LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

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In this issue …

Launch of McKinley T34 Syringe Pump

The McKinley T34 syringe pump is replacing the Graseby MS26 syringe driver on 30 September 2010. This pump will be used to deliver continuous subcutaneous infusions of medicines for all palliative care patients in Lothian.

The Graseby MS26 syringe driver is no longer compliant with current standards for infusion devices. The McKinley T34 syringe pump reduces the risk of inaccurate delivery of medicines and clinical practice errors.

Staff trained in the use of the Graseby MS26 syringe driver must enrol on a training session in September 2010 in order to obtain competency for this new device. On-line resources, self-directed learning and assessment of competency materials will supplement this training.

Important information for prescribers and other clinical staff

- Ensure you are using up-to-date palliative care information. The palliative care guidelines provide detailed information on symptom control. Go to www.palliativecareguidelines.scot.nhs.uk
  - Replacement pages for the A4 folder version of the guidelines will be sent to all areas known to hold a copy
  - Destroy the "Pocket edition 2009 of the Lothian Palliative Care Guidelines" as it contains information on Graseby compatibility. A new pocket edition is downloadable from the palliative care guidelines website. A limited supply of hard copies will be issued to support care for people at home during October 2010
- Seek advice from specialist palliative care services as appropriate
- Support patients and carers with written information on palliative care medicines and the McKinley syringe pump which is accessible at the palliative care guidelines website.

Key documents

The following documents support the use of this syringe pump and may be accessed on the NHS Lothian Intranet at Home > Healthcare > A–Z > Palliative Care.

1. Policy to Support the Care of Patients requiring a Continuous Subcutaneous Infusion of Medication for Palliative Care via McKinley T34 Syringe Pump.
2. Subcutaneous Infusion by McKinley T34 Syringe Pump for Symptom Control in Palliative Care (Adults).

Monitoring charts, Community Drug Administration Instruction Chart, Community Controlled Drug Disposal Record and Patient Information Leaflet are also available on the NHS Lothian Intranet at Home > Healthcare > Clinical Guidance.

Key messages:

- **Refer to the full guidelines and ensure you are using up-to-date palliative care information**
- **Familiarise yourself with the new monitoring documentation for the McKinley T34 syringe pump**
- **Document all medication incidents through the usual processes, e.g. DATIX or Hospice Incident Reporting System**
- **For drug compatibilities and volumes, refer to the guideline *'Compatibility and stability tables for a subcutaneous infusion in a McKinley T34 syringe pump'*; these are different to those for the Graseby.**

Thanks to Lynn Bennett, Senior Pharmacist, Palliative Care, for contributing to this article.

Safe use of fentanyl patches

Analysis of medication errors recorded in the Datix system has shown that across NHS Lothian errors with fentanyl transdermal patch have included:

- Failure to change the patch every 72 hours. The delay reported in changing the patch ranged from a few hours to a number of days.
- Failure to remove the existing patch when a new patch was applied. Active drug (fentanyl) is still present in the patch after it has been in use for 72 hours. Duplicate patch application puts patients at risk of opioid toxicity.

A patient information leaflet and guidance on the use of fentanyl patches is available on the palliative care guidelines website: www.palliativecareguidelines.scot.nhs.uk.

Practice points for healthcare professionals

To minimise risk please ensure that:

- The date, time and site of the patch application is recorded
- There is a record of patch removal and destruction, noting date, time and signature
- There is a process in place to confirm the patch is still in position at least once daily; patients and carers are advised to check this (if possible) night and morning.

Thanks to Dorothy McArthur, Clinical Pharmacist, St Columba's Hospice/Marie Curie Hospice, for contributing to this article.

Water for wound cleansing – the evidence

The LPB editorial team have received a number of enquiries relating to the article in the last issue of the LPB[1], regarding the LJF recommendation to use water rather than saline for wound cleansing. This recommendation is in section 13.11 of the LJF[2].

The advice is supported by a Cochrane review[3]. The review included randomised and quasi randomised controlled trials that compared the use of water with other solutions for wound cleansing. They included 11 trials, seven comparing rates of infection and healing in wounds cleansed with water and normal saline, three trials comparing cleansing with no cleansing, and one trial comparing procaine spirit with water.

