

5-17-2021

## How does COVID-19 and vaccine distribution affect the hospital and the hospital pharmacy?

Shannon B. Jackson

Follow this and additional works at: <https://dsc.duq.edu/duquark>

---

### Recommended Citation

Jackson, S. B. (2021). How does COVID-19 and vaccine distribution affect the hospital and the hospital pharmacy?. *D.U.Quark*, 5 (2). Retrieved from <https://dsc.duq.edu/duquark/vol5/iss2/4>

This Staff Piece is brought to you for free and open access by Duquesne Scholarship Collection. It has been accepted for inclusion in D.U.Quark by an authorized editor of Duquesne Scholarship Collection.

# How does COVID-19 and vaccine distribution affect the hospital and the hospital pharmacy?

By Shannon Bow Jackson

*D.U.Quark* 2021. Volume 5(Issue 2) pgs. 12-14

Published May 17, 2021

Staff Article

Perspectives from a 5th year Duquesne University Pharmacy Student Stephanie Johnson, Pharmacy Intern:

1. How has COVID-19 overall impacted how the hospital pharmacy is being run? Have things changed or is it relatively the same?

COVID-19 has affected our hospital on every level. There are designated floors that were constructed to become negative pressure to hold COVID-19 patients. This included an ICU as well as a regular patient floor for the less emergent patients. Nurses were put on a rotation to care for these patients that started as voluntary but quickly grew to a “lottery process” as numbers spiked. When the US declared the pandemic as a national emergency, we went from performing our daily tasks (the only difference was with masks on) outside the central pharmacy to a full COVID-19 protocol. All pharmacists were required to report to the central pharmacy and no longer allowed access on the floors to avoid exposure. Their communications were electronic only. Technicians and interns were to continue to deliver medications to every floor which included the negative pressure floors. Negative pressure is when the pressure inside the room is less than the hallway, so when the door opens, air flows into the room. The air the patient breathes does not flow into the hall and throughout the hospital to stop the spread.

We were only given one mask that had to last us an entire week. Our daily tasks of delivering and compounding continued as usual. From the intern/technician side of things, the daily workflow remained the same. The amount of work fluctuated as we got waves of patients into the hospital, surgeries only being scheduled if they were life dependent, and patients fearing seeking medical assistance due to possible COVID-19 exposure. Some days we had over 200 tasks that the pharmacy needed done... other days 50. It was dependent on the number of patients occupying the hospital. Many patients were staying home when they were having medical emergencies for fear they would come to the hospital and get COVID-19. So eventually the workflow slowed.

2. Has vaccine distribution affected the pharmacy?

No, it has been separated from the pharmacy. We have the main central pharmacy which does the duties of the hospital fill. Separately, we also have the COVID-19 vaccine clinic which is staffed by the same people in the hospital pharmacy, but it is not a part of the main central pharmacy. Management is focusing on both the hospital pharmacy and the clinic pharmacy.

3. Do you feel as more vaccines are being distributed in the coming months, that there will be a shift in how things are run?

If anything changes, interns will be allowed to vaccinate patients with any vaccination that the hospital offers. We then would have the ability to go to clinics.

4. Was there a change in output of other medications due to COVID-19 patients?

We were making 30+ bags of Remdesivir at a time. Remdesivir is an antiviral medication that is used to help treat COVID-19 patients. We were also saving mist inhalers for COVID-19 patients, and we are not allowed to give out Albuterol because they were saved for COVID-19 patients to help increase airflow to the lungs. Other patients received nebulizers.

5. Since the Remdesivir is being used more frequently for these patients, were they ever running low?

Yes, the Remdesivir is used more frequently, but the amount of patients is also lower. Albuterol is also being used more.

6. How has COVID affected staffing and have you been understaffed?

We are understaffed because a lot of people quit due to being afraid of the pandemic, and people graduated. We are just now getting regular staff back to be approved to bring them into the hospital. We were also understaffed for the clinic. Retired nurses got their certificate back. Nursing students and pharmacists also were helping in the clinic which helped out tremendously.

7. Does being a pharmacy student give you a different perspective of the entirety of the pandemic and vaccine?

It gave us opportunities to practice what it is like to be a pharmacist; we are more involved. It gives us a good perspective of what we do as pharmacists in an emergency setting. I was also more paranoid and conscious about health risks. I exposed myself to the virus and did not want to spread it. We also see people that need the help of medicine and science and the outcomes of it.

Jackson, S. (2021). How does COVID-19 and vaccine distribution affect the hospital and the hospital pharmacy?. *D.U.Quark*, Volume 5(Issue 2). Retrieved from <https://dsc.duq.edu/duquark/vol5/iss2/article4>