

Pharmacy Bulletin Formulary Substitution Web Page

For PBT entry, the Vanderbilt Hospital pharmacy will accept generic and non-formulary brands. Check the pharmacy website providing information on all medications by name.

Levofloxacin (Levoquin) is a fluoroquinolone antibiotic and is the (S)- isomer of the racemic drug ofloxacin (Floxacin /Floxin). Levofloxacin is reportedly 9-12% more active against Gram-positive and Gram-negative bacteria than (R)-ofloxacin. Combined with rifampin, levofloxacin is reportedly active against Mycobacterium tuberculosis. Levofloxacin exhibits MIC50 values which are 50% lower than ofloxacin against Gram-negative and Gram-positive pathogens.

Levofloxacin pharmacokinetics: approximately 99% is absorbed and oral and IV doses are bioequivalent. Because 50% of the drug is eliminated unchanged in the urine, dosage adjustment is required for renal impairment. As with other quinolones, important drug interactions exist with theophylline and magnesium containing antacids, sorbitol, and sodium sulfate resulting in significantly decreased levofloxacin absorption. These agents should be administered at least 2 hours before or after levofloxacin.

Ofloxacin (Floxacin)	Levofloxacin (Levoquin)
Ofloxacin 400 mg IV q12h	Levofloxacin 500 mg IV q12h over 90 minutes
Ofloxacin 200 mg IV q12h	Levofloxacin 250 mg IV q12h over 90 minutes
Ofloxacin 400 mg PO q12h	Levofloxacin 500 mg PO q12h
Ofloxacin 200 mg PO q12h	Levofloxacin 250 mg PO q12h

For Brand Impairment

Pharmacy Bulletin 院内代替薬に関するウェブページ

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For Brand Impairment

A additional example of an informatics base order set is shown on this slide.

In this instance, a physician who has ordered ofloxacin, a non-formulary drug, is reminded that this drug is not available at Vanderbilt Hospital.

Details on dosage and administration of levofloxacin, a formulary item is displayed in blue. Clicking the mouse on the appropriate blue text will order the drug.

他のオーダーセットの例もこのスライドで紹介されています。

ここでは、医師がオフロキサシンを処方しましたが、バンダービルド病院では採用されていないことが示されました。

採用薬であるレボフロキサシンの詳細が青い文字で示されています。このどれかをクリックすればオーダーが終了します。

Scroll Down and Select the Urokinase preparation checked from the table below

Condition Treating	Dose	Notes
I.V. Catheter Clot Removal click here to order	5,000 units (1 vial) click here to order 10,000 units (2 vials) click here to order 15,000 units (3 vials) click here to order	To other stopped I.V. catheters Usual dose is 5,000 units (1 vial)
Dialysis Catheter Flush click here to order	Urokinase 250,000 units Minimum 5,000 units 100% NS	For Dialysis catheter flush ONLY
Stroke Thrombolysis click here to order	Urokinase 250,000 units over 4 hours (500 mg total over 2hr)	Commonly used in Catheter-Related Prepared by Pediatric Pharmacy (over 200 mg/kg) to assess PER CLOTTED BY POINT Indicates when dose is to be given in order Pharmacy should prepare
Intubation click here to order	5,000 units	To date, this preparation has only been used as catheters in Neonatal ICU (NICU) Indicates when dose is to be given in order comments
Pulmonary Embolism click here to order	4,000 units (2,000 units) in DSW or NS 100ml Pushing dose 200ml for 10 minutes Maintenance dose: 100ml for 12 hours	Total volume of bag is 100ml Consider contraindications with heparin after the end of the infusion

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In some cases, drugs can be used for a wide range of indications in very different doses.

In this case, an order for urokinase displays the most commonly prescribed doses and dosing schedules used for the drug. By clicking the mouse on the appropriate blue text box, all sequences of the order can be made at one time.

幾つかの薬は、異なった投与量で広範囲の適応症に用いられます。

ここではウロキナーゼが最も頻繁に使われる投与量とスケジュールで示されました。青い文字のところをクリックすれば、その疾患の投与量がオーダーされます。

Additional Clinical Pharmacy Opportunities at US Hospitals

- Drug Utilization Review
- Adverse Drug Reporting
- Drug and Poison Information Specialists
- Managed Care Specialists
- Oncology Specialists
- Psychiatry Medication Specialists

アメリカの病院臨床薬剤師にとっての その他の可能性のある職務

- 薬剤使用評価 (DUR)
- 有害事象レポート
- 薬物毒物情報専門家
- マネージドケア専門家
- 抗がん剤治療専門家
- 抗精神薬専門家

This slide lists some of the many other clinical pharmacy opportunities which are possible for trained pharmacists.

