

# Medicines Safety Matters

A Newsletter from the Derbyshire and Nottinghamshire CCGs

Medicines Safety Officers



Welcome to the fourth issue of Medicines Safety Matters a newsletter produced by your local CCG Medicines Safety Officers .

Our aim is to highlight to you what medication incidents have occurred both locally and nationally, thus promoting and supporting safer practice.

## What are Medicines Safety Officers (MSO)?

We have established a local CCG network with MSO representatives from each of the CCGs within Nottinghamshire and Derbyshire and a representative from NHS England. If you have a concern related to a medication incident, or need advice on how or whether to report an incident please contact your local MSO for advice. (see reverse for contact details)

## Learning the lessons - Error due to medication picking lists

Following an investigation into a serious incident whereby Zomorph 100mg was inadvertently prescribed instead of the intended dose of 10mg, it was discovered that the prescriber's SystemOne settings had contributed to the risk of this error occurring, by causing the 100mg strength of Zomorph to appear above all other lower strengths of Zomorph.

### Action required by all prescribers to reduce the risk of further incidents

The Nottinghamshire / Derbyshire Medication Safety Officers Network advise that ALL prescribers using SystemOne have their prescribing settings set to display medicines in ascending strength order in the picking list. This will reduce the risk of high strengths being accidentally selected.

This should be done for each individual prescriber and all new prescribers that join your practice in the future.

Please refer to the attachment to this newsletter ,with instructions on how to carry this out within SystemOne.

## Learning the lessons - Acute kidney injury (AKI)

We have had an incident shared with us involving the prescribing of an NSAID and ACEi to a 97 year old man who suffered AKI.

The patient was prescribed Ibuprofen 800mg MR two tablets at night, started in April 2008 for back pain, but subsequently used for osteoarthritis of the knees.

Ibuprofen was collected monthly along with Ramipril 2.5mg capsules (one daily). The patient's recent eGFR was 70mL/min/1.73m<sup>2</sup>. The patient was taken to A&E following a collapse which rendered him unconscious. The primary diagnosis was urinary tract infection; however he also developed AKI, likely secondary to dehydration in combination with NSAID and ACE inhibitor use. The hospital temporarily stopped both ibuprofen and ramipril. The patient's renal function has since recovered. The incident was discussed with the GP, who immediately stopped the ibuprofen prescription and restarted the ramipril.

As part of the shared learning to avoid AKI primary care prescribers are reminded:-

- ◆ To consider avoiding prescription of long term NSAIDs where possible, particularly in high risk patients and those with CKD
- ◆ To avoid prescribing the high risk triple combination of spironolactone or loop diuretics with NSAIDs and ACEi/ARB
- ◆ To monitor renal function after introducing certain medications: e.g. ACEi/ARB, spironolactone and diuretics
- ◆ To educate, where appropriate, patients at high risk of AKI - <http://patient.info/health/patients-at-risk-of-acute-kidney-injury-by-bkpa>
- ◆ To consider using sick day rules and understand when they apply - [www.thinkkidneys.nhs.uk/wp-content/uploads/2015/07/Think-Kidneys-Sick-Day-Rules-160715.pdf](http://www.thinkkidneys.nhs.uk/wp-content/uploads/2015/07/Think-Kidneys-Sick-Day-Rules-160715.pdf)

NHS Improvement issued a Patient Safety Alert on 17 August 2016 to support NHS providers in diagnosing, treating and managing acute kidney injury. This alert has been issued to raise awareness of AKI and to signpost clinicians to a set of resources developed by Think Kidneys.

## Dose confusion with Calcium and vitamin D products - Are you prescribing the correct one?

Calcium and vitamin D products are used widely in care homes and in the management of bone strength. The number of available products is expanding and prescribers should be aware that the dosage now varies widely. Prescribing by brand can avoid confusion. Examples of commonly prescribed products and their standard dosages include:

Brand name	Standard dosage
Adcal D3 chewable tablets	<b>ONE</b> tablet <b>TWICE</b> a day
Adcal D3 caplets	<b>TWO</b> tablets <b>TWICE</b> a day
Calci-D chewable tablets	<b>ONE</b> tablet <b>DAILY</b>
Calcichew D3 Forte chewable tablets	<b>ONE</b> tablet <b>TWICE</b> a day
Calcichew D3 caplets	<b>ONE</b> tablet <b>TWICE</b> a day
Calfovite D3 sachets	<b>ONE</b> sachet in water <b>DAILY</b>

## National alert Immunisation for individuals with asplenia and splenic dysfunction

Following the death of a young asplenic patient earlier this year from pneumococcal septicaemia Public Health England have issued guidance in October 2016.

Children and adults with asplenia or splenic dysfunction may have an increased risk of infection and may have a sub-optimal response to vaccination. Additional vaccinations are advised for these patients.

Chapter 7 of the Green Book identifies conditions that may lead to splenic dysfunction. These patients should be vaccinated with the same schedule as asplenic patients. Page 7 of chapter 7 details the vaccination schedule required for children.

