# Vol. 6: Issue 1 - February 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 Drug Safety Newsletters**

Latest MHRA Drug Safety Newsletters:

- January 2025
- December 2025

# **Alerts, Notices & Shared Learning**

**NHS Grampian HEPMA User Alert:** Prescribing "As Required Therapy" for Patients with a Palliative Syringe Driver Prescription and Administration Record (PAR)



#### **SITUATION**

We are aware there has been some confusion relating to the process for prescribing "as required therapy" for patients with a paper Palliative Syringe Driver Prescription and Administration Record (PAR). It has been highlighted that there is inconsistency in practice with some prescribers prescribing "as required therapy" in HEPMA and others prescribing on the Palliative Syringe Driver PAR. When "as required therapy" is prescribed in HEPMA, the "as required therapy" section of the Palliative Syringe Driver PAR is not always crossed off, making it appear that there is no "as required therapy" for the patient.

## This presents a risk as:

- Nursing staff may not know when the "as required therapy" has been prescribed on the paper chart rather than in HEPMA.
- A different prescriber may re-prescribe the "as required therapy" in HEPMA/on the Palliative Syringe Driver PAR, not knowing that it is already prescribed.
- Patients may have these medicines omitted unnecessarily or a duplicate dose administered resulting in avoidable harm.

#### **BACKGROUND**

The prescribing of most regular medicines, with the exception of infusions and medicines that require a specialist prescription chart, and ALL "as required therapy" moved to HEPMA when HEPMA was rolled out across NHS Grampian. The Palliative Syringe Driver PAR currently has sections for both regular and "as required" therapy. Our HEPMA system does not yet have functionality to allow the prescribing of continuous infusions with multiple drug components, therefore the use of the Palliative Syringe Driver PAR is still necessary.

### **ASSESSMENT**

To ensure consistency with prescribing "as required therapy" the "as required therapy" section of the Palliative Syringe Driver PAR should be crossed off and these medicines should be prescribed in HEPMA.

## **RECOMMENDATIONS/ACTIONS**

#### Prescribers:

- When using the Palliative Syringe Driver PAR ensure the "as required therapy" section is crossed off and these medicines are prescribed in HEPMA.
- Where a continuous infusion is also prescribed on the Palliative Syringe Driver PAR, a
  placeholder should be added to the HEPMA record ('Subcutaneous Infusion As per
  Syringe Pump Chart').

## Nursing:

- Check both HEPMA and paper charts before administering medicines.
- Alert prescribers when "as required therapy" has been prescribed on the paper Palliative Syringe Driver PAR and request this is moved to HEPMA.

## Pharmacy:

• Highlight to prescribers and nursing staff when discrepancies in where "as required therapy" has been prescribed are identified.

**ENQUIRIES:** HEPMA Pharmacy Team: gram.hepmapharmacyteam@nhs.scot

**Sharing Learning Points** 

LOCALLY



**Shared Learning:** Misunderstanding between "mg" and "ml"

Shared by Palliative Care Colleagues

Ketamine is prescribed by palliative medicine specialists for difficult to manage neuropathic pain. Sometimes also ischaemic vascular pain. The patients are usually started on it as inpatients. However occasionally it has been started in the community after discussion with the specialist and supported by the community Macmillan nurses.

Oral ketamine is available as a 50mg in 5ml Solution. The usual starting dose is 10mg which is 1ml. There have been at least 2 recent alarming episodes when patients took 10mls which is 100mg by mistake so 10 times the prescribed dose. One patient required admission and the other was able to be managed at home. Due to feeling more unwell they realised they had taken too much and did not continue to do so.

The team at Roxburghe just wished to highlight the importance of recognising the difference between milligrams and millilitres. It is essential to explain this to patients and check that they know exactly how much they should take. Small syringes may also need to be provided to allow for accurate measurement.

The Scottish Palliative Care Guidelines contain information on Ketamine prescribing aimed at health professionals and also a link to a patient information leaflet. Ketamine should never be started without specialist advice. In Grampian please contact Roxburghe House in Aberdeen on 01224 557057 if any advice is required.

Ketamine Prescribing Information: <a href="https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/medicines-information/ketamine/">https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/medicines-information/ketamine/</a>

Ketamine Patient Information Leaflet: <a href="https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/patient-information-leaflets/ketamine-for-nerve-pain-patient-information-leaflet/">https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/patient-information-leaflets/ketamine-for-nerve-pain-patient-information-leaflet/</a>

# **Updates**

The following resources have been updated to incldue current products and codes available in PECOS:

<u>Sustainable alternatives to plastic medicines pots and spoons</u> paper medicines pots are now available via NDC.

<u>Filters Used in NHS Grampian for Preparing and Administering Intravenous (IV) Medicines in Clinical Areas</u> updated with products available from PECOS.

# Contact

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