

# the T@blet

News from Medicines Management at Doncaster Clinical Commissioning Group

## Guidance for issuing blood glucose meters, test strips, lancets and needles for use in Adult patients with Type 2 Diabetes

These guidelines have been developed by the Medicines Management Team in collaboration with DBTHFT and RDaSH FT Diabetes Specialist Nurses, Primary Care Clinicians and a Community Pharmacist. They have also been agreed with the Doncaster Diabetes Network.

The guidance includes **first line formulary choices** for standard meters, lancets & needles:

- Accu-chek Performa Nano Meter/Performa Test Strips/Fastclix Lancets
- One Touch Select Plus Meter/One Touch Select Plus Test Strips/One Touch Delica Lancets

Guidance on more specialised Meters is also included in the document and can be accessed on the medicines management website under the [Guidelines section](#)

**Action:** Please bring this guidance to the attention of all [Clinicians who work with patients with Type 2 Diabetes](#). Consideration may also be required by [Practices in sourcing the Formulary Meters](#).

## [Management of Vitamin D in Adults](#)

The updated guidance has been developed in collaboration with DBHFT and is now available on the medicines management website (click on the link above).

The 1<sup>st</sup> line Formulary choice is **Fultium D3 capsules 800units and 20,000units**.

The 2<sup>nd</sup> line choice for patients requiring a liquid preparation is **InVita D3 oral solution**.

**Action:** Ensure Prescribers are aware of the Formulary choices

## [Availability of gluten-free foods on NHS prescription](#)

The Minister for Health has agreed to launch this public consultation on whether to make changes to the prescribing legislation for GF foods. The options considered are:

**Option 1:** Make no changes to the National Health Service Regulations 2004.

*Under this option GF foods would continue to be prescribed in primary care at NHS expense as now.*

**Option 2:** To add all GF foods to Schedule 1 of the above regulations to end the prescribing of GF foods in primary care.

*Under this option no GF foods would be available on prescription in primary care.*

**Option 3:** To only allow the prescribing of certain GF foods (e.g. bread and flour) in primary care, by amending Schedule 1 of the above regulations.

*Under this option only certain GF foods would be available on prescription in primary care.*

The consultation will close on 22nd June 2017.

Doncaster CCG recommends completing the consultation paper to capture local opinion. Click on the link above to see the options on how to respond to the consultation.

## [Shortage of hyoscine hydrobromide \(Kwells\) 150 and 300 microgram tablets](#)

Bayer is not able to supply hyoscine hydrobromide: [UKMi](#) have issued a [memo](#) advising on alternative treatment options, with a focus on its off-label use for hypersalivation.

## [Update to nystatin dose in BNF/BNFC](#)

Following discussions with the [MHRA](#), the nystatin dose for oral candidiasis has been updated:

**ADULT** and **CHILD**, 100 000 units 4 times daily, usually for 7 days, and continued for 48 hours after lesions have resolved

**Action:** Ensure all Clinicians including Nursing staff are aware of the updated dose recommendation.

## [Hyoscine butylbromide \(Buscopan\) injection: risk of serious adverse effects in patients with underlying cardiac disease](#)

### Advice for healthcare professionals:

- hyoscine butylbromide injection can cause serious adverse effects including tachycardia, hypotension, and anaphylaxis
- these adverse effects can result in a fatal outcome in patients with underlying cardiac disease, such as those with heart failure, coronary heart disease, cardiac arrhythmia, or hypertension
- hyoscine butylbromide injection should be used with caution in patients with cardiac disease
- monitor these patients, and ensure that resuscitation equipment, and personnel who are trained how to use this equipment, are readily available
- hyoscine butylbromide injection remains contraindicated in patients with tachycardia

Note:

Dr Helen Meynell, Consultant Pharmacist/Clinical Governance Lead - Emergency Care Group and Dr Hazra Madhubrata, Consultant in Palliative Medicine, [Doncaster & Bassetlaw NHS FT](#) have considered the [Drug Safety Update](#): no changes to local [pre-emptive prescribing guidance](#) are considered necessary at this juncture because the route and indications differ.

## [Royal National Institute of Blind People \(RNIB\) Medicine Leaflet Line](#)

The RNIB offer a free Medicine Leaflet Line that affords the option to listen to the Patient Information Leaflet or order a copy in braille, large print or audio CD format.

☎ 0800 198 5000.

## [How to minimise the risks of medication errors with rivastigmine patches – MEDIUM PRIORITY](#)

This Q&A aims to raise awareness on the types of medication errors reported with rivastigmine patches, as well as highlighting strategies to improve safety.

Confusion between rivastigmine and *rotigotine* patches has occurred: ensure the right product is prescribed.

Patients/caregivers should be given clear instructions on the frequency of patch removal and renewal, and appropriate areas for application: they should be encouraged to keep a record e.g. medication diary (provided by manufacturer).

Instructions should clearly indicate that only **one** patch should be applied at a time e.g. *'Apply ONE patch every TWENTY-FOUR hours. Remove and discard old patch before applying a new patch to a different location.'*

**Action:** Ensure Prescribers are aware of the need for clear prescription directions

## [NICE Bites – Antimicrobial stewardship: changing risk-related behaviours in the general population – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

The link above provides a summary of prescribing recommendations from NICE guidance (NG15)

The guideline aims to change people's behaviour to reduce antimicrobial resistance and the spread of resistant microbes. It includes making people aware of:

- measures to prevent and control infection that can stop people needing antimicrobials or spreading infection to others,
- how to correctly use antimicrobial medicines,
- dangers associated with overuse and misuse of antimicrobial medicines.

It provides recommendations for use in different settings such as CCGs, public health teams, primary care & schools.

**Action:** Clinicians may find this useful for CPD