



GERARD STEVENS

A family surprise

The Formula 1 Grand Prix has never really appealed to me. This changed when my nephew, who always attends, was unable to go this year and offered his spare ticket to me.

My three sons went last year and asked if I would like to come, expecting me to say no, which I did. I had kept my ticket a secret so that I could surprise them.

Ian was the first. At 5:45am on a Saturday morning he saw me at the airport. To say he was surprised is an understatement!

Then at the track on the first day, I ran into Matt. The smile and shock on his face was palpable. He said he knew someone was substituting for John but not who.

Then the big surprise. Matt said he'd video me approaching Peter. The look on his face when he turned around to unexpectedly find me is priceless – so much so that I had to share it.

If you go to the Webstercare Facebook page, you can see me sneaking up on Peter and then ... his great surprise! I have never before seen this look on his normally calm visage.

My sons and I had a great time. It was a terrific race with minimal incidents and incredible skill on display. My favourite part was the F-18 Hornet fly past – up and over, up and down and in just about every possible configuration – then the amazing Roulettes, and last but not least, the C-18 Globemaster – an enormous plane that flew just above our heads. Awesome! Next year? Maybe... I might surprise myself.

Keep on Webstering!

ePrescribing trials for Paperless Medication Management

Imagine if the Doctor could log into a secure site from their computer, at the nursing home, or anywhere with a secure internet connection and electronically prescribe for the RACF patients.

The Doctor's order becomes an official prescription for the pharmacy, Aged Care electronic signing systems are updated, and all without the need to print charts, print signing sheets and obtain that illusive Doctor's signature for the PBS claim.

This is all soon to be a reality with the ePrescribing Trials that Webstercare has been approved to participate in as a Government initiative for an electronic Medication Management Solution (eMMS) and e-prescribing solution in aged care facilities.

Webstercare trials are to start shortly with trial facilities in NSW and QLD.

Webstercare's solution is an intuitive,

electronic medication prescribing and communication solution. It will share meaningful data at all points of care and integrate with My Health Record to enhance care during hospital transfers and specialist care.



Improved reporting will allow information from the most up-to-date medication profile to be analysed to inform policy development, drive enhanced quality of care and efficiencies, and reinforce accountability for all

resident medication throughout the medication management pathway.

We look forward to sharing information on the outcomes of the pilot as they come to hand.



The more things change, the more they'll never be the same again.

“ When in doubt, mumble. ”

After years of research, scientists have finally discovered how much sleep the average person needs. 5 minutes more.

Age is just a number. It's totally irrelevant unless you happen to be a bottle of wine.

opportunity only knocks once, unless it's for double glazing.

HEADACHES

MOST PEOPLE HAVE EXPERIENCED A HEADACHE IN THEIR LIFETIME, WITH LIFETIME PREVALENCE GREATER THAN 90%. IDENTIFYING THE HEADACHE-TYPE IS ESSENTIAL TO DETERMINE APPROPRIATE TREATMENT AND PREVENTION.

Types of headache

The International Classification of Headache Disorders classifies headaches in three categories:

1. **Primary headaches** are disorders in themselves
 - migraine, tension-type headache, cluster headache
2. **Secondary headaches** are a symptom of another disorder
 - e.g. Due to trauma, infection, psychiatric disorders, or medication-overuse
3. **Painful cranial neuropathies** (trigeminal neuralgias) are characterised by pain in the distribution of a nerve.

This newsletter will focus on the identification and management of primary headaches.

Migraine

Migraine is a common disabling headache and may present with or without aura.

Some people experience a prodromal phase, occurring hours or days before a headache, and/or a postdromal phase following headache resolution for up to 2 days. Symptoms include hyper/hypo-activity, depression, food cravings, fatigue, and neck stiffness. Debilitating migraine attacks can last over 72 hours.

Migraine without aura symptoms include unilateral, pulsating pain of moderate to severe intensity, aggravation by routine physical activity, nausea, and photophobia or phonophobia.

Migraine with aura typically develops gradually, visual aura being the most common, followed by sensory disturbances.

Chronic migraine is defined as occurring 15 or more days per month for over 3 months.

Acute migraine treatment starts with simple analgesics, taken early in a migraine attack when absorption is least impaired by slowing of gastrointestinal motility. Recommended single doses are:

- Aspirin soluble 900 - 1000mg
- Ibuprofen 400 - 600mg
- Diclofenac potassium 50mg
- Paracetamol soluble 1G

An antiemetic (e.g. domperidone) may be needed to control nausea or vomiting. Antiemetics increase gastrointestinal motility and may improve absorption of analgesics.