For adults, the vaccination schedule can be viewed on the attachment written by Public Health England. There is no upper age restriction for these vaccinations in adults.

Practices are encouraged to go through their

practice lists and identify any patients who are asplenic or hyposplenic. Patients who have not received all the vaccines in the schedule above should be invited to attend to complete the schedule.

Immunisations for people who are asplenic or with splenic dysfunction:

- fall outside of the national routine schedule and the vaccine stock supplied from Immform must not be used. Vaccines for use outside of the national routine schedule must be ordered in separately through the wholesalers.
- is not covered by Patient Group Directions (PGDs). However this could be done under Patient Specific Direction (PSD).

The Department of health has produced a patient leaflet and card for patients who have undergone a splenectomy or who do not have a functioning spleen. The leaflet details what patients should do if they have had their spleen removed or if it doesn't work and includes what immunisations are required. Copies can be downloaded or ordered at [www.gov.uk/government/publications/splenectomy-leaflet-and-card](http://www.gov.uk/government/publications/splenectomy-leaflet-and-card)

## Who are your Medicines Safety Officers?

### Derbyshire

**NHS Erewash CCG** – Harriet Murch

eccg.mso@nhs.net

**NHS Southern Derbyshire CCG** - Steve Hulme/Jaskiran Dhamrait - mso@southernderbyshireccg.nhs.uk

**NHS North Derbyshire / NHS Hardwick CCGs**—Kate Needham

NDCCG - SafetyOfficer@northderbyshireccg.nhs.uk

### Nottinghamshire

**NHS Mansfield and Ashfield CCG /NHS Newark and Sherwood CCG** – Gill Kaylor

Gillian.kaylor@mansfieldandashfieldccg.nhs.uk

**NHS Nottingham City CCG**– Mindy Bassi

Mindy.bassi@nottinghamcity.nhs.uk

**NHS Nottingham North and East CCG**- Shelley Gibson

Shelley.gibson@nottinghamnortheastccg.nhs.uk

**NHS Nottingham West CCG**- Dawn Gajree

Dawn.gajree@nottinghamwestccg.nhs.uk

**NHS Rushcliffe CCG**- Gill Gookey

Medicines.safety@rushcliffeccg.nhs.uk

**NHS England** – Sam Travis, Samantha.travis@nhs.net

**MSO network chair-**

Coral.osborn@mansfieldandashfieldccg.nhs.uk



# SystemOne Settings for Safer Drug Selection

Using the recommended settings ensures that lower strength medicines appear higher up the picking list than higher strengths. This reduces the risk of picking a higher strength than intended. See Zomorph example below:

## Without recommended settings

Zomorph 100mg appears above 10mg strength

Search results for ZOMORPH	
Morphine 10mg modified-release capsules	£3.47 CD
morphine sulfate 12 hour modified release capsules 100mg	£0.00 CD
morphine sulfate 12 hour modified release capsules 200mg	£51.30 CD
morphine sulfate 12 hour modified release capsules 30mg	£8.30 CD
morphine sulfate 12 hour modified release capsules 60mg	£16.20 CD
Zomorph 100mg modified-release capsules (ProStrakan Ltd)	£21.80 CD
Zomorph 10mg modified-release capsules (ProStrakan Ltd)	£3.47 CD
Zomorph 200mg modified-release capsules (ProStrakan Ltd)	£43.60 CD
Zomorph 30mg modified-release capsules (ProStrakan Ltd)	£8.30 CD
Zomorph 60mg modified-release capsules (ProStrakan Ltd)	£16.20 CD

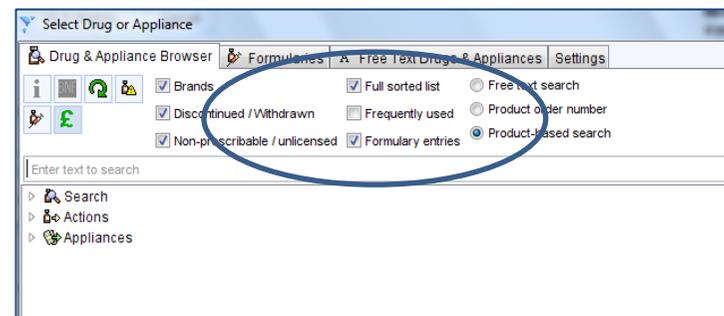
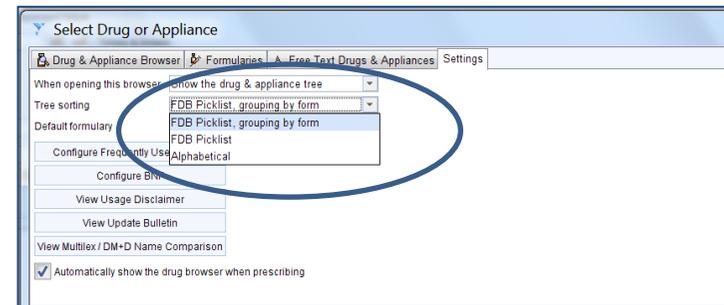
## With recommended settings

