from sensory receptors and from the CNS out to the muscles, organs, and glands. The evaluation of motor, sensory, autonomic, cognitive, and behavioral elements makes neurologic assessment one of the most complex portions of the physical examination.

Many neurologic and systemic medical illnesses result in specific abnormalities in cranial nerve function. Some of the most common conditions that elicit questions from patients concerning neurologic diseases include headaches, transient ischemic attack (TIA) and cerebrovascular accident (CVA), or stroke.

Pharmacist assessment of headaches relies heavily on subjective information from

the patient. Summarized below are the most common types of headaches and their corresponding signs and symptoms (Table 4). Because the majority of initial treatment options for patients with headaches include OTC products, it is important for pharmacists to familiarize themselves with the common signs and symptoms so they can assist patients with product selection, or refer to a physician for further assessment.

Cerebrovascular disease is a broad term encompassing conditions relating to the blood vessels of the CNS, which is one of the leading causes of morbidity and mortality in the United States. It results from decreased blood flow to the brain or hemorrhage into the CNS with subsequent neurologic dysfunction. Risk factors for cerebrovascular disease include hypertension, dyslipidemia, diabetes mellitus, cardiac disease, cigarette smoking, alcohol abuse, family history and/or previous history of cerebrovascular disease. Hypertension and atherosclerosis are the most common

causes of cerebrovascular disease.

Cerebrovascular disease is generally divided into transient ischemic attacks (TIAs) and cerebrovascular accidents (CVAs). Transient ischemic attacks are sometimes referred to as “mini-strokes”, and although they typically last less than five minutes, both TIAs and CVAs should be considered medical emergencies. Patients with acute neurologic events, such as a CVA or TIA, must be hospitalized and monitored closely.

On initial presentation to an emergency department, hemorrhagic events are ruled out with computed tomography (CT) or magnetic resonance imaging (MRI) before initiation of therapy. A pharmacist should be able to recognize symptoms of a stroke and make an appropriate immediate referral to the physician. Because acute treatment options are often based on the time since the onset of symptoms, pharmacists suspecting a CVA or TIA should contact emergency personnel. Symptoms of cerebrovascular disease may include the following symptoms:

- Weakness
- Paralysis
- Numbness
- Aphasia
- Visual changes
- Dizziness
- Sudden, severe, and unexplained headache
- Slurred speech

True or False? Bilateral “band-like” pain is a symptom of a tension headache.

Conclusion

With the rising cost of health care, more and more patients find themselves looking for opportunities to self treat a variety of medical ailments. While some conditions are amenable to self-treatment, others call for prompt medical evaluation. By using effective communication and patient assessment skills, pharmacists are in an ideal position to help guide patients towards the best course of care.

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1. Berardi RR, Ferreri SP, Hume AL, Kroon LA, Newton GD, Popovich NG et al, editors. Handbook of Nonprescription Drugs: An Interactive Approach to Self-Care. 16th ed. Washington DC: The American Pharmaceutical Association; 2009.
2. Dipiro JT, et al (eds): Pharmacotherapy: A Pathophysiologic Approach. 7th ed. McGraw Hill; 2008.

Suggested Readings

1. Jones RM and Rospond RM. Patient Assessment in Pharmacy Practice. 2nd ed. Baltimore (MD): Lippincott Williams & Wilkins; 2006.
2. Longe RL and Calvert JC. Physical Assessment: A Guide for Evaluating Drug Therapy. 1st ed. Vancouver: Applied Therapeutics, Inc; 1994.

