

the Pink One newsletter - edition 141

October 2026



The Pink One newsletter is intended for prescribers in North Highland. It is edited by the Highland Formulary Team and published under the auspices of NHS Highland Area Drug and Therapeutics Committee. This and previous editions are available via [TAM](#).

If you would like to raise awareness of any medicine or prescribing issues then why not write a short feature for the Pink One? We are considering articles for the next issue and would like to hear from you, contact nhsh.formulary@nhs.scot.

- *Tips: To jump to an article, click the button on the bottom left of your screen.*
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Reminder: Medicines for weight management are currently NOT recommended to be prescribed in NHS Highland



Referral to the Dietetic service does NOT lead to a prescription for weight loss medicine.

It is important that referrers are clear about what the service provides and patients understand what they are consenting to when a referral is made. There have been increasing instances of patients presenting with an expectation of getting weight loss medicines and becoming angry and frustrated when they are told this is not the case. The service has zero tolerance of aggressive behaviours. Discussions are ongoing to develop prescribing pathways to enable the equitable supply for those who need them most. However, we know that patients receive these medications outside of local recommendations and useful patient information about these medicines and lifestyle advice is needed.

The Dietetic Service recommends the BDA leaflet: [A guide to eating and living well while taking medications for obesity.](#)

For anyone considering starting medications for obesity, crucially, the often side-lined 'wrap around' support is needed for long-term success, including muscle-strengthening activity and healthier lifestyle changes, alongside clear information about how the medications work and their potential side effects. The resources on this leaflet are freely available to patients, carers and professionals and have been developed through a process involving people living with obesity, those taking medications for obesity, dietitians and other healthcare professionals.

If patients need individual assessment and tailored advice on diet then please refer them to the service via SCI Gateway or if this is not possible, via the generic email. For more information see: [Weight and Health \(Guidelines\) | Right Decisions](#).

This service has been developed with the principles of trauma sensitive practice and considers wider life circumstances as well as lifestyle, supporting individuals to make meaningful and sustainable changes. Moving away from cycles of dieting, restriction and preoccupation with food and weight, and instead focusing on self-care and resilience to manage.

Please ensure referrals to Dietetics are made in line with current NHS Highland guidance.

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The 3T's



Think Diabetes: ask about 4T symptoms (thirst, toilet, tired and thinner) including when presenting with complaints, such as constipation, bed wetting and infection.

Test Today: ideally blood glucose test at practice

Telephone Today: refer urgently to the on-call Paediatric team. They are happy to take referrals for diabetes symptoms, even if you have been unable to do a blood test.



REDUCING DKA AT DIAGNOSIS

New Diabetes in Children is an Emergency

Diabetes is increasingly common in young children and can be harder to recognise



Higher risk
of death and HDU care



Worse long-term
Glucose control



Impact on
the developing brain

Think Diabetes: The 4T's + Other Signs



TOILET

- Passing urine more often
- Very wet / heavy nappies
- New bedwetting



THIRSTY

- Always thirsty
- Getting up at night to drink



THINNER

- Unexplained weight loss
- Clothes becoming loose



TIRED

- Unusual tiredness
- Reduced energy levels
- Falling asleep at school/ nursery



Other Signs – Ask about 4T's

- Thrush in the over 1's
- Balanitis
- New onset constipation

Test Today



With a near patient blood glucose monitor (NOT a lab glucose)
If you are unable to do a blood glucose but suspect diabetes – REFER
Don't be reassured by a normal result in a fasted or vomiting child

Delay may lead to DKA

TELEPHONE TODAY

Dr Victoria Franklin, Consultant Paediatrician and Lead Paediatrician for Diabetes Service:
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BD brand is no more: name change for injection devices for diabetes



BD pen needles and insulin syringes are now part of embecta, which means that the names and product packaging has changed.

Prescribing:

BD Micro-Fine Ultra, BD Viva and BD AutoShield Duo should now be prescribed as **Micro-Fine Ultra, Viva and AutoShield Duo**.

The Vision GP prescribing system and the Highland Formulary have been updated with the new device names. See: [Devices for diabetes \(Formulary: Endocrine\) | Right Decisions](#).

Those living with diabetes will continue to receive the same injection devices, with the same product and quality.

“The manufacturing process and the materials used in these syringes and pen needles have not changed; they are made in the same facilities and undergo the same quality control procedures at embecta as they did under BD,” said Antony Wallace, Country General Manager. “It’s just a new look, but the same products you know and trust.”

Patricia Hannam, Formulary Pharmacist: patricia.hannam@nhs.scot

Diabetes: match device to insulin type



There have been a number of instances where patients have received insulin / devices that are not compatible, meaning that patients are unable to inject their insulin.

Some paediatric patients with diabetes have chosen to switch to Lyumjev for their ketone correction doses or in the event of needing to switch back to basal bolus for a time.

Please be aware that Lyumjev insulin is NOT compatible with NovoNordisk pens.

