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News from Medicines Management at Doncaster Clinical Commissioning Group



MenB immunisation and paracetamol

All infants born on or after 1 July 2015 will be eligible for the MenB vaccine, which will be administered together with other primary immunisations at two, four and 12 months. There will also be a [catch-up programme](#) for infants born from 1 May 2015 to the 30 June 2015.

A total of three doses of prophylactic paracetamol are recommended following primary doses of MenB vaccine given at the same time as other routine vaccines, usually at two and four months.

All parents should be given a copy of the [paracetamol patient leaflet](#) containing dosing instructions, which are unique to preventing fever following MenB immunisations and sanctioned by the [Commission on Human Medicines](#): these may differ from the usual patient information leaflet.

Immunisers should be aware that babies born before 32 weeks' gestation should have paracetamol prescribed according to their [weight](#). Paracetamol: protocol for [healthcare professionals](#)



Risk management - recording medication prescribed by secondary/tertiary care

The outline of processes for recording medication prescribed by secondary/tertiary care on GP clinical systems has been updated. The document, which facilitates identification and reduction of risk, is available from the [Medicines Management website](#) (Shared Care>>Recording of Medication for Sec/Tertiary Care).

Action: Practices are advised to consider the processes outlined and adapt/implement them to facilitate safe prescribing.



DCCG antibiotic toolkit launched

To support local response to the global threat of antibiotic resistance, the Medicines Management Team has developed a toolkit to facilitate antimicrobial stewardship. The toolkit, available from the [Medicines Management website](#) (Guidelines menu>Local) signposts to:

- Doncaster and Bassetlaw [Antibiotic Guidelines](#) for Primary Care
- A self-assessment checklist and audit templates, which may help preparation for [COC inspections](#)
- Accredited training resources
- Patient information leaflets
- [RCGP resources](#) for clinical and waiting areas

[PiLs to reduce antibiotic use and re-consultation rates in general practice](#)

A systematic review of 8 studies (n=3407) found use of patient information leaflets during GP consultations for common infections are promising tools to reduce antibiotic prescriptions. There was a tendency toward fewer re-consultations for similar symptoms when patients were given a leaflet.



Access to BNF and BNFC

The BNF.org website has been re-launched. For further information on access to BNF publications, please refer to the [NICE website](#).



Statins in renal impairment

[UKMi Q&A 125.7](#) reviews the evidence base and dosage recommendations for simvastatin, atorvastatin, pravastatin, rosuvastatin and fluvastatin in patients with renal impairment.



Formulary changes

Quinolone eye drops: ciprofloxacin 0.3% eye drops have been removed from the formulary: ofloxacin 0.3% eye drops remain.



Glucosamine – drug interactions

[UKMi Q&A 144.5](#) evaluates the limited information available on drug interactions with glucosamine.



MHRA Drug Safety

Intrauterine contraception: uterine perforation—updated information on risk factors.

The most important risk factors for uterine perforation are insertion during lactation and insertion in the 36 weeks after giving birth.

Before inserting an intrauterine system (IUS) or intrauterine device (IUD), inform women that perforation occurs in less than 1 in 1,000 women and that the symptoms include:

- Severe pelvic pain after insertion (worse than period cramps)
- Pain or heavy bleeding after insertion which continues for more than a few weeks
- Sudden changes in periods
- Pain during sex
- Not being able to feel the threads

Explain to women how to check their threads and tell them to return for a check-up if they cannot feel them (especially if they also have significant pain). Partial perforation may have occurred even if the threads can still be seen; consider this if there is severe pain following insertion.



Misuse of hyoscine butylbromide (Buscopan)

[NHS England](#) and [Public Health England](#) have written a [letter](#) to raise awareness of the misuse of hyoscine butylbromide (Buscopan) that has been reported from HM prisons.

Action: Consider the appropriateness of new requests for hyoscine, particularly from patients recently released from prison.



Letter to healthcare

[Latanoprost \(Xalatan\): increased reporting of eye irritation since reformulation.](#)

Following the reduction of Xalatan pH to allow for long-term storage at room temperature, there has been an increase in the number of reports of eye irritation.

Action:

- Advise patients to tell their health professional promptly (within a week) if they have eye irritation (e.g. excessive watering) severe enough to make them consider stopping treatment.
- Review treatment if patients mention severe eye irritation: prescribe a different formulation if necessary.



Urinary tract infection in adults

[NICE quality standard \(QS90\)](#) covers the management of suspected community-acquired bacterial UTI in adults aged 16 years and over. QS2: do not use dipstick testing to diagnose UTIs in adults with urinary catheters. QS4: adults with a UTI not responding to initial antibiotic treatment have a urine culture.

QS5: do not prescribe antibiotics to treat asymptomatic bacteriuria in adults with catheters and non pregnant women.

QS6: do not prescribe antibiotic prophylaxis to adults with long term indwelling catheters to prevent UTI unless there is a history of recurrent or severe urinary tract infection.