

# Doc Talk- July 2016

Your monthly update from the Chilliwack Division of Family Practice

## Doctor of the Month

Having been working in Hope since August 2014, Dr. Saif Razouki enjoys practicing in the rural setting, while still being close to the metropolitan environment. He shares that, "The health care system here facilitates provision of primary care in all settings, and offers the continuity of care that we strive towards. The staff I work with are fantastic and the doctors have been extremely supportive in guiding and mentoring new doctors coming in to the community." Dr. Razouki's focus is on clinical work, providing care for all patients. Other than his office practice, he also works in the ER, walk in clinic and does hospital rounds.

## Patient Impact Story

### Chilliwack Primary Care Clinic

***"The primary health care providers and staff are warm, friendly, and professional. The providers worked with me to treat my health conditions, lessen my medications, and make me healthier."***

In 2011, George, a Chilliwack resident in his 70s, was left without a family doctor when his doctor moved his practice. Due to complications from paraplegia and a previous bladder cancer, he was struggling with frequent bouts of urinary tract infections, among other concerns. Each week for about a year, George went to the Chilliwack General Hospital (CGH) Emergency Room for urgent care, mostly for his recurrent infections.

In 2012, the CGH Emergency Room referred George to the Chilliwack Primary Care Clinic (CPCC). Here George received care from a nurse practitioner and was matched to a family doctor. He speaks very highly of the quality of care that he received at the

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## Doctor of the Month

Dr. Saif Razouki

### InPHARmation Update Issue 14 | June 2016

#### Key Learning Points

The number of opioid-related deaths has been increasing in BC over the past five years. In the first four months of 2016, there have been 256 drug overdose deaths, a 65% increase from 2015.

Naloxone is a competitive opioid receptor antagonist indicated in the treatment of opioid overdose.

The recommended dose of naloxone is 0.4 mg (e.g. 0.5 mL) every 2-3 minutes until the patient is responsive. The half-life is only 30-90 minutes; therefore, patients may require additional doses.

As of March 2016, naloxone can be purchased from community pharmacies in BC without a prescription. The cost is \$13 per 0.4 mg/mL ampoule, which is not covered by PharmaCare.

In 2012, the BC Centre for Disease Control started the Take Home Naloxone program. At-risk patients can receive a naloxone kit at no cost from the Primary Care Clinic in Chilliwack (phone for a referral to 604-701-3616).

#### Naloxone for Opioid Overdose: Take Home Messages from the Take Home Program

On April 14, 2016, Provincial Health Officer Dr. Perry Kendall declared a public health emergency due to a sharp increase in the number of drug-related overdoses in British Columbia (BC). From 2010-2015, there was a 30% increase in the annual mortality rate due to opioid drugs. In 2015, 476 apparent illicit drug overdoses occurred (the majority of which involved opioids), a 30% increase from 2014. There have been 256 drug overdose deaths in just the first four months of 2016, a projected increase of 65% over 2015. Of those, femoral was detected in 20% of cases.

The need in opioid-related deaths has emphasized the need for increased access to naloxone (Narcan®). First introduced in 1971, naloxone is a competitive opioid receptor antagonist that is indicated for opioid overdoses (e.g., oxycodone, morphine, methadone). Naloxone can not be abused, as it has no pharmacologic action in the absence of opioids. The recommended dose is 0.4 mg every 2-3 minutes as needed until the patient is responsive—higher doses (e.g., 1 mg) are not recommended due to the increased risk of withdrawal symptoms. No hepatic or renal dose adjustment is required. Naloxone is only available in Canada as a parenteral formulation (i.e., ampoules or multi-dose vials for injection). Other formulations, such as intranasal spray, pre-loaded syringe, or auto-injector, are only available in the United States and/or Europe. Naloxone can be administered intravenously (IV), intramuscularly (IM), and subcutaneously; however, in an acute overdose with no IV access, the recommended route of administration is IM.

