

In this issue:

- Sepsis – timing of first IV antibiotic dose is critical
- GGC Therapeutics Handbook – user survey
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- Managing IPTRs and unlicensed / off-label medicines requests

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

1. Sepsis – timing of first IV antibiotic dose is critical

In the presence of septic shock, each hour delay of antibiotic administration is associated with a measurable increase in mortality. Prompt administration of antibiotics improves morbidity, mortality and length of hospital stay across a range of serious infections. Anti-infectives are ranked top in the list of medicines that can cause serious harm if omitted or delayed.

In response to a concern raised at the GGC Antimicrobial Utilisation Committee (AUC), regarding the timing of first dose of IV antibiotics in septic patients, an audit was designed to quantify any problems. This was undertaken within two hospital sites in GGC. The main objective was to determine the time taken between diagnosis of sepsis and the first administration of antibiotics. Data were collected for 44 patients and the main findings were:

- All patients had SIRS score ≥ 2
- Approximately 2/3 of patients had their first dose prescribed as a stat dose
- Only half (57%) of all patients received their first dose within 1 hour
- A fifth of patients received their dose > 4 hours after diagnosis
- Main reasons for delay were; stat dose not prescribed and delays in calculating doses of potentially nephrotoxic drugs

In response to these findings, the AUC have prepared advice to be added to the 2011 issue of the Therapeutics Handbook. This advice should be highlighted to all healthcare professionals involved in the prescribing and administration of IV antibiotics.

Timing of first IV antibiotic dose – key messages

Patients with severe sepsis syndrome and severe life threatening infection

- IV antibiotic therapy should be **started as soon as possible and within 1 hour** of recognition of clinical signs
- Each hour delay is associated with increased mortality

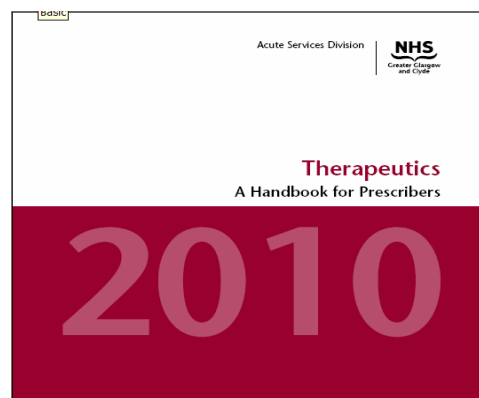
Prescribers should:

- Record the first dose appropriately so it can be given without delay. Ideally, this should be on the 'once only' section of the drug kardex
- Communicate the prescription rapidly to the health care professional responsible for IV drug administration. Usually this is a member of nursing staff
- Administer the antibiotic in the clinical area where the infection has been recognised and not delay until arrival at destination ward
- Prescribe antibiotic therapy in line with NHSGGC infection management guidelines

2. Survey of Therapeutics Handbook

Handbook surveys were undertaken again this year as responses from previous surveys have been useful and led to major changes in the handbook. This year surveys were sent electronically to doctors and pharmacists.

A summary of the main results are shown overleaf. More details can be provided by contacting the Formulary and Handbook team (email: Kathleen.watt@ggc.scot.nhs.uk).



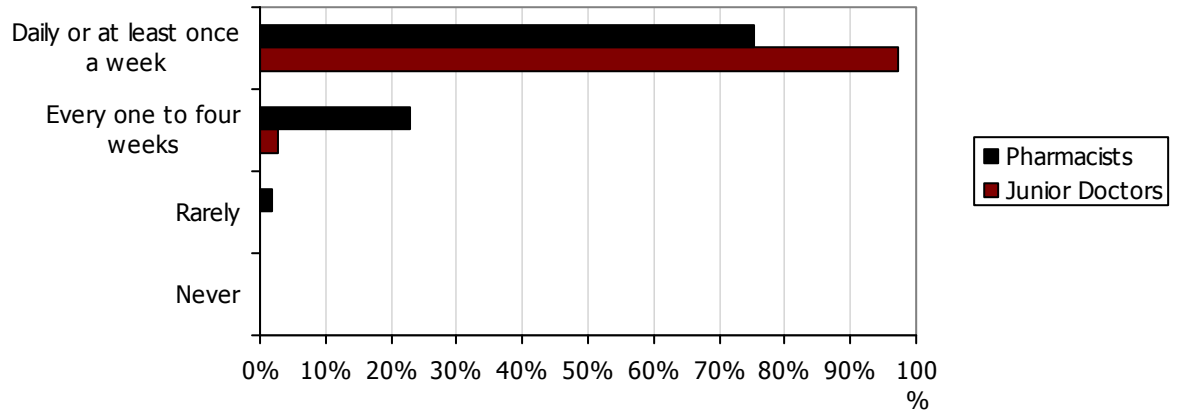
2. Survey of Therapeutics Handbook (continued)

Summary of main results

- A breakdown of the respondents:
 - Senior doctors: 63.6% consultants, 26.1% STs representing most acute sites.
 - Junior doctors: 55% FY1 and 45% FY2 representing most acute sites.
 - Pharmacists: most respondents were band 7 (30.6%) and 8a (37.1%). All acute sites were represented.

