



24 July 2017

Justine Watkins
Clinical Services, National Manager
Stroke Foundation
JWatkins@strokefoundation.org.au

RE: Clinical Guidelines for Stroke Management 2017

Dear Ms Watkins

Thank you for your email on 12 July 2017 seeking The Society of Hospital Pharmacists of Australia's (SHPA) endorsement for the Stroke Foundation's *Clinical Guidelines for Stroke Management 2017*.

SHPA is the national professional organisation for over 4,400 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals.

SHPA is pleased to endorse the *Clinical Guidelines for Stroke Management 2017*, and have attached our organisational logo for you to show SHPA's endorsement on your website and other relevant materials.

We understand your intent to publish these guidelines by the end of July 2017, and we apologise for not responding to your two prior attempts to contact SHPA, however if all possible, we ask that you give consideration to the following points.

3.13 Pyrexia

Whilst the guidelines do not differentiate between pyrexia due to infectious vs non-infectious causes, given the high incidence of aspiration pneumonia, considering commencing appropriate antibiotic cover whilst investigating the source and aetiology of the infection, is suggested.¹

3.5 Dysphagia

Advice from pharmacists should be sought to determine whether some medicines are able to be crushed or have their dose forms altered for administration. In the circumstances where timely pharmacy advice is not available, the [Australian Don't Rush to Crush Handbook – options for people unable to swallow solid oral medicines](#) should be consulted.

4.2 Adherence to Pharmacotherapy

An additional point is warranted to emphasise the role hospital and community pharmacists have to offer in assisting stroke survivors and carers to manage their medications, including the medication review services including but not limited to, Home Medicines Reviews and Hospital Admission Risk Program (HARP) pharmacists.

6.2 Poor Oral Hygiene

Consideration should be given to providing advice on how long chlorhexidine is to be used, noting that chlorhexidine can irritate mucosal surfaces, interrupt wound healing, discolour teeth, the tongue and buccal cavity. Short term use is recommended by the Victorian Oral Health for Older People Guide², as well as Dietitians Association of Australian and Dental Health Services Victoria.³ The *Therapeutic Guidelines: Oral and Dental* recommends use for short periods of up to 2 weeks.⁴

6.12 Falls

A falls risk assessment and management plan should also include a review of medications associated with an increased risk of falls.⁵

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Johanna de Wever, General Manager, Advocacy and Leadership on jdewever@shpa.org.au or (03) 9486 0177.

Yours sincerely,



Andrew Matthews
BPharm, MCLinPharm, Grad Cert (Teach & Learn)
A/g Chief Executive Officer

References

1. Wrotek SE, Kozak WE, Hess DC, Fagan SC. Treatment of fever after stroke: conflicting evidence. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*. 2011 Nov 1;31(11):1085-91.
2. Department of Human Services. Victorian Oral Health for Older People Guide. (2002) Available at: https://www.dhsv.org.au/_data/assets/pdf_file/0020/3269/oral-health-for-older-people.pdf
3. Dieticians Association of Australian and Dental Health Services Victoria. Joint Position Statement on Oral Health & Nutrition (2015) Available at: https://www.dhsv.org.au/_data/assets/pdf_file/0004/54715/Pos-Stat- Final-DAA_DHSV- -2016-05-23.pdf
4. Oral and Dental Expert Group. *Therapeutic Guidelines: Oral and Dental*. Version 2. (2012) Therapeutic Guidelines Limited.
5. De Jong, Marlies R., Maarten Van der Elst, and Klaas A. Hartholt. Drug-Related Falls in Older Patients: Implicated Drugs, Consequences, and Possible Prevention Strategies." *Therapeutic Advances in Drug Safety* 4.4 2013: 147–154.