



# College of Pharmacists of Manitoba NEWSLETTER

## FALL 2023

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## Mitigating SIRVA with Lessons from Complaints

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## Medical Examiner Review

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This Newsletter is published four times per year by the College of Pharmacists of Manitoba (CPhM) and is forwarded to every licenced pharmacist and pharmacy owner in the Province of Manitoba. Decisions of the CPhM regarding all matters such as regulations, drug-related incidents, etc. are published in the newsletter. The CPhM therefore expects that all pharmacists and pharmacy owners are aware of these matters.

**The mandate of the College of Pharmacists of Manitoba is to serve and protect the public interest.**

***Our mission is to protect the health and well-being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers.***

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**200 Taché Avenue, Winnipeg, Manitoba**

**Phone:** (204) 233-1411 **Fax:** (204) 237-3468

**Email:** [info@cphm.ca](mailto:info@cphm.ca) **Website:** [cphm.ca](http://cphm.ca)

# Mitigating SIRVA with Lessons from Complaints: A Series on Injection-Related Best Practices

The College of Pharmacists of Manitoba (CPhM) Complaints Committee has observed an increase in complaints regarding the provision of injections, including reports involving Shoulder Injury Related to Vaccine Administration (SIRVA). Manitoba pharmacists authorized to administer vaccines, play a vital role in public vaccination campaigns and are providing an increasing number of injections. Recognizing the significance of SIRVA, we aim to guide pharmacists through professional development learning activities that offer comprehensive insights into injection techniques and SIRVA-related concerns.

## Understanding SIRVA Symptoms and Causes

SIRVA is characterized by persistent shoulder pain and restricted function, sometimes referred to as "frozen shoulder" syndrome. Suspecting SIRVA is crucial when patients exhibit sudden shoulder pain and reduced mobility following vaccination. Commonly caused by improper landmarking during injection, SIRVA leads to inflammation, pain, shoulder weakness, and reduced range of motion. Diagnosing SIRVA involves recognizing the link between recent vaccination and symptoms, and confirming it with imaging studies, which falls under a physician's purview.

## Responding to Suspected SIRVA

If you suspect a potential SIRVA case, counsel the patient on typical symptoms and refer them to a physician for further assessment. Prompt diagnosis and treatment, especially within three weeks of symptom onset, can positively impact outcomes. Reporting adverse events following immunization to the Manitoba Health, Seniors and Active Living Surveillance unit is crucial, and mild or localized reactions may not require reporting.



## Preventing SIRVA Through Professional Development

To delve deeper into injection techniques and SIRVA-related concerns, we encourage pharmacists to engage with the recently developed professional development learning activities, each accredited for 0.75 CEUs.

These two professional development recordings, *Lessons from Complaints: A Series on Injection-Related Best Practices*, offer crucial insights for pharmacists handling vaccinations:

1. The first recording, *Best Practices Review for Pharmacists*, covers aseptic technique, potential injuries from improper technique, and proper landmarking and techniques for injections.
2. The second recording, *Trends in Injection-Related Complaints*, details training requirements, key components of drug administration, documentation needs, and strategies to manage injection-related errors or complaints.

The Complaints Committee strongly recommends viewing both recordings, providing pharmacists with valuable insights to address common concerns brought to the committee. These recordings aim to refresh and enrich pharmacists' knowledge in best practices, emphasizing patient safety and well-being.

By engaging in these professional development learning activities, pharmacists gain in-depth knowledge about SIRVA and injection techniques. This comprehensive understanding ensures improved vaccination practices, minimizes risk, and ultimately enhances patient care.

To access the professional development recordings and broaden your knowledge in vaccination best practices, visit the Accredited Learning Activities page under the Recorded Professional Development Programs section on the [CPhM website](#) or click the links below to view the recordings:

- [Part 1: Best Practices Review for Pharmacists](#)
- [Part 2: Trends in Injection-Related Complaints](#)

*Understanding and addressing SIRVA is an integral part of ensuring safe and effective vaccine administration. Stay updated, learn, and contribute to maintaining high standards of vaccination practices for the well-being of all Manitobans.*



# President's Address

**Dear Colleagues,**

I trust this message finds you in good health and spirits. The past few weeks are traditionally marked with vibrant colours, cozy sweaters, and time spent with family. Yet, it is also a time of heightened activity and reflection within the field of pharmacy.

