

Welcome to the **Kent & Medway** Medicines Optimisation (MO) news update.

Articles in this edition includes:

- Potassium Permanganate: Inadvertent Oral Administration
- South East Lipids Webinar
- Hepatitis: increase in acute cases of unknown aetiology in children
- NHS National Summary Guidance for Lipid Management for K&M
- Prescribers link Code to Practices (Registration and Removal from practices)
- CPPE e-learning – ‘Controlled Drugs in Chronic Pain’
- Provision of Lymphodema Garments
- Solriamfetol in Primary Care
- Pregabalin (Lyrica): findings of safety study on risks in pregnancy

Potassium Permanganate CAS Alert- Inadvertent Oral Administration of Potassium Permanganate

A joint National Patient Safety Alert has been issued by the NHS England and NHS Improvement National Patient Safety Team and the British Association of Dermatologists on the risk of inadvertent oral administration of potassium permanganate. Potassium permanganate is supplied in concentrated forms (either as a tablet or a solution) which require dilution before use. These concentrated forms resemble an oral tablet or drink and if ingested are highly toxic.

A Patient Safety Alert issued in 2014 highlighted incidents where patients had inadvertently ingested the concentrated form, and the risks in relation to terminology and presenting tablets or solution in receptacles that imply they are for oral ingestion, such as plastic cups or jugs. A review of the National Reporting and Learning System over a two-year period identified that incidents of ingestion are still occurring. One report described an older patient dying from aspiration pneumonia and extensive laryngeal swelling after ingesting potassium permanganate tablets left by her bedside.

Action to be completed by 4th October 2022

Review the overall use of potassium permanganate to consider if the benefit outweighs the risk.

Ongoing actions in primary care:

- ❖ Potassium permanganate concentrate should always be prescribed for a named patient by a primary care prescriber, experienced in the treatment of dermatological conditions and use of potassium permanganate. It should always be prescribed as an acute prescription.
- ❖ Potassium permanganate concentrate must be prescribed as ‘Potassium permanganate 400 mg tablets for cutaneous solution’ with clear instructions that the concentrated form must be diluted in water as directed to obtain a 0.01% (1 in 10,000) or more dilute solution, to use the diluted solution as a soak, and that it is ‘HARMFUL IF SWALLOWED’.
- ❖ Potassium permanganate concentrate must be prescribed as 30 ‘tablets’, to ensure original pack dispensing.
- ❖ If potassium permanganate is to be used in a patient’s home, a risk assessment must be undertaken before prescribing.
- ❖ All patients must be supplied with a [patient information leaflet](#).

For more information, see the [British Association of Dermatologists guidance](#) and the [MHRA alert](#).

South East Lipids Webinar- ‘Implementing the NICE approved Lipid Management Pathway’- A Clinical Perspective

This webinar has been organised by the South East Academic Health Science Networks (KSS, Wessex and Oxford) and is the first in a series of Cardiovascular Disease (CVD) education sessions that will be delivered across the South East region throughout 2022/23. The inaugural webinar on the 5th May [10am to 1pm] aims to support the introduction of the new NICE approved lipid management pathway across the six South East Integrated Care Systems (ICSs). – including the education, raising awareness and implementation of Inclisiran and all novel therapies into the lipid management pathway.

This pathway unifies multiple NICE guidance and technology appraisals into a single document to support clinical decision making on lipid management, supporting the NHS Long Term Plan’s ambitions for cardiovascular disease prevention and to improve patient outcomes. The pathway can be found [here](#)

Register on Eventbrite to attend through this [link](#):

Please note that the webinar will be recorded and available with the slides after the session but you need to register for the event to ensure you are added to the distribution list for these materials

Hepatitis: increase in acute cases of unknown aetiology in children

Clinicians are asked to be alert to the emerging situation of unusually high number of acute hepatitis cases being seen in children from England, Scotland and Wales in the past few weeks. There is no known association with travel, and hepatitis viruses (A to E) have not been detected in these children. The clinical syndrome in identified cases is of severe acute hepatitis with markedly elevated transaminases, often with jaundice, sometimes preceded by gastrointestinal symptoms including vomiting as a prominent feature, in children up to the age of 16 years. The underlying cause of this increase in presentation since early 2022 currently remains unknown. Clinicians are asked to be vigilant to children presenting with signs and symptoms potentially attributable to hepatitis that may require liver function testing. These symptoms include: • **Discolouration of urine (dark) and/or faeces (pale)** • **Jaundice** • **Pruritis** • **Pyrexia** • **Arthralgia/Myalgia** • **Nausea/Vomiting or abdominal Pain** • **Lethargy and or loss of appetite**

GPs should be alert to children presenting with symptoms compatible with acute hepatitis and seek advice from their local Trust.

