


GERARD STEVENS
**Lemons,
Lucy &
Awards**

We have a lemon tree at home. Well actually we, as in my wife Ethe, has the green thumb so it's really her lemon tree. And what lemons we get. It's prolific. Ethe then told me she found 16 of her best lemons on the ground partly, chewed. The finger is being pointed to a local possum. The picture I have in my mind is of the day Ethe meets the possum. I know who will come off regretting munching on their meal of 16 lemons.

We also have a dog. Actually two dogs. One, Lucy, is a cavoodle. Sharp and smart. I am training her to come in and out through the doggie door. The intention being she can go to her outside bathroom at her convenience. Lucy has responded by coming in the door when I offer her a tiny liver treat. She will go out when I offer her a treat. She has worked out that the easy way to get a treat is to train me to her way of thinking and wait for a treat.

We recently had the honour of receiving the Australian Good Design award at the Sydney Opera House, for Webster-pak® 28 and Webster-pak® Interim. The competition in these awards is fierce. It's especially rewarding when you see an Australian Company, Webstercare, receive such an award. OK, so we're blowing our own trumpet, but we are very proud to have received these awards.

Keep on Webstering!



Unit Dose 7® system: Much safer and easier to use

UD7 continues to make an impression when newly introduced by RACFs

Webstercare's Unit Dose 7 (UD7) is the most widely used medication management system within residential aged care facilities (RACFs). Yet it continues to make an impression when newly introduced.

Baptist Care Group Morven Gardens had previously employed a strip packaging system before adopting UD7 and Residential Manager Kathryn Mussing said the improvement has been significant.

"The staff have adapted very quickly, even if they had never used the system before," she said.

Ms Mussing pointed to a number of features that she identified as superior.

"The colour-coded pill images on the pack offer an extra alert to confirm the correct medication. The colour-coded packaging reinforces the time of day for administration to staff. The non-crushed messages and other alerts send a clear warning, and a photo of the resident offers another layer of protection to ensure that residents get the medication that were intended for them," she said.

Importantly, Ms Mussing said the UD7 system was 'much safer and easier to use' on medication rounds. "The sachets used to tear and pills would drop out," she said. For medication changes – a time when the chance of medication misadventure rises – Ms Mussing has found medication management with UD7 easier and safer.



"RNs can place a ceased sticker over the tablet that is ceased, or suspended, without

having to break open sachets and remove medications, or wait for a new delivery," she said.

Their new UD7 system has also helped to improve storage requirements.

"We installed cupboards to store the UD7 packs. Previously we had the sachets in perspex boxes stored in the medication trolleys. These boxes took up the whole top of the trolley and got knocked off and broke.

When asked about the rate of urgent deliveries and whether this has improved since adopting UD7, Ms Mussing said: "I don't

think we have had any since taking on the new system."

Perhaps most importantly, UD7 has helped to improve medication safety with Ms Mussing claiming a dramatic decrease in medication errors. "A much safer and streamlined system," she said.



"The UD7 system was much safer and easier to use on medication rounds"

Ms Mussing, Residential Manager,
Baptist Care Group Morven Gardens

ALLERGIC CONJUNCTIVITIS

ALLERGIC CONJUNCTIVITIS IS A COMMON EYE CONDITION, WITH SIMILAR TRIGGERS AND CLOSELY ASSOCIATED TO ALLERGIC RHINITIS OR HAYFEVER. PEOPLE WITH ALLERGIC CONJUNCTIVITIS MAY ALSO HAVE A HISTORY OF ASTHMA AND ATOPIC DERMATITIS (ECZEMA).

Allergic conjunctivitis can be seasonal due to pollens, or perennial due to allergens such as animal dander, moulds, cigarette smoke and perfume, which are present all year.

Symptoms

Conjunctivitis refers to inflammation of the conjunctiva – the thin tissue which covers the sclera.

In sensitised individuals pollen, plant, house dust mite or animal dander allergens dissolve in the tear film and activate mast cells, causing release of histamine and other substances. Seasonal allergic conjunctivitis occurs during pollen season with tear film instability leading to tearing, watery eyes, mucous (translucent) discharge and eye discomfort. In perennial allergic conjunctivitis, redness, burning and swelling may persist with varying severity for months.

The most common complaint is itchy eyes. A foreign body sensation may be experienced, sometimes with pain and photophobia (dislike of light). Symptoms usually occur in both eyes, varying from mild to severe.

Allergic conjunctivitis treatment differs from bacterial or viral conjunctivitis. Bacterial conjunctivitis is associated with a mucopurulent discharge causing the eyelids to stick together. Viral conjunctivitis is often present with an upper respiratory tract infection, producing a clear watery discharge. Itching eyes is the most important differentiating symptom.

Treatment

Treatment options for allergic conjunctivitis include topical antihistamines, mast cell stabilisers, nonsteroidal anti-inflammatory drugs (NSAIDs), and corticosteroids. Antihistamines are effective in relieving itch caused by histamine release. Topical antihistamines and mast cell stabilisers appear to be safe and well tolerated. Artificial tears provide relief and help flush allergens from the eye. Cold compresses or ice packs can be used to avoid rubbing of eyes, which further exacerbates the allergic reaction.

