

Welcome to our regular edition of Medicines Safety Matters; a newsletter produced by your local CCG Medicines Safety Officers .

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

ACE inhibitors and angiotensin II receptor antagonists Considerations for Women of Child-Bearing Age

For the majority of patients aged under 55 diagnosed with hypertension, treatment with ACE inhibitors or angiotensin II antagonists is considered first line. However for women of child bearing age the following points must be considered and the patient counselled about:

- That there is an increased risk of congenital abnormalities if these drugs are taken during pregnancy
- To see their GP for consideration of alternative antihypertensive treatment if they are planning pregnancy.
- To stop antihypertensive treatment in women taking ACE inhibitors or ARBs if they become unexpectedly pregnant and see GP for an alternative

Data concerning the teratogenicity of ACE inhibitor exposure in the first trimester is conflicting but one study suggests an increased risk of major congenital malformations including those affecting cardiovascular, central nervous and renal systems. There is also evidence showing decreased birth weight and gestational age at delivery, as well as an increased risk of intrauterine death and spontaneous abortion. There is limited data on the use of angiotensin-II receptor antagonists, however the effects are expected to be similar.

NICE guidelines advise that women taking ACE inhibitors and angiotensin II receptor antagonists should switch medication before a planned pregnancy, or stop on detection of an unplanned pregnancy due to the high risk of fetopathy. Where continued use in pregnancy is being considered due to the likely benefit outweighing the risks, discussion with a maternal and/or fetal medicine specialist is advised to ensure regular maternal review and fetal monitoring. Consider discussing with the UK teratology information service on 0344 892 0909

General clinical information on the use of drugs in pregnancy can be found at www.uktis.org with leaflets for patients at medicinesinpregnancy.org

References

[NICE guidance for Hypertension in Pregnancy: Diagnosis & Management \(August 2010\)](#)

MHRA Drug Safety Update in [December 2007](#)

[CKS NICE - Hypertension in Pregnancy](#)

Do not use anti-inflammatory painkillers in chickenpox

Following a recent Serious Incident investigation it was identified that there was a lack of understanding in relation to the NICE Guidelines for the use of Ibuprofen and Chicken Pox.

Practices and pharmacies are reminded that the use of anti-inflammatory painkillers, such as ibuprofen, in adults and children with chickenpox should be avoided. This is due to NSAIDs being associated with an increased risk of severe skin and soft tissue infections particularly in children.

If an analgesic is required, paracetamol should be used instead. For more information please refer to the NICE Clinical Knowledge Summaries on the management of chicken pox:

<https://cks.nice.org.uk/chickenpox>



DVLA guidance

Prescribers are reminded to refer to the following publication:-

www.gov.uk/dvla/fitnesstodrive

This publication summarises the national medical guidelines on fitness to drive. It is intended to assist doctors and other healthcare professionals in advising their patients:

- whether or not the DVLA requires notification of a medical condition
- what the licensing outcome from the DVLA's medical enquiries is likely to be.

When assessing a patients ability to drive you need to:

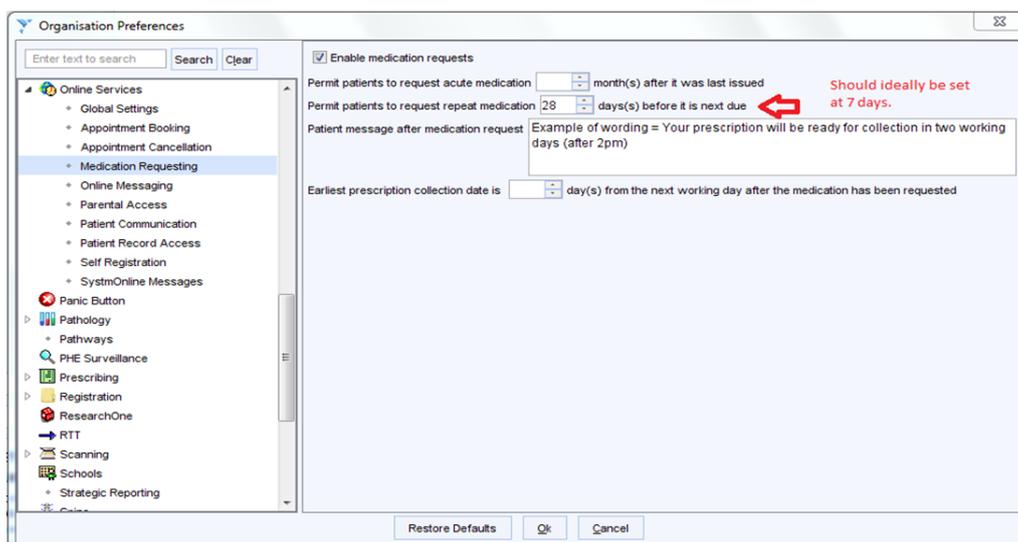
- Advise them on the impact of their condition for safe driving ability.
- Advise them on their legal requirement to notify the DVLA of any relevant condition.
- Treat, manage and monitor their condition with ongoing consideration of their fitness to drive.
- Notify the DVLA when fitness to drive requires notification but they can not, or will not, notify the DVLA themselves.
- Inform the patient of your decision to disclose personal information and also inform the patient in writing once you have done so.

