



News from Medicines Management at Doncaster Clinical Commissioning Group

Reminder for healthcare professionals

Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia. Reminder for healthcare professionals:

- Concomitant use of spironolactone with ACEi or ARB is not routinely recommended because of the risks of severe hyperkalaemia, particularly in patients with marked renal impairment
- Use the lowest effective doses of spironolactone and ACEi or ARB if co-administration is considered essential
- Regularly monitor serum potassium levels and renal function
- Interrupt or discontinue treatment in the event of hyperkalaemia
- Suspected adverse reactions should be reported to the MHRA on a Yellow Card.

If a person is still symptomatic despite optimal treatment with ACEi (or ARB) and beta-blocker, refer for specialist review and advice regarding the addition of further. Drug treatments. NICE CKS Heart failure - chronic

Diabetes in pregnancy

NICE OS109 - Diabetes in pregnancy

- Ouality statement 1: High-dose folic acid. Women with [type 1 or type 2] diabetes planning a pregnancy are prescribed 5 mg/day folic acid from at least 3 months before conception [until 12 weeks of gestation]. Action: Ensure all healthcare professionals who may interact with this cohort of women are aware of the 5 mg dose requirement for folic acid.

Antimicrobial guidelines - update

The revised <u>Doncaster antimicrobial guidelines for primary care</u> are now available on the <u>Medicines Management website</u>. Action: Ensure all prescribers including locums have easy access to local <u>antimicrobial guidelines</u>. Access the latest high risk antibiotics report from The PBCi Portal and review your practices' prescribing.

Co-amoxiclav prescribing by secondary care – restrictions and authorisation process

Co-amoxiclav prescribing in secondary care is restricted. It is reserved as a second or third-line treatment option, excepting selected approved indications: these include hospital-acquired pneumonia/aspiration pneumonia or hepato-biliary sepsis, which account for the majority of in-patient prescribing. When co- amoxiclav is prescribed outside approved indications, authorisation is required by a consultant microbiologist.

Haloperidol 5mg/ml injection - continued shortage

There is an on-going supply issue with haloperidol 5mg/ml injection, which is estimated to resolve in the last quarter 2016. Oral formulations of haloperidol have not been affected.

Palliative care: The Palliative Care Team have advised that where an injectable preparation is required, the first-line anti-emetic is now levomepromazine 6.25mg four times a day when required subcutaneously or up to 25mg over 24 hours via a syringe driver: maximum 25mg/24hours. Levomepromazine injection (Nozinan) is available as 25mg/ml ampoules for injection: 0.25ml provides a 6.25mg dose.

Note: Avoid prescribing of cyclizine via continuous subcutaneous infusion as it is incompatible with hyoscine butylbromide (<u>Buscopan Ampoules</u>) and therefore requires an additional syringe driver.

Other specialities: Prescribe a suitable alternative, seeking advice from a specialist if appropriate

Registration of practice employed Non-Medical Prescribers

NMPs are required to be registered with the NHS Business Services Authority (NHSBSA) to enable them to prescribe for practices with the correct code and on the appropriate budget. The registration process can only be undertaken by the CCG Medicines Management Team. A Standard Operating Procedure has been developed to support practices and help guide them through the process: it is available on the Medicines Management. website. If you require any help or further information, please contact the Medicines Management Team: 01302 566229 (Monday to Friday 10:00 to 16:00) or MedicinesManagementAdmin@doncasterccg.nhs.uk.

Action: Please ensure all NMPs at your practice are registered with NHSBSA.