Dr Noorani Notes: Summary of Learning points

Pitfalls in Prescribing

Teaching video: Consultation Prescriber and Patient

Study Day LSBU 17 October 2017

Area of Prescribing Pitfall	Example used	Learning Point	Advice
Updates, protocols, guidelines	• Co proxamol • Miconazole and Warfarin	Responsibility of all prescribers to remain updated on matters relating to medications (Even if it is related to a medicine you wouldn't normally prescribe. You never know when you may encounter it in the future)	It is recognised as potentially time consuming. Allocate (or have a rota) individuals in the team to check for new updates, alerts, NICE guidelines, CCG protocols, on a monthly basis and send updates to the team If there is a pharmacist who covers your department enlist their help
Antibiotic choices	• Pregnant lady with nausea with UTI	Highlights the importance of the need to adapt ones antibiotic choice to possible alternatives according to the patient's medical history, current symptoms, and understanding key prescribing issues with each antibiotic, for example trimethoprim is an anti-folate drug, and nitrofurantoin known to cause nausea. The choice therefore in this case was Cefalexin	Protocols should incorporate common scenarios, however sometimes patients have a unique symptom or past medical history that is not covered by a guideline. Most of us have a list of common conditions that we regularly treat. Formulate pathways for scenarios, using the BNF or asking experienced colleagues to cover those less common scenarios. For example,

			prescribing antibiotics in patients with low eGFR's
Common reasons why mistakes are made	• Video Consultation of Dr Noorani Pitfalls highlighted Lack of full history and exclusion of red flags Lack of examination Lack of awareness of the patient's past medical history – reliance on the patient to recall her own medical history and medications Not consulting medical records Clinician clearly impatient and in haste to 'finish' the consultation Lack of safety netting and setting follow up time frames Lack of patient education	•Patient Factors: Verbose, multiple issues, emotional, giving import to issues that are not perceived as clinically important to the prescriber 'Patient's that are tricky to build rapport' Prescriber Factors: Time pressure Colleague pressure Multiple tasks at once Tiredness No time to eat and drink Stress The list could go on! Environmental Factors: Computers are down Short on team members Traffic The list could go on!	'Re centre' yourself Recognise these factors and how things are making you feel and 'Re centre' For some this means taking a break, others having a cup of tea, and for me the phrase 'Don't let this be the day you make a detrimental mistake' tends to have the desired effect
Analgesia Pitfalls	• Ensure that you have a thorough understanding of what the patient is already taking. While specifically asking about OTC meds is standard practice it is prudent to specifically ask as medicines such as cough and cold medicines, standard analgesics and recently those containing codeine are all available over the counter • Patient/relative expectations- when patients have pain, and even when non-prescribing colleagues come to	• Research and guidelines recommend trialling non medicinal strategies FIRST for many conditions, and as a prescriber it's important to know when NOT TO PRESCRIBE and be prepared to formulate a management plan with patients that addresses their concerns and balances safety and guidelines. • Analgesics have serious side effects so knowing the medicines you use for pain inside out is crucial. **Stay within**	• If ever you are unsure about prescribing a particular drug to a particular patient and you can't find anyone to ask there are local medicine information centres that cover various areas in London. North West London LNWH Medicines Information Helpline on 020 8869 2761/2762/3973 (Monday to Friday 9am to 5pm) This is only for prescribers and they will help with

	you reporting help with a patient they've seen with pain, there is an expectation that a prescription will be written.	**your area of expertise.** • Make sure that if you are asked to prescribe a new medicine whether for pain or other, you are very comfortable with it, read, ask others who have prescribed it, check with Trust allocated Pharmacists	enquires from community prescribers also (information up to date as of 8/11/17) South London Guys Unit 020 7188 8750 Ext 3849/3855 Other numbers for medicine centres in London and UK are found in the first few pages of the BNF. I've used this service many times, and it's excellent. They will take the details and query, and call back with the guidance.
Prescribing to the Older Patient Pitfalls	• Co Proxamol and Codeine being taken concurrently • Lactulose being given for codeine induced constipation • Osteoarthritis of the knees, took co proxamol and codeine but no exploration of whether any non-medicinal pathways had been explored	• Polypharmacy • Sub optimal renal and Liver function • More sensitive to effects of medicines • Particular drugs to be aware are those with a high autonomic activity • Multiple co-morbidities • ADRs • Prescribing Cascades • Older patients have changes in pharmacodynamics, and pharmacokinetics that may influence the drug doses you use	• Generally it is prudent to start with low doses and titrate up as tolerated and if required. • Consider non medicinal treatments for conditions • This is a vast topic, if you frequently prescribe to the older patient it is worth dedicating some time to understand the prescribing pitfalls (The definition of what is an 'Older

			patient' is not clear; however my general principle is to look at the patient's physiological age and not just their physical age. 'Younger patient's' with multiple co morbidities especially conditions that have affected their renal/liver function means they may have to be treated as you would an older patient.)