Opioids should be avoided due to risk of nausea aggravation and dependence. Codeine is more likely to cause medication overuse headache and has little evidence in acute migraine.

If simple analgesics are ineffective, or in severe migraine, triptans are recommended. Combination treatment with a triptan and non-opioid analgesic may improve response.

Triptans are given as a single dose as soon as the headache begins for best response. The dose may be repeated after 2 hours (4 hours for naratriptan), with maximum doses in 24 hours specified for each triptan. If the first triptan dose is ineffective, a second dose should not be given.

Triptans include:

- Eletriptan (Relpax)
- Naratriptan (Naramig)
- Rizatriptan (Maxalt)
- Sumatriptan (Imigran)
- Zolmitriptan (Zoltrip, Zomig)

Naratriptan has a slower onset and offset and may have a milder effect and be preferred for people who experience rebound headache.

Sumatriptan is available as an oral tablet, nasal spray or subcutaneous injection. Intranasal administration has a quicker onset of action than oral, but the bitter taste may be unacceptable. Subcutaneous route may be preferred if vomiting occurs.

Rizatriptan is available as a wafer, which may be preferable with swallowing problems. The wafer is dissolved on top of the tongue. There is no need to take it with water, although it may speed up the onset of action.

Triptans may interact with SSRI and SNRI antidepressants, leading to serotonin toxicity. Symptoms include agitation, confusion, rapid heart rate, and shivering.

Migraine prevention is indicated with 2 - 3 severe migraine attacks per month. Medicines include propranolol, antidepressants (amitriptyline, venlafaxine), antiepileptics (valproate, topiramate), pizotifen, and botulinum toxin.

Tension-type headache

Tension-type headache affects up to 75% of people in their lifetime. It is typically a bilateral pressing or tightening quality of mild to moderate intensity, lasting minutes to days. Nausea and worsening of pain with physical activity are not associated, although photophobia or phonophobia may be present. Trigger points in head, neck and shoulder muscles are associated with tension-type headaches.

Eliminating trigger factors, physical therapy, relaxation training and stress management can reduce tension-type headaches.

Infrequent episodes require treatment with one or two doses of simple analgesics. A lower dose of aspirin than used for migraine can be effective (600-900mg). Preventive therapies include amitriptyline or nortriptyline (preferred in older people) at bedtime, continued for 6 months if effective, followed by a trial of withdrawing therapy. Other antidepressants used for prevention include mirtazapine and venlafaxine.

Cluster headache

Cluster headache is far less common than migraine or tension-type headache. Age at onset is usually 20 to 40 years, with men afflicted three times more than women.

Attacks of severe, unilateral pain usually last 15 to 180 minutes and can occur up to 8 times a day. Cluster periods usually last between two weeks and three months. Pain is accompanied by nasal congestion, flow of tears, eyelid oedema, facial sweating, and agitation.

Triptans are effective for acute treatment of cluster headaches; preventive therapies include verapamil, topiramate, sodium valproate, gabapentin and high-dose melatonin.

Safe and efficient: MedSig® – electronic, paperless signing for nursing staff

Process efficiency and risk management are two crucial goals of residential aged care facilities and they are at the heart of Webstercare's MedSig, which enables aged care staff to sign for medication electronically during an administration round.

MedSig was implemented by Ardrossan Community Hospital early November 2017 and Jodie Luke, Executive Officer/ Director of Nursing has kindly allowed us to share her experience.

The system was purchased by Ardrossan's Ladies Auxiliary following an investigation of what systems were available to alleviate staff stress and reduce the risk of harmful medication incidents.

"We are extremely lucky with our local doctors. But everyone knows that doctors' handwriting can be very difficult to read. This was a recurrent challenge, especially in relation to clarifying what the correct medication was to be administered", said Ms Luke.

"So we needed to improve our medication systems and decrease the amount of time and associated stress endured by staff to complete a medication round."

Once the purchase of MedSig was approved, the implementation ran smoothly, with Webstercare supporting the process before, during and after implementing MedSig.



"Webstercare staff attended our hospital in November and trained all staff. Even those who felt challenged about using the tablet were impressed with how easy it was," she said.

Once up and running, Ms Luke found that their new MedSig Electronic Signing system did far more than significantly

speed up medication delivery.

She noted that by communicating directly with the pharmacy via a secure data centre, the system updated medication details with new levels of efficiency, simplicity, speed and security.