Eye drops containing vasoconstrictors (eg. naphazoline, phenylephrine, tetrahydrozoline) are not recommended, as rebound symptoms may occur if used for more than three days.

Oral antihistamines

Oral antihistamines are first-line treatment for allergic conjunctivitis.

Sedating antihistamines should be avoided in older people due to the increased risk of falls, dizziness, hypotension, confusion and cognitive impairment. Furthermore, anticholinergic effects (including dry mouth and blurred vision) contribute to the anticholinergic load in older people with multiple comorbidities. Combination with other medicines with sedating effects increases the risk of oversedation, confusion and cognitive decline. Sedating antihistamines may also interfere with rapid eye movement (REM) sleep.

Sedating antihistamines include:

- Alimemazine (trimeprazine) (Vallergan, Vallergan Forte)
- Cyproheptadine (Periactin)
- Dexchlorpheniramine (Polaramine)
- Pheniramine (Avil)
- Promethazine (Phenergan)

Less-sedating antihistamines are preferred in older people, including:

- Cetirizine (Zyrtec)
- Desloratadine (Aerius)
- Fexofenadine (Telfast)
- Loratadine (Claratyne)

Apple juice and grapefruit significantly reduces the efficacy of fexofenadine; separating medicine and juice consumption by at least four hours may avoid this interaction.

Topical antihistamines

For isolated eye symptoms, antihistamine eye drops are recommended for rapid relief:

- Antazoline (only available with naphazoline) (Albalon-A)
- Levocabastine (eye) (Livostin, Zyrtec Levocabastine)
- Pheniramine (only available with naphazoline) (Naphcon-A, Visine Allergy with Antihistamine)

Antihistamines with mast cell stabilising properties may be more effective in allergic conjunctivitis:

- Azelastine (Eyezep)
- Ketotifen (Zaditen)
- Olopatadine (Patanol)

Mast cell stabilisers

Cromoglycate (Opticrom) and lodoxamide (Lomide) are mast cell stabilisers which act by inhibiting release of inflammatory mediators from mast cells. Full effect may

take several weeks, and transient stinging and burning may occur on installation.

Ocular antihistamines with mast cell stabilising properties are preferred as the antihistamine effect provides rapid symptom relief.

NSAIDs

Topical NSAIDs may be used for short-term treatment of seasonal allergic conjunctivitis.

- Diclofenac (eye) (Voltaren Ophtha)
- Ketorolac (eye) (Acular)
- Nepafenac (Ilevro)

NSAID eye drops may mask symptoms of infection and often cause stinging on installation.

Corticosteroids

Corticosteroid eye drops are effective in reducing inflammation but have significant risk of harm. Corticosteroids suppress the immune system, masking signs of infection and may increase their severity. Intraocular pressure should be monitored, due to increased risk of ocular hypertension. Cataracts are common with long-term use. Generally, corticosteroids should only be used short term.

- Dexamethasone (eye) (Maxidex)
- Fluorometholone (Flucon, Flarex)
- Hydrocortisone (eye ointment) (Siguent Hycor)
- Prednisolone (eye) (Prednefrin Forte)

Intranasal corticosteroids may also be useful for concurrent allergic rhinitis.

Prevention

Avoidance of allergens is the best prevention strategy. Glasses or sunglasses should be worn outdoors during high pollen periods. It is important to avoid rubbing the eyes.

Summary

Allergic conjunctivitis is eye inflammation caused by a reaction to allergens like pollens, house dust mites and animal dander. Typical symptoms include itching, redness and tearing. Eye drops containing antihistamines with mast cell stabilising effects are the preferred treatment as they provide rapid relief of symptoms and long-term protection without the risks associated with other treatments. Sedating antihistamines should be avoided in older people.

References: Aust Prescrib 2018;41:42-5 Cochrane Database of Systematic Reviews 2015, Issue 6.

Cytotoxic products

A safe way to handle and administer high-risk medication



Cytotoxic drugs such as methotrexate are 'high risk' medicines. Serious toxicities and fatal outcomes have occurred as a result of incorrect prescribing, dispensing and misinterpretation of instructions.

Cytotoxic medicines should be administered in a safe environment where all healthcare professionals follow safe medication practices.

The Guiding Principles for Medication Management in Residential Aged Care Facilities recommends that residential aged care facility (RACF) organisations develop a specific policy for the safe management of cytotoxic medicines and contaminated waste.

Webstercare's cytotoxic support products promote safe management of cytotoxic medication by packing cytotoxic medications

into the purple Webster-pak folder. This alerts administration staff to use Universal Handling Techniques.

Additional Cytotoxic Support Products include alert and trigger labels, delivery bag, tweezers and a purple Pil-Bob® device.

They act as an alert for all high-risk medications.



You can see Webstercare's Cytotoxic Support Products in action in the video course, *Medication Management: A Framework*, produced by Altura Learning (previously ACC).

