Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists in Northamptonshire Primary Care Trust

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- **NICE Clinical Guideline 69 – antibiotic prescribing in respiratory infections**

NICE has published a short clinical guideline on appropriate prescribing of antibiotics for respiratory tract infections (RTIs) in adults and children in primary care. The guideline recommends that alternative prescription strategies are used for patients with RTIs who present in primary care. These strategies are: no antibiotic prescribing; delayed antibiotic prescribing (in which an antibiotic prescription is written for use at a later date should symptoms worsen); and immediate antibiotic prescribing.
Importantly, the guideline gives advice regarding clinical situations where immediate antibiotics should be considered – such as children younger than 2 years with bilateral acute otitis media, patients with acute sore throat/acute tonsillitis when three or more Centor criteria are present and patients are at high risk of serious complications because of pre-existing comorbidity (this is not an exhaustive list – see the guideline for full details). However, it also notes that in most, otherwise healthy people, RTIs will be self-limiting, even if they are bacterial, and will not require treatment with antibiotics. Antibiotic resistance such as that seen with MRSA and C.difficile are considered serious public health issues.
As you will be aware the PCT includes antibiotic prescribing as one of the markers in the Prescribing Incentive Scheme; however we have noticed over the last year that many practices seem to be finding it increasingly difficult to reduce or maintain their antibiotic prescribing. The "green" threshold enables practices to continue to prescribe in clinical situations described by NICE but many practices have levels much higher than this.
A few practices have had considerable success with the use of delayed antibiotic prescribing (now endorsed by NICE) – over the next few months, as resources permit, the Prescribing Advisers will be contacting each GP practice to enquire whether practices would like help with implementing what is actually a very simple and effective method of safely reducing antibiotic prescribing.
Community pharmacists can help by explaining the natural course of RTIs to patients and endorsing that in otherwise healthy people antibiotics are not necessary.
The full guideline is available at
http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12015#summary

- **Confusion regarding the traffic light status of melatonin**

The only melatonin product which is classified as "double red" is the recently launched Lundbeck product, Circadin (melatonin m/r tablets 2mg). Other melatonin products, used for sleep disorders in children, are amber 2 and can be prescribed following recommendation by a consultant. The shared care guidance for amber 2 prescribing can be found on the intranet at
http://tinyurl.com/2q2ltn

- **Prescribing insulin in an "emergency" e.g. OOH**

Any nurse or GP who is called upon to prescribe insulin in an OOH situation is advised to prescribe the smallest original pack size (usually 5 x 3ml) rather than prescribing individual 3ml pens / cartridges. The latter requires the dispensing pharmacy to split the original pack, causes problems with the supply of the patient information leaflet and potentially leads to the waste of the remaining pens / cartridges.

- **Extra information regarding Fostair inhalers**

Any prescribers using Fostair (beclometasone and formoterol) should be aware that this inhaler cannot be used with a spacer device. It also has to be used within 3 months of dispensing (it is stored in a 'fridge prior to dispensing).

- **Efcortelan discontinued**

Efcortelan cream and ointment have been discontinued by the manufacturer. Prescribers will need to revert to using generic hydrocortisone.

This edition is also available on HNN (Health Network Northants)
http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854&currentid=2854

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