PostScriptAcute

NHS Greater Glasgow and Clyde

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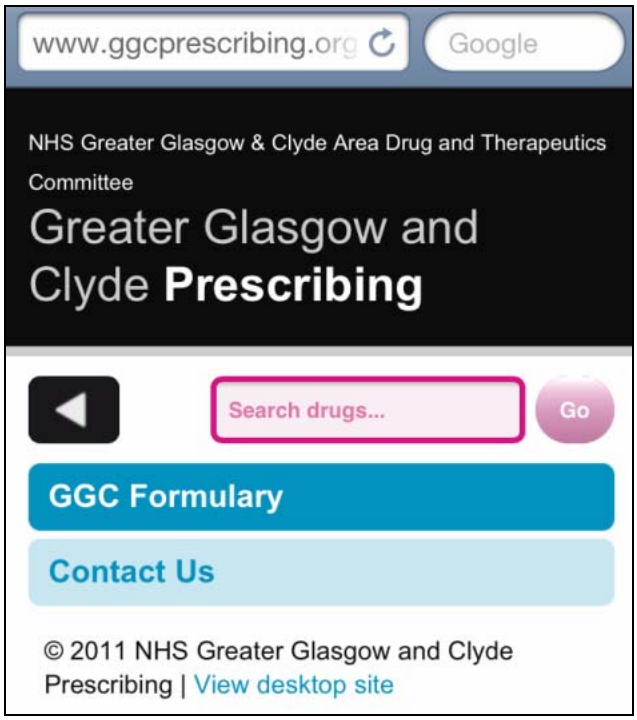
Information included is specific to the use of medicines in the adult setting.

1. New GGC Prescribing Website



A dedicated website aimed at providing key information on prescribing and medicines use for prescribers in NHS Greater Glasgow and Clyde (www.ggcprescribing.org.uk) went live during November 2011. It can be accessed from any device with an internet connection and if viewed on a mobile phone or similar portable device, the Formulary search facility and content is automatically resized to make it easier to read on a small screen.

The core focus of the site is the Greater Glasgow and Clyde Medicines Formulary (the GGC Formulary), which is updated following each Area Drug and Therapeutic Committee (ADTC) meeting. This replaces the previous printed editions of the GGC Formulary. A useful feature is that , if the site is accessed from the NHSGGC network, many of the medicines also have links to the British National Formulary.

The site also contains a wealth of other information on prescribing and preferred products including an electronic version of *Therapeutics: A Handbook for Prescribing in Adults.* The site also includes NHSGGC policies and procedures on the management of medicines and links to the Clinical Guidelines portal on StaffNet.

The ADTC produces several PostScript bulletins carrying important messages about prescribing issues. From the GGC Prescribing website you can read and subscribe electronically to these via email or a RSS feed. In addition to PostScript Acute, publications include:

- *PostScript*: A two-monthly publication aimed at all prescribers in NHSGGC
- *PostScript Primary Care*: A monthly newsletter aimed at distributing key messages to GPs and non-medical prescribers working in practices
- *PostScript Safety:* Carries important information aimed at reducing risk associated with prescribing and the use of medicines

A designated patient information area allows members of the public to obtain information about the access to new medicines on the NHS and includes a specific email address for further advice.

2. Parkinson's Disease – 'get it on time'

Around one in three people with Parkinson's disease (PD) are admitted to hospital annually. Inadequate management of their medicines can lead to deterioration in PD symptoms. A 2010 National Patient Safety Agency (NPSA) report on medication delays and omissions in hospital highlighted PD medication as one of five types of medicines that should be administered at exact times. This issue led to a recent petition (petition 1331) to the Scottish government calling on parliament to ensure that all NHS boards support people with Parkinson's to get their medication on time, every time.

2. Parkinson's Disease – 'get it on time' (cont'd)

The Parkinson's disease society in the UK have initiated the "Get it on time" campaign which addresses PD medicines management in the hospital setting and encourages audit and education of health professionals on the importance of PD medication. Subsequently, an NHSGGC audit was carried out to assess the current prescribing and administration of PD medication in various hospital sites. Twenty-eight patients were audited over a maximum of 1 week of their in-patient stay; 82% of patients were from the Rehabilitation and Assessment Directorate (RAD).

The results of the audit highlight the following issues:

Medicines reconciliation

The results of the audit show that 60% of patients had their drug history checked within 24 hours of admission. It is crucial to complete medicines reconciliation within 24 hours of admission to avoid medication errors, omissions, interactions and to better inform prescribing.

Missed doses

Around one third of first doses of PD medications were either omitted or given late. Overall, there were 61 omissions of PD medication for all patients. This equates to a mean of around 2 omitted doses per patient per one week in-patient stay. Figure 1 shows the different reasons for PD medication omission as documented on the patients prescription chart.

Contraindicated medicines

Prescribing of contra-indicated medication occurred in one instance; the contra-indicated medicine was haloperidol. This occurred despite guidance for prescribing sedation or neuroleptics to PD patients in the NHSGGC Therapeutics Handbook.

Apomorphine use

In addition to the issues highlighted in the audit, there have been reports of medication omissions associated with apomorphine therapy (a dopamine agonist which is delivered subcutaneously). To ensure apomorphine continuation in hospital, refer to NHSGGC apomorphine monograph for administration details (available on StaffNet or via pharmacy / PD nurse specialist).

