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Apart from a commentary on adverse reactions in HITH from an Australian HITH program this issue of The HITH Review includes abstracts from seven relevant publications and a listing of many other relevant publications.

Most of the articles listed in this review are available either from libraries in Australia or journal websites. Copies of articles with an asterisk (★) required for educational or research purposes can be requested from ACA when they are not available from your library. When ordering articles from ACA please use the order form available on our website.

We appreciate receiving your feedback on The HITH Review and would particularly welcome any contributions.

Finally we would like to thank Baxter for sponsoring the ACA publications for 2005-2006.

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Adverse Drug Reactions

Lisa Demos

Dobson PM, Boyle M, Lowenthal M. Home intravenous antibiotic therapy and allergic drug reactions. Is there a case for routine supply of anaphylaxis kits? *J Infusion Nursing* 2004; 27: 425-30. ★

This study aimed to estimate the risk of an allergic reaction for patients receiving home intravenous antibiotics, and to identify the potential advantages and disadvantages of providing injectable epinephrine in this patient population. In this study, 770 patients received 1000 courses of home intravenous therapy with 25 different antibiotics for 37 conditions. The patients in the program experienced 28 allergic reactions. The mean time to allergic reaction was 19.6 days. No episodes of anaphylaxis were observed. These results, coupled with the potential disadvantages of issuing epinephrine to all patients receiving home antibiotic therapy, suggest that this strategy may not provide a net benefit.

comment

This is a useful and relevant Australian study for HITH programs. There has been substantial interest in the need to prescribe adrenaline for patients treated with intravenous antibiotics at home. Interestingly in this study there were no cases of anaphylaxis in any patient though all patients received their first dose of antibiotic in hospital. Allergic reactions, in particular rashes, were noted in 28 patients. Perioral angioedema occurred in three patients: one on ceftazidime on day 14, two on flucloxacillin on day 13 and 33; SOB and tingling around the mouth occurred in one patient on flucloxacillin on day 29 and one case of periorcular angioedema and pruritis on day 31. It will be interesting to see if these findings influence the expensive practice of supplying adrenaline autoinjector pens to patients.

Relevant abstracts from Medline and Cinahl

Falls

Lewis C, Moutoux M et al. Characteristics of individuals who fell while receiving home health services. *Physiotherapy* 2004; 84:23-32. ★

Many patients receiving home health services are at risk for falling, but fall risk factors have not been previously investigated in this population. A retrospective record review was used to describe individuals who fell while being served by a home health agency.

The 98 individuals who fell while receiving home health services were compared with a random sample of 98 subjects served by the home health agency during the same period who did not report falling. Subjects were compared by age, sex, days of receiving home health services, number of falls prior to admission to the home health agency, diagnosis, medication category, home health services received, and type of health care coverage. In the group with falls, causes of falls and interventions were described.

The group with falls had comorbidities of neurological and cardiovascular impairment, took more medications associated with increased risk of falling, and had almost 3 times the number of falls prior to admission than the group without falls.

Home care providers should consider medical history, medication usage, and fall history as risk factors for falls in the home environment.

Evidence-based Homecare

Peterson L. Strengthening condition-specific evidence-based home healthcare practice. *J Healthcare Quality* 2004; 26:10-8. ★

The home health industry has lagged in adopting evidence-based care but is now well positioned to adopt such practices. However, few clinical practice guidelines have been developed for the home healthcare setting.

This paper reviews the existing evidence base for prevalent home healthcare diagnoses and conditions and the progress made in applying those practices in home healthcare. Existing guidelines for congestive heart failure, diabetes, chronic obstructive pulmonary disease, falls, osteoarthritis, depression, and medication management could be modified for applicability to home healthcare. The evidence for a number of home healthcare practices is robust enough to argue for widespread dissemination and implementation.

Heart Failure

Quaglietti S, Lovett S et al. Management of the patient with congestive heart failure in the home care and palliative care setting. *Annals Long Term Care* 2004; 12:33-7. ★

Congestive heart failure (CHF) is a chronic, debilitating illness with increasing prevalence in the elderly. Despite improved survival with medical therapy, beneficial effects on quality of life have not been reported consistently. CHF guidelines for patients with advanced disease now include consideration of a multidisciplinary approach and hospice care. This paper will discuss home care for the CHF patient with advanced disease or terminal prognosis. Special considerations including treatment preferences and patient goals, caregiver stress, psychological issues, and medical therapy will be addressed.