First and foremost, I want to express my deep appreciation for your unwavering dedication to patient care, particularly during these challenging times. The annual Influenza vaccination campaign is well underway, and your role in administering vaccinations remains instrumental in safeguarding the health and well-being of our communities. Your commitment to ensuring the highest standards of care is commendable. In this regard, I encourage each of you to stay attentive to the critical aspect of administering vaccines with precision and safety. While vaccinations play a pivotal role in public health, it's essential to acknowledge that they come with inherent risks. Applying professional expertise, skill, and diligence to every injection is paramount to upholding the highest standards of care. I highly suggest viewing the two professional development recordings titled *Lessons from Complaints: A Series on Injection-Related Best Practices*, offering invaluable insights for pharmacists involved in vaccinations.

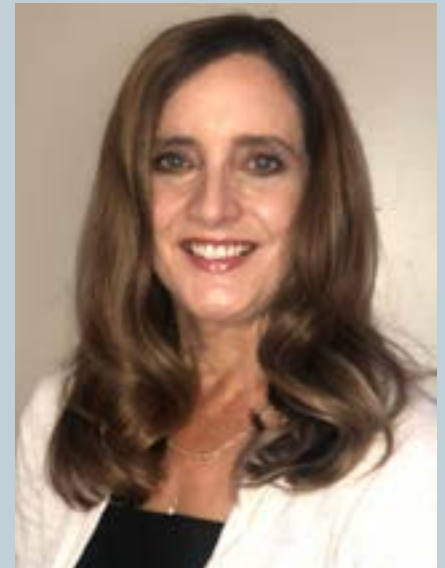
On November 28, 2023, CPhM hosted its fifth annual Medical Examiner Professional Development (PD) live webinar, titled "Engaging Patients with Care: Tapering, Brief Interventions, and Substance Use Insights," presented by speakers Karin Ens and Lori Nickolson. For more details on this professional development event, and for access to the recording, please refer to page 5.

As the bustling season winds down, let's reflect on the importance of patient safety, the pivotal role of pharmacy technicians, and the responsibility we carry in today's intricate healthcare landscape. The initial months of fall allowed us to spotlight health equity and elevate our cultural competence, emphasizing equal access to healthcare. It is our obligation as healthcare providers to confront prevailing inequities and strive for truth and reconciliation within the healthcare system.

I want to thank each of you for your unwavering commitment to excellence in patient care. Your dedication and professionalism continue to make a profound impact on our communities.

**Jane Lamont**  
**President, College of Pharmacists of Manitoba**

*"Your role in administering vaccinations remains instrumental in safeguarding the health and well-being of our communities."*



# Education from the Adult Inquest Review Committee Meetings of the Chief Medical Examiner's Office

The College of Pharmacists of Manitoba attends Adult Inquest Review Committee meetings at the Chief Medical Examiner's Office to review deaths which may have involved prescription drugs, focusing on opioids and other drugs of abuse. A de-identified case study based on information obtained from these meetings is presented in each Newsletter to provide an opportunity for education and self-reflection for all pharmacists.

## Introduction

SA is a 60-year-old female who was found dead in her bed at home on March 25, 2020. Her medical history included fibromyalgia, hypertension, sleep apnea, hyperthyroidism, migraines, chronic kidney disease, cerebral artery aneurysms, and cellulitis. An autopsy was performed, and the immediate cause of death was determined to be an accidental mixed drug toxicity involving oxycodone, fentanyl, citalopram, and diphenhydramine.

## Results

The following chart represents the results of the toxicology report. Drugs that were above the therapeutic range are indicated by an asterisk (\*):

Drug	Level in blood (ng/mL)	Therapeutic Range (if applicable) (ng/mL)
Oxycodone*	180	10 – 100
Fentanyl*	24	Within 24 hours of application of a 100 ug/hr transdermal patch, the expected serum concentration is 1.9 – 3.8 ng/mL
Citalopram*^	680	30 – 200
Diphenhydramine*	519	14 – 112
Metoprolol*	400	20 – 340
Quetiapine	311	100 – 1000
Zopiclone	21	25 – 65

^ Selective serotonin-reuptake inhibitors undergo post-mortem redistribution and levels may be slightly elevated in the toxicology report.