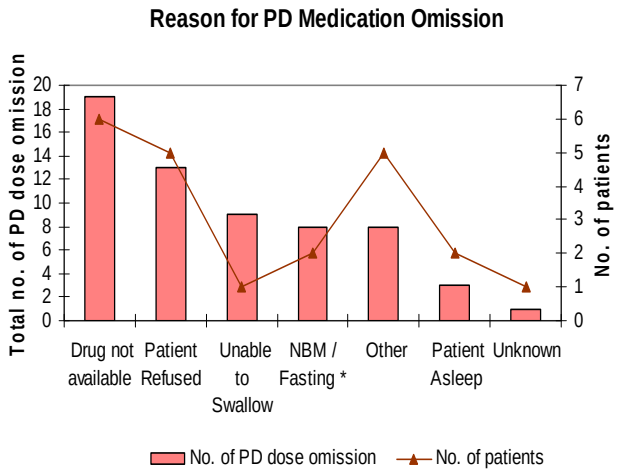


Figure 1: Reason for missed doses

**NBM/Fasting – For 7 of the doses that had been reported as omitted a PD nurse was consulted and the patient was covered by a rotigotine patch*

Key Messages

'Get it on time'

- It is CRUCIAL NOT TO STOP PD DRUGS for any significant length of time as there is a risk of Neuroleptic Malignant-Like Syndrome (Parkinsonism Hyperpyrexia Syndrome) which may be fatal, as well as causing significant exacerbation of symptoms and patient distress.
- Where a patient does not have an individual supply of medicine, access supplies via the pharmacy or the local main holding areas of PD medications across NHSGGC (figure 2).
- 'NIL BY MOUTH' patients – seek advice from a clinical pharmacist, medicines information or Parkinson's Disease nurse specialist (seek advice from on-call pharmacist out of hours). Plan this in advance if possible e.g. for elective surgery.
- Ensure patients receiving apomorphine receive a continued supply in hospital - refer to NHSGGC apomorphine monograph .

Inform PD nurse specialist of PD patient admission

- Ensure PD nurse specialist aware of ALL PD patient admissions.

Avoid medication that may exacerbate PD

- Avoid antipsychotics e.g. haloperidol, chlorpromazine.
- Avoid metoclopramide and prochlorperazine.

Action Plan

The findings identify areas for improvement. An action plan is being developed to address the specific issues highlighted. These include:

- Developing and reinforcing the current educational guidelines on the emergency treatment for patients with PD for use across GGC.
- Up-dating the PD stock list across GGC (*now completed*) and ensuring that staff are aware of how to access them (figure 2).
- Delivering education on designated wards to raise awareness of the results of this audit and the issues surrounding PD patient care.
- Encouraging patients to bring their own medications into hospital.
- Re-enforcing the importance of completing accurate medicines reconciliation within 24 hours of admission

SITE	WARD
GGH	Ward 3A
GRI	Ward 18/19
IRH	Ward 2
RAH	Ward 5
SGH	Ward 57
VIC	Ward 15 MUH-North 2
Vol	Ward 14
WIG	Emergency Drug Cupboard

Figure 2: Main holding areas of PD medication across NHSGGC

3. What's New in Cardiology?

Fondaparinux use for Acute Coronary Syndrome (ACS)

Fondaparinux is now the first line parenteral anticoagulant of choice for the treatment of suspected acute coronary syndrome in NHSGGC. Enoxaparin (1mg/kg/day) is recommended if the creatinine clearance is <20ml/min.

Use of dabigatran

Dabigatran (Pradaxa®) for the prevention of stroke and systemic embolism in adult patients with non-valvular AF with one or more risk factors was considered at the GGC ADTC December meeting. Use is restricted to patients currently receiving warfarin who have poor INR control despite evidence that they are complying, or patients with allergy or intolerable side effects from coumarin anticoagulants. Use in other patient groups remains non-Formulary. Currently, any non-formulary use must be approved via the IPTR3 process. Further information regarding dabigatran can be found in the National Consensus Statement (link here).

Safety concerns with dronedarone

Dronedarone was added to the Total Formulary in February 2011 to prevent recurrence of atrial fibrillation or to lower ventricular rate in adult clinically stable patients with a history of, or current, non-permanent AF. Following new evidence of cardiovascular, hepatic and pulmonary risk, the MHRA have advised that it should only be used after other treatment options have been considered. Regular monitoring of cardiac, liver and renal function during treatment is recommended. See Postscript 66 (Nov 11) for further details (link here).

4. Guideline news

SIGN and NICE clinical guidelines

No new SIGN guidelines have been published since the last issue of PostScript Acute, issue 4. NICE guidelines produced since July 2011 are highlighted:

NICE Guideline Title	Number	Date
Peritoneal Dialysis	125	Jul 2011
Stable Angina	126	Jul 2011
Hypertension	127	Aug 2011
Multiple Pregnancy	129	Sept 2011
Hyperglycaemia in Acute Coronary Syndrome	130	Oct 2011
Colorectal Cancer	131	Nov 2011
Caesarean Section	132	Nov 2011
Self-harm (longer term management)	133	Nov 2011
Anaphylaxis	134	Dec 2011
Organ donation	135	Dec 2011
Service user experience in adult mental health	136	Dec 2011

For more information refer to www.sign.ac.uk or www.nice.org.uk

NHSGGC Acute Care

Local NHSGGC guidelines are available on StaffNet via the Clinical Info button. Recent guidelines reviewed by the Medicines Utilisation & Prescriber Education subcommittee of ADTC are:

- Oral anti-inflammatory guidelines
- Protocol for ranibizumab use in wet age-related macular degeneration.
- Zoledronic hip fracture protocol (women aged 75+)

Approved versions will be available on StaffNet.