KSHP Newsletter Guidelines 2026

Editors: Eleonora Hasani PharmD & Sara Parli PharmD, BCCCP

Co-Chairs, Committee on Communications

communications@kshp.org

Published Newsletter issues are sent to KSHP members via email. The current Newsletter issue is available for all viewers at KSHP.org. Archived issues are archived for members only on KSHP.org (See Members tab).

Content is restricted to material of interest to KSHP members which is in keeping with the mission, goals and objectives of the organization. Decisions on whether to include articles and information rests with the Editors. The Editors work with the President and Board of Directors to establish a list of routine articles and author assignments for each issue as well as the deadlines. Members and non-members are welcome to submit material which is in keeping with these guidelines. Please ensure that there are no copyright restrictions in submitted material.

Material published in the Newsletter is not copyrighted so you are free to publish elsewhere.

Advertisements that are in keeping with these guidelines may be considered. A fee schedule will be provided upon request.

The Newsletter welcomes articles on innovative pharmacy programs, and best practices examples to inspire optimization of medication outcomes. We seek to publish the efforts of Kentucky practitioners and their institutions in advancing pharmacy practice. Pharmacy residents throughout the Commonwealth are especially encouraged to submit such articles. If you are a resident submitting an article please be sure to have it reviewed by your preceptor prior to sending it to the Newsletter.

Submissions are to be sent to the Editors at communications@kshp.org. Contact the Editors for information or additional guidance.

KSHP Newsletter Author Guidelines July 2026

Newsletter Issue Deadlines Editorial Content

- Spring Issue Published in June
    - Submissions due by June 10th
- Fall Issue Published in November
    - Submissions due by November 10th

Target Length

The Newsletter ranges from 6-10 pages, and totals 3000 to 5000 words in addition to pictures and graphics. From experience, general guidelines for article word count are below. See also the attached 500-word example article on the last page.

1. Presidents Message
2. Spring/Fall Meeting Recap
3. Meet Your Members
4. News Notes (Board actions, KPRN, Foundation, announcements)
5. General Article (Program, Practice, Resident articles) 500-600 words
6. Upcoming Dates

Software

- Use Microsoft WORD or PDFs for all articles.
- Do not send an article as an email text.
- The KSHP Newsletter is produced using Canva in a 3-column layout.

Author Information

- Brief article title; the 3-column format cannot accommodate lengthy titles.
- Author name(s)
- Author(s) degrees, certifications
- Author(s) KSHP position or committee
- Author(s) job title
- Organization, city
- Email address(es)

Author Portrait

- Send a separately attached photo as *.jpg, head and shoulders of lead author to place at the beginning of the article.
- Size should be a minimum of 200x300 pixels

Tables, graphics, or pictures

- Please convert all tables, graphics, and pictures to *.jpg and send each one as a separate file.
- Never send tables, graphics or pictures files within a WORD text or a PDF document as these will not allow flexibility to adjust and paste in the 3-column format.
- All pictures must be accompanied by an appropriate (brief) caption and include names of people in the picture.
- Provide an appropriate title heading for each figure, table, or graphic.
- It is desirable to indicate within the text of the article where the table or picture should be placed. This will be helpful in developing the layout; however, such placement may not always be possible.

Web Links

- The Newsletter encourages the use of URL links to content contained on KSHP.org and other websites rather than reprinting the information to conserve space.
- Note that linked information may be deleted or changed over time. If the information is of historical importance it may be wise to include it in the text rather than depending on a link which may become non-functional or misleading over time.
- Please include the link in paratheses following the word(s) you wish for them to appear embedded in. The editors will hide the link within a text word or phrase made clickable.

References

- Use the American Journal of Health System Pharmacy (AJHP) format.
- If the reference list is long it may be excluded and replaced with a statement that references are available from the author upon email request.
- Use superscript numbers within the text to indicate a reference instead of parentheses.

Additional guidance

- When in doubt follow the Instructions to Authors used by AJHP
- Use italics instead of quotes for book titles, brochures, etc.
- Use italics for questions or other phrases where quotes may be commonly used
- When naming people shown in pictures use names only, do not include degrees, titles, or position
- Sometimes it may be desirable to recognize the committee members who help develop the work behind the material being submitted. See the May 2019 Newsletter, Committee on Public Policy, for a suggested method for recognition
- Avoid writing in conversational style such as you might in social media or emails.

- The Editors or other members of the KSHP Communications Committee reserve the discretion to alter text or graphics as needed for grammar, formatting needs, or otherwise.