SA's DPIN history below only includes a summary of medications relevant to her toxicology report:

Generic Name	Date Dispensed	Strength	Quantity	Days' Supply	Prescriber	Pharmacy
Acetaminophen/ Oxycodone	Feb 1, 2020	325 mg/5 mg	750	50	Dr. A	ABC Pharmacy
	Nov 29, 2019		452	38		
	Sep 20, 2019		452	38		
	Aug 3, 2019		300	20		
	Apr 19, 2019		752	50		
Escitalopram	Feb 22, 2020	10 mg	45	90	Dr. A	ABC Pharmacy
	Feb 22, 2020	20 mg	90	90		
	Dec 1, 2019	10 mg	45	90		
	Dec 1, 2019	20 mg	90	90		
	Aug 3, 2019	20 mg	90	90		
	Aug 3, 2019	10 mg	45	90		
	Apr 16, 2019	10 mg	45	90		
Fentanyl	Feb 4, 2020	100 ug/hr	20	60	Dr. A	ABC Pharmacy
	Dec 1, 2019		20	25		
	Sep 20, 2019		20	25		
	Aug 3, 2019		20	25		
	Jun 19, 2019		20	25		
	Apr 16, 2019		20	25		
Metoprolol	Feb 25, 2020	25 mg	720	90	Dr. A	ABC Pharmacy
	Aug 3, 2019		720	90		
Quetiapine	Feb 1, 2020	25 mg	540	90	Dr. A	ABC Pharmacy
	Sep 20, 2019		540	90		
	Jun 21, 2019		540	90		
Zopiclone	Sep 29, 2019	7.5 mg	120	60	Dr. A	ABC Pharmacy
	Aug 21, 2019		120	60		
	Jun 19, 2019		120	60		
	Apr 16, 2019		120	60		

## Discussion

Opioid intoxication is a contributing cause of SA's accidental death. The toxicology report indicates high blood levels of oxycodone and fentanyl, which may be attributed to the large and inconsistent quantities that were being prescribed and dispensed. According to the Opioid Manager Tool, patients taking high risk prescriptions have a higher risk of overdose.<sup>1</sup> High risk prescriptions refer to prescriptions with higher daily opioid doses, rapid titration, combining the use of opioids and sedating drugs, failure to monitor dosing, and insufficient information provided to patients.<sup>1</sup> In this case, some of these factors may have played a role in SA's death.

This patient was prescribed opioid doses that were much higher than the recommended dose of 50 to 90 Morphine Milligram Equivalents (MME) per day.<sup>2</sup> In particular, the oxycodone quantities prescribed were large, irregular, and inconsistent as the quantity dispensed ranged from 300 to 750 tablets. Based on the most recent fill, SA's daily oxycodone dose was equivalent to 112.5 MME per day.<sup>3</sup> Additionally, she was prescribed fentanyl patches, where one 100 ug/hr patch is equivalent to 360 to 404 MME per day.<sup>3</sup> Overall, this patient was receiving approximately 472.5 to 516.5 MME per day.

Patients who receive high-dose opioid therapy for chronic non-cancer pain are at an increased risk for opioid dependence and death from overdose.<sup>4</sup> For patients taking opioid doses of greater than 500 MME per day, the incidence rate of overdose deaths from a 2016 study was determined to be 90.4 (95% CI 60.7, 134.6).<sup>5</sup>

A gradual tapering plan should be considered for any patient receiving high-dose opioid therapy. Based on the 2017 Guideline for Opioids for Chronic Non-Cancer Pain, patients receiving opioid doses of greater than 90 MME per day should be prioritized to undergo a gradual opioid tapering as the harms often outweigh the benefits at high doses.<sup>6</sup> At the same time, support from the multidisciplinary team should be readily available to aid patients during this challenging journey.<sup>6</sup> This is supported by a study which has shown that a slow taper in patients taking high-dose opioids can be successful as 63% of patients achieved the meaningful reduction criterion at 12 months without significant effect on pain or functioning.<sup>7</sup>

The days' supply of when SA's medications were dispensed also changed frequently. The oxycodone days' supply varied from 20 to 50 days while the days' supply for fentanyl had changed from 25 to 60 days on the last fill, and the time between fill dates were inconsistent making it difficult to determine the patient's exact dose. According to the Standard of Practice: Prescribing Opioids by the College of Physicians and Surgeons of Manitoba (CPSM) that came into effect in September 2018, opioid prescriptions can be written for a maximum of three months, but only a one-month supply can be dispensed at a time.<sup>8</sup> This standard excludes the treatment of active cancer pain, palliative care, end-of-life care, opioid replacement therapy, and opioid use disorder.

In this case, it would have been advisable for the pharmacist to contact the prescriber to discuss the appropriateness of the opioid dosages prescribed for this patient and to limit dispensing to a maximum of one month to comply with the CPSM standards. Given the high and inconsistent quantity of opioids being filled, a gradual tapering plan should have been considered and discussed between the prescriber, pharmacist, and patient. In these conversations, the pharmacist should clearly express their concerns and reasoning, with a direct focus on the patient's safety and treatment goals. These discussions should always be documented to ensure the continuity of care.