Table 4. Common headache signs and symptoms^{1,2}

HEADACHE TYPE	SIGNS	SYMPTOMS
Tension	May be non-specific	Bilateral Pain “Band-like” Pressing/tightening Constant Pain
Migraine	Aura Visual disturbances Sensory disturbances Local weakness	Unilateral pain Pulsating Nausea Vomiting Photophobia Phonophobia Pain aggravated by physical activity
Cluster	Evening pain	Unilateral pain Stabbing pain Pain clusters over an eye

ASSESSMENT QUESTIONS

1. Nausea may be associated with a number of conditions including:
 - A. Viral illness
 - B. Pregnancy
 - C. Motion sickness
 - D. All of the above

2. Excessive thirst, decreased urine output, dry mucous membranes, and fever without sweating are all signs of:
 - A. Peptic ulcer disease
 - B. Gastroesophageal reflux disease
 - C. Dehydration
 - D. Constipation

3. A disorder in which gastric contents are refluxed into the esophagus is termed:
 - A. Dysphagia
 - B. Pneumonitis
 - C. GERD
 - D. Pharyngitis

4. Weakness, numbness, visual changes, slurred speech, and aphasia are all symptoms associated with:
 - A. Tension headache
 - B. Cerebrovascular accident
 - C. Cluster headache
 - D. Intermittent claudication

5. Bilateral, "band-like", pressing/tightening, and constant pain are symptoms of which type of headache?
 - A. Tension
 - B. Migraine
 - C. Cluster
 - D. Withdrawal

6. Risk factors that are associated with a DVT include all of the following EXCEPT:
 - A. Orthopedic surgical procedures
 - B. Regular exercise
 - C. Pregnancy
 - D. Estrogen use

7. Constipation may be caused by all of the following EXCEPT:
- A. Opiate analgesics
 - B. Lack of exercise
 - C. Iron supplements
 - D. Antacids containing magnesium
8. Which of the following medications may cause diarrhea?
- A. Opiate analgesics
 - B. Antacid (containing magnesium)
 - C. Vincristine
 - D. Anticholinergics
9. Self treatment for GERD may include all of the following EXCEPT:
- A. Consuming a large glass of caffeine prior to bedtime
 - B. Changing the diet
 - C. Elevating the head of the bed
 - D. Avoiding medications that affect the lower esophageal sphincter
10. Pharmacists suspecting a CVA or TIA should:
- A. Wait until 3 symptoms are present
 - B. Contact emergency personnel immediately
 - C. Consider changing the patient's medications
 - D. Wait 1 day to see if symptoms persist
11. If a patient presents with unilateral leg swelling, warmth, erythema, and tenderness, a _____ may be suspected.
- A. DVT
 - B. Tension headache
 - C. TIA
 - D. PE
12. Which of the following would exclude a patient from self-treatment of constipation?
- A. Significant abdominal pain or distention
 - B. Dark, tarry, bloody, or pencil thin stools
 - C. History of inflammatory bowel disease
 - D. All of the above are exclusions to self-treatment

IN MEMORIAM

Philip von Fischer



Philip von Fischer, 87, of Sioux Falls, died Wednesday, August 31st at his residence.

Philip Harold Max von Fischer was born on December 12, 1928 in Springfield, MN. He attended grade school and high school in Springfield, MN, was awarded the John Watson American Legion medal for most outstanding senior student and graduated in 1946. He attended St. Olaf College for two years and transferred to SDSU College of Pharmacy, was Hobo Day Chairman in 1951 for the SDSU Homecoming event and was in Who's Who in American Colleges and Universities before graduating in 1952.

He met the love of his life at SDSU - Donna Lou Kjar of Pierre, SD. They married August 17th, 1952. He joined Lewis Drug in 1952 as a pharmacist in Mankato, MN and transferred to Sioux Falls in 1956 as the general manager and head pharmacist of Lewis Drug's newly built Southgate store. Phil retired from active responsibility in 1992

only to be named Lewis Drug's Ambassador of Goodwill and Public Relations. For many years each senior day he greeted the customers with his big smile and warm heart. During the forty active years with Lewis Drug Phil served on numerous boards: President of the South Dakota State Pharmaceutical Association; Sioux Falls Chamber of Commerce, Sioux Vocational School, Sioux Fall Credit bureau. He was a member of Our Savior's Lutheran Church, a Sunday School teacher, and a member of choir and drama. He served as the chair of the congregation and sang in the church choir.

