NHS
Coventry and
Warwickshire Partnership
NHS Trust

Medicines Matters

Medicines
Management

February 2024 (Volume 17 Issue 1)

Welcome to Medicines Matters! This bulletin is published monthly for all groups of staff working within the diverse range of services within Coventry & Warwickshire Partnership Trust. The bulletin aims to update staff on matters related to the Trust's Medicines Policy, and to highlight issues of current therapeutic interest. Electronic copies are available on the Trust internet. Underlined words are hyperlinks to relevant documents.

Current Therapeutic Interest

MMGs Updated Recently:

- **MMG 15**:Guidance for the Drug Administration by Injection and Infusion Including Intravenous Feeding. The MMG now includes reference to completed risk assessments available in Injectable Medicines Guide (Medusa) and staff need to ensure diluents are prescribed by a Dr or NMP as necessary
- **MMG34**: Procedure for the Writing Of Administration Chart For Regular And Controlled Drugs in Social Care settings, Special Schools, Health Respite Care (including day service), Urgent care and Reablement, Adult and Children's Community Nursing and Children's Continuing Care has been updated clarifying that all staff undertaking this role must be adequately trained and requires staff to work independently & use clinical discretion. Staff requiring supervision (e.g. nursing associates) are excluded from this role but may act as a second checker

SPC (Summary Product Characteristics) Changes

- Premarin (oestrogens, conjugated coated tablets - all strengths) SPC updated regarding the interaction of oestrogens with lamotrigine. Contraceptives containing oestrogens have been shown to reduce lamotrigine plasma concentrations due to induction of lamotrigine glucuronidation. It is expected that a similar interaction exists with HRT. Although the interaction between HRT and lamotrigine has not specifically been studied, it is expected that an interaction exists, which may lead to a reduction in seizure control
- Rivastigmine (Dr. Reddys hard capsules – all strengths). Warning added to SPC about risk of electrocardiogram QT prolongation. Caution is advised in patients with pre-existing/ family history of QTc prolongation or at higher risk of developing torsade de pointes. ECG monitoring may be

- **Valproate Update:** MHRA & EMA released guidance on the use of valproate.The new safety measures being introduced in UK are for male and female patients. Results of a study commissioned by the EMA suggest a small increased risk of neurodevelopmental disorders in children fathered by men on valproate in the 3 months prior to conception.
  - MHRA Patient Safety Alert issued detailing regulatory changes from 31st January 2024 which includes Valproate must not be started in new patients (male or female) younger than 55 years, unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply. The ICB (Integrated Care Board) are reveiwing guidance.
  - MHRA Valproate - new safety and educational materials to support regulatory measures in men and women under 55 years of age. The ICB response will inform determine how we implement the new regulatory requirements.; this will be communicated when available.

Drug Safety Updates from the MHRA (Medicines and Healthcare products Regulatory Agency)

- Aripiprazole (Abilify and generic brands): risk of pathological gambling.

Healthcare professionals prescribing aripiprazole are reminded to be alert to the risk of addictive gambling and other impulse control disorders. Healthcare professionals should advise patients, their families and friends to be alert to these risks. UK reports occurred in patients with and without a prior history of gambling disorder and the majority were reported to resolve upon reduction of dose or stopping treatment with aripiprazole

- Omega-3-acid ethyl ester medicines (Omacor/ Teromeg 1000mg capsules): dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors

Systematic reviews and meta-analyses of randomised controlled trials have highlighted a dose-dependent increased risk of atrial fibrillation in patients with established cardiovascular diseases or cardiovascular risk factors treated with omega-3-acid ethyl ester medicines compared to placebo

- Fluoroquinolone antibiotics: must now only be prescribed when other commonly recommended antibiotics are inappropriate

Systemic fluoroquinolones must now only be prescribed when other commonly recommended antibiotics are inappropriate. This follows a review by the MHRA which looked at the effectiveness of current measures to reduce the identified risk of disabling and potentially long-lasting or irreversible side effects.

- E-cigarette use or vaping: reminder to remain vigilant for suspected adverse reactions and safety concerns and report them to the Yellow Card scheme

Healthcare professionals should be vigilant for suspected adverse reactions and safety concerns associated with e-cigarettes and e-liquids, commonly known as vapes. Please report adverse reactions to the Yellow Card scheme and promote vigilance among patients.

- Vitamin B12 (hydroxocobalamin, cyanocobalamin): advise patients with known cobalt allergy to be vigilant for sensitivity reactions

The medicines used to treat vitamin B12 deficiency (hydroxocobalamin, cyanocobalamin) contain cobalt. Reports in the literature describing cobalt sensitivity-type reactions in patients being treated for vitamin B12 deficiency.

- *For further information / comments / queries please contact the Medicines Management Team at Wayside House on 024 76536836*
- *Partnership Trust Chief Pharmacist - David Tait (david.tait@covwarkpt.nhs.uk)*
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•**Turn over** for *Topic of the Month:* **Rapid Tranquilisation**

Topic of the month: **Rapid Tranquilisation** **(When is administration of a medicine PRN or RT? & Incident Reporting)**

Rapid tranquillisation is the use of medicine (normally oral or intramuscular) to help calm a person who is extremely distressed and is at risk of harm to themselves, or possibly those around them ; this is only normally used when other methods haven't worked. There is a Trust Policy Use of Rapid Tranquilisation in Inpatient Settings providing full guidance.

The aim of Rapid Tranquilisation (RT) is to safely and quickly achieve calming of the patient and achieve reduction in the patient's agitation/irritability sufficient to minimise the risk posed to the patient or others.
Sometimes there can be confusion as to whether a medicines is administered as 'PRN' (when required) or a RT (rapid tranquilisation).

When does PRN medication use become RT?

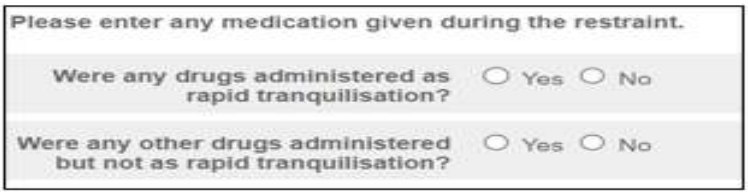
- **PRN** medication is given **proactively** to prevent acutely disturbed and/or violent incidents
- **RT** medication is given **reactively**, as a result of rapidly escalating situations, when violence is imminent or has commenced
- Nurses may only administer medication for RT that is written up on the RT section during periods of imminent or actual violence
- Nurses may not use medication written on the PRN as required section of the in-service users chart as rapid tranquillisation
- Only prescribe RT medication on the dedicated rapid tranquillisation section of the inservice users prescription chart
- Service users in an RT situation are highly stressed, have extreme emotions, often with extreme physical exertion, which places them at greater physical risk to problems with their RT medications, such as loss of airway, loss of consciousness, and/or respiratory/cardiovascular collapse and require additional monitoring
- More information around the difference between RT & PRN can be found in Appendix 9 of the Trust Policy

Ensuring Rapid Tranquilisation is reported correctly through the incident reporting system

- Access incident reporting system
- When initial information has been completed select 'Patient' on People involved in the incident

- Complete the patient details
- On the 'Was Restraint, de-escalation or seclusion used' section, select 'Restraint'

- Was medication administered during the restraint?



- **If Rapid Tranquilisation medication has been administered IM or Oral**

Ensure the box is ticked to confirm medication administered as Rapid Tranquilisation

- **If any medication is administered that is NOT Rapid Tranquilisation**

REMOVE 'Tick' if medication administered is NOT Rapid Tranquilisation

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