10 Golden Rules for Safe Controlled Drug Use

Anyone who has an incident involving a controlled drug is required to report it to the Accountable Officer. We have tried to pick out a few themes from these reports to highlight common problems. Think about whether you need to review your practice to reduce the chance of making a similar error.

1. Received CDs? Record what, when, where from and how many. Record receipt of CDs in a legally compliant CD register.
2. Used or supplied a CD? Record date of supply/administration, patient details and quantity. This should be done as soon as possible.
3. Prescribing or ordering CDs on computer? Double check that the correct formulation and strength has been selected from the drop-down menu. Oxycodone capsules and tablets are very different and have different dosing schedules. Buprenorphine patch 20mcg/hour is changed every seven days; the 35mcg/hour patch is changed every 4 days.
4. If you are dispensing or supervising methadone check you have the correct patient. It sounds simple, but you'd be surprised how often people are given the wrong person's dose. Why not ask the patient what dose they expect or confirm date of birth?
5. A new patient getting very high doses of MST® or another opioid? Check with the person collecting the prescription if they have had it before and the dose if possible.
6. Don't destroy stock CDs without the presence of an authorised witness from the CD team. This applies to both pharmacists and GPs. Phone the CD team (01698 858129) to arrange destruction.
7. Patients or their representatives can return dispensed CDs no longer required to community pharmacies. Pharmacists should keep records of what is returned and when it is destroyed. This doesn't need an authorised witness but for good practice you should still have a witness (eg another member of staff). GP practices should not accept medicines returned from patients.
8. If you have stocks of CDs on your premises or in your possession, you are legally required to have written standard operating procedures covering every action with CDs. Make sure that you have read and understand them and that you follow the processes. SOPs are there to minimise risks and safeguard patients. Most of the incidents reported can have the causes traced back to someone not following the SOPs.
9. Take time to read ‘A guide to good practice in the management of controlled drugs in primary care-Scotland’


10. Got problems with CDs such as missing stock or do you have concerns about something you have seen related to CD use? Phone the CD team for advice on 01698 858129 or email cdgt@lanarkshire.scot.nhs.uk.
Vision Formulary Update

The NHS Lanarkshire formulary guideline October 2012 update for Vision is now available and replaces the formulary guideline dated October 2011.

Practices can find the October 2012 update and instructions on how to import the formulary guideline in the O drive of their servers. A copy of the instructions can also be found in the “Primary Care Medicines Management Guidelines and Policies” section of Firstport under “Formulary for Vision”.

All practice managers should have received an email informing them that the update is available.

Practices should now have two ways of accessing the NHSL formulary:
1. The “A to Z” formulary (Launched Sept 2012)
2. The formulary guideline tab (Updated Oct 2012)

Changes to Dovobet® Ointment and Gel

As of the 1st November there will be some changes to the Dovobet® range. The 60g ointment will be discontinued and removed from the formulary. The 120g ointment will continue to be available, as well as the 60g and 120g pack of Dovobet® gel (which has the additional indication for use on the scalp).

Vitamin D preparation: Fultium D3®

The first licensed oral preparation of colecalciferol alone is now available. This has been approved by SMC and added to the NHSL formulary. Further details on its use can be found in section 9.06 of the NHSL Formulary:

www.medednhsl.com/meded/nhsl_formulary/

ANTIBIOTIC UPDATE

1. Levofloxacin: MHRA impose further restrictions on use

Levofloxacin (a fluoroquinolone antibiotic) may only be considered in the treatment of acute bacterial sinusitis, acute exacerbation of chronic bronchitis, community acquired pneumonia or complicated skin and soft tissue infections when other medicines cannot be prescribed, or have been ineffective.

This restriction resulted from a review of overall efficacy and safety data, which suggested that the safety profile of levofloxacin was unfavourable as first-line treatment for these indications.

The risks contributing to this assessment included serious hepatotoxicity, cardiac arrhythmia, severe skin reactions and tendon rupture.

Primary care prescribers: Please note levofloxacin is not included in the Primary Care Antibiotic Prescribing Guideline and should not be routinely used. Despite this there are a significant number of prescriptions issued across Lanarkshire.

2. Interaction reminder: Fusidic acid (tablets, suspension and IV infusion)

There is an increased risk of rhabdomyolysis when systemic fusidic acid is used at the same time as a statin. The number of reported cases has increased in recent years despite the overall use of systemic fusidic acid remaining low.

MHRA advice for healthcare professionals:

- Systemic fusidic acid should not be given with statins because of a risk of (potentially fatal) rhabdomyolysis
- In patients for whom the use of systemic fusidic acid is essential, statin treatment should be temporarily discontinued throughout the duration of fusidic acid treatment
- To ensure clearance of systemic fusidic acid, statin therapy may be reintroduced 7 days after the last dose of systemic fusidic acid
- In exceptional circumstances where prolonged systemic fusidic acid treatment is necessary, the need for co-administration of a statin should be considered on an individual basis and only under close medical supervision
- Patients should be clearly advised to seek medical advice immediately if they experience any symptoms of muscle weakness, pain or tenderness

3. European Antibiotic Awareness Day

This event is on Sunday 18th November - look out for activities in your area promoting prudent antibiotic prescribing during the week commencing 12/11/12.

Care home guidance: new documents

- Seasonal flu and pneumococcal vaccination - Information for care homes
- Prescribing and Polypharmacy Guidelines
- Re-ordering of medicines in care homes
- Management of suspected lower UTI in uncatheterised care home patients
- Guidance for sub-cut fluids

These documents can be accessed via Firstport under Quick links>Manuals and Guidelines>Care Homes Protocols.