The appropriate clinical services offered at each hospital should be individualized.

Initiating clinical pharmacy services must be done slowly and deliberately, being certain that qualified pharmacists are available to start each service.

In general, only one service should be added at a time, and when that service is accepted by the hospital and has been documented to be effective, additional clinical pharmacy services can be added or expanded.

Clinical services at Vanderbilt started initially by requiring staff pharmacists with dispensing responsibilities to provide patient discharge information to patients, and provide education to physicians and nurses.

The first pharmacist to be hired entirely for clinical pharmacy services at Vanderbilt Hospital was a nutrition support pharmacist in 1985. The following year, a clinical education assistant director was added to promote the practice of clinical pharmacy services. I was hired as the third clinical pharmacist in 1986, with responsibilities for adult intensive care. The expansion of clinical services now covers almost all common practices in American hospitals.

このスライドでは臨床薬剤師のその他の可能性のある分野をあげています。

各病院で提案されるその場所に適した臨床業務は個有のものであるべきです。

臨床業務を始める時はその分野で能力のある薬剤師がまず各業務にとりかかれることを確かにおきながら、ゆっくりと慎重に行われるべきです。

一般的には一度に一つのサービスが追加されるべきで、病院にそのサービスが受け入れられ、効果的であると証明された上でさらに他の薬剤師業務が導入されるのです。

バンダービルド病院では当初、調剤業務をしながら、患者に退院処方の情報や、医師や看護婦を教育を提供する薬剤師を必要としました。

臨床業務のみを行う臨床薬剤師を1985年に初めて雇いましたが、それが栄養サポート専門の薬剤師でした。続く年、臨床薬剤師業務推進のために臨床教育専門の副ディレクターが加わりました。私は1986年に成人用のICUで働くため雇われました。今や、薬剤師の臨床業務はアメリカの病院の殆ど全ての業務に広がっています。

Five “Drivers” for Successful
Development of Clinical
Pharmacy Services

- Knowing organizational culture
- Providing leadership
- Recruiting pharmacy sponsors
- Showing tenacity
- Acting with management courage

Pharmacotherapy 2000;20:340S-43S

臨床薬剤師業務を成功するための
5つの機動力

- その組織の様式を良く知っていること
- リーダーシップをとれること
- 薬局を支援してくれる人を探すこと
- 不屈の精神
- 薬局経営に対するやる気

Pharmacotherapy 2000;20:340S-43S

Successfully initiating clinical pharmacy services is possible only with dedication and support by the hospital, physicians, nurses, patients, and the culture of the people.

In the United States, five items which have been shown to lead to success in stating clinical pharmacy services have been identified. I have listed them on this slide, and will discuss them in details in the next five slides.

臨床薬剤師サービスを上手に始められるのは、それにのめりこみ、医師、看護婦、患者の支援を得、人々の文化的考えに合ったものがそろった時で そのときにのみ可能になります。

アメリカでは5つの成功の鍵が例証されています。ここにしめされました一つ一つについて話していきます。

How to Successful Develop Clinical Pharmacy Services

- Know organizational culture
 - Recognize and respect values, customs, and cultures
 - Identify key decision-makers
 - Establish a sense of trust
 - Be persuasive in communications
 - Physician support at senior level is crucial

Pharmacotherapy 2000;20:340S-43S

どのように臨床薬剤師業務 成功させるか

- その組織の様式を理解すること
 - 慣習や文化、価値観を知り尊重する
 - 決定権を持つ人を特定する
 - 信頼関係を築く
 - 説得できるコミュニケーション力
 - 経験者レベルでの医師からの支援は不可欠

Pharmacotherapy 2000;20:340S-43S

Before an administrator or clinical pharmacist can be successful in implementing a new type of clinical program, a number of factors must be considered.

Organizations have values customs and cultures that should be recognized and respected. In American hospitals, physicians have traditionally been the most important leaders in establishing clinical practices and directing patient care. Recently, the managed care approach has in many cases dictated what a physician can and can not do in medical practice. This forced change in culture has not been considered appropriate by most physicians, and has been met with resistance.