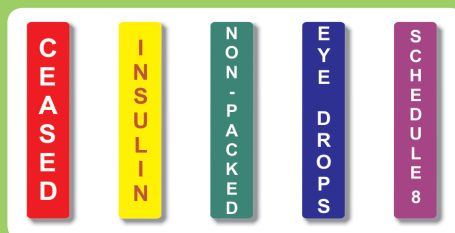
"It flags if a patient hasn't been given their medications and rounds cannot be completed without all medications being signed or accounted for", she said.

"This has drastically reduced the risk of medication incidents, improved time management, streamlined the ordering process, bolstered our communication and monitoring processes, and given greater confidence to staff," Ms Luke said.

Trigger happy with safety labels

Trigger Labels have been a favourite of Webstercare customers for more than 20 years. They draw attention to something unusual about a resident or a medication and help avoid missing important details. For example, how often has a medication been administered after being ceased by the doctor? A 'ceased' trigger label on the chart will remind the nurse. These labels include: Ceased (most popular); RN Only; and Cytotoxic Alert.

Let us know if you have a specific need. Following customer requests we now have more than 400 different types of labels.

A sample medication chart for a 10mg Tablet. It includes fields for 'Name: Dr. J. Smith', 'Route: PO', 'Prescriber Name: J. Smith', 'Date of Prescribing: 1/1/18', and 'Daily Start: 08:00'. A red 'CEASED' trigger label is placed over the 'Date of Prescribing' field.

STAFF PROFILE

CHRISTINE RAMSAY

gold standard educator



What's your role at Webstercare?

As Medication Management Consultant for Aged Care and Community I

work with residential aged care facilities to support their use of Webstercare's gold standard in medication management.

My passion is for every resident to receive safe medication management. Many don't realise how many solutions Webstercare has developed to deal with real, yet common problems. I regularly discuss the RxMedChart™, Unit Dose 7™, Webster-pak®, Day Out Clamshell-pak™ but they are among hundreds of Webstercare solutions.

What's the best thing about your role? I love working with and supporting those who work in aged care facilities. They're right at the frontline in caring for our elderly citizens and I love being part of the solution.

What's the most common question you receive from Webstercare customers and how do you respond? Why is Unit Dose 7™ so highly recommended? My response is:

UD7 gives an auditable trail of administered medications. Unlike other systems, medication can be clearly seen if administered, providing additional safety.

Residents also save costs on their pharmacy bills – ceased medication can be clearly noted allowing a pack to be continued for the remainder of the week. There is no need for pharmacy to supply a new pack.

The system clearly identifies the correct resident with a high-definition colour photo of the resident on every pack – right up to the point of administration.

UD7 also has pill images and a warning for those (about 24% of all medications) that cannot be crushed.

What inspires or excites you outside of work? I have recently bought a caravan, so look forward to travelling and exploring new places. I love the water and enjoy either swimming in a pool or at the beach and fishing. I also love to relax and spend precious time with family.

The **fuchsia** solution to adhering to Parkinson's medication

Effective management of Parkinson's symptoms requires taking medications on time, every time.

To reinforce the need for Parkinson's medications to be administered at specific times, Webstercare worked with Parkinson's NSW to develop the distinctive **fuchsia**-coloured folder and colour reference. Separating medications into the fuchsia folders alerts nursing staff to the importance of the "ON-TIME" medication for the resident.

The **fuchsia**-coloured folder and colour reference is available for Webster-pak, Unit Dose 7 Webstersystem and Webstercard systems.

For further information or to place an order, contact our Customer Service team on 1800 244 358 or email info@webstercare.com.au



Stress Stoppers

My grandfather has a special rocking chair built that would lean forward rather than backward, so that he could fake interest in any conversation.

I work at an aquarium. The screensaver on my laptop is people walking around an office filing stuff.

What are the three words guaranteed to humiliate men everywhere?
'Hold my handbag.'

A man is sitting on the verandah with his wife. He says, 'I love you.' She says, 'Is that you or the beer talking?' He says, 'It's me talking to the beer.'

The President of the Pharmaceuticals Manufacturers Association died last week. They wanted to have an open coffin at the funeral but they couldn't get the lid off.

webstercare **ON THE ROAD**

Upcoming Events

The events trail starts early for us this year. We look forward to seeing you at the numerous conferences and Webstercare Information Sessions across the country. Coming up soon:

LASA NSW 6-8 June

NIMAC 20th Anniversary Conference – 20-22 June



Craig and Fiona at LASA Tri-State, Albury
Top: Webstercare's Sarah and Chrissy
with MOET winner Helga Merl (centre)
at LASA QLD, Gold Coast.