Unit Dose 7® Webstersystem®
The industry Gold Standard in Medication Management

UD7 was created to reduce medication errors by supporting nurses and carers to distribute medication safely and efficiently during their rounds.

This Gold Class system gives ultimate control over medication management. Among its features is the ability to manage ceased medications, change dosage without changing packs and a high quality image of the resident for cross-checks. It also offers a complete audit trail – something highly valued by accreditation assessors.

Powered by Webstercare’s unique Medication Management Software (MMS), UD7 also provides numerous reporting and benchmarking capabilities to review and analyse medication management outcomes and trends.

Why use UD7?
Reduced risk
- Each medication round is differentiated by a colour
- Only one medication type is contained in each column of blisters
- Missed doses are easily identified
- PRNs are easily identified

Accuracy
- Pill image and medication information for every dose
- Resident photo at point of administration

Accountability
- Cease a medication without having to open the pack
- Manage mid-week changes

Full reporting capability
- Review and benchmark medication outcomes with a suite of reports available from your pharmacy
- Visually audit administered medications

Ease
- Disposable (only available for Webstercard®)
- Delivered by your pharmacy, on the pharmafile ready to be used!
- Minimal training required

See page 3 for more Unit Dose 7 Solutions ...

Peace of Mind with Medication®
AUTUMN 2019

Unit Dose 7 (UD7) is Webstercare’s most widely used medication management system by residential aged care facilities (RACFs). It champions the gold standard in risk management and with good reason.

GERARD STEVENS

Christmas was a great family get together once again. Our youngest grandchild Thomas now fully appreciates the joy of Christmas, especially the abundance of gifts!

I am learning to fly my drone: a Mavic 2 Pro. Last weekend I tried some quite fancy manoeuvres like ‘orbit’, and ‘spotlight’ (both terms meaningless unless you own a drone). ‘Follow Me’ is more obvious. What surprised me was how easy it is to lose sight of this magical object even though it is limited to 120 feet and line of sight. The best button on the controller is the ‘home’ button. Press that and back it comes, landing within centimetres of where it took off. The video quality is also astounding. I was given my first drone by my staff as a Christmas gift. Half the people thought it was a good idea. Me? I love that drone, but technology moves on and now what I have is extraordinary.

I have been taking lots of photos and videos. Over the years I have built up quite a portfolio of memories that might hopefully mean something to my grandchildren. I love watching the people in the video watching themselves.

Keep on Webstering😊

webstercare.com.au
Osteoporosis
Osteoporosis is more common in women than men. About 50% of women can expect to sustain fragility fractures in their lifetime. The proportion of women with osteoporosis dramatically increases with age, affecting around 26% of women aged 80 and over. Vertebral fractures are common in older people, leading to height loss or changes in posture. Hip fracture is a serious and debilitating, usually requiring hospitalisation and surgery. Fractures may be a source of ongoing chronic pain and disability.

Mechanism
Glucocorticoids slow down the cells that form new bone by influencing calcium regulation hormone levels and other factors, such as vitamin D. Approximately 30% less bone tissue is produced in people taking glucocorticoids. Bone formation decreases early in glucocorticoid treatment. Steroid-induced myopathy may also increase falls and fracture risk.

The risk of vertebral fractures increases within three months of starting treatment and peaks at about 12 months. Initially there can be 10% bone loss of bone mineral density (BMD), slowing to an annual rate of 2-5%. The relative risk of vertebral fractures doubles in people who receive 2.5 to 7.5mg prednisolone daily. The risk of hip fractures increases by about 50%.

Dose-dependent risk
Fracture risk with glucocorticoids is dose-dependent. People prescribed glucocorticoids at higher doses (7.5mg or more per day prednisolone or equivalent) for at least three months are at higher risk of osteoporosis and fracture. Lower doses (2.5mg-7.5mg daily) may increase the risk of fracture in some people. Intermittent use for less than three months of high dose oral prednisone/prednisolone also increases the risk of osteoporosis.

Cumulative doses over 1g increase the risk of fractures. Cumulative doses above 5g increase the risk of vertebral fracture by a factor of 14 and the risk of hip fracture three times.

The risk of fracture decreases rapidly when glucocorticoids are ceased.

Inhaled corticosteroids
High doses of inhaled corticosteroid for long durations also increase the risk of fracture. Fluticasone propionate (or equivalent) in doses of 1000 microgram or higher for more than four years increase the risk of fracture by 10%.