Every junior doctor who completed the survey thought the Handbook was a good source to guide patient management

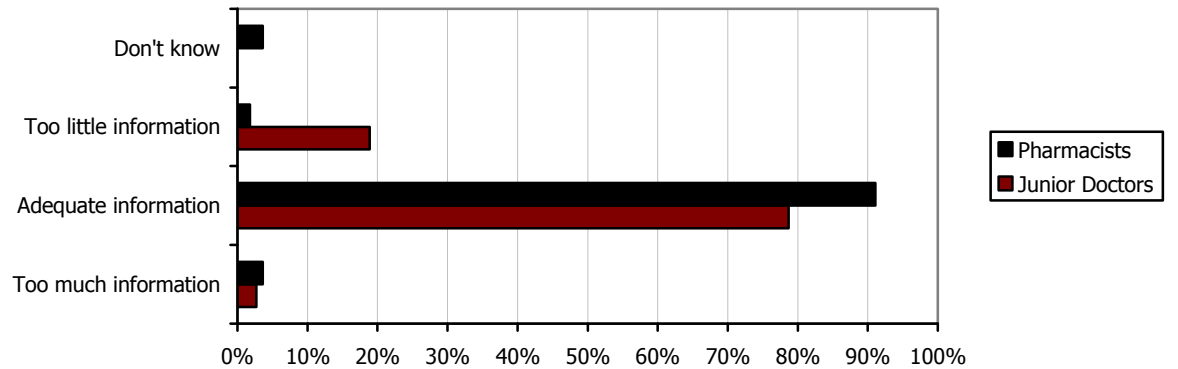
Handbook usage



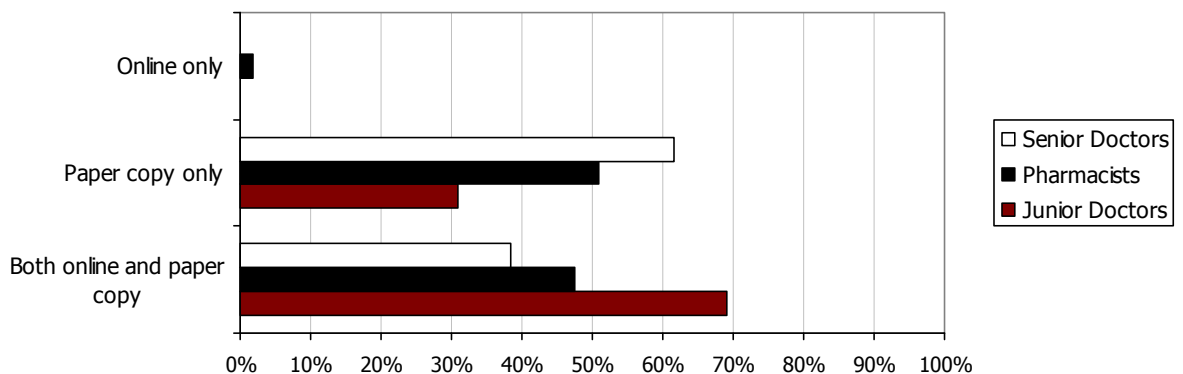
- Senior doctors: 57.1% had used the handbook, 23.8% were aware of it but had not used it and 19% were not aware of it.

Handbook content

- Senior doctors: Majority of respondents thought the content was adequate and appropriate. 80.6% thought it was a good source to guide junior doctors on patient management.



Handbook format accessed



2. Survey of Therapeutics Handbook (continued)

Focus groups

In addition to the user survey, a number of focus groups were held with junior medical staff. Points and issues raised included:

- content level of the Handbook was appropriate
- scope for improvement in the way the index is structured
- most of the doctors use the paper version, however, several of the FY1s who attended said they would welcome a smartphone app although would not be willing to pay for it.

Conclusions and follow up

The survey generally indicates that the Therapeutics Handbook is well regarded amongst medical staff and pharmacists and is a useful resource for improving the standard of care provided in NHSGGC acute sites. The issues raised through the surveys and focus groups have helped the Editorial Group establish a programme of improvement which will include a review of the index as a priority. In addition, similar publications in other health board areas are also to be examined with the aim of further improving the layout and format of future editions of the Handbook.