To be successful, clinical pharmacists and pharmacy administrators must be able to identify the key decision makers for drug related issues and establish a sense of trust in the ability of pharmacists to do good work.

One way that an administrator can use to be persuasive in communications is to focus on solutions to issues that are pressuring physicians and other health care professionals at that time. If, for example, medication errors are a current problem in the hospital, potential solutions from pharmacists will be considered welcome.

In all areas of hospital and clinic care, physician support at the most senior level is needed to get approval of new pharmacy related services.

新しい臨床業務の中に臨床薬剤師が上手に入りこんでいく前に考えられなければならないことがたくさんあります。

組織はそこ独自の様式や価値観や慣習があり、それについて理解され尊敬されなければいけません。アメリカの病院では医師が伝統的に患者に直接行うケアや、臨床実務を確率するのに、最も大切なリーダーでした。最近ではマネージドケアが、多くの場合、医師ができること、できないことを指図しています。このような様式変化を強いられて、多くの医師がこれを適切でないと考え抵抗しています。

成功のためには臨床薬剤師や、薬局管理者は薬剤について決定権をもつ人物を見つけ、その人物から薬剤師が良い仕事ができる能力があると信頼を得ることです。

一つの方法として、その管理者は医師や医療関係者の抱えている問題を解決することに焦点をあてて、話し合いを通じ説得していくことです。もし、医療過誤が院内で問題ならば、薬剤師を使った解決方法が受け入れられると考えられます。

病院とクリニックどこでも、新しい薬局サービスに同意をえるためには経験を持った医師のサポートが欠かせません。

How to Successful Develop Clinical Pharmacy Services

- Provide Leadership
 - Look for opportunities to advance programs
 - Credit success to pharmacy activities when appropriate
 - Demonstrate value of pharmacists
 - Judicious use of anecdotes and testimonials
 - Gain trust of decision makers

Pharmacotherapy 2000;20:340S-43S

どのように臨床薬剤師業務を 成功させるか

- リーダーシップをとれること
 - 計画を進めるための機会を探す
 - 薬剤師活動が成功するという信望を得る
 - 薬剤師の価値を実証できる
 - 証明書や表彰状の賢い使い方
 - 決定権のある人との間で信頼関係を得る

Pharmacotherapy 2000;20:340S-43S

Good leadership and the ability to advance clinical pharmacy programs focuses on opportunities.

If compelling data to support a pharmacy program is presented to key physicians, decision makers are likely to follow their recommendations, and may request further clinical pharmacy services when appropriate.

Senior hospital and clinic executives are very busy and have many responsibilities. Without continued acknowledgement by the pharmacy director of the success of a new pharmacy service, credit may be overlooked. Repeated use of anecdotes demonstrating the value of new and existing clinical pharmacy services should be mentioned at appropriate times.

As more examples of the benefit of clinical pharmacy services are mentioned, trust will allow the advancement of other pharmacy programs.

良いリーダーシップと臨床業務を進める能力がその機会を導きます。

もし主要な医師に薬剤部の企画をうまく説明するデータを示せば、決定権をもつ人々はこの勧めにおそらく従うでしょう。それが適当であるとわかれば更なる臨床薬剤師業務を要求してくるかもしれません。

上に立つ病院、クリニックの管理者はとても忙しく、多くの責任を負っています。業務成功の為に、薬剤部長による絶え間ないアピールがなければ、信用や評判は見過ごされてしまうかもしれません。適当な時に既に行われている臨床業務や新しいものの価値を紹介する逸話などを繰り返し口にだされるべきです。

臨床業務のもたらす利益についてさらに例があがれば、他の薬剤師プログラムの進展も見られるでしょう。

How to Successful Develop Clinical Pharmacy Services

- Recruit Pharmacy Sponsors
 - Get influential persons to endorse an initiative to key decision-makers
 - Share success stories in person, accompanied with associated materials and anecdotes
 - Engage other key stakeholders to assist in achieving common goals

Pharmacotherapy 2000;20:340S-43S

どのように臨床薬剤師業務を成功させるか

- 薬局を支援してくれるスポンサーを探す
 - 決定権のある人に賛同する影響力のある人物を雇う
 - 成功経験や逸話を分かち合う
 - 共通の目標を達成するよう他の主要人物と約束をとりかわす

Pharmacotherapy 2000;20:340S-43S

Successful change in organizations relies on effective senior sponsors who understand and champion a department or proposal.

