

Letters

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When this program was established, the author was Clinical Coordinator, Heartland Health Systems Pharmacy, Fargo, ND.

The financial support of the Dakota Medical Foundation is acknowledged. This material was presented at the ASHP Best Practices Awards Program at the ASHP Midyear Clinical Meeting, New Orleans, LA, December 3, 2001.

Vioxx—Viagra confusion

Recently in our health system, a physician's secretary called in a prescription to a local community pharmacy for Vioxx (Merck's brand of rofecoxib) for a 68-year-old man. The pharmacist knew the patient had been looking for a refill of Viagra (Pfizer's brand of sildenafil). Since the two drugs have similar names, the pharmacist telephoned the physician's office to double-check the prescription. The physician had intended the prescription to be for sildenafil; the secretary misinterpreted the prescription for rofecoxib.

Look-alike and sound-alike medications have been identified as a problem area for patients and providers.¹ The brand names for rofecoxib and sildenafil have the potential to be confused during the prescription process. Also, both agents are available in 25- and 50-mg tablets. Although this event was a near miss (i.e., an error corrected before the medication reached the patient), it could have harmed the patient or at least caused a lack of intended effect. One could imagine this prescription mix-up being particularly dangerous if the intended prescription was for rofecoxib and a patient with coronary artery disease received sildenafil.

In this case, both patient and provider were aware of the intended medication, but an office staff member was confused. Thankfully, an alert community pharmacist recognized the potential for error and clarified the prescription before dispensing occurred.

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Organizing a health fair at a shopping mall

Recently, I and other pharmacists answered shoppers' health-related questions during a health fair at a mall. Perhaps those planning similar educational and screening programs can learn from our experiences.

Pharmacists typically are great organizers and planners, but they could be more effective in promoting their efforts. Recognizing this, we at the Akron Area Society of Health-System Pharmacists (AASHP) enlisted assistance from the Akron Regional Hospital Association, the local Agency on Aging, and the *Beacon Journal*, an Akron newspaper.

A date in April or May was preferred for the fair because of the likely favorable weather. This gave us a little more than three months to plan. It was decided to include, along with pharmacist counseling, screening for hyperlipidemia, hypertension, and stroke risk.

The hospital association solicited the support of area medical centers and informed the public through radio, television, and newspapers. The Agency on Aging created a budget and recruited nurse volunteers. AASHP planned the detailed workings of the event and recruited pharmacists to staff the medication-counseling stations. Popular pharmacy reference books and resources on herbal remedies and immunization were collected to help pharmacists answer questions.

Local organizations concerned with community health, including the state's organization on patient safety and the state's pharmacy associations, were offered free booth space so they could provide information about their services. Pharmaceutical companies offered financial support through educational grants.

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