

# Prescriberfile

From the Primary Care Prescribing Group

## Patient Safety—Ensure Correct Addition of Hospital/ Outside Supplied Drugs to EMIS

When a patient is receiving a drug prescribed directly via the hospital or another service (e.g. clozapine, biologic drugs etc), it is good practice to record this on the patient's prescribing record in EMIS so that any interactions can be highlighted. It also ensures that the item is highlighted via the Emergency Care Summary (ECS) to external services (eg Hospital and Out-of-Hours staff) which have access to ECS.

However, it is also important that such a drug is not requested and a prescription issued inappropriately from the practice. The same applies to Private Prescriptions, which should not be issued inappropriately on a GP10.

We highlighted enhanced functionality in EMIS in Prescriberfile in [March 2017](#) for Outside items, which added improved safety features to ensure that these items could not be issued on a GP10 and had additional wording added to the item. Similar safety features were added for Private prescriptions.

**To avoid the item being inadvertently issued on a GP10 by the GP Practice it is vital that the item is added to the EMIS record in the correct manner.**

We are aware that there are instances where Clozapine or other drugs prescribed outside the Practice have not been added in the correct manner.

### GP Practices are advised to:

- Check all current items for patients prescribed by hospital or other clinics to ensure they are correctly added to EMIS as **Outside** items.
  - ◇ Ensure the item is a **Repeat** with **quantity of '1'**. The item should have **prescription type showing as 'O' for Outside** on the patient's medication screen.
  - ◇ Ensure the dosage is 'Hospital Only' or 'Supplied Elsewhere' - **do not include any specific dosage information** as this may change over time and could lead to errors on hospital admission if the incorrect dose is taken from ECS.
  - ◇ **Any item which has not been correctly added should be cancelled and added in the correct manner.**
- Ensure that all appropriate staff know how to add Outside items and Private Items correctly.
- New Outside items should be added as a distinct addition (not at the same time as standard prescription items) since the 'issue method' is selected at the end and will apply to all items added at the same time.

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Please Circulate to All Staff

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### Key Points of interest:

- Ensure correct addition of Outside drugs to EMIS to avoid patient harm
- Ensure Patients aware of risks of opioids
- Avoid Fentanyl patches in opioid-naive patients
- Monitoring of warfarin during pandemic

## Drug Safety Updates

Selected highlights from recent Drug Safety Update Bulletins from the MHRA (<https://www.gov.uk/drug-safety-update>)

Prescribers are encouraged to subscribe directly to the Drug Safety Updates Bulletin which is only available by email. [www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/email-signup](http://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/email-signup)

### Opioids - risk of dependence and addiction

The MHRA has issued new recommendations following a review of the risks of dependence and addiction associated with prolonged use of opioid medicines (opioids) for non-cancer pain.

Considerable concern has been raised regarding prescribing rates of opioids in the UK and the awareness of healthcare professionals and patients of the risks of dependence and addiction.

- Use in non-cancer pain for longer than 3 months carries an increased risk of dependence and addiction (even at therapeutic doses)
- The packaging for all opioid medicines in the UK will now carry the warnings 'Can cause addiction' and 'Contains opioid'.
- Product information for opioids in the UK will also include consistent warnings of the risks of tolerance and dependence and addiction.

#### The MHRA advises Prescribers to:

- Discuss with patients the risks and features of tolerance, dependence, and addiction and the dangers of unintentional overdose (an [opioids safety information leaflet](#) for patients is available).
- Agree a treatment strategy and plan for end of treatment.
- Provide regular monitoring and support for individuals at increased risk
- Use appropriate tapering schedules at the end of treatment.
- Consider the possibility of hyperalgesia if patients on long-term opioids present with increased sensitivity to pain.
- Consult the latest advice and warnings for opioids during pregnancy.

See the [September 2020](#) Drug Safety Update for more information.

Additional guidance is available for healthcare professionals and patients at:

- [Opioids Aware – Faculty of Pain Medicine at the Royal College of Anaesthesiologists](#)
- [Management of chronic pain – Scottish Intercollegiate Guidelines Network \(SIGN\)](#)

### Fentanyl patches for non-cancer pain: do not use in opioid-naive patients

Fentanyl is a potent opioid analgesic – a 12 microgram ( $\mu\text{g}$ ) per hour fentanyl patch equates to daily doses of oral morphine of up to 45mg a day. There continue to be national reports of serious harm, including fatalities, associ-

ated with fentanyl patches in both opioid-naive patients and opioid-experienced patients. There is considerable risk of respiratory depression with the use of fentanyl especially in opioid-naive patients.

- Do not use fentanyl patches in opioid-naive patients.
- See the [September 2020](#) update for specific advice for patients and their families/caregivers on correct usage.
- NHS FV recommend that fentanyl patches are prescribed by **brand name** as **Matrifan<sup>®</sup>**

### Warfarin and other anticoagulants: monitoring of patients during the COVID19 pandemic

Healthcare professionals are reminded by the MHRA that acute illness may exaggerate the effect of warfarin tablets and necessitate a dose reduction. Therefore, continued INR monitoring is important in patients taking warfarin or other vitamin K antagonists if they have suspected or confirmed COVID-19 infection, so they can be clinically managed at an early stage to reduce the risk of bleeding

For further information and for advice for patients and their families see the [October 2020 update](#) and the [supplemental information](#)

#### Contact Information:

General Primary Care Prescribing Advice:

Contact your Primary Care Pharmacist; or alternatively  
Primary Care Prescribing Support Team on 01324 566722  
Email: [FV-UHB.prescribingsupport@nhs.net](mailto:FV-UHB.prescribingsupport@nhs.net)

For Advice Related to Management of Controlled Drugs:

Kirsty Peacock, Inspection Officer for Controlled Drugs,  
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