Tablet Press



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Potential risk of error in selecting incorrect oxycodone strength

Reports of incidents involving the selection of the wrong strength of oxycodone oral solution by the prescriber have been highlighted nationally by a Controlled Drug Accountable Officer.

Oxycodone oral solution 10mg/ml had been prescribed instead of oxycodone oral solution 5mg/5ml due to a selection error on the clinical system; the error has led to at least two patients needing hospital treatment.

• Potential risk of error in selecting incorrect morphine sulphate solution strength

On a similar theme, a recent local issue involved morphine sulphate 20mg/ml solution being selected rather than morphine sulphate 10mg/5ml in an opiate naïve patient. A community pharmacist thankfully spotted the error so patient harm was avoided.

For both of the above issues, locally messages have been put on Scriptswitch, Optimise Rx and SystmOne to alert prescribers if the higher strengths are selected. In addition we would ask community pharmacists to check all prescriptions for oxycodone oral solution 10mg/ml or morphine sulphate solution 20mg/ml and confirm with the prescriber that it is the intended strength.

Double Red Drugs – Prior Approval or Individual Funding Request?

Double red drugs are now sub-categorised as "prior approval" or "IFR" - information regarding this can be found at http://nww.pathfinder-rf.northants.nhs.uk/media/2906057/prior-approval-criteria-april-2015-2-.pdf
The prior approval criteria are listed for each drug and the request will be agreed if these are met.
For example lidocaine patches will be agreed if the request meets the prior approval criteria "for post herpetic neuralgia with allodynia" but requests not meeting this would be declined. The prior approval criteria are agreed by NPAG and are based on the evidence for the drug in question.
Double red (IFR) applies where NPAG considered that there is no good evidence and funding for the drug would only be considered if the patient meets the "exceptionality" definition within the IFR policy.

Soluble prednisolone

Prescribers are reminded that prednisolone soluble tablets currently cost over **30 times** as much as plain tablets. Both 1mg and 5mg strengths are relatively small tablets and do not present a problem in swallowing for the majority of patients. Prednisolone is generally well absorbed after taking orally and the bioavailability of the soluble and plain tablets are similar. Soluble tablets may be justified in a limited number of clinical situations, for example those with fine-bore enteral feeding tubes. However administration of plain prednisolone tablets is faster for nursing and care staff and may be more convenient for patients. Older children may find plain tablets more convenient to take than soluble ones.

Rectal steroids

The local formulary has been updated to reflect that Colifoam is now the first-line rectal steroid due to the very high cost of prednisolone rectal foam (£9 versus £68 for 14); however it is not recommended to switch existing patients.

Inhaler technique

Nottingham City CCG has developed some useful "how to" films to help patients use their inhalers correctly. They have kindly agreed that the films can be shared and used locally. See http://www.nottinghamcity.nhs.uk/news-projects/inhaler-technique.html

• Reporting patient safety incidents on the National Reporting and Learning System (NRLS) Increasing the number of patient safety incidents reported on NRLS, especially from primary care, is a key priority for NHS England. To make the reporting process quicker and easier in General Practice a new GP e-form has recently been launched. A patient safety web page specifically for general practice is also available via the following link http://www.england.nhs.uk/ourwork/patientsafety/general-practice/.

This edition is also available on PathfinderRF via the following link http://nww.pathfinder-rf.northants.nhs.uk/nene and on the Nene CCG and Corby CCG websites

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