

# NWT Clinical Practice Information Notice

**UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW  
(2) FILE THIS NOTICE IN SECTION C, CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE**

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

Hospitals     
  Community Health Centers     
  Public Health Units     
  Doctors' Offices     
  Social Services Offices     
  Other: \_\_\_\_\_

The information contained in this document is a Departmental:

Policy     
  Standard     
  Protocol     
  Procedure     
  Guidelines

**Title: NWT Health Centre Formulary Update**

**Effective Date: December 1, 2009**

**Statement of approved clinical practice:**

The Minister of Health and Social Services, upon the recommendation of the NWT Pharmacy and Therapeutics Committee, approves the following update to the 2008 Health Centre Formulary. Please insert the following attachment into your copy of the 2008 NWT Health Centre Formulary.

Formulary updates are published on June 1 and December 1 of each year. The next complete formulary will be published on December 1, 2010. At that time, all updates will be incorporated into the new formulary and existing formularies and updates shall be discarded.

**Attachments:**

- NWT Health Centre Formulary Update Effective December 1, 2009

An electronic copy of this notice is also available on the Department of Health and Social Services Public Website at: <http://www.hlthss.gov.nt.ca> Once you have accessed the site, click on "Manuals". The Clinical Practice Information Notice can be found in the *NWT Clinical Practice Information* manual.

This clinical practice is approved.  \_\_\_\_\_  
(signature)

Minister      
 Chief Medical Officer of Health      
 Director, Child & Family Services      
 Director, Adoptions

# Northwest Territories Health Centre Formulary Update

Addendum to 2008 Edition  
Effective Date: December 1, 2009

This update will be incorporated into the next  
Health Centre Formulary scheduled for publication on  
December 1, 2010.

## **Additions to Formulary**

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The following pharmaceutical agents are **added**:

**ondansetron**

sol: 4 mg/5 mL, 50 mL

Please see complete information on page 3 of this update.

## **Removals from Formulary**

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No pharmaceutical agents are removed by this formulary update.

| Drug/Form | Category | Brand Names |
|-----------|----------|-------------|
|-----------|----------|-------------|

## Approved Additions to the 2008 NWT Health Centre Formulary

### Miscellaneous GI

#### ondansetron

sol: 4 mg/5 mL, 50 mL

D

Zofran

#### Notes

- A single dose of ondansetron reduces vomiting in children with gastroenteritis. It facilitates the administration of oral rehydration therapy and reduces the need for intravenous fluid.<sup>126,127</sup>
- Oral rehydration therapy is the treatment of choice for children with mild to moderate dehydration caused by diarrhea. It is as effective and less expensive than IV hydration.<sup>126,128</sup>
- Ondansetron is approved as a category D pharmaceutical for use in children aged 12 and under for vomiting associated with gastroenteritis. All other uses require an order from a physician or NP.

#### References

<sup>126</sup>Freedman, S.B., Adler, M., Seshadri, R, and Powell, E.C. (2006). Oral ondansetron for gastroenteritis in a pediatric emergency department. *New England Journal of Medicine* 354(16) 1698-1705.

<sup>127</sup>Stanton, B., Evans, J.B., and Batra, B. (2009). Oral rehydration therapy. Retrieved November 16, 2009 from <http://www.uptodate.com/>

<sup>128</sup>Lonstreth, G. F., and Hesketh, P.J. (2009). Characteristics of antiemetic drugs. Retrieved April 2, 2009 from <http://www.uptodate.com/>

### Approval of Formulary Update

**This formulary update has been approved for use by the Minister of Health and Social Services Pursuant to the Hospital and Health Care Facility Standards Regulations R-036-2005 43(2).**

**This formulary is placed in effect by *Clinical Practice Information Notice 92* dated December 1, 2009.**

**The pharmaceutical agents listed for use and the classifications in this formulary update supersede any pharmaceutical agent or classifications listed in any previous formularies or other clinical guidelines currently in use in all Health and Social Services Authorities (HSSAs) in the Northwest Territories.**

**- END OF FORMULARY UPDATES -**

**Category A:** RN initiated **B:** Physician/NP Initiated **C:** RN 1 course **D:** RN 1 dose  
See page 10 of Formulary for further explanation

**▲ must stock item**