Results

- Chronic wounds – relative risk of developing an infection when cleansed with tap water compared with normal saline was 0.16 (95% CI 0.01 to 2.96)
- Acute wounds in adults – tap water was more effective than saline in reducing the infection rate – RR 0.63 (95% CI 0.40 to 0.99)
- Acute wounds in children – use of tap water compared to saline was not associated with a statistically significant difference in infection rates RR 1.07 (95% CI 0.43 to 2.64)

Conclusion of the Cochrane review[3]

"There is no evidence that using tap water to cleanse acute wounds in adults increases infection and some evidence that it reduces it. However there is not strong evidence that cleansing wounds per se increases healing or reduces infection. In the absence of potable tap water, boiled and cooled water as well as distilled water can be used as wound cleansing agents."*

Therefore the LJF conclusion is that tap water is a safe and effective solution for wound cleansing. It has been brought to the attention of the editorial team that current practice in secondary care for acute surgical wounds remains that sterile saline is used for the first 48 hours. This is in line with NICE clinical guideline 74, which provides the following recommendations for postoperative cleansing[4]:

- Use sterile saline for wound cleansing up to 48 hours after surgery
- Advise patients that they may shower safely 48 hours after surgery
- Use tap water for wound cleansing after 48 hours if the surgical wound has separated or has been surgically opened to drain pus.

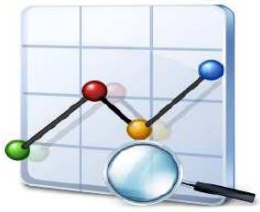
**potable water is water that is drinkable*

References

1. LJF Updates, Only small, but important. Lothian Prescribing Bulletin, Issue 45 July 2010.
2. Section 13.11, Lothian Joint Formulary. www.ljf.scot.nhs.uk/exist/xmldb/db/ljf_v2/unified/unified13_11.xml accessed 17 August 2010.
3. Fernandez R, Griffiths R. Water for wound cleansing (Review). The Cochrane Collaboration, 14th March 2010. www2.cochrane.org/reviews/en/ab003861.html accessed 17 August 2010.
4. Surgical site infection. Prevention and treatment of surgical site infection. NICE clinical guideline 74. National Institute for Health and Clinical Excellence. October 2008. www.nice.org.uk/guidance/index.jsp?action=byID&o=11743 accessed 17 August 2010.

Repeat Prescribing Analysis Application for GPASS
LEAN in Lothian Roll Out

Following rigorous testing in selected pilot GP practices across Lothian, the LEAN project team is delighted to announce the release of the LEAN in Lothian Repeat Prescribing Analysis Application to all GPASS practices. National Services Scotland has produced this IT tool to NHS Lothian specifications following the LEAN in Lothian Repeat Prescribing Waste Project 2008-2009[1]. This innovative tool enables a series of tabulated and graphical reports to be produced.



The LEAN application has been developed with the express aim of providing GP practices with a wide range of data relating to repeat prescribing activity and to present that data in an easy to use format. By running the LEAN application from the desktop icon, a suite of eight practice-specific reports is quickly generated.

	REPORTS
1	Total number of active repeat items prescribed over a 56-day and 12-month period
2	Total number of patients prescribed active repeat items over a 56-day and 12-month period
3	Number of patients with active repeat items (grouped by the number of items)
4	The frequency of prescribing duplicate items
5	The number of patients who ordered all active repeat items at once at the latest request
6	The frequency of non-requested active repeat items within different time intervals (6, 12 and 15 months)
7	Early requests and unaligned active repeat items for the latest request
8	The frequency of prescribing practice added drugs

Potential Benefits

It is anticipated that all GPASS practices in Lothian will find the LEAN application a useful tool, particularly for the preparation required prior to migration to new prescribing IT systems. One of the clear benefits to practices is that the use of the LEAN application will help practice staff to easily identify practice added drugs that can then be inactivated and replaced by the correct drug dictionary item where possible. As a consequence, implementation of the LEAN application will also aid the transfer of electronic prescription information[2] from GP practices to community pharmacies via the Acute Medication Service and the forthcoming Chronic Medication Service.

