***Vial2Bag Drug Connector System:*** Maui Health systems (Maui, Kula and Lanai) is converting to a new drug connector system called *Vial2Bag ™.* The target date for conversion will take place on Tuesday **January 23rd, 2018**.This new system will replace the previous “Add-Ease” Binary Connector system. *Vial2Bag ™* can be used with any brand of intravenous fluid (e.g. Baxter, Braun, Hospira) which gives this connector system a large advantage over “Add-Ease” which needs to be used with B. Braun fluids. This is important since IV fluids are on national shortage and we are using fluids from different manufacturers currently. The *Vial2Bag ™* system consists of either a “Blue” Connector that fits on a 20mm vial (e.g. piperacillin/ tazobactam, vancomycin) or an “orange” connector that fits on a smaller 13 mm vial (e.g. promethazine, norepinephrine). Currently we will start using the blue connectors first as most of our drug vials are that size and bring in the orange connectors shortly afterwards. Each connector type (blue or orange) can connect to any fluid size (50ml,100ml, 250ml) pursuant to the appropriate dilution amount. This fluid amount should be listed on the administration instructions of each drug in the EMR system. Once the drug is connected to the fluid and mixed according to instructions, the diluted medication should be used immediately after dilution. The company recommends the person mixing the drug also administer the drug to avoid confusion. Please see **Appendix A** for instructions on using *Vial2Bag ™* to help reconstitute drug and dilute in IV fluids.

***TPN Shortage:*** There has been a critical shortage of all Total Parenteral Nutrition products, concentrated dextrose and amino acid formulations over the last few months. One of the larger TPN suppliers was affected by the recent hurricane in Puerto Rico which greatly affected availability. MHS has been able to provide TPN to patients over the last few months fortunately due to the small number of patients requiring TPN at our facility. Unfortunately, our supply of TPN is reaching the point where we may run out very soon. Please follow the guidelines below to help conserve.

 ●For patients without contraindications to enteral nutrition, begin early enteral feeding (e.g., within 48 hours) because the potential benefits of early enteral feeding (e.g., fewer infections, possibly lower mortality) outweigh its risks. During the first week of critical illness, avoid exceeding 20 to 30 percent of feeding goal, unless the patient is quite stable.

●For adequately nourished patients who have contraindications or intolerance to enteral nutrition, avoid initiating early parenteral nutrition and avoid feeding parenterally before one to two weeks have elapsed. This reflects the evidence that early parenteral nutrition may increase the risk of infection and prolong mechanical ventilation, intensive care unit (ICU) stay, and hospital stay.

●For inadequately nourished patients who have contraindications to enteral nutrition that are expected to persist for a week or more, consider initiating parenteral nutrition within the first few days. The effects of parenteral nutrition in such patients are unknown; however, the rationale is that failure to treat the malnourishment will result in a progressive caloric deficit, which is associated with increased morbidity. Supplemental PN may be administered to patients receiving enteral nutrition but chronically unable to meet their needs by a significant margin. This, however, does not apply to patients during at least the first week of ICU care.

Pharmacy is also conserving TPN when consulted by rounding the patient’s nutritional goal to the nearest bag size (e.g. 2Liters) instead of a specific goal rate. Other potential interventions include changing the hang time of TPN so that the bag does not waste if the nutritional goals cannot be rounded to the nearest bag size. Specific instructions will be provided by pharmacy if the TPN hang time is changed.

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May I help you?

 

 **DRUG SHORTAGES**

 **IV Metoprolol**

 **IV Nutrition (TPN)**

 **IV hydromorphone**

 **IV morphine**

 **Dopamine**

 **For more information**

 **contact:**

 www.ashp.org/DrugShortages

**Appendix A:**