Given that this patient also has a history of sleep apnea, she would have benefited from a review of medications. In particular, sedating medications such as opioids, zopiclone, quetiapine, and diphenhydramine can reduce the ability to wake during periods of breathing difficulties during sleep, which can further increase the risk of accidental death in this population.<sup>9</sup> These medications should be avoided in patients with sleep apnea and alternatives for managing common sleep apnea related symptoms should be considered (e.g., nasal saline for nasal congestion).<sup>9</sup> Re-evaluation of sleep apnea related symptoms by a sleep medicine specialist could also be considered.

It is a pharmacist's primary responsibility to ensure patient safety when dispensing a prescription medication. All registrants are reminded of their professional obligation to ensure that each prescription is reviewed thoroughly, and all potential issues are addressed, even if this entails difficult patient encounters. Measures must be taken to address issues with appropriateness of drug therapy, drug interactions, therapeutic duplication, and inappropriate or unsafe dosing. Pharmacists do not have the obligation to dispense medications that they believe may cause patient harm. In such cases, the patient must be referred appropriately according to the [Referring a Patient Practice Direction](#).



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9. Jullian-Desayes I, Revol B, Chareyre E, et al. Impact of concomitant medications on obstructive sleep apnoea. *Br J Clin Pharmacol* 2017;83:688-708.

# Pharmacist Licensure Decisions

1. Effective November 21, 2023, the Registrar imposed an interim suspension of the practicing license of Mr. Glen Pauch (College Licence No. 34029) under section 24(1) of *The Pharmaceutical Act*.

Effective December 4, 2023, the Complaints Committee has directed the Registrar to maintain the interim suspension of the practicing license of Mr. Glen Pauch (College Licence No. 34029). Publication of this notice is pursuant to section 132(2) of the Pharmaceutical Regulation.

The profession was previously advised of the interim suspension by the Registrar on November 21, 2023, and the interim suspension by the Complaints Committee on December 7, 2023.

2. Please be advised effective November 27, 2023, the Registrar has issued an interim suspension of the practicing license of Mr. Nicholis St. Goddard (College Licence No. 41151) under section 24(1) of *The Pharmaceutical Act*, pending review of the matter by the Complaints Committee.

This notice to pharmacy managers is pursuant to section 132(3) of the Pharmaceutical Regulation.

The profession was previously advised of the interim suspension by the Registrar on November 27, 2023.

# In Case You Missed It: CPhM Professional Development Events

## Engaging Patients with Care: Tapering, Brief Interventions, and Substance Use Insights

On November 28, 2023, The College of Pharmacists of Manitoba (CPhM) hosted its fifth annual Medical Examiner professional development live webinar, *Engaging Patients with Care: Tapering, Brief Interventions, and Substance Use Insights*.

The webinar consists of two key presentations. The first part focuses on tapering opioids and benzodiazepines, covering the reasons, motivations, and target populations for tapering, comparing different approaches, and discussing withdrawal treatments.

The second presentation emphasizes core principles in patient interactions, including brief interventions and the integration of motivational interviewing skills. Participants will learn how to initiate conversations, provide constructive feedback, enhance motivation, and effectively negotiate and advise. Additionally, the presentation will provide an overview of mental health and addiction resources and services.