The onset of action (when given IM) is 1-5 minutes with a half-life of 30-90 minutes. Therefore, there may be multiple drug overdoses with no IV access, the recommended route of administration is IM. The onset of action (when given IM) is 1-5 minutes with a half-life of 30-90 minutes. Therefore, there may be multiple drug overdoses with no IV access, the recommended route of administration is IM.

Additional doses: The only contraindication to naloxone is hypersensitivity. Naloxone can be accessed via two sources: community pharmacies and approved Take Home Naloxone (THN) program sites. On March 24, 2016, BC became the first jurisdiction in Canada to make naloxone available without a prescription. It has to be purchased from behind the counter (i.e., schedule 2)—this is not meant to be a barrier to access, but rather facilitate the provision of education from the pharmacist to the purchaser. There are no limits to the amount or frequency of purchase, or the age of the purchaser. This is to permit naloxone access to opioid users (prevention or illness), as well as their friends and family. The over-the-counter (OTC) ampoules are \$11, which is not covered by PharmaCare.

In 2012, the BC Centre for Disease Control introduced the THN program, which was designed to provide naloxone kits to opioid users, specifically vulnerable and marginalized populations. As of May 2016, 8,266 kits have been dispensed from 154 sites in BC, and about 7,000 patients, friends and family, and service providers have been trained on how to administer naloxone. To date, 611 overdoses have been reversed with THN kits. These kits require a prescription, and are provided at no cost to patients. The kits contain three ampoules of naloxone, three IM syringes, and other supplies including a leveling mark, gloves, and alcohol wipes. There are currently two THN sites in Chilliwack: the Riverstone Drive Program, and set up by 2016, the Primary Care Clinic.

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[June issue of InPHARmation on DivIT](#)

CPCC, "The primary health care providers and staff are warm, friendly, and professional. The providers worked with me to treat my health conditions, lessen my medications, and make me healthier."

In summer 2014, George's complex health conditions became stable due to the care that he received at the CPCC and from the specialist. He was matched through Call PAM to Dr. Chris, a family doctor in Chilliwack. George explains that he was pleased with the easy transition from the CPCC to Dr. Chris' practice. "I was matched to a great doctor," George says happily, "She is easy to talk to, I feel relaxed around her, and I know that she cares about my health and well-being." [Click here to read the full story.](#)

## Volunteer Opportunity with BC Patient Safety & Quality Council

Have you ever wanted to be a part of the decision making around what health services look like in your community? Do you have a passion for working with health care partners to increase the quality of care that's provided, close to home? Fraser Health is looking for passionate, energetic volunteers to join their health management operations committees in the Hope and Chilliwack area. To find out more, [click here](#) or call Jami Brown Engagement Leader, Fraser Valley, Patient & Public Engagement, BC Patient Safety & Quality Council at 604-510-0449.

## Resources for Patients

### Walking Forward with Good Medicine

This summer, several partners will be starting to deliver the 12-session "Walking Forward with Good Medicine" grief and loss program for children and youth. This program is based on Indigenous knowledge and teachings, like the Medicine Wheel, that support people to build the skills and connections that can assist with keeping balance on this journey we share. There is space for 12 young people (16-24) to join the first run in Fraser East. Funding for this program comes from YPER grants and the Vancouver Foundation's Fostering Change

Don't have a family doctor or nurse practitioner?  
Looking for one in your community?


# CALL PAM

**How does PAM work?**  
(Patient Attachment Mechanism)

You call and speak to our Patient Attachment Coordinator.

You fill out a Patient Intake Form. We may call you for more info once the form is submitted.

If needed, our team of family doctors and nurse practitioners will care for you until you are transitioned to a community practice.



