



# CD4, Creatinine & Glucose: Oh My!

## Laboratory Monitoring Strategies for Pharmacist providing care to HIV+ patients!

**Saturday, May 22, 2010**

**8:30 a.m. to 4:00 p.m.**

**UCSF Mission Bay Conference Center**

**1675 Owen Street, San Francisco, CA**

### WHO SHOULD ATTEND?

This activity is designed especially for **community and clinical pharmacists** active in HIV/AIDS care, interested in improving their HIV/AIDS expertise, and seeking to collaborate with other pharmacists.

### HOW MUCH DOES IT COST?

There is a **non-refundable \$35.00 registration fee** to defray the cost of course materials, refreshments/lunch, and professional continuing education credit.

### WHAT CONTINUING EDUCATION CREDIT IS AVAILABLE?

The San Francisco Area AIDS Education and Training Center, CAPE Provider #210, is accredited by the California Accreditation of Pharmacy Education (CAPE) as a recognized provider of continuing pharmacy education. Pharmacists completing this course prior to April 22, 2010 may receive 5.5 hours of credit.

**Please join us for a day of case-based learning and discussion designed to increase your confidence in using lab results to monitor HIV therapy!**

- ◆ HIV Treatment Update for Pharmacists:  
New Antiretroviral and HIV Treatment Strategies
- ◆ Monitoring Renal Function
- ◆ Case-Based Workshops: Monitoring Efficacy/Toxicity & Antiretroviral Resistance
- ◆ Applying Lab Data Within Various Pharmacy Settings

### **Pharmacists completing this activity will be able to:**

1. Identify two laboratory tests to determine antiretroviral efficacy.
2. Describe frequency of monitoring liver & renal function for patients on antiretroviral therapy.
3. Identify antiretroviral medications for which lab monitoring for anemia, dyslipidemia, blood glucose, creatinine clearance and bilirubin are important.
4. Describe clinical scenarios when antiretroviral resistance testing is appropriate.

### **FOR MORE INFORMATION:**

#### **Visit us online:**

<http://www.sfaetc.ucsf.edu>

#### **Or call SFAETC:**

**(415) 206-8730**

Pre-Registration RSVP Form: HIV 2009 HIV Pharmacists of Northern California Meeting & Training Conference

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<b>Participant Information</b>	<b>Your Name:</b>			<b>Profession/ Discipline:</b>	
	<b>Current Position/Title:</b>				
	<b>Organization/ Facility/Clinic:</b>				
	<b>Preferred Mailing Address:</b>	Street Address:			
		City:	State:	ZIP Code:	
	<b>This is my:</b> <input type="checkbox"/> Work Site Address <input type="checkbox"/> Home Address		<b>OK to list contact info on roster?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Daytime Phone:</b>		<b>Alternate Phone:</b>		
<b>E-mail Address:</b>		<b>FAX Number:</b>			
<b>My preference for breakout session is:</b>					
<input type="checkbox"/> How resistance tests work and when are they most useful					
<input type="checkbox"/> Interpreting complex resistance tests for making ARV changes					

<b>HIV Pharmacy Professional Experience Assessment</b>	<b>On average, how many HIV-related prescriptions do you fill PER MONTH?</b> <input type="radio"/> 0-10 <input type="radio"/> 10-50 <input type="radio"/> 51-100 <input type="radio"/> 100+ <input type="radio"/> I don't dispense				
	Does your pharmacy offer <b>syringes without a prescription</b> ? <input type="radio"/> Yes <input type="radio"/> No <b>Needle exchange?</b> <input type="radio"/> Yes <input type="radio"/> No				
	How many <b>hours of HIV/AIDS-related training</b> did you participate in within the LAST YEAR? <input type="text"/> <input type="radio"/> Don't Know				
	In general, how would you rate your <b>overall HIV/AIDS knowledge</b> level? <input type="radio"/> Limited <input type="radio"/> Moderate <input type="radio"/> Above Average <input type="radio"/> Extensive				
	How often do you <b>PROVIDE</b> verbal medication consultation or advice to HIV+ patients? <input type="radio"/> Frequently <input type="radio"/> Occasionally <input type="radio"/> Rarely				
	How frequently do you <b>SEEK</b> consultation about an HIV+ patient/client of your pharmacy? <input type="radio"/> Frequently <input type="radio"/> Occasionally <input type="radio"/> Rarely				

**Without the aid of computer programs or reference materials, how familiar are you with:**

a) Current DHHS guidelines for antiretroviral treatment	<input type="checkbox"/> <i>Very familiar</i>	<input type="checkbox"/> <i>Somewhat familiar</i>	<input type="checkbox"/> <i>Minimally familiar</i>
b) Appropriate dose ranges of HIV-related medications	<input type="checkbox"/> <i>Very familiar</i>	<input type="checkbox"/> <i>Somewhat familiar</i>	<input type="checkbox"/> <i>Minimally familiar</i>
c) Common adverse effects of HIV-related medications	<input type="checkbox"/> <i>Very familiar</i>	<input type="checkbox"/> <i>Somewhat familiar</i>	<input type="checkbox"/> <i>Minimally familiar</i>
d) Key drug interactions with and among HIV-related medications	<input type="checkbox"/> <i>Very familiar</i>	<input type="checkbox"/> <i>Somewhat familiar</i>	<input type="checkbox"/> <i>Minimally familiar</i>
e) Role of adherence in antiretroviral regimens	<input type="checkbox"/> <i>Very familiar</i>	<input type="checkbox"/> <i>Somewhat familiar</i>	<input type="checkbox"/> <i>Minimally familiar</i>

**What barriers do you and your staff encounter in providing adequate or optimal consultation to HIV patients/clients? Check all that apply:**

<input type="checkbox"/> Lack of time to interact with patients/clients	<input type="checkbox"/> Staff do not have adequate knowledge of HIV drug information
<input type="checkbox"/> Not in my job description	<input type="checkbox"/> Patient/client not receptive
<input type="checkbox"/> No reimbursement/fee paid to pharmacy for these efforts	<input type="checkbox"/> Language barrier(s)
<input type="checkbox"/> Inadequate staffing	<input type="checkbox"/> Lack of Internet access
<input type="checkbox"/> Inadequate private/semi-private space	<input type="checkbox"/> Other (specify): _____

What do you currently see as the **most important HIV/AIDS training need(s)** at your pharmacy?

**RETURN TO:** UCSF San Francisco Area AETC UCSF Box 1365, San Francisco, CA 94143-1365

**E-mail:** [sfaetc@ucsf.edu](mailto:sfaetc@ucsf.edu) **Fax:** (415) 476-3454

**PLEASE INCLUDE YOUR \$35.00 CHECK PAYABLE TO "U. C. REGENTS"**

Registration fees not submitted in advance are payable onsite the day of the program.