Kent and Medway Medicines Optimisation Team July 22

Round up from July 22 News updates

Alerts

Articles

- A reminder for primary care prescribers – Hypomagnesaemia associated with Proton Pump Inhibitors (PPIs)
- Reminder of Potassium Permanganate CAS Alert- Inadvertent Oral Administration of Potassium Permanganate
- Asthma and Nebulisers
- Dapagliflozin for treating Chronic Kidney Disease (CKD)
- Kent and Medway Managing Deterioration Management tool – RESTORE2
- Best Practice Guidance for Care Homes

A reminder for primary care prescribers – Hypomagnesaemia associated with Proton Pump Inhibitors (PPIs)

Severe hypomagnesaemia has been reported infrequently in patients treated with PPIs although the exact incidence is unknown. This was also discussed in an MHRA Drug Safety Update in 2014 (here), which gives the following advice:

Advice for healthcare professionals:

- consider measurement of magnesium levels before starting PPI treatment and periodically during prolonged treatment, especially in
- those who will take a PPI concomitantly with digoxin or drugs that may cause hypomagnesaemia (e.g. diuretics)
- take into account any use of PPIs obtained over-the-counter

Advice for patients:

- if you are currently taking non-prescription PPIs, do not use them for more than 4 weeks without consulting a doctor
- see your doctor if you experience symptoms of hypomagnesaemia (eg, muscle twitches, tremors, vomiting, tiredness, loss of appetite) while taking PPIs

- Summaries of Product Characteristics (SmPC) for PPIs state: “Severe hypomagnesaemia has been reported in patients treated with PPIs for at least three months, and in most cases for a year. Serious manifestations of hypomagnesaemia such as fatigue, tetany, delirium, convulsions, dizziness and ventricular arrhythmia can occur but they may begin insidiously and be overlooked. In most affected patients, hypomagnesaemia improved after magnesium replacement and discontinuation of the PPI.” (SmPC for Omeprazole, Rabeprazole, Lansoprazole, Pantoprazole (here).

Reminder of Potassium Permanganate CAS Alert- Inadvertent Oral Administration of Potassium Permanganate

As featured in our April 2022 newsletter, we would like to remind practices that a joint National Patient Safety Alert has been issued by the NHS England and NHS Improvement National Patient Safety Team and the British Association of Dermatologists on the risk of inadvertent oral administration of potassium permanganate. Potassium permanganate is supplied in concentrated forms (either as a tablet or a solution) which require dilution before use. These concentrated forms resemble an oral tablet or drink and if ingested are highly toxic.

A Patient Safety Alert issued in 2014 highlighted incidents where patients had inadvertently ingested the concentrated form, and the risks in relation to terminology and presenting tablets or solution in receptacles that imply they are for oral ingestion, such as plastic cups or jugs. A review of the National Reporting and Learning System over a two-year period identified that incidents of ingestion are still occurring. One report described an older patient dying from aspiration pneumonia and extensive laryngeal swelling after ingesting potassium permanganate tablets left by her bedside.

Action to be completed by 4th October 2022

Review the overall use of potassium permanganate to consider if the benefit outweighs the risk.

Ongoing actions in primary care:

- Potassium permanganate concentrate should always be prescribed for a named patient by a primary care prescriber, experienced in the treatment of dermatological conditions and use of potassium permanganate. It should always be prescribed as an acute prescription.
- Potassium permanganate concentrate must be prescribed as ‘Potassium permanganate 400 mg tablets for cutaneous solution’ with clear instructions that the concentrated form must be diluted in water as directed to obtain a 0.01% (1 in 10,000) or more dilute solution, to use the diluted solution as a soak, and that it is ‘HARMFUL IF SWALLOWED’.

- Potassium permanganate concentrate must be prescribed as 30 ‘tablets’, to ensure original pack dispensing.
- If potassium permanganate is to be used in a patient’s home, a risk assessment must be undertaken before prescribing.

