P1/P2s – Interested in a summer internship?
Many community and hospital pharmacies are still looking for interns. Continue to check on CORE ELMS for postings or go directly to the hospital/community pharmacy websites to apply. After applying, try an old school approach and follow up with a phone call to let the pharmacist know you applied and are interested in a position. Ms. Ferguson is still holding meetings to review your CVs and cover letters as well as conduct mock interviews. Email her at cmferg@umich.edu with times and days you would like to meet.

P1, P2, P3, P4s:  I belong to the ACCP Critical Care PRN, and one of the members (Laura Zane, PharmD; lzane12@gmail.com) made a checklist of what she thinks about when on rounds in COVID patients. I know P1s are writing SOAP notes and care plans now, I thought you might like to see what these translate into when you are rounding. The rest of you will be seeing these patients soon!

1. Group medication administration times to limit RN entry into the room- use 'scheduled' sigs when possible.
2. Monitor fluids and concentrate medications when needed to avoid volume overload- most patients will need conservative resuscitation strategy
3. Consider larger bags or higher concentrations to avoid having to change bags as frequently- especially for medication that may require constant administration (drip rates are high, PCA for pain, etc)
4. Ensuring appropriate DVT prophylaxis (these patients may be higher risk)
5. Trending D-dimer, lymphocytes, LDH, CRP, and ferritin (predictors of severe cases/mortality)
6. QTc monitoring if on hydroxychloroquine (HCQ) and other QTc prolonging medications (HCQ/azithromycin) – consider discussion with team if QTc >500 msec or >550 with wide complex (QRS)
7. Hydroxychloroquine has been reported to cause hypoglycemia, even in absence of other hypoglycemic medications. Additionally, monitor CBC, seizures, LFT’s, and for rash
8. If opportunity for IV:PO azithromycin change to conserve IV
9. Review inhaled medications. Consider change from nebulization to (MDI) inhalers for COVID (+) patients that are NOT on ventilation. If vented or non-COVID, make attempt to use nebs preferentially to preserve MDI’s
10. De-escalate broad spectrum antibiotics –but be vigilant for late/superinfection
11. Review home medications for ACEI/ARB (controversial). Limited data with no clear direction on whether to resume. Likely reasonable to resume in stable patients
12. Appropriate to avoid new start NSAIDS; reasonable to continue home NSAIDS or ASA

Critical care patients (Apply the above principles and recommendations listed below):
1. Recommend daily triglyceride monitoring for propofol patients (some institutions are allowing TG up to 1000) Consider alternate sedative if >500; consider versed 250mg/250ml if higher doses needed. Ketamine may be an alternative (1-30mcg/kg/min; consider start at 10mcg/kg/min).
2. Steroid use:
   a. ARDS patients- may recommend steroids, non ARDS- probably limit steroids unless asthma or other indication
b. May use hydrocortisone for refractory shock patients
3. Continue to monitor for tube administration with all critical care patients—review medications that are long acting, not to be crushed, or bio/chemo hazard. Determine what can be held during hospitalization and what would need an alternative enteral or IV substitution. Review home medication list
4. CRRT: consider dosing strategies to limit administrations (q8h extended interval zosyn vs q6h)
5. If on paralytic: check for need to continue at 24h and 48h. Most cases should stop at 48h. If drip is extended past 48h, contact provider to clarify (due to clinical data and shortages); consider intermittent dosing (cisatracurium or rocuronium) in some cases.
6. Limit or find alternative to insulin infusion if ordered. Limiting frequent BG checks will preserve PPE and/or need to enter room.
7. Avoid NSAIDS

Thanks Laura!

P1, P2, P3, P4s: This is probably the best-ever post in my set of truly awesome daily updates. Were you aware that the greatest footwear in the whole world, Crocs, are giving away free Crocs to healthcare workers like you? It is true! Get in the online queue by at least 11:30 and do not refresh your screen. My physician-niece scored a pair yesterday! Let us know if you get chosen. [https://www.crocs.com/COVID19-REQUEST.html](https://www.crocs.com/COVID19-REQUEST.html)

P1, P2, P3, P4s: Meagan Dean and roommates are swearing by these and they look delicious: [https://www.delish.com/cooking/recipe-ideas/recipes/a51853/peanut-butter-stuffed-cookies-recipe/](https://www.delish.com/cooking/recipe-ideas/recipes/a51853/peanut-butter-stuffed-cookies-recipe/)

I will leave you with some cool music: [https://www.youtube.com/watch?v=3eXT60rbBVk](https://www.youtube.com/watch?v=3eXT60rbBVk)

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From us, for you. We’re adjusting to a new reality and we’ll have to find solutions in order to support each other. Creative forces help us, let’s think outs...
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