Use of the LEAN application also has the potential to improve patient safety by supporting practices to undertake targeted medication reviews. Patients with active repeat items that have not been requested for over six, 12 or 15 months are instantly identifiable. These patients can then be reviewed and the items inactivated if no longer required thus ensuring that wasteful prescriptions are not generated.

Key messages:

- **The LEAN in Lothian Repeat Prescribing Analysis Application is now available to all GPASS practices in NHS Lothian**
- **Practices are encouraged to use the application (especially Reports 6, 7 and 8) to help prepare for migration to new prescribing IT systems**
- **Use of the application can improve repeat prescribing processes and efficiencies within your practice**
- **For further information or support contact your local Primary Care Pharmacist.**

References

1. LEAN in Lothian Repeat Prescribing Waste Project, Lothian Prescribing Bulletin, Issue No. 42, January 2010.
2. It's ETP Jim – but not as we know it. Lothian Prescribing Bulletin, Issue No. 44, May 2010.

‘The Bottom Line No. 7’
Aspirin in patients with diabetes

Although the benefits of using aspirin in the secondary prevention of recurrent vascular events are well established, the place of aspirin in the primary prevention of cardiovascular disease is less clear.

Although several guidelines recommend the use of aspirin for the primary prevention of cardiovascular (CV) events in diabetic patients, these recommendations are based on indirect evidence extrapolated from trials in other high risk patient groups with limited evidence existing in diabetic patients. Additionally, the use of aspirin can significantly increase the likelihood of gastrointestinal haemorrhage and so its use, when there is a lack of strong evidence, is controversial.

The recently published SIGN Guideline on the Management of Diabetes (SIGN 116) advises that low-dose aspirin is **not recommended** for primary prevention of vascular disease in patients with diabetes.[1] This follows the results of a meta-analysis[2] on the use of aspirin for primary prevention of cardiovascular events in people with diabetes. The study included the results of six randomised controlled trials (a total of 10,117 patients) comparing aspirin with placebo/no aspirin in people with diabetes and no pre-existing CV disease. The study found that there is no clear benefit of using aspirin in the primary prevention of CV events in diabetic patients; the other main findings are as follows:

- The benefit of aspirin in the primary prevention of major CV events or death in people with diabetes may be lower than in other high risk populations
- Aspirin significantly reduced the risk of myocardial infarction in men by 43%, whereas no benefit was found in women
- The expected benefits of aspirin in people with diabetes might not exceed the risk of major bleedings, particularly among those at low CV risk (<20% over 10 years), or within elderly patients (>70 years) where risk of bleeding is higher.

The Bottom Line:

- Low-dose aspirin should not be routinely prescribed for the primary prevention of vascular disease in patients with diabetes
- The decision to use aspirin in such patients should be on an individual patient basis after considering the potential benefits and risks, e.g. for vascular disease and also gastrointestinal bleeding.

References

1. Management of diabetes. SIGN Guideline 116. Scottish Intercollegiate Guidelines Network. March 2010. www.sign.ac.uk/guidelines/fulltext/116/index.html accessed 17 August 2010.
2. Aspirin for primary prevention of cardiovascular events in people with diabetes: meta-analysis of randomised clinical trials. De Berardis G *et al.* Br Med J 2009;*339*:b4531. www.bmj.com/cgi/content/extract/339/dec23_1/b5588?papetoc accessed 17 August 2010.

Thanks to Ben Elliott, Pharmacist, Western General Hospital, for contributing to this article.

GPs interested in prescribing

The General Practice Prescribing Committee (GPPC), chaired by Dr Adrian Cullen, GP, provides prescribing advice to all prescribers in primary care in Lothian. It is looking for new members to help with its advisory work.

There are six or seven meetings a year on Tuesday afternoons. No previous experience is required but enthusiasm is essential.

Locum reimbursement for attending meetings is available.

Interested? Please contact prescribing@nhslothian.scot.nhs.uk for an information pack.

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View the Lothian Joint Formulary at www.ljf.scot.nhs.uk