Asthma and Nebulisers

It is not advised for anyone with Asthma to have a home nebuliser. There is a danger that they may stay at home, and try to manage symptoms, when they should not delay in attending A&E, for treatment of the underlying cause of their poor control.

One of the key recommendations of the National Review of Asthma Deaths 2014, states “where loss of control is identified, immediate action is required, including escalation of responsibility, treatment change and arrangements for follow-up.”

As soon as a person with Asthma is poorly controlled enough to potentially need a nebuliser they should call 999 for specialist life-saving treatment. Personal Asthma Action Plans advise that if these people are struggling to breathe, they can use 10 puffs of a Salbutamol inhaler via a spacer, each puff at 30 second intervals, and to call for an ambulance.

We would advise that if an Asthma patient asks for Salbutamol nebules, because they have bought a nebuliser, the above advice is reinforced and nebules not prescribed.

Dapagliflozin for treating Chronic Kidney Disease (CKD)

NICE TA775 Dapagliflozin for treating chronic kidney disease was published on 9th March 2022.

Formulary status:

The status of Dapagliflozin on NHS Kent and Medway formularies has been extended to cover the treatment of chronic kidney disease for initiation in primary or secondary care, with long-term prescribing continued in primary care. It was already on formulary for initiation in primary care for Type 2 diabetes mellitus and for specialist initiation for chronic heart failure with reduced ejection fraction (HFrEF).

NHS Kent and Medway Primary care Guidance:

A quick reference guide has been developed to support implementation. This is available either on the formulary website or the usual platform used for holding local guidance e.g. DORIS, link below.

https://www.medwayswaleformulary.co.uk/media/1459/dapagliflozin-in-ckd-guide-1.pdf

Action for practices:

Please familiarise yourselves with the NICE TA and NHS Kent and Medway Primary Care Guidance.

Please ensure the indication for initiating dapagliflozin is added to the patient's record (can be done by linking the associated 'problem' to dapagliflozin) and also the indication should be added to the dosage directions.

Kent and Medway Managing Deterioration Management tool – RESTORE2

RESTORE2 is a physical deterioration and escalation tool for care/nursing homes based on nationally recognised methodologies including early recognition (Soft Signs), the national early warning score (NEWS2) and structured communications (SBARD).

It is designed to support homes and health professionals to:

- Recognise when a resident may be deteriorating or at risk of physical deterioration
- Act appropriately according to the resident's care plan to protect and manage the resident
- Obtain a complete set of physical observations to inform escalation and conversations with health professionals
- Speak with the most appropriate health professional in a timely way to get the right support
- Provide a concise escalation history to health professionals to support their professional decision making.

This video https://vimeo.com/368051959 gives more info on how RESTORE2 can be used to spot signs of deterioration.

For an insight into the process of implementing RESTORE2, and how it can help with staff development and retention, read this interview with Fugen Fleming, Registered Manager at The Chase and Janet Young, Registered Care Home Manager at Littlebourne House.

Register on Eventbrite to attend through this link: https://www.eventbrite.co.uk/e/restore2-training-sessions-for-kss-care-homes-tickets-152691280731

There is no deadline to sign up however please note tickets are allocated on a first come first serve basis, therefore please book early to avoid disappointment. To find out more about RESTORE2 and KSS PSC's training email Kerry Dudley:kerry.dudley5@nhs.net

Best Practice Guidance for Care Homes

A reminder that the integrated care team have developed several medicines management best practice guidance for use within care homes across Kent and Medway. These will be available on the local formulary websites shortly. Please find the documents embedded below. The best practice guidance aims to support care home staff to deliver safe and effective medicines management to residents within care homes.

If you require any help or support, or have any questions please email the following address:
KMCCG.ICMOPharmacyteam@nhs.net

Link to guidance below

https://www.medwayswaleformulary.co.uk/guidancepathways/care-home-best-practice-guidance/