

## SHC Drug Shortage Update 09.11.2019

	Pipeline	SHC Supply	SHC Strategy
<b>Critical Shortages</b>			
Dextrose 50% INJ	Production delays. Next Release date = mid Q1 2020.	Limited.	Therapeutic Countermeasures: Centralize remaining syringes and vials for crash carts. Convert patients over to oral glucose agents. In-house compounding / batching D20 bags.
Erwinaze	Intermittent backorder. Full Recovery = TBD.		Case by case determinations of use by Oncology Teams.
Improvue	Shortage through end of Q3 2019.		
Miochol - E	No forecasted recovery date.		
<b>Concern Shortages</b>			
Aggrastat	Production delays through Q1 2020.		SBAR ready to be activated once supply reaches critically low.
Bupivacaine INJ	Production delays through end of Q4.	Limited	Allocate inventory to PeriOp.
Cardene Premade Bags	Production delays through end of Q4 2019.	Limited	Therapeutic Countermeasures: Encourage providers to utilize alternatives such as oral antihypertensive or IV clevidipine. If SHC runs out of nifedipine or patient cannot tolerate oral therapy and/or IV clevidipine, IV sodium nitroprusside can be utilized
Dopamine IV	Limitation on production through 2019.	Limited	Available: Dopamine 800mg / 250ml bags
Epinephrine 10ml SYR	Production delays. No forecasted recovery date.	none	Available: 1mg/1ml INJ Pharmacy will begin placing epinephrine emergency syringe KITS in crash cart medication trays as crash carts are refilled.
Fluorescein Sodium Injection: 25% (2mL)	Long term backorder status. Severe limitation on production until end of 2019.	none	Available: AK-FLUOR 10% VIAL
IVIg	Shortage through Q2 2020.		ALL IVIG cases require approval per shortage standard procedure.

Please contact Deepak Sisodiya @ [dsisodiya@stanfordhealthcare.org](mailto:dsisodiya@stanfordhealthcare.org) with any questions.

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Sodium Bicarbonate INJ	Intermittent backorder. Full Recovery = <b>Late September.</b>	50ml vials	<p>SHC should limit use of sodium bicarbonate to critical indications for which alternatives are not available.</p> <p><b>Approved Indications for Use:</b></p> <ol style="list-style-type: none"> <li>1. Cardiac arrest</li> <li>2. Cardiac surgery &amp; transplant cases</li> <li>3. Hydration for high-dose methotrexate</li> <li>4. Allogeneic BMT chemo hydration (use low dose bicarb)</li> <li>5. Severe Acidosis (pH&lt;7.20)</li> </ol> <p><b>For all other indications, pharmacist to page team to recommend alternatives. Do not use for the following indications due to lack of evidence favoring sodium bicarbonate over alternatives.</b></p> <ol style="list-style-type: none"> <li>1. Prevention of contrast-induced nephropathy</li> <li>2. Rhabdomyolysis</li> <li>3. Urinary Alkalinization</li> <li>4. Lidocaine buffering</li> </ol>
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