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Monitoring of Alpha-2 Agonist Withdrawal in Critically Ill Children



Jillian Johnson, PharmD, MS
PGY2 Critical Care Pharmacy Resident
Norton Children's Hospital, Louisville, KY
jillian.johnson@nortonhealthcare.org

Pharmacologic pain and sedation management is commonly used in critically ill children. In pediatric patients, many barriers are present when assessing signs and symptoms of efficacy and withdrawal of these medications. These can include developmental delay, altered mental status, and nonverbal communication (1). Pain, undersedation, delirium, and withdrawal have many common signs and symptoms which include agitation, irritability, insomnia, vomiting, and tachycardia. These similarities can make it difficult to differentiate iatrogenic withdrawal from other diagnoses (2).

The current pediatric guidelines for pain, agitation, neuromuscular blockade, delirium, and early mobility recommend using alpha-2 agonists as adjunctive therapy for pain and first-line therapy for sedation (1). These agents include dexmedetomidine and clonidine. Following prolonged duration of alpha-2 agonist therapy, iatrogenic withdrawal syndrome (IWS) can occur. IWS is a clinical syndrome following the abrupt discontinuation, rapid decrease, or chemical reversal of a drug (3). IWS from alpha-2 agonists has been reported in up to 80% of critically ill children (3). Risk factors for IWS from alpha-2 agonists include dexmedetomidine use for greater than 24 hours, abrupt discontinuation, and cumulative exposure.

Currently validated assessment tools for IWS include the Withdrawal Assessment Tool (WAT-1) and the Sophia Observation Scale. These scales were developed and validated for use in IWS caused by opioids and benzodiazepines. Their scoring framework emphasizes symptoms such as irritability, nausea, vomiting, and tachycardia–features more characteristic of opioid or benzodiazepine withdrawal (4). Many pediatric intensive care units have extrapolated these tools for use in assessing IWS from alpha-2 agonists, even though they were not designed or validated for that purpose.

Given that the WAT-1 and Sophia Observation Scale are not validated for use in alpha-2 agonist IWS, the Withdrawal Assessment Tool for Alpha-2 Agonists (WAT-A2A) was created and studied for validation in critically ill children. WAT-A2A assesses signs and symptoms more specific to IWS from alpha-2 agonists such as tachycardia, hypertension, and tremors (5). It also includes assessment from the State Behavior Scale to account for mental status (5). Following implementation of WAT-A2A assessment, Solodiuk et al showed earlier discontinuation and less exposure of alpha-2 agonists, as well as more objective guidance on sedation taper regimens (5). While WAT-A2A has shown benefit in decreasing exposure to dexmedetomidine, it was not validated for use with prolonged clonidine use. Other disadvantages of WAT-A2A include the fact that it has not been studied when alpha-2 agonists are weaned concurrently with other medications such as opioids and benzodiazepines, which is a frequent scenario in clinical practice. In addition, there is a lack of care-team education regarding the components of the assessment tool and how to use it in clinical practice (5). Care-team education and implementation of a new assessment tool remain the biggest anticipated challenges to use of WAT-A2A. While these barriers to use are still present, this tool presents an opportunity for more objective guidance of discontinuation of alpha-2 agonists while preventing IWS. It also delivers a more specific assessment for alpha-2 agonists compared to previously validated tools designed for opioid and benzodiazepine-related IWS.

References:

1.Smith HAB, Besunder JB, Betters KA, et al. 2022 Society of Critical Care Medicine Clinical Practice Guidelines on Prevention and Management of Pain, Agitation, Neuromuscular Blockade, and Delirium in Critically Ill Pediatric Patients With Consideration of the ICU Environment and Early Mobility. Pediatr Crit Care Med. 2022 Feb 1;23(2):e74-e110.

2.Harris J, Ramelet AS, van Dijk M, et al. Clinical recommendations for pain, sedation, withdrawal and delirium assessment in critically ill infants and children: an ESPNIC position statement for healthcare professionals. Intensive Care Med. 2016 Jun;42(6):972-86. Epub 2016 Apr 15.

3.Best KM, Boullata JI, Curley MA. Risk factors associated with iatrogenic opioid and benzodiazepine withdrawal in critically ill pediatric patients: a systematic review and conceptual model. Pediatr Crit Care Med. 2015 Feb;16(2):175-83.

4.Franck LS, Scoppettuolo LA, Wypij D, Curley MAQ. Validity and generalizability of the Withdrawal Assessment Tool-1 (WAT-1) for monitoring iatrogenic withdrawal syndrome in pediatric patients. Pain. 2012 Jan;153(1):142-148. doi: 10.1016/j.pain.2011.10.003. Epub 2011 Nov 16.

5.Solodiuk JC, Donado C, Wickerham L, et al. Development and Preliminary Testing of the Withdrawal Assessment Tool-Alpha 2 Agonist: An Assessment Instrument for Monitoring Iatrogenic Withdrawal Symptoms in Children Receiving an Alpha-2 Agonist. Pediatr Crit Care Med. 2025 Jan 1;26(1):e67-e76. Epub 2024 Dec 3.