

Developing Consensus Recommendations to Inform the Design of “Sick Day” Medication Interventions: Healthcare Providers Opinions’ using a Modified Delphi Process

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Background

Guidelines recommend that some medications be stopped or adjusted during times of acute illness, which is often referred to as sick day medication guidance (SDMG). There is variability in recommendations across resources. A scoping review and qualitative needs assessment informed the items presented.

Objective

To develop consensus for research interventions for patients with diabetes, kidney, or cardiovascular disease from a panel of international clinical experts through a systematic, group consensus process.

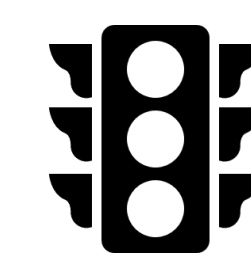
Method

- Purposively recruited clinical experts with specific content areas relevant to SDMG
- Sequential three rounds of development, refinement and voting on recommendations
- Round 1 - overview and survey with ranking of general statements
- Round 2 - focused session using the general statements based on clinical expertise for specific conditions in small groups
- Round 3 - ranking of revised statements (binary scale) for inclusion
- Patient Partners involvement in all rounds
- Consensus was pre-specified as >75% agreement
- A qualitative content analysis was performed to capture the context of the discussion during the sessions.

Results

25 Participants from **5** countries reached consensus on **42** recommendations including: **5** related to key signs and symptoms of volume depletion, **6** on severe symptoms to prompt urgent contact with a health care provider, **14** related to patient self-management, **11** medication classes were included to be temporarily stopped or adjusted, and **6** were developed to guide resumption of medications.

The following are examples of the recommendations made through the group consensus process



Traffic light system to triage the signs and symptoms with respect to their likelihood of leading to volume depletion.



Signs and symptoms should include vomiting, or diarrhea, anorexia or nausea, new lightheadedness or presyncope, dizziness or fainting, decreased weight and reduced urine output



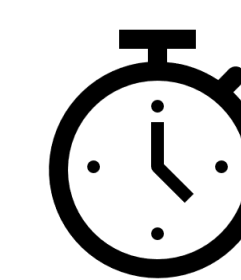
911, emergency or urgent care should be sought for difficult or rapid breathing and reduced LOC or new confusion



Medications in the SDMG include: insulin (adjustments made depending on blood glucose levels [BGL]), sulfonylurea/meglitinide (if BGL low), SGLT2i, metformin, ACE Inhibitors/ARBs, ARNI, diuretics, direct renin inhibitors and NSAIDs.



SDMG is appropriate for patients to self-manage when there is an absence of severe symptoms, they are capable of coping and can keep up the fluid intake.



Mild symptoms that last longer than 72 hrs. should involve management and support from a health care provider.

Conclusion

A multidisciplinary international panel of experts used a systematic process to establish consensus on recommendations for signs and symptoms, self-management guidance, and medications for inclusion in interventions targeting patients’ SDMG ability.