### Expert Speakers:

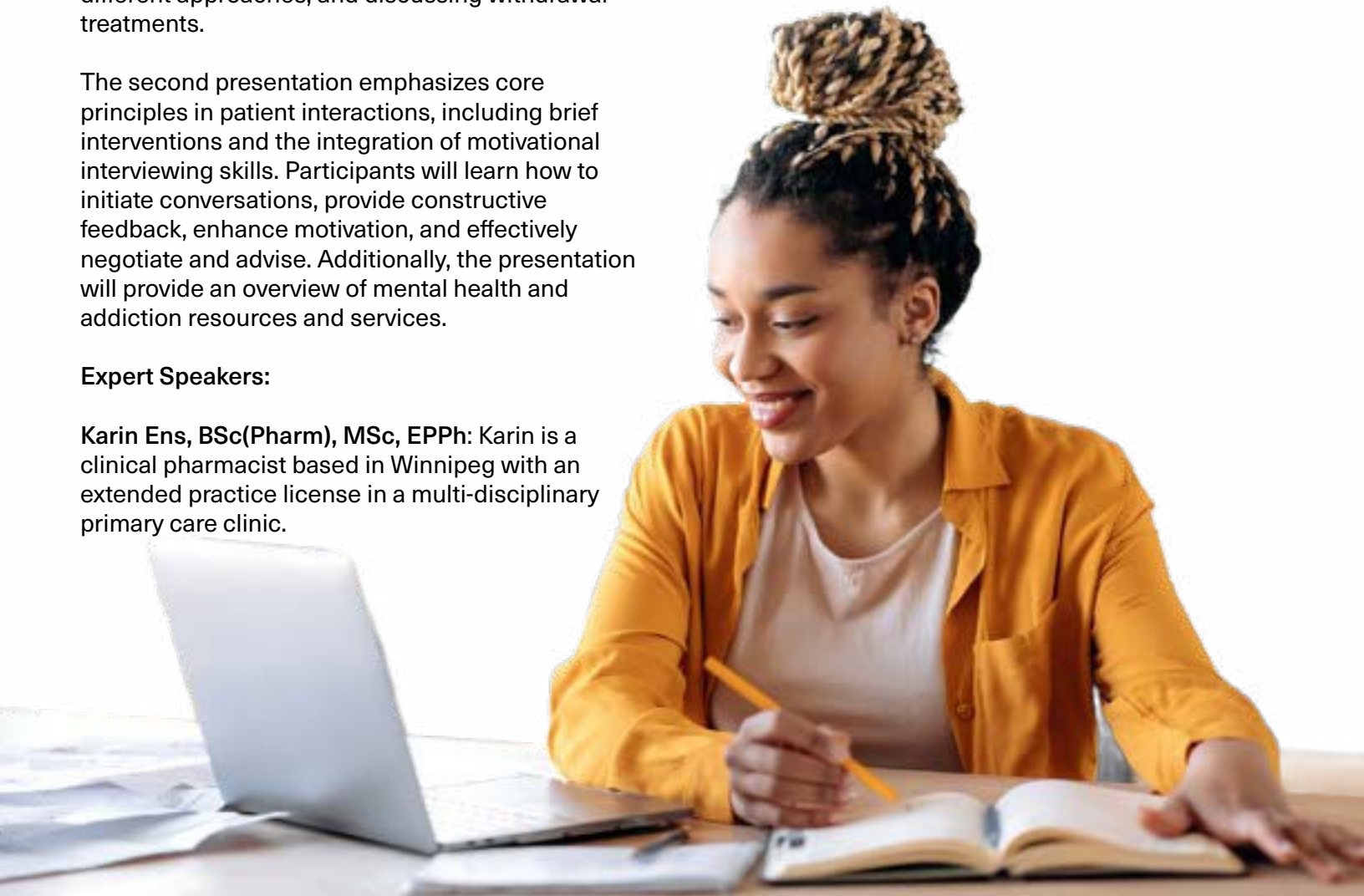
**Karin Ens, BSc(Pharm), MSc, EPPh:** Karin is a clinical pharmacist based in Winnipeg with an extended practice license in a multi-disciplinary primary care clinic.

**Lori Nicholson RN, BN:** Lori is a Clinical Specialist for Shared Health, Mental Health, and Addictions, providing support and education to healthcare service providers across Manitoba.

Don't miss this opportunity to expand your knowledge and enhance your patient care skills.

### Resources:

- [Presentation Recording](#)
- [Learning Activity Evaluation Form](#)





## Lessons from Complaints: A Series on Injection-Related Best Practices

The two-part professional development learning activity, *Lessons from Complaints: A Series on Injection-Related Best Practices*, are now available for viewing.

The CPhM Complaints Committee strongly recommends viewing both recordings, as each presentation offers specific learning objectives aimed at refreshing injection-certified pharmacists on best practices and addressing common concerns brought to the Complaints Committee.

### Learning Objectives:

- Understand and demonstrate aseptic technique.
- Identify injuries, including SIRVA, from improper injection technique.
- Master intramuscular and subcutaneous injection landmarks and techniques.
- Comprehend the seven rights of medication administration.

- Summarize requirements for injection authorization training.
- Apply components of the Practice Direction often overlooked in practice.
- Understand documentation and record-keeping for injection administration.
- Know medication incident reporting procedures.
- Implement strategies for managing injection-related errors or complaints.

Each recording is accredited for 0.75 CEUs. [Click here](#) for access to the learning activity evaluation form.

To view the recordings, you can visit the Accredited Learning Activities page under the Recorded PD Programs section on the [CPhM website](#) or in the “Upcoming Events & Professional Development” section of the Friday Five.

### Resources:

- PART 1: Best Practices Review for Pharmacists Recording: [https://youtu.be/gTrIYS\\_a3g](https://youtu.be/gTrIYS_a3g)
- Part 2: Trends in Injection-Related Complaints Recording: <https://youtu.be/1L5Y1PA1QIk>

# In Memorium

*in loving memory...*

Louis Prefontaine

July 2, 2023

Morley Rypp

August 11, 2023