

Vol. 6: Issue 4 - September 2025



***MEDwatch** is the e-bulletin for all NHS Grampian Staff who are involved with patients and medicine management.*

Its aim is to improve the safety of medicines by sharing learning, and encouraging adverse event reporting from all staff groups.

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MHRA Safety Roundup

Latest MHRA Roundups:

- [August 2025](#)
- [July 2025](#)

Alerts, Notices & Shared Learning

MHRA Drug Safety Alert

Paracetamol in Pregnancy

Please see weblink to MHRA drug safety update [Paracetamol and Pregnancy - reminder that taking paracetamol during pregnancy remains safe](#).

Shared Learning Summaries

Risks associated with co-prescribing methotrexate and trimethoprim or co-trimoxazole

Learning points were shared in July 2021 following incidents where patients were co-prescribed methotrexate and trimethoprim.

There has been a recent increase in adverse events reports in both Primary and Secondary care where patients taking methotrexate have also been prescribed either trimethoprim or co-trimoxazole.

There is a risk of nephrotoxicity and haematological toxicity when co-prescribing methotrexate and trimethoprim or co-trimoxazole and as such should be avoided.

Electronic prescribing systems in Primary and Secondary care will not prevent the prescriber from prescribing medicines with interactions, however, Hospital Electronic Prescribing and Medicines Administration (HEPMA) does trigger a “conflict log”.

No harm is known to have been caused to the patients involved in the recent events but it has highlighted the need to regularly raise awareness of the risks.

The full [Shared Learning Notice](#) which also links to the July 2021 Learning Points can be found on the [Medication Safety](#) Intranet pages.

Formulation of Oral Buprenorphine Products

Submitted by Bethany Potter, Specialist Pharmacist in Substance and Medicines Use.

Substance Misuse Clinical Services, across NHS Grampian have recently moved away from prescribing Suboxone (combination product containing buprenorphine and naloxone) to generic oral sublingual buprenorphine as the first line product for opioid replacement therapy.

Oral buprenorphine products are available in sublingual and supralingual formulations. The three different oral buprenorphine products licensed for opioid replacement therapy are:

- Buprenorphine sublingual tablets – first line product in NHSG
- Buprenorphine and naloxone sublingual tablets (Suboxone®) – no longer recommended for use in NHSG
- Buprenorphine oral lyophilisates (Espranor®)- Restricted use in NHSG to patients who would benefit from faster dissolution time or who are suspected of attempting to divert medication

Espranor® oral lyophilisate is the only licensed supralingual product.

Sublingual and supralingual products are NOT directly interchangeable due to differences in bioavailability.

When using prescribing systems care should be taken to select the correct generic buprenorphine option. For generic sublingual buprenorphine (first line) select buprenorphine sublingual tablets sugar free. For Espranor select buprenorphine oral lyophilisate sugar free. There have been a number of errors in clinicians selecting the wrong generic formulation, in the most part this has been selecting buprenorphine oral lyophilisate instead of buprenorphine sublingual.

People should be aware of the differences when prescribing and issuing oral buprenorphine products.

The NHS Grampian Buprenorphine Guidance is currently being update to reflect these changes and will be published in due course.

Buprenorphine SL products (with or without naloxone)	Equivalent approximate Espranor dose
24mg-32mg	16mg-18mg
20mg-24mg	16mg-18mg
10mg-18mg	8mg-16mg
2mg-8mg	2mg-8mg

New e-Learning Modules

Alison Milne, Endocrine Specialist Nurse has shared the following and would encourage clinical staff to complete the new eLearning course: **Adrenal Crisis – recognition, prevention, and treatment.**

A 20-minute eLearning course is available on Turas to support any clinical staff treating people who receive steroid therapy and hold a Steroid Emergency Card. The course will

enable staff to identify people at risk of an adrenal crisis and correctly identify signs and symptoms. An adrenal crisis can be prevented when prompt treatment is administered.

To complete the course, follow this link <https://learn.nes.nhs.scot/82661> (log-in required) or search 'Adrenal crisis: recognition, prevention and treatment' on Turas.

Further information on treatment is available here: [Adrenal Crisis | Society for Endocrinology](#)

For specialist advice email the Endocrine Specialist Nurses gram.steroidadvice@nhs.scot

Steroid Emergency Card (Adult)

Healthcare Improvement Scotland NHS Grampian

IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF
THIS PATIENT IS PHYSICALLY DEPENDENT ON DAILY STEROID THERAPY as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment. Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.

Name
Date of birth CHI Number
Why steroid prescribed
Emergency Contact

When calling 999 or 111, emphasise this is a likely adrenal insufficiency/Addison's/Addisonian crisis or emergency AND describe symptoms (vomiting, diarrhoea, dehydration, injury/shock).

EMERGENCY TREATMENT OF ADRENAL CRISIS

- 1) Immediate 100mg Hydrocortisone i.v. or i.m. injection followed by 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5% OR 50mg Hydrocortisone i.v. or i.m. four times daily. (100mg if severely obese)
- 2) Rapid rehydration with Sodium Chloride 0.9%
- 3) Liaise with endocrinology team

For further information scan the QR code or search <https://www.endocrinology.org/adrenal-crisis>

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New or Updated Policies/Guidance

[Policy and Procedures for Prescribing, Preparation and Administration of Injectable Medicines and Infusions in Near Patient Areas by Clinical Staff Working Within NHS Grampian](#)



[#MedSafetyWeek](#) is an annual social media campaign to encourage the reporting of suspected side effects to the Medicines & Healthcare products Regulatory Agency (MHRA). This year's campaign takes place between 3rd -9th November and the theme is '**we can all make medicines safer**'. Areas are being encouraged to participate by raising awareness of reporting adverse drug reactions to the MHRA via the Yellow Card. Please get in touch with Lindsay Cameron, Medication Safety Advisor (lindsay.cameron2@nhs.scot) who can advise on what resources materials are available.

Contact

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