NHS
Nottingham and Nottinghamshire

Controlled Drug Dose Directions Information Sheet

This information is intended for use by healthcare professionals.

Key Message:

This resource supports healthcare professionals to review all patients currently prescribed controlled drugs (CD) on a repeat prescription to ensure the dosage instructions are both safe and legal. This review has been developed specifically to look at opiate/opioid prescribing but could be expanded to include other controlled drugs if appropriate.

Background:

In December 2017 the NHS-England North Midlands CD accountable officer wrote to healthcare professionals following a coroner's investigation in relation to a patient who died after being prescribed liquid morphine by his GP. The medication label printed was "take as directed by your doctor every four hours". The coroner's concern was that neither the individual unit dose nor the maximum total daily dose was printed on the label of the medication.

Legally all prescriptions for schedule 2 and 3 controlled drugs (except temazepam) must state clear dosage instructions before they can be dispensed. However, it is good practice to extend this to all schedules of controlled drugs. (See appendix 1 for a table containing commonly prescribed controlled drugs in primary care, not exhaustive)

A clear dosage instruction should contain the following as a minimum:

- How to use/route of administration – e.g. Take or Apply
- Dose, Formulation and Strength e.g. ONE patch, TWO capsules, Xml, Xmg.
- Frequency of administration – e.g. ONCE daily, TWICE daily, ONCE weekly, every 72 hours, every FOUR hours
- For when required drugs – what is the indication and maximum dose in terms of minimum interval or maximum doses per day e.g. when required for pain up to FOUR times a day.
- For liquids – include the dose in mg in brackets e.g. 5ml (10mg)
- Directions should be written in full without Latin abbreviations such as BD, OD etc. Exceptions to this include those for volume or dose e.g.: ml, mg, and mcg.
- "To be taken as directed" is not acceptable.

Anecdotally opiate patches are often prescribed unclearly without a precise number of patches to be applied. There have also been incidents locally where old patches have not been removed.

(See appendix 2 for a table containing suggested dose instructions for controlled *drugs)*

Actions:

1. Identify patients prescribed schedule 2 and 3 controlled drugs (except temazepam).
2. Check dose instruction, full dosing directions should be written on the prescription. Use of 'as directed' is not recommended.

Data:

Patient identifiable data is available through SystmOne and EMIS.

SystmOne

The SystmOne searches for schedule 2 and 3 controlled drugs can be found as follows.

1. Click on clinical reporting.
2. Scroll down to F12 group and click to open.
3. Scroll down to zz F12 Drug DB and click to open.
4. Scroll down to the letter O.

The searches we suggest running are as follows.

- Opiates - Short-acting tabs/caps {
- Opiates - Long acting formulations # repeat {
- Opiates - Patches # Repeat {
- Opiates - Short-acting Liquids (repeat) # {

To assist with the prioritisation of patients needing review, there are several SystmOne pre-defined report outputs that have been incorporated into F12 group. (See appendix 3 for further information on how to switch to this output and the currently known limitations.)

The SystmOne outputs we suggest you use are as follows.

- MSO-CD All Opiate Liqs check dose instructions.
- MSO-CD Opiate short acting check dose instructions
- MSO-CD Opiate Patches (check dose Instructions)
- MSO-CD Opiate Long Acting (check dose instructions)

EMIS

The EMIS searches for schedule 2 and 3 controlled drugs can be found as follows.

- Go to 'MSO Searches' in the clinical tree.
- Run the searches.
    - Opiates - Long acting formulations Auto Report
    - Opiates - Short acting tablets & capsules Auto Report
    - Opiate – Patches Auto Report
    - Opiates - Short acting liquids Auto Report
- Click on the 'View Results' icon.

Clinicians should exclude patients who they think it would be clinically inappropriate or would be excessively worried by a medication change. The clinician may want to consider a face-face consultation to review those patients.

Making changes on clinical systems

- Only process one patient's changes at a time
- Select patient from the clinical search results.
- Amend the relevant medication dosage and/or quantity on the medication screen ensuring that all other details remain the same.

Communicating changes

Patients may not need to be informed if the changes are minor**,** however if the current directions are very unclear patients may be at risk. Follow practice agreed process for informing patients of any changes.

Appendix 1

Commonly Prescribed Opiate/Opioid Drugs in Primary Care

This list is not exhaustive of all brands and strengths available.
See BNF, eMC or dm+d for all available brands.