Fluticasone propionate 1000 microgram is approximately equivalent to:
- Beclomethasone dipropionate 800 microgram
- Budesonide 1600 microgram
- Ciclesonide 640 microgram
- Fluticasone furoate 400 microgram

Management
It is recommended that people over 50 on glucocorticoid therapy (oral or inhaled) of 7.5mg per day for at least three months and with a T-score of -1.5 or less should receive drug therapy to prevent osteoporosis continued for the duration of the glucocorticoid therapy. Repeated efforts to reduce the dose should be made when appropriate. Taking corticosteroids on alternate days does not prevent bone loss.

Residents should also have adequate calcium (1000mg/day), vitamin D, weight bearing exercise (as appropriate), avoid smoking and excessive alcohol intake.

Bisphosphonates
Bisphosphonates increase BMD in people on glucocorticoids and prevent bone loss by inhibiting bone resorption.

Studies show bisphosphonates reduce the risk of new vertebral fractures by 43% compared to people taking calcium, vitamin D or both.

Bisphosphonates are available on the PBS to prevent fractures in those undergoing long-term corticosteroid therapy. They are available as daily, weekly or monthly tablets (alendronate, risedronate), or as an annual infusion (zoledronic acid).

Other agents
Denosumab, teriparatide and raloxifene are not approved on the PBS for the treatment of glucocorticoid-induced osteoporosis.

Summary
Osteoporosis is a condition that causes bones to become thin, weak and fragile. Fractures due to osteoporosis can result in chronic pain, disability, loss of independence and premature death.

Glucocorticoid therapy is associated with an appreciable risk of bone loss, which is most pronounced in the first few months of use. Fracture risk increases with daily prednisone/prednisolone dose greater than 2.5mg daily. Both the daily dose and duration, as well as cumulative dose, impact on fracture risk. Bisphosphonates, in combination with calcium and vitamin D supplements, are the drugs of choice for prevention of glucocorticoid-induced osteoporosis. Bone strength improves after glucocorticoid discontinuation.

References:
Swallowing solution using Rhino Crush™ and Crush Cups

The Rhino Crush is a silent, smooth, compact device that is lightweight and can be attached to any Webstercare trolley.

Benefits of the Rhino Crush and Crush Cups

- Minimal effort due to the unique crushing mechanism and crush head.
- Minimal noise and disturbance to residents.
- Medications are crushed into a fine powder to assist with swallowing difficulties or blocked feeding tubes.

Rhino Crush: code 701, Crush Cups: code 212.

Feedback from nurses has been enthusiastic. They like the smoothness of the crushing movement. They like the shape and feel of the handle and they are always pleasantly surprised by the minimal effort required to crush medications.

The Rhino Crush reduces medications to a fine powder. It’s perfect for residents who have trouble swallowing and also reduces the risk of blockages of PEG tubes.

The silent crushing action is helpful in the evening when residents are asleep or resting. Placing the medication between two crush cups will prevent cross contamination and reduce micro-aerosolisation of the dust particles.

The Rhino Crush should only be used for medications suitable for crushing. Not all medications can or should be crushed.

For more information or to place an order, call Webstercare on 1800 244 358 or email info@webstercare.com.au

Rhino Crush: code 701, Crush Cups: code 212.
Save the date

QUALITY IN AGED CARE
5 – 6 March
Boulevard Hotel Sydney

LASA QLD
13 – 15 March
The Star Gold Coast
Stand 53

LASA NSW
6 – 8 May
Hilton Hotel Sydney
Stand 30

DOWN
1. Container used to hold medications when crushing
2. Gold standard pack
3. Easy crushing of medications
5. Purple precautionary label
7. MD and Founder of Webstercare

ACROSS
4. Fuchsia folder for on time medications
6. Medication cart on wheels
8. Paperless signing
9. Prescription medication chart
10. Staff profile feature

The clues are based on this edition’s newsletter!

DOWN:
1. crush cup
2. unit dose 7
3. rhino crush
5. cytotoxic
7. gerard stevens

ACROSS:
4. fuchsia folder for on time medications
6. medication cart on wheels
8. paperless signing
9. prescription medication chart
10. staff profile feature

Were you paying attention?
If so … try your hand at solving this.
Answers can be found at the bottom left of this page.

DID YOU KNOW?

The Earth’s atmosphere is proportionately thinner than the skin of an apple.
Humans and bananas share about 60% of the same DNA structure.
The average person has more than 1,460 dreams a year.