<https://inform.alturalearning.com/medication-management-a-framework>

STAFF PROFILE

MATT STEVENS



What's your role at Webstercare?

I'm a Director of Webstercare and also involved in business development. Before joining Webstercare, I had 20 years' experience working in sales and marketing.

What's the best thing about your role? Working alongside my family. I enjoy spending time with them and see the family culture filtering through the business.

What's the most common question you receive from Webstercare customers and how do you respond? What are Webstercare's future plans? My response: We'll continue what we've always done – innovate our medication management solutions to meet our customers' needs.

What's the best advice you've ever offered a customer? If you have a question please pick up the phone and ask. It's in our best interests to help you succeed and we have great customer support staff to do just that. We are in it together. It's as simple as that.

What inspires or excites you outside of work? Each year I love creating a Christmas light display that impresses my daughters and their friends. There is always a new addition to the display, so I have ideas rolling around my head for 11 months leading up to the next Christmas!

Stress Stoppers

A man walked into the doctor's with a strawberry growing out of his head. The doctor said, "I'll give you some cream to put on it".

My boss said: "What you see as a glass ceiling, I see as a protective barrier".

Sad news. This year my age catches up with my IQ.

A great way to lose weight is to eat naked in front of a mirror. Restaurants will always throw you out before you eat too much.

I don't have a bank account because I don't know my mother's maiden name.

From cumbersome to safe and streamlined

Webstercare's RxMedChart system continues to generate improved safety and efficiencies for residential aged care facilities (RACFs). But don't just take our word for it.

According to Residential Manager Kathryn Musing, "the system we were using previously was cumbersome and difficult for all medication trained staff to follow, including the RNs".

This all changed when the facility turned to Webstercare's RxMedChart computer-generated system.

"Medication safety has improved enormously. We have gone from an unacceptable number – both packing and administration errors – to virtually zero now," said Ms Musing.

"The do-not-crush alerts on the charts and the Unit Dose 7 packs are important. Our previous system did not have this capability. The image of the pills and their colours on the medication charts and packs are a great safety awareness. There are less signing omissions, as the charts are so much easier to read now.

Ms Musing identified a number of concerns they had with their previous system.

"Staff had difficulty reading the doctors' writing with the previous system. They had difficulty flipping over several pages to find the non-

packed medications, as these weren't identified like they are on the RxMedChart. The stop-dates weren't clear and the doctors hated having to rewrite all of their medication orders every four months."

What's more, RxMedChart is much easier to use than their old system.

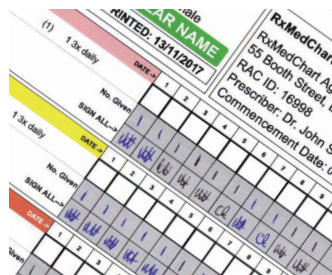
"It is much easier to train new staff. The new staff catch on very quickly, even if they have never used systems before," she said.

It has also led to improved communication with staff, the pharmacy and doctors.

"It has saved time for us. It has made communication more streamlined and faster all round. The doctors love the system compared to the old system we used," said Ms Musing.

And what do staff think about the RxMedChart system?

"The staff love the new system and now find it so much easier to do medication rounds. They feel more confident to be medication trained and attend medication rounds," said Ms Musing.



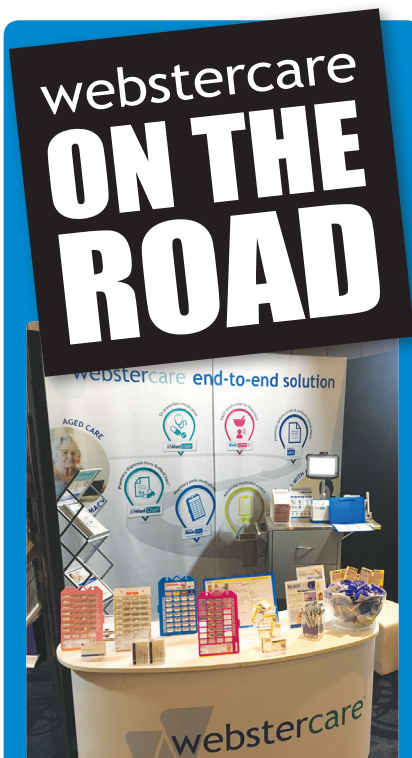
Life is what you make of it – until somebody makes it worse.

"Silence is golden but shouting is fun."

I rang up Telstra and said, "I want to report a nuisance caller." He said: "Not you again."

For every action there is an equal and opposite government program

"A conscience is what hurts when all of your other parts feel so good."



Upcoming Events

We look forward to seeing you at the following conferences coming up soon:

NIMAC 20th Anniversary Conference: 20-22 June

Royal International Convention Centre, Brisbane
Stand 26 & 31

ACSA 2018 National Summit: Sydney, 3-6 September

Parkinson's Walk

UNITY
Walk in the Park

REGISTER AND JOIN THE
"WEBSTERCARE" TEAM

Sunday 26th August 2018
Sydney Park, St Peters.

or if you're in Wollongong:
Stuart Park, George Hanley Drive, North Wollongong