Tablet Press







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• Nitrofurantoin now contraindicated in most patients with an eGFR of less than 45 ml/min Nitrofurantoin is now contraindicated in patients with an eGFR of less than 45 ml/min (previously 60ml/min). However, a short course (3 to 7 days) may be used with caution in certain patients with an eGFR of 30 to 44 ml/min. Only prescribe to such patients to treat lower urinary tract infection with suspected or proven multidrug resistant pathogens when the benefits of nitrofurantoin are considered to outweigh the risks of side effects. This contraindication allows nitrofurantoin to be used in patients for whom it was previously not recommended. http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON452539

• Domperidone to be available only as a prescription medicine

From 4 September 2014, domperidone has become a Prescription Only Medicine; this is due to the previously reported small increased risk of cardiac side effects http://www.mhra.gov.uk/NewsCentre/Pressreleases/CON452546

Default dose instructions on SystmOne (S1)

Most products on the S1 formulary will be listed with "default" dose instructions. Prescribers are reminded to check that these are appropriate for each patient and that they should be amended as necessary.

Salbutamol Inhaler dose instructions:

Audits have identified asthma patients using salbutamol inhalers at a rate in excess of that which would be expected, given the degree of asthma control, as documented in the notes. There are several factors which may contribute to this, including patient misunderstanding or misuse. The wording on the SystmOne formulary has recently been changed to read "Take one or two puffs when required for breathlessness". Having default directions does not preclude the prescriber from changing them to something more suitable for a particular patient (see above). EMIS web users may wish to use the same wording.

Guidance on the use of emergency salbutamol inhalers in schools

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350640/guidance_on_use_of_emergency_inhalers_in_schools_September_2014__3_.pdf

Reporting vaccine wastages and ordering replacements

Public Health England have produced some guidance on reporting wastages and ordering replacement vaccines PH vaccine wastage advice If the cold chain has been broken you should quarantine the affected vaccines in a working fridge and check whether the vaccine can still be used with Medicines Information at Leicester (0116) 255 5779. For information on the storage, distribution and disposal of vaccines see chapter 3 of the green book Green Book

• Immunisation and vaccination enquires concerning the national programme

NHS England is responsible for commissioning the immunisation and vaccination national programme. If you have any enquiries these should be sent to england.immsqa@nhs.net

• Revised recommendations for the administration of more than one live vaccine

The JCVI have updated their existing guidance to administer live vaccines on the same day or at the four week interval period as this advice is not generalizable to live vaccines not given parenterally e.g. live attenuated nasal influenza vaccine and oral rotavirus vaccine. PH live vaccine advice

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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