

Appendix 1 (part 1 of 3). Survey to determine redosing practices after vomiting of oral medications in pediatric inpatients at Children's and Women's Hospital of British Columbia.

Purpose

Vomiting is one of the most common problems encountered in pediatric clinical practice. The purpose of this survey is to characterize the problem of vomiting after administration of oral medications and to identify what the current practice is with regards to whether or not medication is re-dosed at Children's and Women's Health Centre of British Columbia. Your response to this survey will be used to help develop a consensual recommendation regarding what to do in the event that vomiting does occur after administration of oral medications.

Instructions

Please answer the following questions by marking an X in the appropriate box or by writing your response in the space provided. This survey will take approximately 5 – 10 minutes to complete.

Consent

Your participation in this survey is voluntary and your responses will remain confidential. By completing this survey, it will be assumed that consent has been given.

Brief Information about yourself:

What is your profession:

Nurse

Pharmacist

Physician

Other: _____

Years of clinical experience _____ years

What clinical ward or service do you primarily work with? _____

1. In the previous 6 months, how often did you encounter this problem (vomiting of oral medications) in your practice?

Daily

Weekly

Monthly

Never (go to question 3)

2. In what age group did you see vomiting occur most frequently after ingestion of an oral medication?

< 1 year old

1 – 4 years old

5 – 9 years old

10 – 18 years old

Unknown

Supplementary material for Kendrick JG, Ma K, DeZorzi P, Hamilton D. Vomiting of oral medications by pediatric patients: survey of medication redosing practices. *Can J Hosp Pharm* 2012;65(3):196-201.

Appendix 1 (part 2 of 3). Position description for pharmacist mentors in the Pharmacist Mentorship Program. © 2007 St Joseph's Healthcare Hamilton, Pharmacy Department. Reproduced by permission.

3. Please note the degree to which you believe the following factors play a role in whether or not you would re-dose the oral medication if it is vomited after dose ingestion.

	Not Important 1	2	Somewhat Important 3	4	Very Important 5
Time after dose ingestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient status (ie. stable, unstable, critical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volume of vomitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visibility of medication in vomitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication type (ie. antibiotic, cardiac, pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosage form (ie. tablet vs. liquid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What is the general rule you follow for the amount of time between administration of an oral medication and vomiting in which you would re-dose the oral medication?

- ≤ 15 minutes
- ≤ 30 minutes
- ≤ 1 hour
- I do not follow a general rule
- Other: _____

Assume the hypothetical inpatient situations described below and indicate whether or not you have encountered a similar situation before, whether or not you would re-dose the medication and briefly describe why.

Patient #1

A 10 year old child takes a dose of oral prednisone dosed once daily and vomits the medication 30 minutes after ingestion, and medication is not visible in the vomitus.

- Have you encountered a similar situation before? Yes No Don't Know
- Would you re-dose the medication? Yes No Don't Know

Why would you take the above action? (check all that apply)

- Time after dose ingestion
- Age of patient
- Medication type
- Other: _____

Patient #2

A 10 year old child takes a dose of oral prednisone dosed once daily and vomits the medication more than an hour after ingestion, and medication is not visible in the vomitus.

- Have you encountered a similar situation before? Yes No Don't Know
- Would you re-dose the medication? Yes No Don't Know

Why would you take the above action? (check all that apply)

- Time after dose ingestion
- Age of patient
- Medication type
- Other: _____

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Patient #3

A 10 year old child takes a dose of oral prednisone dosed once daily and vomits the medication 30 minutes after ingestion, and part of the medication is visible in the vomitus.

Have you encountered a similar situation before? Yes No Don't Know

Would you re-dose the medication? Yes No Don't Know

Why would you take the above action? (check all that apply)

Time after dose ingestion

Age of patient

Medication type

Other: _____

Patient #4

A 2 year old child takes a dose of oral prednisone dosed once daily and vomits the medication 30 minutes after ingestion, and medication is not visible in the vomitus.

Have you encountered a similar situation before? Yes No Don't Know

Would you re-dose the medication? Yes No Don't Know

Why would you take the above action? (check all that apply)

Time after dose ingestion

Age of patient

Medication type

Other: _____

Patient #5

A 10 year old child takes a dose of oral acetaminophen dosed every 6 hours as needed and vomits the medication 30 minutes after ingestion, and medication is not visible in the vomitus.

Have you encountered a similar situation before? Yes No Don't Know

Would you re-dose the medication? Yes No Don't Know

Why would you take the above action? (check all that apply)

Time after dose ingestion

Age of patient

Medication type

Other: _____

Patient #6

A 10 year old child takes a dose of oral long acting morphine dosed twice daily post-surgery and vomits the medication 30 minutes after ingestion, and medication is not visible in the vomitus.

Have you encountered a similar situation before? Yes No Don't Know

Would you re-dose the medication? Yes No Don't Know

Why would you take the above action? (check all that apply)

Time after dose ingestion

Age of patient

Medication type

Other: _____

Thank-you for taking the time to reply to this survey.

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Appendix 2. Survey of health care professionals at other institutions to determine guidelines and practices on redosing of oral medications after vomiting in pediatric inpatients.

Purpose

Currently at British Columbia's Children's Hospital (BCCH) there are guidelines regarding the management of vomiting, but there is a lack of guidelines regarding whether or not medication should be re-dosed if vomiting occurs after ingestion of oral medications. As such, we are reviewing guidelines in current literature and other pediatric hospitals to determine what course of action is recommended in the event that this does occur. The purpose of this letter is to request any guidelines, recommendations or protocols regarding this issue that your pediatric health facility may have in place. Your response to this letter will be used to help develop a guideline or algorithm regarding what to do in the event that vomiting does occur after ingestion of oral medications at BCCH.

1. Does your pediatric health facility have any guidelines, protocols, and/or recommendations regarding what to do in the event that vomiting occurs after ingestion of oral medications?

Yes

No

If no, please explain what the "common practice" is at your health facility when this situation occurs (check all that apply).

Contact prescriber

Use professional judgment

Do not repeat dose

Repeat dose if vomiting within a specific time frame (please specify): _____

Other: _____

If yes, please attach in your reply. Please state whether your guideline, protocol and/or recommendation is any of the following (check all that apply):

Hospital wide

Ward or service specific

Drug specific

2. Does the guideline, protocol, and/or recommendation take into account the following factors?
Please indicate all that apply.

Time after dose ingestion

Visibility of medication in vomitus

Age of patient

Familiarity of caregiver with medication

Patient status (ie. stable, unstable, critical)

Medication type (ie. antibiotic, cardiac, pain)

Volume of vomitus

Dosage form (ie. tablet vs. liquid)

3. From what references, resources or evidence was the guidelines, protocol, and/or recommendation developed and based on?

Thank-you for taking the time to reply to this survey.

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