Please see [guidance](#) for further information on pathology testing requirements and referral arrangements.

NHS National Summary Guidance for Lipid Management approved for Kent and Medway

In December 2021, NHS England published an updated lipid management pathway ([Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD](#)). This had become necessary due to recent additions to NICE approved options for lipid management.

This lipid pathway document has been approved by the Kent and Medway Clinical Cabinet for use across the county.

The document unifies multiple NICE guidance and technology appraisals into a single document to facilitate clinical decision making on lipid management, support the NHS Long Term Plan's ambitions for cardiovascular disease prevention and to improve patient outcomes. It includes NICE approved treatments for primary hypercholesterolaemia or mixed dyslipidaemia (bempedoic acid with ezetimibe and Inclisiran) previously approved by the Clinical cabinet for inclusion on Kent and Medway formularies.

Prescribers in Kent and Medway GP Practices are encouraged to familiarise themselves with this guidance, implement it in clinical practice, and consider how they might prioritise adoption of a population health management approach to proactively identify and treat patients with suboptimal lipid management.

To learn more about lipid management please see:

- ❖ The invitation to register for the South East Lipids webinar included in this newsletter.
- ❖ The "Tackling Cholesterol Together" campaign, which has been developed by the NHS Accelerated Access Collaborative in partnership with the AHSN Network and Heart UK charity. The campaign is hosted on the Heart UK website and is supported by a Clinical Advisory Group. Content for the campaign include eLearning modules, webinars, and virtual expert clinics. To learn more, visit the [Heart UK website to access the dedicated space](#).

Prescribers Link Code to Practices (Registration to and Removal from Practices)

This is a gentle reminder that when prescribers join, leave or change their details, practices must ensure the relevant completed form is sent to kmccg.moprojects@nhs.net. This will ensure that prescribers and their prescribing costs are aligned appropriately.

Forms can be found on the NHSBSA website via the following link - [CCGs | NHSBSA](#) - Scroll to the bottom of the page where it states 'Notify us about changes'

CPPE e-learning: 'Controlled Drugs in Chronic Pain: Supporting Patients with safe and effective use'

Centre for Pharmacy Postgraduate Education (CPPE) have announced the launch of the new e-learning programme 'Controlled drugs in chronic pain: supporting patients with safe and effective use'. The programme aims to support pharmacy professionals to develop the necessary knowledge and skills to support patients to use prescribed controlled drugs safely and effectively and is available via [link](#).

Provision of Lymphoedema Garments

There has been some confusion on the responsibility of the prescribing of garments for lymphoedema patients seen by the specialist service. The Lymphoedema provider (KCHFT) will supply all bespoke items (custom made). The patient's GP will be responsible for providing the 'off the shelf' FP10 garments following recommendation by the service.

All recommendations to GPs to include:

- ❖ Quantity of hosiery/garments and rationale if the quantity exceeds more than 2 garments/limb.
- ❖ Specify that the item should be an acute prescription that it should not be repeated
- ❖ Advise the GP when the patient will next be reviewed by the service
- ❖ Whether open/closed toe
- ❖ Size
- ❖ Colour
- ❖ Length
- ❖ Classification (British, RAL or French)
- ❖ Brand
- ❖ Product code

Prescribing Solriamfetol in Primary Care

NICE TA758 recommends Solriamfetol as an option for treating excessive daytime sleepiness in adults with narcolepsy with or without cataplexy. **Please Do Not prescribe this medicine.** The responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist centre or hospital. Please contact the specialist centre or hospital for further information or see [SPC](#) and [NICE](#) further guidance.

Pregabalin (Lyrica): Findings of Safety Study on Risks during Pregnancy

A new study has suggested **Pregabalin** may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should be advised to continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary. Please see [link](#) for further details.

The regular Medicines Supply, Shortages and Alerts update is attached as a separate document to accompany this newsletter.
Please send all medicines queries relating to the articles written to: kmccg.medicinesoptimisation@nhs.net