Medication Safety Today

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Same difference

No, not always. If a patient becomes nil by mouth or has swallowing difficulties, they will need their medications administered via alternative routes. This is particularly important for critical medicines where omission or delay of a dose could lead to harm for a patient. Not all formulations of the same medicines are equivalent; some conversion calculations may be required.

What are the approximate equivalent doses for the different routes of administration of the following antiepileptics?

1. Epanutin® Capsules 100mg once a day → Epanutin® Oral Suspension
2. Epilim® Tablets 500mg BD → Epilim® IV
3. Tegretol® Tablets 200mg BD → Tegretol® Suppository
4. Keppra® Tablets 750mg BD → Keppra® IV

Answers overleaf

Did you know

Sirolimus is an immunosuppressant medicine used to prevent rejection in kidney transplant recipients. It is available in 500microgram, 1mg and 2mg tablets. However the 500microgram tablets are not bioequivalent to 1mg and 2mg tablets. Therefore multiples of 500microgram tablets should **not** be used in place of 1mg or 2mg tablets.

If you have any comments on this newsletter, please contact Sharon O'Donnell, Medicines Governance pharmacist on 028 90638129 at the Royal Hospital or by e-mail at sharon.odonnell@belfasttrust.hscni.net
Further copies of this newsletter can be viewed at www.medicinesgovernanceteam.hscni.net or on your Trust intranet.

Many patients are very keen to leave hospital as soon as they are told they are fit to be discharged. Most patients require medicines to take home, whether those dispensed from hospital or their own medicines that they have brought into hospital returned to them. There are some important checks that need to be done at the bedside:

- ☑ Have all the medicines been removed from the bedside medicine locker?
- ☑ Are all of the medicines for that patient?
- ☑ Have any additional medicines been ordered from pharmacy?
- ☑ Have patient's own medicines been returned to the patient?
- ☑ Have you checked that all medicines being sent home with the patient are labelled correctly for that patient and match the discharge prescription? (Patient's own medicines and medicines dispensed from Pharmacy)
- ☑ Have any changes been made to the Kardex since the discharge prescription was written and dispensed? Does the discharge prescription need amended?
- ☑ Have you counselled the patient on how to take their medicines correctly?

Patients often take home a 28 day supply of medicines, so it is important to ensure that medicines are correct on discharge. Keep calm and make sure that the patient has the correct medicines before they leave.

New kid on the block

Until this year, the standard strength of licensed insulin in the UK has been 100 units/ml. However a new insulin, Tresiba® (insulin degludec), is available in 100 units/ml and 200 units/ml. The 200 units/ml strength is only available in a prefilled pen which is calibrated for this strength. The pen has a dose counter window that shows the exact dose dialled. In order to minimise errors with this new strength:

- ☑ The prescriber should ensure that the strength of Tresiba® is included on the prescription.
- ☑ Pharmacists must ensure that the correct strength is dispensed and if in doubt, contact the prescriber.
- ☑ Ask the patient to visually identify the strength of Tresiba® that is being dispensed or administered.
- ☑ Patients must be given a Patient Information Leaflet and trained in the use of FlexTouch® pen.
- ☑ Doses must always be administered from this prefilled injection pen. **Never** attempt to withdraw a dose from this device by any other means.

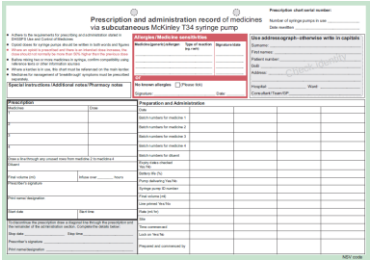
New syringe pumps

The regional prescription templates for syringe drivers have recently been reviewed as Trusts are introducing new syringe pumps calibrated in volume per unit time. Previously they were calibrated in distance travelled.

The revised templates include:

- Prescription and administration of medicines via subcutaneous CME/McKinley T34 syringe pump
- Continuation record for CME/McKinley T34 syringe pump

The templates, explanatory notes and training presentations have also been updated and are available on the Northern Ireland Cancer Network website:
http://www.cancerni.net/networkservices/networkproductsandresources/regionalsyringepumptemplates


Prescription and administration record of medicines via subcutaneous McKinley T34 syringe pump

Give me one good reason

Minimising omitted and delayed medicines in hospitals continues to be an important medicines safety issue for all patients. All trusts have conducted audits which have identified that there were a number of omitted doses where there is no reason documented for the omission and the administration record is left blank.

Some medicine doses may be omitted appropriately, for example omitting a laxative in a patient with diarrhoea. However it is essential that the reason for the omission is clearly documented.

Always record a reason for an omitted dose using either the designated codes within the Kardex chart or where the dose has been omitted for a reason that does not fit with a code, record this 'other reason' in the relevant section of the chart or patient notes.

It is also important that appropriate action is taken where a dose has been intentionally omitted and this should be clearly documented.

H2 mx up

Ranitidine oral liquid is available in the licensed strength of 75mg/5ml. However there is also a different strength, available as a 'Special' which is 5mg/5ml. While this strength is not used in hospitals, it is listed on GP prescribing systems and may be prescribed, particularly for children.

Therefore take particular care to check the strength of ranitidine liquid when confirming medication histories for patients and confirm the dose in milligrams.

Answers to 'Same difference':

Note: these are approximate equivalences and extra care must be taken when changing formulations of critical medicines such as antiepileptics. In some cases therapeutic drug monitoring is recommended.

1. 90mg daily (100mg phenytoin sodium is approximately equivalent in therapeutic effect to 92 mg phenytoin base)
2. 500mg twice daily
3. 250mg twice daily (125mg suppository approx. equivalent to 100mg tablet)
4. 750mg twice daily