Broadcasting individual or staff successes to organizational leaders to whom the pharmacy director reports is an effective way to gain sponsorship. Leaders like to have winning teams and accomplished individuals in their organization. These organizational leaders will then share these success stories with other executives, and build enthusiasm.

It is important to insure that these new clinical pharmacy programs are not meant to replace an established program. Rather, to gain support a pharmacy director must work to show that these new programs are used to achieve common goals. New programs should be promoted as "team proposals" to avoid conflict.

その施設が上手に変われるかどうかは、その提案を理解してくれるその部所の長にかかっています。

支援を得るのに、個々やスタッフ全体の成功を薬剤部長が、その施設のリーダーたちに報告することも効果的な方法です。リーダーたるものはその組織に成功者や勝利者がいることを好みます。そのリーダーは他のリーダー達にその成功話をし、熱心さが伝わっていくのです。

これらの新しい臨床薬剤師業務がすでに確立されてきたプログラムに置換わるものとして扱われるべきでないことを確認しておくことが大切だと思います。むしろ、成功のためには、薬剤部長はこの新しいプログラムが院内共通の目標を達成するためだということをしめさなければなりません。紛争をさけるため、新しいプログラムはチーム全体の提案として推し進められるべきでしょう。

How to Successful Develop Clinical Pharmacy Services

- Tenacity
 - Reinforce key messages with leaders and staff
 - Use clear and simple messages
 - Maintain a "we can do it" attitude
 - Continuously review priorities with individuals and the department to stay focused for success

Pharmacotherapy 2000;20:340S-43S

どのように臨床薬剤師業務を 成功させるか

- 不屈の精神
 - リーダーとスタッフに鍵となる言葉を強調する簡潔な言葉を使う
 - '自分達には出来る' といった態度を持ちつづける
 - 継続して成功することを念頭におきながら部ごと及び個々に優先項目を確認する

Pharmacotherapy 2000;20:340S-43S

Once a program has been developed, a successful pharmacy director or clinical pharmacy leader should reinforce the benefits with leaders and staff.

A "we can do it" attitude can effectively stimulate pharmacists into new roles. Individual strengths of each pharmacist can be used to enforce the team approach. Pharmacists who have never been exposed to clinical pharmacy roles may be resistant to change. Involving each pharmacist in a role which complements the group can build support within the department.

Continual renewal of priorities is very important for advancing pharmacy services. If current clinical pharmacy practices are shown to be having little benefit, a switch in priorities to a more useful service or initiative should be considered.

プログラムが立ちあがってきたら、成功のために、薬剤師のリーダー達はその利益についてスタッフに強調するべきです。

自分達には出来るんだといった態度が効果的に薬剤師たちを新しい業務に刺激して導きます。過去に臨床業務に関わったことがない薬剤師は変化に対し、抵抗するかもしれません。一人一人の薬剤師に役割を与えグループを補うことが部内でサポートを得ていくこととなります。

優先順位を常に更新していくことは業務推進の上でとても大切です。もし現行の臨床業務があまり利益をもたらしていないのなら、さらに有用なサービスに優先順位や主導権は移されるべきでしょう。

How to Successful Develop Clinical Pharmacy Services

- Maintain Management Courage
 - Maintain a passion for success and a commitment to results
 - Needs and wants must be made known
 - Focus efforts to achieve success
 - Demonstrate accountability with frequent progress reports

Pharmacotherapy 2000;20:340S-43S

どのように臨床薬剤師業務を成功させるか

- 薬局経営に対するやる気を持続させる
 - 成功への情熱と結果への尽力を持続する
 - 必要性和欲求は常に明かにしておく
 - 成功を達成させることに集中する
 - 頻繁に経過報告をしながら責任を確認する

Pharmacotherapy 2000;20:340S-43S

Finally, it is important to recognize that pharmacy management requires hard work and a passion for success.

When possibilities for advancement arise, a successful pharmacy director should make organizational needs known.

A continued focus on programs which achieve success is needed. Unfocused activities which are not perceived as being beneficial may need to be abandoned to add strength to better programs.

Management courage requires accountability. The pharmacy department must be committed to do what is needed to achieve success once resources are allocated. Frequent progress reports to demonstrate the effective use of pharmacists need to be continually documented to insure future success.

