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*Consultant Pharmacists for Healthcare Organizations, Industry, and the Community.*

**To: All Administrators, Directors of Nursing, Medical Directors, and Prescribers**  
**From: Dr. William C. Hallett, Pharm.D., MBA, BCGP, C-MTM**  
**Date: March 30, 2020**  
**Subject: COVID-19 UPDATE: Conserving Nursing Time and Minimizing Exposure Risk:  
Eight Actions Prescribers Can Take RIGHT NOW**

**Background**

From the earliest days of the COVID-19 outbreak, resource preservation and staffing in our facilities emerged as a key concern in everyone's efforts to continue providing optimal services for our residents. Adding to the well-known and documented shortages of personal protective equipment, nursing staff shortages have unfortunately become increasingly common in recent days, placing still more pressure on those remaining professionals to safely and effectively deliver care.

**Discussion**

In recognition of these issues and in an effort to assist facilities in reducing the burden wherever possible, we have developed a simple one page "reminder" chart, titled "**COVID-19 ACTION PLAN: Eight Actions Prescribers can take RIGHT NOW to Conserve Nursing Time and Reduce Exposure**". (Attached, see below.) The chart represents a quick summary of some of the recommendations we, as consultant Pharmacists, make on a regular basis. In fact, many of you have implemented these and other time saving recommendations consistently in our years of working together.

**Actions Needed by Prescribers**

While we will continue to make these and other important recommendations on our Monthly and New Admission Drug Regimen Reviews, we need the help of **all prescribers** to make this effective. If possible and as time allows, *we are asking prescribers to proactively implement these recommendations* and consciously be considering these issues for each resident immediately, as well as with each new prescription, new admission, and monthly renewal.

**Assistance from us, including research and information on other topics**

We remain completely available should anyone need assistance when considering how best to streamline medications. In addition, we are continuing to monitor the clinical literature as it relates to medication use issues in COVID-19. We have a wealth of information and research capabilities at our disposal. We welcome your questions along with your comments and feedback. *Please do not hesitate to email or call if we can be of assistance!*

Respectfully,

**Dr. William C. Hallett, Pharm.D., MBA, CGP, C-MTM**  
**President/CEO, Guardian Consulting Services, Inc.**

New York - Albany/Syracuse/Southern Tier [\(518\) 708-8101](tel:5187088101)

New York - Downstate/NYC/Long Island [\(516\) 775-6235](tel:5167756235)

Connecticut and Rhode Island [\(203\) 889-4915](tel:2038894915)

Massachusetts/Vermont/New Hampshire [\(617\) 301-4147](tel:6173014147)

New Jersey, Pennsylvania and the Mid-Atlantic [\(732\) 719-1915](tel:7327191915)

Florida and the Southeast [\(772\) 403-8215](tel:7724038215)

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**COVID-19 ACTION PLAN:  
Eight Actions Prescribers Can Take RIGHT NOW  
to Conserve Nursing Time and Reduce Exposure**

During the ongoing pandemic, it is more important than ever for prescribers to assist in streamlining prescribing, as well as consider every potential way to minimize the number of times a nurse must enter each resident's room each day. The interventions below represent some of the many recommendations that we, as consultant pharmacists make on an ongoing basis, and undoubtedly may have already implemented at times for your residents. *We encourage all prescribers to re-examine each resident's profile and consider as many of the following as recommendations possible, as soon as possible. Doing so for all residents, regardless of known COVID-19 status, will help protect our nurses while preserving both valuable nursing time as well as scarce personal protective equipment.*

1. **CONSOLIDATE MED PASSES TO TWICE DAILY (or LESS!):** Evaluate regimens and consolidate medication administration to **no more than TWICE DAILY** to save time AND minimize staff entries into resident rooms.
  - a. Look for (and ask for) alternatives for any medication ordered more than twice daily
    - i. Use once daily and extended release formulations wherever possible.
2. **D/C SUPPLEMENTS:** Wherever possible and appropriate, D/C vitamins and supplements (Multivitamins, Vitamin B, C, D, and E, Calcium, B12, Folate, and other OTC supplements) unless part of COVID-19 regimen
  - a. Consider a 14 day (or longer) hold order if permanent D/C is not appropriate.
  - b. Work with your dietician to assess and eliminate Ensure and other supplements given as part of the med pass whenever possible and clinically appropriate.
3. **REDUCE VITAL SIGN AND LAB MONITORING:** Eliminate any excessive or unnecessary monitoring:
  - a. Reduce BP monitoring to once weekly or once monthly where possible/appropriate
  - b. Reduce or eliminate pulse tracking if no longer needed
  - c. D/C or defer any routine labwork
  - d. Reduce and eliminate Fingersticks and sliding scales where possible
4. **D/C GI PROPHYLAXIS/ASYMPTOMATIC GERD MEDS:**
  - a. Consider D/C Omeprazole, Ranitidine and other meds for GI Prophylaxis or for GERD if currently asymptomatic.
5. **SIMPLIFY BOWEL REGIMENS**
  - a. Eliminate Docusate as current literature does not support efficacy, especially in geriatrics.
  - b. Consider switching Metamucil and/or Miralax to Senna 2 tabs once daily (Significantly less time consuming)
6. **D/C AND CONSOLIDATE EYE DROPS**
  - a. Evaluate and D/C artificial tears wherever possible and appropriate.
  - b. Ask Ophthalmologist to consolidate complex glaucoma regimens to no more than 2 meds, and no more than twice daily wherever possible.
7. **ELIMINATE UNNECESSARY TOPICALS**
  - a. Evaluate and D/C topical antifungal/anti-itch ointments and creams if no longer needed
  - b. Evaluate and D/C simple topical moisturizers if no longer needed
8. **SWITCH NEBULIZERS TO HANDHELD INHALATION DEVICES (OR D/C Altogether!)**
  - a. Switch all nebulizers where possible handheld devices/multidose inhalers. (See attached chart and memo as a reference.)
  - b. Evaluate continued need for nebulizers and handheld devices in resolving/resolved pneumonia. D/C as soon as clinically appropriate.