Pamidronate and Multiple Myeloma

Smith A, Soutar R et al. Home care versus hospital care in patients with multiple myeloma treated with pamidronate. *Int J Palliat Nurs* 2004; 10:144-6. ★

Long-term bisphosphonate therapy has been shown to offer clinical benefit in the management of multiple myeloma. This study sought to explore the feasibility and potential advantages of monthly home-based intravenous infusions of pamidronate in patients with multiple myeloma. In a prospective crossover, multicentre trial, 37 patients were randomly allocated to receive 3 months of treatment with pamidronate given in the home followed by 3 months of treatment with

pamidronate given in hospital or vice versa. Results from a patient preference questionnaire indicated most patients preferred treatment at home. Quality-of-life measurement was undertaken using the EORTC QLQ-C30 questionnaire. The results indicated a small, generally consistent, although not statistically significant, trend in favour of home care treatment. Extra nursing specialist time was required for home therapy. Home therapy with pamidronate in patients with multiple myeloma appeared feasible and safe and was preferred by patients in this study.

Potentially New Pharmacotherapies for DVT

Cullberg M, Eriksson UG, Wähländer K et al. Pharmacokinetics of ximelagatran and relationship to clinical response in acute deep vein thrombosis. *Clin Pharmacol Ther* 2005; 77:279-90. ★

A population pharmacokinetic analysis was performed on samples from patients with deep vein thrombosis participating in a randomized dose-finding study (THRombin Inhibitor in Venous thromboEmbolism [THRIVE I]). Patients received fixed doses of oral ximelagatran (24, 36, 48, or 60 mg twice daily) for 12 to 16 days. Thrombus size was evaluated by venography before and after treatment. Exposure-response curves were characterized for the probability of regression, no change, and progression of the thrombus extension and of having a bleeding-related event, by use of logistic regression models.

The pharmacokinetics of melagatran (1836 samples in 264 patients) was predictable, without significant time or dose dependencies. Clearance after oral administration (population mean, 27.3 L/h) was correlated with creatinine clearance ($P < 10^{-6}$), and volume of distribution (population mean, 176 L) was correlated with body weight ($P = 2 \cdot 10^{-5}$). Gender, age, or smoking did not significantly influence melagatran pharmacokinetics after the influence of renal function and body weight was accounted for. Unexplained interpatient variability values in total plasma clearance and bioavailability were 19% and 21%, respectively. The median area under the plasma melagatran concentration versus time curve across all patients and dose levels was 3.22 h· $\mu\text{mol/L}$ (5th-95th percentiles,

1.35–7.69). There was no significant relationship between area under the plasma concentration versus time curve and change in thrombus extension ($P = .59$) or bleeding-related events ($P = .77$), and the estimated exposure-response curves were relatively flat.

The pharmacokinetics of melagatran in patients with acute deep vein thrombosis was predictable after oral ximelagatran administration. Shallow exposure-response curves for efficacy and bleeding indicate that there is no need for individualized dosing or therapeutic drug monitoring in the patient population studied.

Preoperative Physical Therapy

Gursen M, Ahrens J. Research. The key to a new home care protocol: prospective visits. *Caring* 2004; 23:40-4. ★

A recent study was conducted to determine whether rehabilitative home care services could be provided more efficiently without adversely affecting patients recovering from total hip replacement and total knee replacement.

Researchers found that a preoperative physical therapy visit and nursing visit to patients' homes reduced the number of postoperative visits and reduced home health expenditures without a significant change in patient outcomes.

