# **PostScript**Acute



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

# 1. IV monographs

In March 2012, NHS GGC Acute Hospitals implemented a single common resource for information on preparation and administration of injectable medicines at the point of care for adult patients - the UK NHS Injectable Medicines Guide (IMG) (Medusa). The NHS IMG is an electronic resource containing information on the preparation and administration of over 200 injectable medicines.

The NHS IMG monographs are highly detailed and a summary "short" version of 83 printed core monographs have been prepared for each clinical area in a ring binder entitled NHS GGC Adult Intravenous Medicine Monographs. Distribution of these folders is now complete. If your ward area has not obtained a copy, please contact Francis McKeown (0141 347 8634).

PDF copies of the 83 core monographs and a link to the full NHS Injectable Medicines Guide website are available on StaffNet via the Clinical Info button.

Adult Intravenous Medicines Monographs Adult Intravenous Medicine Monographs This site contains 83 monographs that are intended to provide a simple and straightforward source of information to assist intravenous medicines by practitioners who hold a recognised certificate for IV medicine administration within NHS GGC. The information applies to the routine use of ntravenous drugs in adult patients only. These monographs should also be available in paper form within all clinical areas. Further information on the procedure for distribution and updating of these monographs can be found here. The 83 medicines are those considered most likely to be used in general medical and surgical areas within NHS GGC. They may not apply to practice within specialist units or specialist clinical procedures. Access to a range of additional monographs that users may also wish to download can be obtained from the Injectable Medicines Guide website. Monographs on the website are updated on a regular basis and it is the responsibility of the ward/ clinical manager to ensure that any monographs printed directly from the site are up to date. Please note: the information contained within each monograph is brand-specific and is relevant to the brands described in the monograph and may not be mpletely accurate for other brands. If there is no monograph for the particular brand of drug or for the medicine that you intend to admir available within the package itself or alternatively, please contact your clinical pharmacist or Medicines Information med info@ggc.scot.nhs.uk. Tel: 0141 211 4407 IV MEDICINE MONOGRAPHS Acetylcysteine Haloperidol Heparin Actrapid <sup>®</sup> see Insulin ,Human soluble

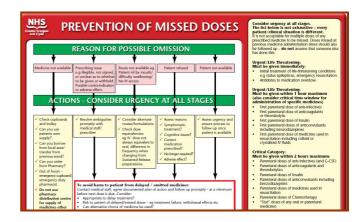
Monographs can also be accessed using mobile phones via <a href="www.injguide.nhs.uk">www.injguide.nhs.uk</a>. NHSGGC user name and password are required (available on StaffNet).

### 2. Missed doses

Missed doses are the most commonly reported medication incident in NHS GGC. It is not acceptable to miss multiple doses of medication regardless of the reason.

# How can we improve patient safety by reducing missed or delayed doses?

An algorithm has been developed for NHS GGC to help highlight the problem and provide staff with a systematic approach to avoiding missed doses.



Emergency Care and Medical Services have used a regular audit of missed doses to improve practice and the tool used can be adapted for use in other clinical areas.

The NPSA alert 'Reducing harm from delayed or omitted medicines in hospital' (<a href="www.nrls.npsa.nhs.uk">www.nrls.npsa.nhs.uk</a>, Feb 2010) makes a number of recommendations including that missed doses should be reported as patient safety incidents.

For all professionals reviewing the patient's Kardex, the record of what has actually been given should be looked at, as well as what has been prescribed.

# 3. Missed doses – a focus on clozapine

#### **Key Messages**

- Notify pharmacy (including out-of-hours) immediately if a patient who takes clozapine is admitted to your ward.
- Patients admitted to an acute hospital on clozapine MUST have therapy continued unless there is a clear clinical indication to withhold.
- Clozapine is supplied for individual patients under strict criteria and not routinely stocked in acute hospitals.
- Transfer clozapine medication between wards or hospitals with the patient.
- Missed doses have potential detrimental effects on mental health.
- Potentially life-threatening side effects can occur if a patient who has missed clozapine for more than 48 hours is put back on their original dose.
- Pharmacy in conjunction with the patient's Consultant will provide advice if a patient has not taken clozapine for more than 48 hours.

Clozapine is the only antipsychotic drug licensed for "treatment resistant schizophrenia". Patients who are on clozapine most commonly have failed to respond adequately to at least two other antipsychotics. Clozapine is also licensed for patients who have had severe, neurological adverse reactions to other antipsychotics or patients who have psychosis in Parkinson's disease, where standard treatment has failed. Up to 60% of patients who have failed to respond to any other antipsychotic will respond to clozapine and for many patients this is a life changing drug that dramatically improves their quality of life.

Across NHS GGC, there are currently over 1000 patients on clozapine treatment and therefore it may become more common to see these patients admitted to acute hospitals. Acute hospitals do not routinely stock clozapine and the patient's own medicine should be used or an individual patient supply should be arranged. Recent incident reports have highlighted issues associated with missed doses of clozapine.

#### **Clozapine - missed doses**

Clozapine treatment is complicated by a number of side effects including a significant risk of neutropenia and agranulocytosis. For this reason, all patients on clozapine are registered with a Clozapine Patient Monitoring Service and are required to undergo regular blood tests to monitor their white cells, platelets and neutrophils. Weekly monitoring is required for at least the first 18 weeks of therapy and then over time this is reduced as appropriate.

If a patient who takes clozapine is admitted to your ward; immediately contact local pharmacy services

(dispensary within opening hours/on-call out-with opening hours) with the following information;

- patient name
- date of birth
- details of when they last took a dose of clozapine
- where they normally collect their clozapine
- if the patient has brought in own supply or can access it from home

Site pharmacy teams will link with mental health pharmacy colleagues to ensure that the patient has a valid blood result on the Clozapine Patient Monitoring Service and arrange a supply if needed. Pharmacy will provide advice as to what to do if the patient has not taken a dose of clozapine for more than 48 hours. A treatment break of between 48 and 72 hours requires a re-titration. A break in treatment of more than 72 hours is classified as a full treatment break. In this instance, to complete all the steps needed to initiate a full re-start the patient's consultant needs to be involved. Potentially **life-threatening** side effects can occur if a patient who has not had clozapine for more than 48 hours is simply put back on their original dose. Side effects can include postural hypotension, myocarditis, arrhythmias and tachycardia.

## 4. Guideline news

#### **SIGN** and **NICE** clinical guidelines

Guidelines produced since January 2012:

SIGN Guideline Title	Number	Date
Management of perinatal	127	Mar 2012
mood		

NICE Guideline Title	Number	Date
Epilepsy	137	Jan 2012
Patient experience in adult NHS services	138	Feb 2012
Infection control	139	Mar 2012

Available at www.sign.ac.uk or www.nice.org.uk.

#### **NHS GGC Acute Care clinical guidelines**

Guidelines recently reviewed by the Medicines Utilisation & Prescriber Education subcommittee of ADTC are:

- Use of oral anti-inflammatory agents
- Management of diabetes
- Management of atrial fibrilliation

Approved versions will be available on StaffNet via the Clinical Info button.