

Date: May 9, 2017

To: Pharmacy Leadership Team
Digestive Health Strategic Clinical Network
Dr. Chester Ho, Foothills Medical Centre
Dr. Rebecca Charbonneau, Glenrose Rehabilitation Hospital

From: Jeremy Slobodan, Director Drug Utilization, Information and Stewardship

RE: Provision of Docusate for Spinal Cord Injury (SCI) Patients

Distribute to hospitals with rehabilitation units, patient units that provide care to SCI patient and local physicians involved with rehabilitation services.

Based on feedback from sites, we are providing clarification on how to handle docusate orders for patients with spinal cord injury (SCI) as mentioned on the "[Removing Docusate from Practice](#)" formulary delisting support document.

We had the opportunity to confirm how best to manage this patient population with Dr. Chester Ho (Calgary) and Dr. Rebecca Charbonneau (Edmonton).

Key points:

- SCI and gastroenterology motility specialists agree that non-docusate (e.g. PEG 3350, stimulant laxative) based therapies for prevention of constipation are first line and docusate is not initiated in new patients. As such, patients with established bowel routines containing docusate will become less frequent over time
- SCI patients' bowel routines are highly individualized and inadvertent changes can have significant complications (e.g. impaction, leakage leading to skin breakdown)
- SCI patients are often admitted for conditions not related to their bowel routines

How to handle docusate orders for SCI patients at the site level:

- Except where a site has a rehab unit with SCI patients, there is not a need to stock docusate at all at the site

- When SCI patients are admitted, docusate may be required to keep their regular bowel routine. In these cases, non-formulary processes apply. Refer to your Zone specific low cost non-formulary process:
 1. Use the patients' own medication supply, if available
 2. If the site needs to provide docusate, a short delay in therapy (1-2 days) is acceptable in order to obtain a supply
- Existing docusate stock should be stored in the pharmacy department, and removed from all order sets, pre-printed care orders and wardstock before November 2017.

If you have questions, please contact AHS.DrugStewardshipCentral@ahs.ca