9 am to 3 pm Monday to Friday  
1-844-795-0034 Hope and the Fraser Canyon  
604-795-0034 Chilliwack, Agassiz, and Harrison

For more information, visit [www.divisionsbc.ca/chilliwack](http://www.divisionsbc.ca/chilliwack)

### A GP for Me

#### Call PAM

If you may be able to accept patients through PAM, please [complete this form](#) and fax to 604 795 4111 or call 604 795 0034 to speak to Patient Attachment Supervisor, Jennica Grenier



### Video on Appropriate Access to Care: Getting Ready for your Medical Appointment

#### Walking Forward with Good Medicine

GRIEF AND LOSS PROGRAM FOR CHILDREN AND YOUTH  
DEDICATED TO OUR ANCESTORS UPON WHOSE SHOULDERS WE STAND  
AND THE  
FUTURE SEVEN GENERATIONS



Introductory Meeting: Monday, June 27, 2016 from 5:30 to 7:30  
Impact (3328 Wain Avenue, Abbotsford). Rides available.

Workshop Dates: July 4, 6, 11, 18, 20, 25, 27, August 3, 8, 10, 15, 17  
Workshop Times: 11:00 a.m. to 1:00 p.m. Includes lunch and honorarium.

Open to 12 young people age 16 – 24.  
Rides available to those who can be available for pick up in Mission, Abbotsford or Chilliwack.

Contact Roxanne George by email, phone or text at [Roxanne@vypwr.ca](mailto:Roxanne@vypwr.ca) or 604-845-5851 with questions or to register.

We raise our hands to Nlaka'pamux Nation Tribal Council and Fraser-Thompson Indian Services Society for supporting a project they believed would benefit all children and youth.

program, in partnership with various Fraser Health Substance Use Services contracted agencies. [Click here](#) for more information. For more information and to register, contact Roxanne George by email at [Roxanne@vyper.ca](mailto:Roxanne@vyper.ca), or phone or text at 604-845-5851.

### **Pregnancy Passport helps mom-to be through their special journey**

Women expecting a baby can access a new [Pregnancy Passport](#) to help them have a healthy pregnancy, track their progress, and prepare for their baby. Developed by Perinatal Services BC in partnership with the Ministry of Health and health authorities, the passport is a companion to [Baby's Best Chance: Parents' Handbook of Pregnancy and Baby Care](#). The Pregnancy Passport includes:

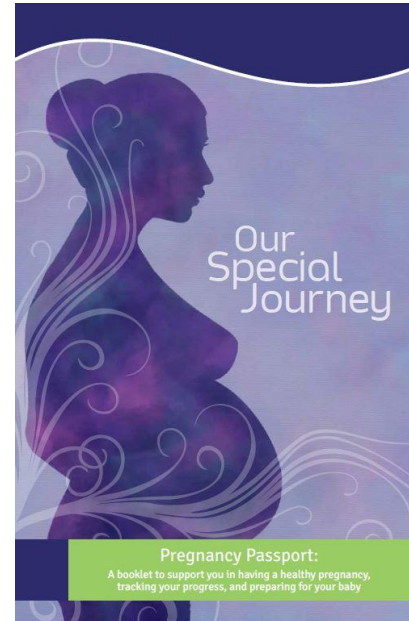
- information for women to think about and discuss with their care provider relating to their needs throughout their pregnancy, birth, and after their baby is born;
- information about the care they can expect during pregnancy, birth, and the first weeks after their baby's birth;
- a place to record check-ups and tests;
- places to write down goals, questions, ideas, decisions, and hope and dreams for their baby; and
- a list of resources for more information.

The Pregnancy Passport has been distributed to doctors, midwives, and local health units across BC and can be ordered by health care providers [here](#). Women are encouraged to ask their health care provider for a Pregnancy Passport.

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### **June - August: Walking Forward with Good Medicine**

For more information and to register, contact Roxanne George by email at [Roxanne@vyper.ca](mailto:Roxanne@vyper.ca), or phone or text at 604-845-5851.



[Our Special Journey: Pregnancy Passport Now Available](#)

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