Staffordshire Medicines Safety Network Newsletter

DECEMBER 2018

Medicines Safety Network

Who are we and what we aim to do?

The Medicines Safety Officer Network is attended by MSO's from across healthcare organisations in Staffordshire. The role of the MSO is key roles is to promote the safe use of medicines across their Organisations. The Staffordshire network aims to look at the national and local medicines safety issues and provide a forum for sharing good practice, and discussing topical issues

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Summary Care Records and Clinical Trials/ Hospital Only Medication

Summary Care records should record if a patient is part of a clinical trial or being prescribed Hospital only **'red drugs'.**

The MSO network are aware of incidents where patients have been prescribed two forms of the same medication because information on their participation in a clinical trial or information from their hospital discharge/ correspondence letter had not been inputted on the SCR.

To ensure patient safety a record of this information should be included in a timely manner on the SCR.

Focus on Insulin

Insulin has been the focus of discussions at the MSO Network in relation to patient safety. There are a significant number of incidents reported that relate to patients on insulin and as a network we are looking at ways to reduce the number of reports received.

NICE Guidance: Safer Insulin Prescribing

In 2017 NICE published the Safer Insulin Prescribing Guidance and the MSO network would like to take the opportunity to remind healthcare professionals of the actions for all organisations in the NHS and independent sector:

- Ensure that people with diabetes who are receiving insulin therapy are given information about awareness and management of hypoglycaemia.
- Make sure that people with diabetes who use insulin and who drive are aware of the need to notify the Driver and Vehicle Licensing Agency (DVLA). Clinicians should refer to chapter 3 of the DVLA's Assessing fitness to drive – a guide for healthcare professionals for more information.
- Be aware of 'sick-day' rules and ensure that people with diabetes who are receiving insulin therapy are given appropriate information about these.
- Several new insulin products have been launched recently, including high-strength, fixed combination and biosimilar insulins. Be aware of the differences between these products and ensure that people receive appropriate training on their correct use. Advise people to only use insulin in the way they have been trained because using it any other way may result in a dangerous overdose or underdose.
- When prescribing insulin this should be prescribed by brand

Guidance on assessing the fitness to drive can be accessed at:
https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals

Medication Safety: Insulin Pen Devices

There are an increasing number of insulin pen devices available and insulins that are double, triple or five times as concentrated as standard insulin. The insulins contained in these devices are designed and licensed to be administered using the device only. *Never withdraw insulin from a pen*

Risk:

- Overdose of insulin due to different concentrations of insulin administered using a standard U100 syringe.
- Addition of air to cartridge resulting in inability to use device properly
- Sharps injury

Action for All Staff

- Do not decant a dose of insulin from a prefilled pen
- Get the correct needle to attach to the pen to enable the device to be used

Prescribers - Remember to check the right formulation of medication has been prescribed.

Dispensers - Remember to take extra care and check the dosage of prescriptions that are not the U100 strength,

Latest Advice for Medicines Users - JUNE 2018 - NOVEMBER 2018

- Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use
- Systemic and inhaled fluoroquinolones: small increased risk of aortic aneurysm and dissection; advice for prescribing in high-risk patients
- Sildenafil (Revatio and Viagra): reports of persistent pulmonary hypertension of the newborn (PPHN) following in-utero exposure in a clinical trial on intrauterine growth restriction
- Support Yellow Card: improve the safety of medicines in pregnancy and breastfeeding, and in babies and children
- Rivaroxaban (Xarelto▼) after transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial
- Ritonavir-containing products: reports of interaction with levothyroxine leading to reduced thyroxine levels
- Ponatinib (Iclusig▼): reports of posterior reversible encephalopathy syndrome
- Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from accidental exposure, particularly in children
- Valproate Pregnancy Prevention Programme: actions required now from GPs, specialists, and dispensers
- Xofigo▼ (radium-223-dichloride): new restrictions on use due to increased risk of fracture and trend for increased mortality seen in clinical trial
- Daclizumab beta (Zinbryta▼): risk of immune-mediated encephalitis – some cases several months after stopping treatment
- Nusinersen (Spinraza▼): reports of communicating hydrocephalus; discuss symptoms with patients and carers and investigate urgently
- Esmya (ulipristal acetate) and risk of serious liver injury: new restrictions to use and requirements for liver function monitoring before, during, and after treatment
- Darunavir boosted with cobicistat: avoid use in pregnancy due to risk of treatment failure and maternal-to-child transmission of HIV-1
- Pressurised metered dose inhalers (pMDI): risk of airway obstruction from aspiration of loose objects
- Eltrombopag (Revolade): reports of interference with bilirubin and creatinine test results
- Parenteral amphotericin B: reminder of risk of potentially fatal adverse reaction if formulations confused
- Medicines taken during pregnancy: please report suspected adverse drug reactions, including in the baby or child, on a Yellow Card
- Dolutegravir (Tivicay▼, Triumeq▼, Juluca▼): signal of increased risk of neural tube defects; do not prescribe to women seeking to become pregnant; exclude pregnancy before initiation and advise use of effective contraception
- Denosumab (Xgeva▼) for giant cell tumour of bone: risk of clinically significant hypercalcaemia following discontinuation
- Denosumab (Xgeva▼) for advanced malignancies involving bone: study data show new primary malignancies reported more frequently compared to zoledronate
- Valproate medicines (Epilim▼, Depakote▼): Pregnancy Prevention Programme materials online