

# Medication Safety Newsletter

## Toujeo (glargine insulin)

Toujeo is a new form of long acting insulin. Key information about this product includes;

- Toujeo is the only insulin available in Australia in a strength of **300 units per mL**, rather than the standard 100 unit per mL.
- Although it is the same type of insulin as *Lantus*, it has been developed to release the dose more slowly into the circulation. This is thought to result in a lower risk of hypoglycaemia.
- **Lantus and Toujeo doses are not interchangeable** (a dose conversion must be applied).
- Toujeo is available in a *Solostar* pre-filled pen device only.
- **Never draw the insulin out of the Solostar pen**
- Toujeo must be **administered subcutaneously**.

Where possible **use the Patient's Own Toujeo** to prevent any risk of confusion with other insulin products.

The photo below shows the visual differences between *Lantus* and *Toujeo*.



Some key points relating to insulin administration;

- If administering insulin to a patient using a pen device, either allow the patient to self administer (including removing the needle themselves) or use the *Autoshield* Pen Needles (if the patient can't remove the needle themselves)
- When administering insulin an independent double check is required. Always confirm that you are giving the correct brand of insulin.

## Medication Related Policy Changes Coming Soon...

The BHS Medication Management Committee has recommended:

- All medication administration which requires an independent double check must be double signed by both nurses involved in the process. The warfarin section of the NIMC, the IV infusion chart & clozapine titration chart specifically allow for this. For other sections on the NIMC see photo:

CYTOTOXIC	Date		Medication (Print Generic Name)		Tick if Slow release				
	6/3/16		METHOTREXATE			0800 X X X X X X X X			
	Route	Dose	Frequency						
	oral	7.5 mg	ONCE A WEEK TUESDAYS						
	Indication	Pharmacy Use							
Psoriasis	3 x 2.5mg LL								
Prescriber Signature	Print Your Name	Contact							
K. Tellar	K. Tellar	#4568		<b>TO BE TAKEN ONCE A WEEK ONLY</b>					

- IV fluids (with or without an additive) now have a maximum expiry of 24 hours (adjusted for the any additive expiry). This is based on recommendations from Infection Control and the bag manufacturer. Consider starting to implement these changes into your practice. Governance document changes are pending.

## Intranet imprest list searching

Did you know you can quickly search the imprest list on the pharmacy intranet page?

Open up the imprest list.

Press CTRL + F or right click the mouse once and select Find to bring up the search box.

Enter the drug name and press enter.

The search will take you to each location that the drug name is mentioned and thus where it is available.

## Codeine Use in Children and Breastfeeding Women

The Therapeutic Goods Administration (TGA) released a safety review with recommendations relating to the use of all codeine-containing medicines in children and breastfeeding mothers following reports of respiratory compromise and deaths in codeine ultra-rapid metabolisers.

The TGA has made the following recommendations which have been endorsed by the BHS Medication Management Committee in conjunction with the BHS Departments of Obstetrics and Paediatrics.

A memo was emailed out in January 2016 highlighting the below recommendations.

1. Use of codeine in children younger than 12 years of age for any indication should be contraindicated.
2. Use of codeine in children aged 12-18 years should be contraindicated post adenotonsillectomy for obstructive sleep apnoea.
3. Existing warnings contraindicating codeine use by breastfeeding mothers should be made consistent across all codeine-containing products, and warnings should be added to advise against codeine if known to be an ultra-rapid metabolizer.
4. Health professionals, patients and caregivers should be educated regarding the variability of codeine efficacy, the possibility of ultra-rapid metabolism-related morphine overdose and the signs of such, including respiratory depression.

The full TGA safety review can be accessed through their website:

<https://www.tga.gov.au/sites/default/files/codeine-use-children-and-ultra-rapidmetabolisers.Pdf> and the BHS Memo can be located on the Pharmacy Intranet page.

Health professionals should review their codeine prescribing in light of these recommendations.

## Warfarin Prescribing Guide

The two page Warfarin Prescribing Guide is designed to support safe warfarin prescribing, and includes information on;

- How to prescribe warfarin on the NIMC.
- Suggested doses for warfarin initiation.
- Warfarin dose adjustment.

The information is extracted from *DRG0039 Warfarin*, and is designed to provide easier access to pertinent prescribing information at the point of care. Its implementation is also supported by recommendations from a Clinical Incident Review relating to over coagulation.

The Warfarin Prescribing Guide is stored with the patient's current medication chart throughout their hospital stay. Individual ward/units may choose to;

- Keep a copy in each end of bed folder **OR**
- Add a copy of the Warfarin Prescribing Guide to the end of bed folder for any patient who is prescribed or intended to be prescribed warfarin.

It is the responsibility of the nursing staff within each ward/unit to ensure the Warfarin Prescribing Guide is in place as described above.

## NEW: Clozapine Medication Chart

A Clozapine Medication Chart (MR703) has been introduced at BHS. The design features of this chart include;

- Allowance for two nursing administration signatures—clozapine is a high risk drug that requires an independent double check for administration.
- Prescribing of each day's doses individually – this provides much clearer dosing information for patients requiring clozapine titration.
- Reminders about monitoring requirements and acceptable blood result ranges.
- Advice on how to manage common side effects.