Lyumjev IS compatible with Eli Lilly pens:

- Lyumjev 3 mL cartridge: HumaPen Savvio (reusable pen)
- Lyumjev pre-filled pens:
 - 100 unit/mL: Junior KwikPen (can administer half doses) & Kwikpen
 - 200 unit/mL: KwikPen

For an insulin / device compatibility chart, see TAM: [Devices for diabetes \(Formulary: Endocrine\)](#).

It is good practice to show patients who are prescribed insulins and diabetes equipment their dispensed items to check that they are as expected. Eg, for paediatric patients to check that the pen is compatible with the insulin prescribed and that it is able to give half unit doses.

Dr Victoria Franklin, Consultant Paediatrician and Lead Paediatrician for Diabetes Service:
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Postural Tachycardia Syndrome: current state of play

Postural Orthostatic Tachycardia Syndrome (POTS)

NSS published an Interim Signposting Document for Postural Tachycardia Syndrome (PoTS) in April 2026. It notes that current diagnostic criteria and management approaches are based on international consensus but that the evidence base is notably weak. Systematic reviews of the evidence can be found here: [Wells et al., 2018](#) and [Kwok et al., 2025](#). The document directs clinicians to existing published guidance, principally [BMJ Best Practice \(2023\)](#).

It is explicitly interim and will be superseded by UK consensus guidelines from an expert group coordinated by the British Society of Cardiovascular Medicine and PoTS UK, expected December 2026. [POTS Interim Signposting Document v1.0](#)

Alongside this, the Network's Guidance for the Initial Assessment of Patients with PACCS is now available. PACCS (Post-infection and Associated Complex Chronic Syndromes) is an umbrella term covering Long COVID, ME/CFS, PoTS, post-treatment Lyme disease, and similar conditions.

It replaces the 2024 GP assessment guideline for Long COVID and sets out a single history–examination–investigation–management pathway for primary and secondary care. Find it at [Best Practice – Long COVID](#).

PoTS can often be identified and managed in primary care, and practices are welcome to use the NHS Highland 10-minute lean test: [how to complete a 10 minute lean test](#).

Moving forward, the TAM guidelines will be updated once referral criteria have been agreed, including which patients may be referred to Cardiology, which to local PACCS services. The interim statement will be replaced once the consensus guideline is published.

Dr Janet T Scott, Consultant in Infectious Disease: janet.scott3@nhs.scot

Infant feeding difficulties: appropriate use of PPIs



Guidance on TAM, [Infant feeding difficulties & infant feeding allergies \(Paediatric Guidelines\)](#), addresses the use of proton-pump inhibitors (PPIs) for gastro-oesophageal reflux disease in children under one year of age. It advises on which medicines to use and appropriate doses, and links to supporting information for parents and guardians. A 4-week trial of a PPI may be considered when an infant has overt regurgitation plus one or more of the following:

- unexplained feeding difficulties (eg refusing feeds, gagging, choking)
- distressed behaviour
- faltering growth
- Referral to paediatrics should be considered if the symptoms do not resolve or recur after stopping the treatment.

Which PPI preparation should be used?

- First line: Omeprazole dispersible tablets or capsules.
- Second line: Lansoprazole orodispersible tablet.
- Tube-fed infants ONLY, following discussion with paediatrics: Omeprazole **solution** (Aclomep®) *unlicensed*.
- Whilst omeprazole **solution** is unlicensed, it is the preferred formulation for small gauge enteral tubes. As it is a solution, it does not contain the microgranules that may cause blockages.

Omeprazole *suspension* is NOT recommended. It is non-Formulary, disproportionately expensive, and there are alternatives. This restriction applies to treatment of patients of all age.

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Lack of dose counters with inhalers



There is a shortage of supply of dose counters for inhalers, meaning that patients' usual inhalers may NOT have a dose counter. While they can still be used as previous, this lack of counters has been featuring in asthma death reviews as a contributory factor due to patients not realising the inhalers are empty. When 'empty', inhalers can continue to release a spray of propellant which may not contain the prescribed dose of medication.

There are NO alternative, reliable ways of telling if an inhaler is full or empty and patients should be discouraged from relying on false tips.

Patients should be advised to record the date that the inhaler is first used, eg, on the canister, record the number of doses used and when an inhaler is next needed to be supplied.

- Eg, for a 120 to 200 dose inhaler at 2 puffs, twice a day, the inhaler would be expected to last about one month.
- Having a 'spare' inhaler may be needed for some patients.

All healthcare professionals should counsel patients on this when the opportunity arises, eg, at the point of inhaler review, prescribing and supply, and support patients through prescribing systems to ensure a continued supply of inhalers at the appropriate time points.

Manufacturers have been requested to correct this situation.

Affected inhalers:

- **Clenil**
- **Fostair**
- **ALSO NOTE: Clenil Modulite (beclomethasone) 50 microgram inhaler has been discontinued.** The [Highland Formulary](#) now recommends Soprabec 50 microgram inhaler in its place.
- **Soprabec inhaler does NOT have a dose counter.** Note: this is used mainly in paediatrics.

Patricia Hannam, Formulary Pharmacist: patricia.hannam@nhs.scot

Scottish Palliative Care Guidelines: Clinical Update



Access the guidelines anywhere, anytime through the Right Decision Service website and app.