Search results for ZOMORPH	
Morphine 10mg modified-release capsules	£3.47 CD
morphine sulfate 12 hour modified release capsules 30mg	£8.30 CD
morphine sulfate 12 hour modified release capsules 60mg	£16.20 CD
morphine sulfate 12 hour modified release capsules 100mg	£0.00 CD
morphine sulfate 12 hour modified release capsules 200mg	£51.30 CD
Zomorph 10mg modified-release capsules (ProStrakan Ltd)	£3.47 CD
Zomorph 30mg modified-release capsules (ProStrakan Ltd)	£8.30 CD
Zomorph 60mg modified-release capsules (ProStrakan Ltd)	£16.20 CD
Zomorph 100mg modified-release capsules (ProStrakan Ltd)	£21.80 CD
Zomorph 200mg modified-release capsules (ProStrakan Ltd)	£43.60 CD

## Instructions:

Check prescribers settings for 'tree sorting' is set to FDB Picklist. Setting it to Alphabetical means that drugs do not appear in strength order. This must be done for each individual prescriber .

1. Whilst in a patient record (or preferably a test patient) go to the prescribing screen.
2. When the "Select Drug or Appliance" box pops up select the Settings tab along the top.
3. Make sure that the "tree sorting" is set to "FDB Picklist, grouping by form".
4. In addition, to make sure that formulary products are listed first, select the "Drug & Appliance Browser" tab and ensure that the formulary entries box is ticked and not the frequently used box.
5. Close the "Select Drug or Appliance" window and your settings will be remembered from now onwards.





## Immunisation for individuals with asplenia and splenic dysfunction

This information has been produced following the death of a young asplenic patient earlier this year from pneumococcal septicaemia. Children and adults with asplenia or splenic dysfunction may have an increased risk of infection and may have a sub-optimal response to vaccination. Additional vaccinations are advised for these patients.

### Who is categorised as having a splenic dysfunction?

[Chapter 7](#) of the Green Book identifies that conditions such as homozygous sickle cell disease, other haemoglobinopathies and coeliac syndrome may lead to splenic dysfunction. These patients should be vaccinated with the same schedule as asplenic patients.

### Vaccination scheduling

There is full detail for vaccinating children who are asplenic or diagnosed with splenic dysfunction which is detailed in the Green Book, Chapter 7, [Page 7](#)

For adults who have just had their spleen removed or diagnosed with splenic dysfunction, the following schedule should be followed:

- A dose of Hib/MenC and the first dose of MenB vaccine, along with one dose of pneumococcal polysaccharide vaccine (PPV23)
- One month later, a dose of MenACWY conjugate vaccine and the second dose of MenB
- Flu vaccine should be given yearly
- A Booster dose of PPV23 would then be recommended in 5 years' time and every five years thereafter. Testing of antibody levels prior to vaccination is not required.

There are currently no recommendations for further booster doses on Hib/MenC, MenB or MenACWY.

For adults who had their spleen removed or diagnosed with splenic dysfunction some time previously you will need to check that they have received:

- A dose of Hib/MenC
- A dose of MenACWY conjugate vaccine (at least one month after Hib/MenC)
- A dose of PPV23 (and one every five years after the first)
- Two doses of MenB vaccine, at least a month apart
- Flu vaccine should be given annually

There is no upper age restriction for these vaccinations. Practices are encouraged to go through their practice lists and identify any patients who are asplenic or hyposplenic. Patients who have not received all the vaccines in the schedule above should be invited to attend to complete the schedule.

### **Vaccine supply and reimbursement for asplenic or hyposplenic patients**

Immunisations for people who are asplenic or with splenic dysfunction fall outside of the national routine schedule and the vaccine stock supplied from Immform must not be used. Vaccines for use outside of the national routine schedule must be ordered in separately through the wholesalers. To claim payment for vaccines for use outside of the routine national schedule, practices will need to submit an FP34D/FP34PD Appendix form or FP10 prescription form, as for other personally administered injections.

### **PGDs and PSDs**

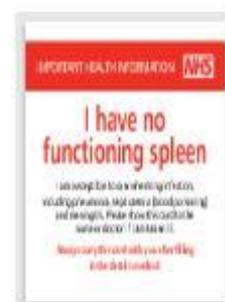
Vaccinating patients who are asplenic or diagnosed with splenic dysfunction is not covered by Patient Group Directions (PGDs). However this could be done under Patient Specific Direction (PSD). This is a written instruction (e.g. prescription or written or electronic instruction in the patient's medical record) from a doctor or independent prescriber for a medicine to be supplied or administered to a named patient.

A PSD must include

- Name of patient
- Name and dose of the prescribed medication to be administered
- Evidence that the patient has been individually assessed by the prescriber for suitability to receive the vaccine

### **Resources**

The Department of health has produced a patient leaflet and card for patients who have undergone a splenectomy or who do not have a functioning spleen. The leaflet details what patients should do if they have had their spleen removed or if it doesn't work and includes what immunisations are required. Copies can be [downloaded](#) from the gov.uk website or ordered [here](#).



Dr Vanessa MacGregor  
October 2016