Telecommunication

Wilson S, Marks R et al. Benefits of multidisciplinary case conferencing using audiovisual compared with telephone communication: a randomised controlled trial. *J Telemed Telecare* 2004; 10:351-4. ★

Multidisciplinary case conferencing using a video-link was compared with multidisciplinary case conferencing by telephone. One hundred patients were randomized to either videoconferencing (intervention group, 50 patients) or audioconferencing (control group, 50 patients). The effectiveness of the intervention compared with the control was evaluated in terms of: the number of conferences per patient, average length of conference, length of treatment, number of occasions of service, degree of multidisciplinary team

involvement, recorded level of communication, quality of the management plan (in terms of the number of points contained in it) and staff satisfaction. The intervention and control groups showed significant differences on only two of the outcome measures: the mean number of case conferences per patient was less for the intervention group, and the intervention group had a shorter length of treatment (6 days) than the control group (10 days). The study did not demonstrate any significant differences in occasions of service or time commitment, which might have resulted in lower costs. However, the introduction of case conferencing by video-link was accompanied by a high level of satisfaction on the part of the 14 team members who were interviewed.

Wound Management

Bolton L, McNees P, van Rijswijk L et al. Wound healing outcomes using standardized assessment and care in clinical practice. *J WOCN* 2004; 31:65-71. ★

A prospective multicenter study of wound-healing outcomes management was undertaken in real-world clinical practice. Healing outcomes from March 26 to October 31, 2001, were recorded on patients in 3 long-term care facilities, 1 long-term acute care hospital, and 12 home care agencies for wounds selected by staff to receive care based on computer generated validated wound care algorithms.

After diagnosis, wound dimensions and status were assessed using a tool adapted from the Pressure Sore Status Tool for use on all wounds. Wound, ostomy, and continence nursing professionals accessed consistent protocols of care, via telemedicine in home care or paper forms in long-term care. A physician entered assessments into a desktop computer in the wound clinic.

The protocols generally avoided gauze dressings based on the evidence that healing proceeds faster with fewer infections in environments without gauze.

Most of the 767 wounds selected to receive the standardized-protocols of care were stage III-IV pressure ulcers ($n = 373$; mean healing time 62 days) or full-thickness venous ulcers ($n = 124$; mean healing

time 57 days). Partial-thickness wounds healed faster than same-etiology full-thickness wounds.

These results provide benchmarks for natural setting healing outcomes and help to define and address wound care challenges. Outcomes primarily using non-gauze protocols of care matched or surpassed best previously published results on similar wounds using gauze-based protocols of care, including protocols applying gauze impregnated with growth factors or other agents.

List of Medline, Cinahl and other relevant published articles

Adverse Drug Effects and Anaphylaxis

Dhanireddy S, Liles C, Gates GA. Vestibular toxic effects induced by once-daily aminoglycoside therapy. *Arch Otolaryngol Head Neck Surg* 2005; 131:46-8. ★

Dobson PM, Boyle M, Lowenthal M. Home intravenous antibiotic therapy and allergic drug reactions. Is there a case for routine supply of anaphylaxis kits? *J Infusion Nursing* 2004; 27: 425-30. ★

Lee WM, Larrey D, Rolf O et al. Hepatic findings in long-term clinical trials of ximelagatran. *Drug Safety* 2005; 28:351-70. ★

Catheters, Infusion Devices & Pumps

Gorski L, Czapslewski L. Peripherally inserted central catheters and midline catheters for the homecare nurse. *J Infusion Nursing* 2004; 27: 399-409. ★

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Kirkwood L, Logan K, Pomfret I et al. A care pathway for catheter management. *Geriatr Med* 2004; 34:29-32. ★

Penney-Timmons E, Sevedge S. Outcome data for peripherally inserted central catheters used in an acute care setting. *J Infusion Nursing* 2004; 27:431-6. ★

Diabetes

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Drug Therapy & Medication Management

Fialova D, Topinkova E, Gambassi G et al. Potentially inappropriate medication use among elderly home care patients in Europe. *JAMA* 2005; 293:1348-58. ★

Education and Training

Anonymous. Continuing education for nursing contact hours. Peripherally inserted central catheters for the homecare nurse. *J Infusion Nursing* 2004; 27:410-2. ★

Elderly Patients

Fialova D, Topinkova E, Gambassi G et al. Potentially inappropriate medication use among elderly home care patients in Europe. *JAMA* 2005; 293:1348-58. ★

Falls

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Whilst every effort is made to reliably report the data and comments from the journal articles reviewed, no responsibility is taken for the accuracy of articles appearing in The HITH Review, and readers are advised to refer to the original papers for full details of the research.