



# Medicines Matters



**Medicines  
Management**

**Christmas 2025** (Volume 18 Issue 4)

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
18	<a href="#">Guidance for unlicensed Medicines</a>	Updated Appendix 5 - List of D&T approved use of unlicensed medicines with references. Prescribers may choose to prescribe these unlicensed medicines for the specified indications on a case-by-case basis, without completing an unlicensed request form.
30	<a href="#">Glossary</a>	Now also defines roles of Advanced Clinical Practitioner, Approved Clinician, Trainee Advanced Clinical Practitioner and Trainee Consultant Nurse
33a	<a href="#">Guidance and procedure for the administration of medicines to those with swallowing difficulties</a>	New links to PrescQIPP Specials Database, and the Specialist Pharmacy Service publication "Choosing medicines formulations in swallowing difficulties" Updated Appendix 1 - Steps to follow for "Patients who have difficulties swallowing standard dose forms"
33b	<a href="#">Guidance and procedure for the administration of medicines via feeding tubes</a>	New links to PrescQIPP Specials Database, and the Specialist Pharmacy Service publication "Administering a medicine through an enteral feeding tube" Updated Appendix 1 - Steps to follow for "Patients with feeding tubes" Updated Appendix 3 - Examples of medicines that interact with feeds"

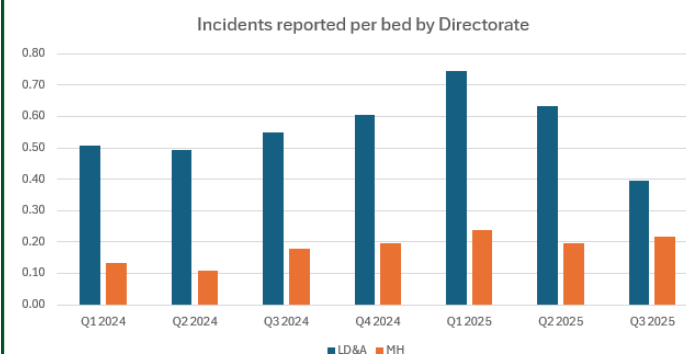
**Other Guidance approved/noted at D&T and available on our webpages:**

- [Aripiprazole 2 monthly Depot](#) Specialist Initiation Drug Checklist approved. This has now also been approved by the [Area Prescribing Committee](#) and will be available on their website in the New Year.
- [Audit report on Opiate Medications](#) in inpatient mental health services (POMH 24a) shared at D&T. Standards for improvement include: use of pain ladder and use of alternative analgesia before prescribing opioids, documentation of pain plan, review of medication and assessment of side-effects. See the [full report](#) for all details.
- [Flow chart for External Request for Medicines](#) on transfer to A&E/Acute Trusts - approved.

### Good Practice Points for Local Action

#### Medicines Incident Reporting rates

- Reporting of incidents is vital to enable the Trust to learn from incidents and thereby help to reduce the potential of harm.
- There is no set requirement for the level of incidents being reported **but lower levels of reporting may indicate not all incidents are being reported. Please report!**
- Analysis of recent reporting rates shows a difference in the level of reporting between LD&A (blue) and MH areas (orange)



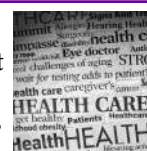
#### MMG19 describes guidance for reporting and managing incidents involving medication

Our Trust use 'The being fair tool' to support decision making for patient safety incidents to ensure that staff are not treated unfairly after a patient safety incident.

- Please ensure that you are familiar with MMG19
- Incidents should be reported through the [Incident Reporting System](#)

### In the Press -

**Bipolar disorder: Assessment and Management (CG185)** The clinical guidance has been updated to include updated recommendations on valproate, in line with MHRA advice



**Clozapine-associated Pulmonary Embolism.** A report in the [British Journal of Psychiatry](#) reviewed UK pharmacovigilance data from 1990–2022

Analysis of yellow card reports of clozapine-associated pulmonary embolism (n=339) found a high fatality rate (48%), which was not associated with dose (mean 336.7mg). Those who died were more likely to be obese (OR 2.61; 95% CI 1.44–4.91) and to be sedentary (6.07; 1.58, 39.9). It was concluded that "Clozapine-related pulmonary embolism is a significant concern with a high fatality rate. This risk necessitates a **proactive approach to not only prevention, but also early recognition and management.**"

- For further information / comments / queries please contact the Medicines Management Team at Wayside House on 024 76536836
- Partnership Trust Chief Pharmacist - Sarfraz Bolia ([sarfraz.bolia@covwarkpt.nhs.uk](mailto:sarfraz.bolia@covwarkpt.nhs.uk))
- Newsletter authors - Heather Beadle and Tracy Ewing, Partnership Trust Clinical Governance Pharmacists ([clingov.pharmacist@covwarkpt.nhs.uk](mailto:clingov.pharmacist@covwarkpt.nhs.uk))

## Medicines Matters Christmas 2025 - Topic: CDs - Top Tips for Best Practice





Medicines Management support all areas across the Trust to help ensure safe practice with controlled drugs storage and handling.

A 3-monthly audit of compliance to standards is also undertaken. This highlights areas of good practice, and also areas where compliance to standards could be improved. There are 25 standards audited, most standards are consistently met, but **some standards need more attention**.

This article highlights our key areas for improvement.