Schedule 2 drugs
Fentanyl Patches 12, 25, 37.5, 50, 75 and 100 micrograms (e.g. Opiodur®, Matrifen®, Mezolar®, Fencino®, Durogesic®) – usually every 72 hours
Oxycodone MR tablets 5mg 10mg 15mg 20mg 30mg 40mg, 60mg, 80mg, 120mg (e.g. Longtec®, Oxycontin®) – usually TWICE daily
Oxycodone short acting capsules 5mg 10mg 20mg (e.g. Shortec®, Oxynorm®) – usually PRN
Oxycodone short acting liquid 5mg/5ml 20mg/ml - usually PRN
Morphine long-acting tablets/capsules 5mg 10mg 15mg 30mg 60mg 100mg 200mg (e.g. MST®, Zomorph®, Morphgesic®) - usually TWICE daily
Morphine short acting tablets 10mg, 20mg 50mg (e.g. Sevredol®)
Schedule 3 drugs
Buprenorphine patches 5, 10, 15 and 20 micrograms (e.g. Butec®, Butrans®) – usually ONCE weekly
Buprenorphine patches 35, 52.5 and 70 micrograms (e.g. Bupeaze®, Transtec®) – usually TWICE weekly
Buprenorphine sublingual tablets 200 and 400 micrograms
Tramadol 50mg capsules
Tramadol 50mg, 100mg, 150mg, 200mg, 300mg and 400mg modified-release tablets/capsules (e.g. Marol®, Tramulief®, Zydol®)
Midazolam 10mg/2ml or 10mg/ml Buccal solution
Schedule 4 drugs
Nitrazepam 5mg tablets
Diazepam 2mg, 5mg 10mg tablets,
Diazepam 2.5mg/5mg/10mg rectal solution
Schedule 5 drugs
Codeine 15mg, 30mg tablets
Dihydrocodeine 30mg tablets
Morphine 10mg/5ml liquid (Oramorph) – usually PRN

Appendix 2

Suggested Dose Instructions

- **ONCE weekly patches (buprenorphine) -** Apply ONE patch to clean dry, non-hairy skin (upper back or upper chest) every SEVEN DAYS (contains buprenorphine). Remove old patch before applying to a new site. To dispose, fold in half with sticky side inwards and wash hands.

- **TWICE weekly patches (buprenorphine) –** Apply ONE patch to clean dry, non-hairy skin (upper back or upper chest) TWICE weekly (contains buprenorphine). Remove old patch before applying to a new site. To dispose, fold in half with sticky side inwards and wash hands.

- **Every 72 hours patches –** Apply ONE patch to clean dry skin every 72 hours/THREE days – Remove old patch before applying to a new site. To dispose, fold in half with sticky side inwards and wash hands.

- **PRN tablets/capsules –** Take X tablet/capsule every Y hours when required for pain **OR** Take X tablet/capsule upto a maximum of Z times daily when required for pain.

- **PRN liquids –** Take Xml (Ymg) every Z hours when required for pain – **OR** Take Xml (Ymg) upto a maximum of Z times daily when required for pain.

- **Sublingual tablets –** Dissolve X tablet under the tongue every 4 hours when required for pain **OR** Dissolve X tablet under the tongue up to a maximum of Z times daily when required.

Appendix 3

For SystmOne Only

Applying a Pre-Defined Report Output Template to view dose direction in the search results.

Take the following action to apply a pre -defined report output template to the results of a report:

1. Right -click on the search and select **Show Patients**. This option is available from the Clinical Reporting screen and from several of the reports listed under **Reporting** in the Main Menu.
2. Click **Select Output**.
3. Select **pre-defined output** and select the report output template you want to apply from the list displayed.
4. Click **Ok**. The list of patients on the Show Patients screen will show the data and columns configured in the template.

Returning a Report to the Default Columns

To return to the columns that were displayed before the report output template was applied (the default output):

1. Click **Select Output** at the top of the Show Patients screen.
2. Select **Default report output**.
3. Click **Ok**.
4. Check 'Default report output' is displayed above the **Page [n] of [n]** field at the top of the Show Patients screen.

Some Known Limitations of Pre-defined Report Output Searches

- If the patient is prescribed more than one type of medication in the search criteria, SystmOne will only show details for ONE medication when a pre-defined output is run. Therefore, if duplicate lines with the same medication details show for a patient it will usually mean that there is more than one different medication to review. Thoroughly check the patients repeat template.
- If a patient has never been issued a medication the pre-defined report output search will **only** show a dose and quantity. (Never issued sometimes comes up when something has been reauthorized and not issued afterwards.)
- If a medication is reauthorised and the dose is changed but not issued the previously issued dose and quantity will appear on the pre-defined report output search. This applies also if the drug has been branded or made generic as well.
- The main search in clinical reporting and the pre-defined report output has to be run separately and the data from both can be reviewed to identify missing or changed information.

Reference:

Guidelines for the Management of Controlled Drugs in GP Practices
management-of-cds-in-gp-practices.pdf (nottinghamshiremedicinesmanagement.nhs.uk)

Disclaimer:

- *This resource has been developed to facilitate the safe and effective review of* **Controlled Drug Dose Directions**, *using current accessible references and is correct at the time of approval.*

- *The output of the searches relies on accurate read coding. Clinicians using this resource must refer to local guidelines, use their own clinical judgement and take responsibility for their prescribing decisions.*

- *Nottingham and Nottinghamshire ICB (N&N ICB) Medicines Optimisation team only have oversight for the management of errors occurring within their own organisation. Each organisation is therefore responsible for any prescribing errors or omissions that may occur within their organisation because of using this resource and must follow their own safety governance process.*

- *Organisations must inform N&N ICB Medicines Optimisation team should they become aware of any errors or updates required within the* **Controlled Drug Dose Directions** *review documents.*