



Medicines Matters



Medicines
Management

Summer 2025 (Volume 18 Issue 2)

Welcome to Medicines Matters! This bulletin is published regularly 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

Drugs and Therapeutics Updates

The recent Drugs and Therapeutics Meetings have seen the reapproval of a number of our [Medicines Manual Guidance \(MMG\)](#) documents. All are now uploaded on our webpages.

MMG	Subject	Key Changes
1	Authority to supply/administer medicines	Now with references to EPMA
5	Transport of medicines	Now links to MMG 26 (controlled drugs) New Audit trail tool
6	Disposal of medicines	Consideration for patients bringing medicines into inpatient services Posters supporting appropriate use of the pharmaceutical waste bins now in the Appendix (See also back of this newsletter)
8	Prescription Charges	General updates
9	Patient Consent to Treatment with Medication	General updates around EPMA processes and also to the Appendix describing consent issues and the Mental Health Act
12	Authorisation / administration of pre-agreed medication for minor ailments	Title now clarifies that this is for <i>minor ailments</i> . References to EPMA. Section 4 now references that transcribing is to the <i>PRN section</i> of the administration chart.
17	Community teams	General updates to this MMG which supports ordering, handling and storage of medicines in the community
19	Reporting and managing incidents involving medication	Now refers to <i>incidents</i> rather than <i>errors</i> . New link to the Just Culture guide to support decision making after a medication incident.
20	Adverse drug reaction reporting	Updated links and contacts
21	Drug alerts and defective medicines	Updated links and contacts. Note that any defective medicines should be segregated and the issuing pharmacy contacted for advice.

Other Re-approved Guidance:

[Clozapine Community Initiation](#) - now additionally notes that "It would be good practice to encourage patients to bring back all their medications to each appointment to enable medicines reconciliation to be undertaken. This enables the prescriber to ensure safe and appropriate continued dosing."

[Alcohol Detoxification](#) - Now includes guidance on the use of IM thiamine - alternative if IM Pabrinex is unavailable.

Recent Audits

(Click on title for link to the Audit Report Summary)

Audit	Key Action Points for improvement
2024 Controlled Drug Audit	Ensure familiarity with MMG26 . Accurate and timely recording. Sign and date on receipt of CD orders. Check and reconcile stock levels daily. CD record entries - sign for by two nurses, or one nurse and another responsible person. Any errors in the CD register should not be obliterated, crossed out or overwritten - bracket and add a footnote.
Rapid Tranquillisation (POMH 16c)	Ensure continued monitoring post RT in line with the RT Policy (Appendix 3) Ensure a prompt post incident debrief. Patient's care plan to identify triggers or early warning signs, and acknowledge patient's wishes for any future RT plan.
Melatonin (POMH 21b)	Document: Non-pharmacological treatment interventions before melatonin is prescribed. Discussions with patient/parent/carer if a melatonin prescription is off-label. Review and therapeutic effect quantified of melatonin

SPC Updates (Source [EMC](#)):

Baclofen - encephalopathy reported in patients receiving therapeutic doses - reversible after treatment discontinuation. Symptoms included somnolence, depressed consciousness, confusion, myoclonus & coma.

MST (morphine sulfate) Continus prolonged release tablets. New MHRA advice: therapeutic indication now restricted to prolonged relief of severe and intractable pain. The SPC now notes a reduction in dosage may be advisable in the elderly. Advice to use with caution following abdominal surgery as morphine impairs intestinal motility and should not be used until physician is assured of normal bowel function.

In the Press - An article in the [Pharmaceutical Journal](#) highlights the dangers of propranolol for anxiety. Despite warnings issued 5 years ago, experts say there is still not enough being done to protect patients. Bath & North East Somerset have published advice for prescribers. To mitigate risks, prescribers should consider the measures listed for repeat prescriptions and avoid initiating new prescriptions:

- ✓ Check patient's history for evidence of suicidal ideation and self-harm (particularly overdosing);
- ✓ Review regularly;
- ✓ Prescribe the lowest effective dose;
- ✓ Limit the quantity of tablets prescribed;
- ✓ Audit prescribing to understand current practice.

Prescribers also advised to review people who have been prescribed propranolol & who have increased risk factors (e.g. anyone co-prescribed antidepressants). Prescribers should be aware of the high prevalence of psychiatric comorbidities associated with a diagnosis of migraine.

- For further information / comments / queries please contact the Medicines Management Team at Wayside House on 024 76536836
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Pharmaceutical Waste Bins

When & how to use the blue & purple lidded pharmaceutical waste bins?

Blue Lidded Bins



- For disposal of all medicines (*including dropped/spat out doses – but see MMG26 for CD disposal*) **except** cytotoxic & cytostatic medicines

Put medicines in bin as below:

- TABLETS/CAPSULES – in blister or bottle
- PATCHES/TOPICAL – immediate packaging only
- AMPOULES/VIALS: part used/used
- UNUSED INJECTIONS WITHOUT NEEDLES – immediate packaging only
- SUPPOSITORIES/PESSARIES – foil/wrapper only
- INHALER/SPRAYS – metal cannister or spray only
- PHARMACEUTICAL LIQUIDS/DROPS (contents & bottle)
- MEDICINE TOTS with residue

Purple Lidded Bins



- For disposal of cytotoxic & cytostatic medicines **only** as below:
 - See Appendix 2 for full list but includes all chemotherapy, hormonal medicines (e.g. estradiol/progesterone), chloramphenicol

Put medicines in bin as below:

- TABLETS/CAPSULES – in blister or bottle
- PATCHES/TOPICAL – immediate packaging only
- AMPOULES/VIALS: part used/used
- PRE-FILLED SYRINGES (without needles) – immediate packaging only
- SUPPOSITORIES/PESSARIES – foil/wrapper only
- INHALER/SPRAYS – metal cannister or spray only
- PHARMACEUTICAL LIQUIDS/DROPS (contents & bottle)
- Lancets/syringes



What not to put in pharmaceutical waste bins?

- CONTROLLED DRUGS – contact Medicines Management (see MMG26)
- BOXES/PACKAGING/TABLET BOTTLES - put in general waste after removing label with patient details (confidential waste)
- SHARPS/MEDICINES WITH INTEGRATED NEEDLES (use sharps bin)
- USED DRESSINGS (clinical waste)
- PAPER TOWELS
- HAZARDOUS SUBSTANCES (contact medicines management)
- UNIDENTIFIABLE SUBSTANCES (contact medicines management)
- CYTOTOXIC & CYTOSTATIC DRUGS in blue lidded bin
- Lancets/syringes
- Do not fill above the 'bin is full' line

Waste must not be stored for longer than 18 months. For a replacement bin or when bin is full to the line, contact Trust Hygiene Services Ltd on 0370 3500 988 to arrange collection

Any queries contact Medicines Management tel: 024 76536836 or email: medicines.management@covwarkpt.nhs.uk

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