最後に、薬局管理には尽力と成功への熱意が欠かせないということを確認することが大切です。

進展が見えたら、成功の為に薬剤部長はその組織的な必要性を知ってもらうよう動きます。

成功すべきその計画に絶えず焦点をあてていることが必要です。特にならないと思われるような焦点の外れた活動は捨て去り、より良い計画に力を注がれるべきです。

管理をうまく行っていくには責任をとることが必要です。一度種がまかれたら、薬局全体で成功に達するために必要なことに尽力しなければなりません。薬剤師の効果的な使用により示された進歩については、持続して記録しつづけることが将来の成功につながります。

**“Clinical Practice Guidelines:
The Pharmacist’s Role”**

(臨床業務ガイドライン：薬剤師の役割)

**“Antimicrobial Switch Therapy
in Community-Acquired Pneumonia”**

(市中肺炎の抗生物質スイッチ療法)

**by Shirley Reitz, Pharm.D.,
Group Health Cooperative**

薬剤師病棟業務指導者研修会のご案内

拝啓 春寒の候、先生方におかれましては益々ご清栄のこととお慶び申し上げます。

さてこの度、外国人研究者招聘事業(平成 12 年度厚生科学研究費補助金(医薬安全総合研究事業)「医薬品の適正使用における病院薬剤師の役割」研究班、平成 12 年度厚生科学研究費補助金(医薬安全総合研究推進事業)財団法人日本公定書協会)の一環として、米国で臨床薬剤師の指導者としてご活躍中の Shirley J. Reitz 博士をお招きして、薬剤師病棟業務指導者研修会を開催する運びとなりました。本研修会は、ファーマシューティカルケアを実践していく上で必要な基礎知識、技術、技能を指導して頂くために実施されるものであります。ご多忙の折とは存じますが、是非ともご参加頂きますようご案内申し上げます。

なお、特別講演をして頂きます Reitz 先生は、2/19(月)~2/21(水):名古屋大学医学部附属病院、2/22(木)~2/25(日):京都大学医学部附属病院、2/26(月)~2/27(火):三重大学医学部附属病院の薬剤部にて指導をされております。見学をご希望の方は、各施設へお問い合わせ下さい。

敬具

平成 13 年 2 月 「医薬品の適正使用における病院薬剤師の役割」研究班主任 鍋島俊隆

日 時：平成 13 年 2 月 19 日 (月) 18:00~20:00

場 所：名古屋大学医学部 鶴友会館 2F 大会議室

連絡先：名古屋大学医学部附属病院薬剤部 鍋島俊隆

Phone:052-744-2674 Facsimile:052-744-2979

プログラム

特別講演 1

「副作用の早期発見のためのモニタリングプラン」

中部労災病院 水谷 義勝 先生

特別講演 2

「Clinical Guidelines: The Pharmacist's Role」

Group Health Cooperative
Shirley J. Reitz, Pharm.D.

★本研修会は、日本薬剤師研修センター、愛知県病院薬剤師会生涯教育認定研修会です。

副作用の早期発見のためのモニタリングプラン

労働福祉事業団

中部労災病院薬剤部 水谷 義勝

副作用の早期発見作業を病棟業務における薬剤師の専門職能として確立させるべく、副作用モニタリングの設定を試みている。

集団検診は疫学的合理性に基づいて多くの検査項目で実施されている。同様に、副作用についても臨床薬剤師が根拠をもってモニターすべきであると考え。即ち、モニタリングプランはなぜ、いつ、誰に対して、どのようにそれが実施されるべきなのか説明できる必要がある。

早期発見のためのパラメータや頻発する期間、および患者の危険因子が分かっている副作用はプランの設定が可能である。主に症例報告の副作用関連文献を調査して、1日投与量と副作用発現までの投与期間の関係により、以下のように副作用を五つの範疇に分類した。

タイプA: 投与量に依存し、治療の初期に発現する副作用

タイプB: 1日投与量に依存する副作用、デキストランによる急性腎不全など

タイプC: アレルギー性の副作用、抗リウマチ薬による腎炎など

タイプD: 総投与量に依存する副作用、アミノグリコシドによる腎障害など

タイプE: その他の副作用

これらの概念は監視期間と対象数の限定に役立っている。しかし、頻度が稀な副作用に対するプランの評価には多施設における多くの協力が必要である。

Monitoring Plan for Early Detection of Adverse Reaction

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Aiming at the establishment of early detection for adverse reaction as a professional function in pharmaceutical care practice, we are trying to set up the monitoring plan for several adverse reactions.