If you have any specific issues regarding the Therapeutics Handbook, please contact Faria Qureshi (email: faria.qureshi@ggc.scot.nhs.uk)

3. Guideline News

SIGN, NICE and local NHSGGC guidelines produced in the last 3 months (to March 11) which may be of interest to healthcare professionals in Acute care are highlighted in this section.



www.sign.ac.uk

 **National Institute for Health and Clinical Excellence**

www.nice.org.uk



SIGN Guideline Title	Guideline Number	Date
Management of early rheumatoid arthritis	123	February 2011

NICE Guideline Title	Guideline Number	Date
Anxiety	113	January 2011
Anaemia management in people with chronic kidney disease	114	February 2011
Alcohol dependence and harmful alcohol use	115	February 2011
Tuberculosis	117	March 2011
Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas	118	March 2011
Diabetic foot problems – inpatient management	119	March 2011
Psychosis with coexisting substance misuse	120	March 2011

NHSGGC Acute Care

Local NHSGGC guidelines are available on StaffNet via the Clinical Info button

Produced by NHS Greater Glasgow and Clyde Medicines Information Service

4. Managing Individual Patient Treatment Requests (IPTRs) and Unlicensed/Off-label requests

Policies pertaining to the strategic management of medicines within NHSGGC are collated together within the Medicines Policy Compendium, which is currently available on the Formulary pages of StaffNet (click [here](#)). This compendium is a useful source of information for finding out things like:

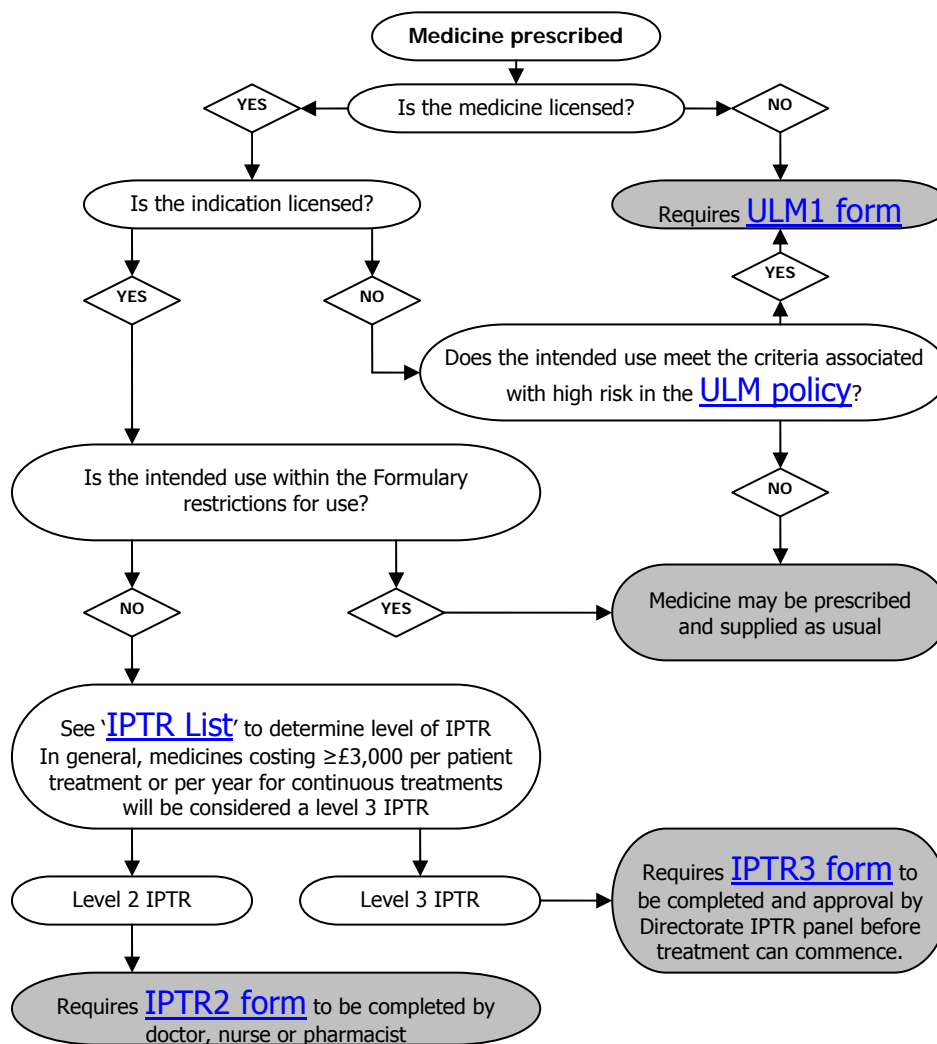
- How a request for a non-Formulary medicine should be handled
- Guidance on the use of unlicensed medicines or licensed medicines being used 'off-label'
- Terms of reference for the committees and groups that make up the Medicines Advisory Structure in NHSGGC

Refer to the Formulary pages of StaffNet to access the Medicines Policy Compendium (click [here](#))

The flowchart below will help prescribers identify what documentation (if any) is required to initiate a new medicine within NHSGG&C. NB. Different processes may apply in Oncology. In general, the IPTR process (previously known as the non-Formulary process), applies to licensed medicines being requested for licensed indications which the Scottish Medicines Consortium (SMC) have not recommended for use; where SMC guidance is awaited; or when the use is outside of SMC restrictions.

Requests for unlicensed medicines and for the off-label use of licensed medicines should follow the guidance in the ULM policy, regardless of Formulary status.

Requests for new oncology medicines should follow processes approved within Specialist Oncology Services.



Produced by NHS Greater Glasgow and Clyde Medicines Information Service

Telephone 0141 211 4407

Fax 0141 552 8170

Email ng.medinfo@ggc.scot.nhs.uk

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