The Clozapine Medication Chart (MR703) should be used for any patient requiring clozapine therapy.

## Medication Orders (CPP0286) Update

Medication Orders is a pivotal Governance Document at BHS that outlines a range of safe prescribing. It has undergone a significant review and the main changes are as summarised.

New requirement	Reason for change
Texta is prohibited from use on the medication chart	Texta/marker pens can be difficult to read. Use is not in line with Medical Records practices.
Insulin orders must be written in words e.g. 50 units written as FIFTY units	A poorly formed "u" from the word "units" can appear as an extra 0 in the dose.
Insulin sliding scales are to be written in the "prn" section of the NIMC only	To promote consistency across BHS.
Orders for antimicrobials must include an intended duration (specified by a cease or review date) and indication	To promote good Antimicrobial Stewardship practices.
If necessary, a pharmacist or nurse may amend the administration times entered by the prescriber (e.g. in relation to food).	To reflect current practice. Prescribers are still required to enter administration times when writing orders.
Levodopa containing medications (e.g. <i>Kinson, Sinemet, Madopar, Stalevo</i> ) added to the list of products that must be written by <b>brand and generic</b> name.	Frequent errors with incorrect product prescribing, dispensing and administration. Other products in this category include; <i>Warfarin (Marevan, Coumadin)</i> <i>Hydromorphone (Jurnista, Dilaudid)</i> <i>Oxycodone (Endone, Oxycontin, Oxynorm)</i>
For PRN orders, the frequency should be ordered as an hourly frequency (e.g. 6 hourly, 2 hourly)	Hourly frequency provides nursing staff with a more useful description of the intended frequency
A VTE risk assessment is recorded in the VTE Risk Assessment section of the NIMC for all adult patients.	A VTE risk assessment supports appropriate decision making in relation to VTE prophylaxis.

### Telephone orders

The key change is that the order must be repeated by the prescriber to two individual nurses.

### Pharmacists- order clarification and charting of verbal orders

Pharmacists have been endorsed to amend, endorse, cease or document a medication order on an approved medication chart or order form (e.g. NIMC, IV orders, TPN order) based on a medical officers (MO) verbal order. This applies where the MO is not available to document an order within a timeframe that would otherwise impact on patient care, and the pharmacist has **received the order verbally from a doctor**. All 'charting' by a pharmacist is distinguishable by purple pen and be endorsed with a signature, name, designation ('pharmacist'), the date and the name of the authorising MO. The MO must countersign the order as soon as practicable and within 24 hours.

It is anticipated that an initial group of BHS pharmacists will be credentialed and begin using this process in March-April 2016.

## Riskman Reports

A Riskman report recently highlighted the dangers associated with writing nutritional supplements on the NIMC.

A patient was charted for *Ensure* 30ml QID on their NIMC. When the NIMC was rewritten, the medical officer misread the *Ensure* order as *Endone*. This resulted in the Medical Officer prescribing oxycodone 30mg QID. Fortunately, the error was detected and the order ceased. The patient received a dose of oxycodone 30mg.

This error highlights why the Australian Commission on Safety and Quality in Healthcare (ACSQHC) and Ballarat Health Services do not endorse the ordering of nutritional supplements on the NIMC chart.

## Update to NIMC (Long stay version)

During February, an updated version of the National Inpatient Medication Chart (NIMC) will be implemented in BHS areas which use the long stay version of this chart (MR715.2).

The **VTE prophylaxis section** of the NIMC has been updated based on the national design released by the Australian Commission on Safety and Quality in Healthcare (ACSQHC), and now aligns with the same section on the NIMC- acute stay which was updated in January 2015.

**Each patient** requires a **VTE risk assessment** to be documented by their treating medical team.

Therefore each patient will require a **long stay –VTE version chart** commenced upon admission and if their risk status changes.

The new design also allows for **prescribing of mechanical prophylaxis** and recording of **twice daily checks by nursing staff**.

**Thromboprophylaxis** - CPG0022 provides clinical guidance on VTE risk assessment and therapy options.

The key requirements of this section is shown below:

**1. Document VTE risk assessment by ticking the appropriate box for risk level or indicate that prophylaxis is contraindicated.**

**Sign and date**

**2. Prescribe appropriate medication thromboprophylaxis as per Thromboprophylaxis - CPG0022**

*Note if low risk, prophylaxis isn't required*

  

**3. Prescribe appropriate mechanical prophylaxis as per Thromboprophylaxis - CPG0022**

- Type of mechanical prophylaxis required e.g. TEDS / IPC<sup>2</sup>).
- Prescriber's signature, printed name and contact details.

**4. Nursing Staff document that mechanical prophylaxis has been applied and remains in place (twice a day checks).**

## Antibiotic Destruction

If part vials or infusion bags of antibiotics are required to be destroyed, please return to the pharmacy department or place in the sharps bins. These must not be disposed of in the sink.

## Clear documentation of prescriber details

It is always important that a prescriber can be identified by their printed name on the NIMC. This allows efficient follow up of any queries by pharmacy and nursing staff.

All prescribers are reminded to ensure that their name and contact details (i.e. pager number) are **CLEARLY PRINTED** in at least one location on any medication chart where they prescribe an order.