A group medical examination includes many items based on the epidemiological rationality. It is also considered that the adverse reaction should be monitored based on the evidence by the clinical pharmacist. In other words, the monitoring plan needs to be explained why, when, to whom, and how it should be done.

It is possible to set up the monitoring plan for the adverse reaction, which is identified the parameters for early detection, duration of frequent occurrence and/or any high-risk factors in the patient. We searched for the evidence in related articles, mainly the case reports, and classified the adverse reactions into 5 categories according to the relationship between daily dose and the duration of administration till onset as follows.

Type A: dose-related one in the early stage of the treatment.

Type B: daily dose-dependent one, such as acute renal disorder by dextran

Type C: allergic one, such as nephritis by antirheumatic agents

Type D: total dose-dependent one, such as renal dysfunction by aminoglycosides

Type E: others

These concepts are useful in limiting the monitoring period and the number of objects. However, the assessment of the monitoring plan for rare adverse reactions needs many cooperation from a large number of facilities.

CURRICULUM VITAE

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PERSONAL DATA:

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Licensure: Texas
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EDUCATION:

1982 - 1983	University of Illinois Health Science Center Chicago, IL	Advanced Residency in Neonatology/ Pediatrics
1980 - 1982	University of Texas Health Science Center San Antonio, TX	Doctor of Pharmacy
1975 - 1980	South Dakota State University Brookings, SD	Bachelor of Science Pharmacy Bachelor of Science Psychology

PROFESSIONAL PRACTICE EXPERIENCE:

Clinical Experience

August 1999 to Present	Clinical Coordinator for Inpatient Services Group Health Cooperative of Puget Sound Eastside Hospital, Central Hospital, and Care Center at Kelsey Creek Seattle, WA
December 1998 to Present	Medication Use Management Coordinator Group Health Cooperative of Puget Sound Seattle, WA
July 1989 to November 1998	Clinical Pharmacist, Neonatology/Pediatrics, St. Luke's Regional Medical Center, Boise, ID.
October - December, 1990	Pharmacy Department Consultant, Eastern Idaho Regional Medical Center.
July 1990 - Present	Site Coordinator, Drug Surveillance Network - Center for Pharmacoepidemiology Research.
October 1987 to June 1989	Clinical Coordinator, Ambulatory Care, Cook County Hospital, Chicago, IL.

July 1985 - June 1989 Clinical Pharmacist, Neonatology/Pediatrics,
Cook County Hospital, Chicago, IL.

September 1983 - June 1985 Clinical Pharmacist, Special Care Nursery,
Northwestern Memorial Hospital, Chicago, IL.

Professional Experience

October 1993 to October 1998 Relief Pharmacist, Employee Outpatient Pharmacy,
St. Luke's Regional Medical Center, Boise, ID.

March 1986 to June 1988 Community Pharmacist, Walgreens Pharmacy,
Chicago, IL.

August 1981 to August 1982 Community Pharmacist, Drug Shoppe, Hondo, TX.

July 1980 to September 1982 Staff Pharmacist, Medical Center Hospital, San
Antonio, TX.

ACADEMIC APPOINTMENT:

May 1996 Granted Tenure, College of Pharmacy, Idaho State
University

July 1989 to November 1998 Assistant Professor of Pharmacy Practice College
of Pharmacy, Idaho State University, Pocatello,
ID.

July 1989 to November 1998 Affiliate Faculty Member, Boise State University,
Boise, ID.

January 1987 to June 1989 Adjunct Faculty Member, Chicago City-Wide
College, Chicago, IL.

July 1985 to June 1989 Clinical Assistant Professor of Pharmacy
Practice, University of Illinois at Chicago
College of Pharmacy, Chicago, IL.

September 1983 to June 1985 Preceptor for Baccalaureate Pharmacy Resident in
Special Care Nursery, Northwestern Memorial
Hospital, Chicago, IL.

September 1992 to Sept 1983 Clinical Assistant, University of Illinois,
College of Pharmacy.

July 1980 to September 1982 Teaching Assistant, University of Texas Health
Science Center, San Antonio, TX.

