Medicines Safety Bulletin

Issue 6 – December 2022

North Yorkshire and York
Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Welcome to the latest edition of our Medicines Safety Bulletin; a newsletter produced by your local Medication Safety Group. Our aim is to highlight to you medication incidents that have occurred both locally and nationally to promote and support safer practice.

FOCUS ON SAFER PRESCRIBING IN PALLIATIVE CARE

Reminder: the only strength of midazolam to prescribe for palliative care is 10mg/2ml

Midazolam may be prescribed as an anticipatory medicine for anxiety, agitation, or restlessness with a usual starting dose of 2mg to 5mg s/c prn. Although other strengths of midazolam are available, they are not suitable for palliative care as the volume required would be too large to administer subcutaneously – the usual maximum recommended volume for a prn s/c injection is 2ml.

See the Palliative and end of life care: information for healthcare professionals page on the North Yorkshire CCG website for further guidance.

For information about the North Yorkshire palliative care drugs scheme click here for the list of drugs and quantities stocked in nominated community pharmacies.

Morphine is not recommended in patients with poor renal function

Morphine and its active metabolites accumulate in renal impairment and can cause opioid toxicity. Therefore, the use of morphine is not recommended in patients with a GFR under **30ml/min**.
For more detailed information on prescribing opioids in palliative patients who have a low GFR please see the yellow box entitled 'Renal failure/impairment' on the page found here (York and Scarborough-Ryedale areas) or on page 15 here for the Harrogate and district locality.

Pay special attention when prescribing, dispensing, or administering alfentanil

Alfentanil may occasionally be recommended by palliative care specialists for patients with very low GFRs (e.g., GFR below 10-15ml/min, or where a quick deterioration in renal function is anticipated) who are unable to tolerate oxycodone.

Alfentanil is a very potent opioid and, as it is rarely prescribed in primary care, clinicians may not be familiar with the dosing regimen. Unfortunately, there have been two serious incidents within our region due to prescribing an incorrect dose of alfentanil.

There is also potential confusion from the similarity in strengths of the available products (5mg/ml and 500mcg/ml in either 2ml or 10ml amps). Please take extra care when issuing and dispensing scripts or writing anticipatory charts. Advice should always be sought if there is a significant mismatch between the dose written on the anticipatory chart and the dose on the label of the prescribed item.

If considering starting or amending an alfentanil prescription, please always seek help from your local palliative care team.

In May 2022 the local NHSE Controlled Drug Accountable Officer issued a bulletin highlighting an incident involving alfentanil and providing further guidance on safe prescribing.

NON-PALLIATIVE CARE SPECIFIC - GENERAL RESOURCES

Carbamazepine monitoring

There are a number of safety monitoring requirements for patients on carbamazepine. Detailed information may be found on the SPS medicines monitoring - carbamazepine page. This also includes advice on management of abnormal results.

The SPS advice has been written using publications and expert opinion. It is designed to save clinician time, but not replace professional responsibility. When using their guidance, you should: ensure an individualised monitoring plan is developed in partnership with the patient.

Please note that HLAB* 1502 allele testing is not currently available in the North Yorkshire and York area.

Caution required when prescribing the new licensed formulation of metolazone - Xaqua®

In recent years metolazone has only been available in the UK as an unlicensed (imported) product, however a licensed formulation is now available in the UK. The new licensed metolazone tablet (Xaqua®) is not interchangeable with other metolazone preparations; bioavailability is up to approximately **two-fold higher** than for other metolazone (unlicensed, imported) formulations.

Refer to the BNF for further information.

We advise that all metolazone prescribing and supply is product specific. A script note should be added to remind colleagues that switching between the brand and generic prescriptions is not appropriate without careful titration. SPS advice on how to safely switch formulations may be found here.

Medicines in pregnancy - really useful resources

The on-line BNF contains information about the use of medicines in pregnancy within each individual drug monograph: BNF. However, if you require more detailed guidance the following websites are really useful resources:
SPS guidance - Safety in pregnancy

UK Teratology Information Service (UKTIS) - 'Bumps' ('Best Use of Medicines in Pregnancy')

Medicines in lactation - really useful resources

The on-line BNF contains information about the use of medicines in breast feeding within each individual drug monograph: BNF. However, if you require more detailed guidance the following websites are really useful resources:
SPS guidance - Safety in breastfeeding

UK Drugs in Lactation Advisory Service database

This bulletin has been produced by the North Yorkshire and York Medicines Management Team on behalf of the North Yorkshire and York Medicines Safety Group. If you have any queries or feedback relating to this bulletin, please contact us: hnyicb-ny.rxline@nhs.net

We also welcome any suggestions or ideas you may have for future editions.

The information contained in this bulletin is correct as of Dec. 2022 but as advice and guidelines are subject to change, please ensure that you refer to and adhere to whatever advice and guidelines are currently in place at the time of reading.