Phil is survived by his wife, Donna and children, The Rev. Dr. Debra Samuelson and her husband The Rev. Dr. Peter Samuelson of Minneapolis, MN, P. Scott von Fischer and his wife Beth of Illinois and Colorado, Paul von Fischer and his wife Lisa Hunter of Overgaard, AZ, and grandchildren, Miriam and Daniel Samuelson-Roberts, Isaac Samuelson and Dakotah von Fischer; sisters, Marlene (von Fischer) Weber, Elizabeth (von Fischer) Hier and many beloved nieces, nephews and cousins.

Earle Crissman



Earle T. Crissman was born May 26, 1930 at Ipswich to Beth Meadows Crissman and Herbert S. Crissman. Earle was welcomed to the family by siblings Georgene (Mrs. K. P. Kilpatrick), Phyllis (Mrs. Dean Ericksen), and Herbert M. Crissman (Marian) and grandparents George and Almeda Meadows and Tom and Molly Crissman. Earle grew up in Ipswich, graduated from Ipswich High School in the class of 1948. He went onto college and

graduated from NDAC (NDSU) in 1952 with a degree in Pharmacy. He went to work for his father in the Crissman Drug store in Ipswich. When his pharmacist father retired Earle bought the store.

Earle and Ferne Hartzell were married Sept. 8, 1951. They were married 65 years and held special celebrations on the 50th and 60th anniversaries with family and friends. Children born to them were Mona Gleysteen (Ron), Jerry Crissman, David Crissman (Cheri), and twins, Jody Bolinske (Brian) and Judy Waldman (Jack). Earle loved his large 'gang' which includes 15 grandchildren and their 9 spouses and 26 great-grandchildren. Earle spent 10 of his retirement years at his home on Mina Lake. He loved the lake but Ipswich was always home. He and Ferne moved back to Ipswich in 2014.

Earle loved the Lord and was a proud Baptist. He served in many positions for his church, First Baptist of Ipswich. He was President of the American Baptists of SD and served on the Camp Judson Committee. He cherished the times his family 'gang' attended Family Camp at Baptist Camp Judson in the Black Hills. When Earle was 80, he climbed to the top of Mt. Baldy with his kids, grandkids, and great-grandkids at family camp.

Earle liked being a pharmacist. He enjoyed going to the store every morning. He was thrilled to have 8 pharmacists in his immediate

family. He was President of S.D. Pharmaceutical Association and was awarded several awards including a 50 year pin. He never missed the State Pharmacy Convention until his fall and brain injury. He attended several National Pharmaceutical conventions during his career.

Earle did all he could to help Ipswich be a great little town. He was on the Hospital Board, the School Board, the Museum Board, the Ipswich Area Foundation, the Bank Board, and several Trail Days Committees. Earle was the editor of the 75th Anniversary History of Ipswich in 1958. Ipswich history and family genealogy and history were hobbies of his. Earle loved life and lived it to the fullest before his injury. He organized the 1st water ski club on Mina Lake. He coordinated several west river canoe trips down tributaries that emptied into the Missouri river, paddling and tent camping with family and friends. He sailed, boated, water skied, cross-country skied, and swam at Mina Lake. He played tennis. He jogged and ran in numerous races. The Aberdeen American News wrote an article about Earle in 2011 titled, "Still Active At 81". This quote is from the article "The 81-year-old Ipswich native runs four to five times a week in addition to playing tennis. Crissman took up running about 40 years ago when a friend talked him into running together. Soon Crissman was hooked on running and has continued to compete in local races, hitting a couple of 5Ks a year."

He enjoyed traveling with family and friends and made several trips to other countries. He loved to hunt and rarely missed opening day of pheasant season.

In the "Still Active At 81" article, Earle said "I'm a Christian and I have a good outlook on everything. Whatever Christ has for me, that's what I look forward to," he said. "I just enjoy each and every day." He will be greatly missed by his large family. Earle died at his home on Saturday, September 10, 2016.

CLASSIFIEDS

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