- **Please read carefully and put into action**
- **Share with others to raise awareness**
- **MMG26 guidance brings all the information on safe and secure handling of controlled drugs together. Please take time to read through it!**

**Unsure or any questions or concerns around CD's – please contact the Medicines Management Team for support**

	There should be signatures and dates in the ward <b>CD Order Book</b> (pink copy) to demonstrate receipt of CD	<div><b>Guide to Receiving CDs</b></div> <div></div> <div><p>On receipt of supplies of a CD and the order book by a ward or department, two nurses – one of whom is a registered nurse – should CHECK the drugs against the copy requisition.</p><p><b>If all is found to be correct, the copy requisition is signed and dated and the order book retained in the ward or department.</b></p><p>If there is any discrepancy, the pharmacy should be notified at once.</p></div> <div></div> <div><ul style="list-style-type: none"><li>CDs are ordered on the <b>WHITE</b> page</li><li>When receiving the order <b>TURN THE PAGE OVER</b> to the <b>PINK</b> page. (Which has a RECEIVED BY line)</li><li><b>Sign and date</b> on the RECEIVED BY line</li><li>Ensure details are added into the CD Register</li></ul></div>																																																										
	CDs with CD recording requirements - entries in the ward <b>CD Record Book</b> should demonstrate details of receipt of these drugs (including Serial/requisition number)																																																											
	Each <b>entry for administration or supply</b> in the record book should have:	<ul style="list-style-type: none"><li>• Date</li><li>• Time of administration</li><li>• Patient's name</li><li>• Dose/quantity of medication</li><li>• Two signatures</li><li>• Balance remaining documented</li></ul>																																																										
	<b>Controlled Drug balance checks</b> should be completed daily (or as detailed in MMG26)	<div><b>RECORD OF BALANCE CHECK OF CONTROLLED DRUGS</b> - attach to inside of front cover of CD Register or alternatively within the ward "daily check" folder</div> <div><table><tr><td colspan="4">WARD</td><td colspan="4">YEAR</td></tr></table><p><b>NOTES:</b> 1. CD balances must be checked daily by 2 nurses. One must be a qualified nurse the other must be a qualified nurse, student nurse, authorised member of staff or a member of Medicines Management. Signatures signify that ALL the controlled drugs listed in the register have been checked against the stock held on the ward and ALL balances have been found to be correct at that time. Please note it is appropriate to estimate the volume of liquids.</p><p>2. DAILY check must confirm that the stock balance of Controlled Drugs matches that in the records.</p><p>3. These records are to be permanently retained. Further copies available from Medicines management.</p><table><tr><td>Date</td><td>Time</td><td>Signature 1</td><td>Signature 2</td><td>Date</td><td>Time</td><td>Signature 1</td><td>Signature 2</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></div>	WARD				YEAR				Date	Time	Signature 1	Signature 2	Date	Time	Signature 1	Signature 2																																										
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	<b>Changes to entries</b> in the Controlled Drug Record book <b>must</b> be made in line with the MMG26 so that the original entry is still visible with no cancellation or obliteration/ crossing out/over-writing	<div><p><b>Do NOT cross through or amend entries:</b></p></div> <div><p><b>To correct:</b></p></div> <div><p>(Zomorph)</p><p>NAME, FORM OF PREPARATION AND STRENGTH: Morphine Sulfate 10mg M/R tabs 79</p><table><tr><td colspan="4">AMOUNT(S) OBTAINED</td><td colspan="4">AMOUNT(S) ADMINISTERED</td><td rowspan="2">STOCK BALANCE</td></tr><tr><td>Amount</td><td>Date Received</td><td>Serial No. of Requisition</td><td>Date</td><td>Time</td><td>Patient's Name</td><td>Amount given</td><td>Given by (Signature)</td><td>Witnessed by (Signature)</td></tr><tr><td>1x60</td><td>12/5/23</td><td>CD1</td><td>12/5/23</td><td>15:00</td><td>Stock received from Pharmacy</td><td>ZA</td><td>B.C</td><td>B.C</td><td>60</td></tr><tr><td></td><td></td><td></td><td>12/5/23</td><td>20:00</td><td>Phineas Gage 1x10mg</td><td>ZA</td><td>B.C</td><td>B.C</td><td>59</td></tr><tr><td></td><td></td><td></td><td>13/5/23</td><td>8:00</td><td>Phineas Gage 1x10mg</td><td>D.C</td><td>A.O</td><td>A.O</td><td>58</td></tr><tr><td></td><td></td><td></td><td>13/5/23</td><td>20:00</td><td>Phineas Gage 1x10mg</td><td>D.C</td><td>A.D</td><td>A.D</td><td>57</td></tr></table><p>Corrected forward from page number: 12/5/23 15:00</p><p>12/5/23 15:00 Stock received from Pharmacy ZA B.C B.C 60</p><p>12/5/23 20:00 Phineas Gage 1x10mg ZA B.C B.C 59</p><p>13/5/23 8:00 Phineas Gage 1x10mg D.C A.O A.O 58</p><p>13/5/23 20:00 Phineas Gage 1x10mg D.C A.D A.D 57</p><p>* error - should have 10mg x1 D.C/A.D.</p></div>	AMOUNT(S) OBTAINED				AMOUNT(S) ADMINISTERED				STOCK BALANCE	Amount	Date Received	Serial No. of Requisition	Date	Time	Patient's Name	Amount given	Given by (Signature)	Witnessed by (Signature)	1x60	12/5/23	CD1	12/5/23	15:00	Stock received from Pharmacy	ZA	B.C	B.C	60				12/5/23	20:00	Phineas Gage 1x10mg	ZA	B.C	B.C	59				13/5/23	8:00	Phineas Gage 1x10mg	D.C	A.O	A.O	58				13/5/23	20:00	Phineas Gage 1x10mg	D.C	A.D	A.D	57
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