Patient over-ordering Co-codamol 30/500 tablets

An incident has been reported locally whereby a patient had been ordering prescriptions for Co-codamol 30/500 caplets too frequently – on average 8 prescriptions for 100 tablets were being requested and processed every month (~2 prescriptions a week) for at least 6 months. Prescription requests were being made by the patient via the online repeat prescription ordering system (SystmOne/TPP) and the prescriptions were being sent electronically to the community pharmacy nominated by the patient.

Upon further investigation, it was discovered that the online repeat prescription system had been set to permit patients to request repeat medication 28 days before it is next due (see screenshot below). This meant that a patient could order a medicine on day 1 and then again on the following day if they wanted to.

Alongside safeguards to stop patients ordering online too early, frequent ordering of medication should also be identified and challenged by the prescribing clerk. In the case of this incident, the 'issue duration' of the prescription was correctly set at 28 days and a prompt to reflect any early ordering of the medicine would have been highlighted as an alert from within SystmOne. However, this was not picked up by the staff involved, despite dates of latest prescription issues also being clearly visible on the screen at the time of processing the request.



The patient was also found to be changing the community pharmacy (via online ordering) to avoid over collection being highlighted at the pharmacy.

Eventually a prescribing clerk identified that this patient had frequently been ordering the Co-codamol as they had recognised a pattern during a specific week and noticed regular changes in community pharmacy being selected.

Key actions & learning points for consideration:

- Once the incident was identified, the patient was reviewed and co-codamol removed from their repeat prescriptions list.
- The GP practice involved reported this incident using the GP online [NRLS e-form](#) and also via the [CD online reporting tool](#) to inform the regional NHS England controlled drugs accountable officer (CDAO), as is a mandatory requirement for all incidents involving controlled drugs.
- The online ordering system should be set to only allow patients to order repeat prescriptions 7 days before the next prescription is due (see screenshot).
- All drugs susceptible to misuse or diversion should have a maximum number of issues set up so that after 6 issues of medication (or other defined number) an alert specifying 'maximum issues reached' is activated. Administration staff should be advised that such alerts should not be overridden and must pass the reauthorisation request on to a GP or Pharmacist. This allows the issue frequency to be checked and reduces the risk of medication being overprescribed.
- Consider use of 'Administration notes' within the patient record or a note on the patients home screen to highlight potential misuse/over ordering in cases where patients have a history of doing this.
- Following internal investigations, the GP practice have provided further training for their staff, which includes highlighting the following key points when processing requests for repeat prescriptions:
 - Increasing awareness of drugs that are more likely to be abused or diverted for misuse e.g. Controlled drugs (opiates, Z drugs and benzodiazepines), Gabapentin and Pregabalin.
 - Being mindful of alerts within SystmOne that are designed to notify staff of requests being made before the next prescription is actually due. Overriding such alerts should only occur in exceptional cases e.g. if a patient is going on holiday.
 - Being vigilant with regards to patients who regularly change their nominated community pharmacy from where they will be collecting their medication from. This is because the community pharmacy can act as an additional safety net in providing feedback about suspicious behaviour including over-ordering or possible diversion/misuse.