SERVICE:

National/Regional/Local:

- 1995-1997 Committee on Board Certification Affairs, American College of Clinical Pharmacy, Member.
- 1997-1998 Planning Committee for Pediatric CE at Fall 1998 Annual Meeting, Member.
- 1997-1998 Chair of Organizational Affairs, Idaho Society of Health-System Pharmacists.
- 1997-Present Mentor in ASHP Practice Advancement Links (PALS) program.
- 1998-Present Commission on Therapeutics, American Society of Health-System Pharmacists, Member.

PUBLICATIONS:

Reitz SJ. Book Review: Johns Hopkins Hospital Harriet Lane Handbook, Golden Hours: The Handbook of Advanced Pediatric Life Support, and The Pediatric Cardiology Handbook. Journal of Pediatric Pharmacy Practice, 1997.

Reitz SJ. "Attention-Deficit/Hyperactivity Disorder: Focus on Pharmacologic Management" Journal of Pediatric Health Care, 11(2):78-83, 1997.

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BOOK CHAPTERS:

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OTHER PUBLICATIONS:

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Reitz SJ, New Drug Information Sheets, distributed to all nursing units, 1989 through 1992, St. Luke's Regional Medical Center, Boise, ID.

JOURNAL REVIEW:

- 1998 Ad Hoc Manuscript Review, American Journal of Health-System Pharmacists. Review of "Long Term Treatment of Child with Simple Febrile Seizures" practice guideline for American Academy of Pediatrics.
- 1997 Ad Hoc Manuscript Review, American Journal of Health-System Pharmacists.
- 1996 American Pharmaceutical Association Guide to Children's Medication, Reviewer.
- 1996 American Pharmaceutical Association Guide to Drug Treatment Protocols: A Resource for Creating and Using Disease-Specific Pathways: Management of Pediatric Absence Seizures, Acute Otitis Media, Management of Convulsive Pediatric Status Epilepticus, Reviewer.
- 1996 Pediatric Pharmacy Advocacy Group: 5th Annual Pediatric Technology Conference Poster Session, Reviewer.
- 1995 Review selected Monographs, "Guidelines for the Administration of Intravenous Medication to Pediatric Patients", 5th Edition, American Society of Health-System Pharmacists.
- 1992 Ad Hoc Reviewer, American Pharmacy.
- 1991 Ad Hoc Reviewer, American Journal of Health-System Pharmacists.

AWARDS/HONORS:

- 1997 Employee Recognition Award for contributions to the field of pharmacy through staff leadership and accomplishment in the State professional organization.
- 1996 Poster Award, 1st Place, Idaho Society of Health System Pharmacists.
- 1994 Recognition Award for Excellence in Service-ACLS Instructor, St. Luke's Regional Medical Center.
- 1993 Board Certified Pharmacotherapy Specialist.
- 1992 Upjohn Excellence in Research Award.
- 1992 Poster Award, 2nd place, Idaho Society of Hospital Pharmacists.
- 1992 Excellence in Service-IV Fat Study, St. Luke's Regional Medical Center.
- 1991 Pharmaceutical Manufacturers Association Coordinated Industry Program, PMA and Boehringer Ingelheim Pharmaceuticals, Inc. Application with Credentials.
- 1979 Mortar Board, Academic Achievement.
- 1979 Phi Lambda Epsilon Honorary Chemical Society, Academic Achievement.
- 1978 & 1979 OSCO Drug Scholarship for Outstanding College Students
- 1978 Rho Chi, Academic Achievement.
- 1975 - 1979 H.M. Briggs 4 year scholarship, South Dakota State University.

PROFESSIONAL AFFILIATIONS:

American College of Clinical Pharmacists (ACCP)
American Society of Hospital Pharmacists (ASHP)
American Pharmaceutical Association (APhA)
Rho Chi
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Pediatric Pharmacy Advocacy Group (PPAG)

REFERENCES:

Available upon request.

<講演 1 >

“Clinical Practice Guidelines: The Pharmacist’s Role”

「臨床業務ガイドライン: 薬剤師の役割」

<講演 2 >

“Antimicrobial Switch Therapy in Community-Acquired Pneumonia”

「市中肺炎の抗生物質スイッチ療法」

<講演 1 >

<講演 1 >

“Clinical Practice Guidelines: The Pharmacist’s Role”

「臨床業務ガイドライン: 薬剤師の役割」