Growing impact: The guidelines are now used in 207 countries worldwide, including countries experiencing humanitarian crises and those without specialist palliative care services.

Publications of key clinical importance during 2025–2026

- [Allergic reaction to opioids | Scottish Palliative Care Guidelines](#)
- [Malignant spinal cord compression including SINS Score \(2025\)](#)
- [Alfentanil medicines information leaflet–urgent safety update \(2026\)](#)
- [Opioid toxicity in palliative care | Scottish Palliative Care Guidelines](#)
- [Cancer-induced bone pain | Scottish Palliative Care Guidelines](#)
- [Deprescribing in palliative care | Scottish Palliative Care Guidelines](#)
- [Antibiotics in last days of life | Scottish Palliative Care Guidelines](#)
- [Life-threatening opioid induced respiratory depression requiring naloxone | Scottish Palliative Care Guidelines](#)

Clinical highlight: opioid-induced respiratory depression

For life-threatening opioid-induced respiratory depression, the initial naloxone dose is now 100 micrograms IV/IM/SC, repeated every two minutes if required. Assessment and management are now guided by severity (mild, moderate or severe). It is important to ensure review of co-prescribed pregabalin, gabapentin and benzodiazepines when evaluating toxicity.

New medicine information leaflets :

- [Alfentanil](#) - URGENT SAFETY UPDATE

- Subcutaneous [clonidine](#) in palliative care
- Subcutaneous NSAIDs in palliative care - [ketorolac](#)
- Subcutaneous NSAIDs in palliative care - [parecoxib](#)
- Subcutaneous NSAIDs in palliative care - [diclofenac](#)
- [Furosemide](#) by continuous subcutaneous infusion
- [Proton pump inhibitors](#) - subcutaneous administration

Opportunities to get involved

Scottish Palliative Care Guidelines are looking for support with assurance reviews of older content. Watch out for invitations to volunteer or feel free to get in touch if you are interested to know more.

Coming soon

- **Last days of life: severe agitation, delirium or distress.** Replaces the term 'terminal agitation' and incorporates the RASS-PAL 20 second assessment tool. In preparation, please take a look at the open access 5-minute module [RASS-PAL Self-Learning Module](#)

Accessing the guidelines:

- [Scottish Palliative Care Guidelines website](#)
- App store: [RDS app](#) for Apple users
- Google Play: [RDS app](#) for Android users
- Feedback, concerns or comments: his.scottishpallcareguidelines@nhs.scot

Patricia Hannam, Formulary Pharmacist: patricia.hannam@nhs.scot

Seasonal Flu Vaccination Programme 2026/27: Quick Guide for Prescribers



The Seasonal Flu Immunisation Programme begins in September 2026 is essential to protect those who are most vulnerable to severe illness from flu and reduce transmission.

Who is eligible*?

Adults aged 65 years and over	Poultry workers & bird handlers
Individuals aged 18-64 years in clinical risk groups*	Cattle & Swine workers
Pregnant women (any stage of pregnancy)	Unpaid carers and young carers
Residents of long-stay care facilities	Household contacts of those with immunosuppression
Frontline health and social care workers	All NHS staff
All children aged from 6 months to 18 years in clinical risk groups	All children aged 2-5 years not yet at school (age as of 01/09/2026)
All primary school children (P1 to P7)	All secondary school pupils (S1 to S6)

*refer to CMO letter for details

Key timings

- Pregnant women: from September 2026
- Children programme: from September 2026
- Adult programme: from October 2026, majority completed by end of November

Flu vaccines for 2026/27

Eligible Groups	JCVI Recommended Vaccine
Aged 65 years and older*	Adjuvanted trivalent inactivated influenza Seqirus vaccine (aTIV)
Aged 18 – 64 years	Cell-based trivalent Influenza Vaccine (surface antigen, inactivated), Seqirus Vaccine (TIVc)
6 months – 17 years (alternative for those where LAIV vaccine is unsuitable)	Cell-based trivalent Influenza Vaccine (surface antigen, inactivated), Seqirus Vaccine (TIVc)
Children aged 2 years to 17 years (unless contraindicated)	Live attenuated influenza vaccine (LAIV)

*although licensed for individuals aged 50 years and older, aTIV will be offered to those aged 65 years and over due to increased efficacy in the over 65s.

Useful Referral and Support Links

- CMO Letter: [Seasonal Influenza Immunisation Programme 2026/27](#)
- Green Book Influenza: [Influenza: the green book chapter](#)
- Health Protection Team: hpt.highland@nhs.scot | 01463 704886
- Training: [Seasonal flu programme TURAS Learn](#)
- Service Delivery Centre Appointments: 0800 0320339

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Updates

You can access the up-to-date Highland Formulary and guidance on the NHS Highland [TAM](#) app and its associated apps for [iOS](#) and [Android](#) devices.



FORMULARIES

1 - See Highland Formulary updates on [TAM](#).



THERAPEUTIC GUIDELINES

2 - See TAM guideline updates on [TAM](#).