

Minutes of Pharmacy Group

**Tuesday 13 April 2021
2:30pm – 4:00pm
via Microsoft Teams**

Present:

Jane Gill (JG), Clinical Lead, EMNODN, South Hub (Chair)
 Lucy Stachow (LS), Advanced Specialist Neonatal Pharmacist, University Hospitals of Leicester
 Adriece Al Rifai (AA), Neonatal Pharmacist, Nottingham University Hospitals
 Demisha Vaghela (DV), Specialist Pharmacist, Paediatrics/Education & Training, Kettering General Hospital
 Laial Alwair (LA), Senior Paediatric Pharmacist, Northampton General Hospital
 Sarah Pilling (SP), Lead Pharmacist, Northampton General Hospital
 Neha Shah (NS), Advanced Specialist Clinical Pharmacist, Woman and Children, United Lincolnshire Hospitals
 Harriet Hughes (HH), Advanced Pharmacist, Women’s & Children’s, Royal Derby Hospital

In Attendance:

Linsay Hill (LSH), Office Manager, EMNODN (Minutes)

	Subject	Attachment	Action
1.	Apologies for Absence Anneli Wynn-Davies, Julie Vanes (QHB), Fiona Robertson (NUH), Kevin Inglesant (KMH)		
2.	Disclosures of Conflicts of Interest None		
3.	Minutes from the Previous Meeting The minutes from the previous meeting were accepted as an accurate record of proceedings.	A	
4.	Matters Arising None.		
5.	Regional Monographs – Top 10 All had responded with their top 10 which LS shared with the group. There was discussion regarding use of smart pumps and the limitations this might put on changing monographs. 5 common drugs as included within the top 10 from all centres including CenTre Transport, North and South base;		

	<ul style="list-style-type: none"> • Morphine • Dopamine • Dobutamine • Atracurium • Insulin <p>Not going to consider insulin for the time being as this is going to be complex.</p> <p>Although prostin not in the 5 listed above it was thought to be sensible to start with this as most are already following the Glenfield suggestion for preparation.</p> <p>All to volunteer for one and all then to send their own monographs for that particular one, then see how they differ/align etc.</p> <p>Probably need an agreed Network template although this can be done through the creation of the prostin monograph. SP to draft and bring to the next meeting for critique.</p> <p>Creation of a MS Teams group was suggested for sharing of files which HH will explore. LSH to send HH list of group emails.</p> <p>Post meeting note: It is not possible to create a MS Teams group for sharing of files as this would only accessible to those with nhs mail email accounts.</p>		<p style="text-align: center;">SP</p> <p style="text-align: center;">HH/LSH</p>
6.	<p>Shared Monographs Duplicate of agenda item above.</p>		
7.	<p>Prescribing Session for Junior Doctors Park for time being until the work has been completed around the newly launched monographs.</p>		
8.	<p>IV Fluids/Electrolytes How other centres are preparing fluids and adding electrolytes. Number of incidents in NUH, and so lots of work ongoing around improving the way fluids are prescribed and the information that is provided around it.</p> <p>NUH - have quick check table, describes fluid allowance available and alongside the intended sodium or potassium addition. It doesn't stop the prescriber prescribing sodium instead of potassium. Not sure any monograph will help with this but helpful to know what information/monographs others are using for IV fluids with additives</p> <p>UHL – everything done long hand, with no guidance, everything has to be written up with how many mmols written on the prescription with junior doctors having to work out for themselves.</p>		

	<p>ULHT – calculation on laminated sheet of paper with how to calculate amount of sodium want to add to bag or amount of potassium want to add to a bag and do the maths then prescribe it. Tried to make as simple as possible but not too simple that individuals can't work it out. Prescribe as X amount of mmols needed in total bag running at a certain rate. For glucose etc have a separate monograph to make up a step concentration, although this is more for the nursing staff.</p> <p>NGH – make up as standard bag up to 500 mls. Have to do maths but just ask to stick to number of mmols to be added. Taught at paediatric doctor induction and then asked to do as a prescribing exercise after first induction. Also have prompts so that methodology can be referred back to</p> <p>UHDB – There is an extensive aseptic service at Derby and so any fluids would be made in aseptic suites and so nurses wouldn't make anything. Wouldn't ever be expected to make up glucose bags, instead they would either have a premade 12.5%, if out of hours a pharmacist would make it. In terms of dosing just have quite simple guidelines.</p> <p>KGH – handwritten the same as in Leicester.</p> <p>JG asked if we want to add fluids/electrolytes to Network wide monographs? A group dosing guideline agreed.</p> <p>All to share current monographs and how each get it prescribed and anonymised prescription. All to send their own to LSH who will circulate with the group and bring back to next meeting.</p> <p>AA would be interested to know if any centres are adding electrolytes to 25% glucose or above? And what strengths of glucose bags centres are making as wondering if could align and scope for cost saving.</p> <p>Also LS suggested it would be good for all to share how they get prescribed.</p>		<p>ALL LSH</p> <p>ALL</p> <p>ALL</p>
<p>9.</p>	<p>AOB</p> <p>Vancomycin – from a network point of view the two tertiary centres use continuous vancomycin, a baby transferred in to UHL today who was on bolus and needed to change to continuous, this isn't any easy thing to do! Does anyone else use continuous? NGH have just updated their medicine guide so if caught before being prescribed then will use continuous. KGH use intermittent not continuous. Is there a format for changing regimes? NUH do have as they often change regime between the two and AA/FR happy to share.</p> <p>NUH have a new drug chart, and again happy to share this.</p>		<p>AA/FR</p> <p>AA</p>

	<p>NGH have guideline changing from intermittent to continuous but not vice versa.</p> <p>SP asked what people are using for hydrocortisone?</p> <p>SP asked about use of chloramphenicol eye drops? All confirmed going with the ointment.</p> <p>AA asked how many centres are doing fixed time drug administration. DV explained this is the findings of the project she will be sharing.</p> <p>DV asked question around COMET guideline for transfer, what strength of Midazolam do all keep in CD cupboards for making a solution for COMET? RDH 10 in 2. NGH 10 in 2 on general paediatric wards but have done a risk assessment so can keep on HDU ward.</p> <p>Chlorhexidine solution? What do other centres do and where are they buying from; UHL and ULHT both buy in sachets, will find out where from and advise AA.</p> <p>AA asked who from a medical perspective would agree these Network monographs. JG confirmed these would go through the EMNODN Clinical Governance Group and then through individual Trusts, which should just then be a formality.</p> <p>JG requested adding significant incidents as a standing agenda item for the purposes of information sharing.</p>		<p>LS/NS</p> <p>LSH</p>
<p>10.</p>	<p>Date/Time of Next Meeting Tuesday 13 July 2021, 2:30pm – 4:00pm, via Microsoft Teams</p>		