



North Midlands Controlled Drugs Newsletter

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CD Reporting Tool www.cdreporting.co.uk

Occurrence Reports

Just a reminder Q3
Occurrence reports
(October 2016—
December 2016) are due
to be submitted by the
31st January.

You can submit via the dedicated inbox for your locality:

Derbyshire & Nottinghamshire england.nottsderbycontroll eddrugs@nhs.net or

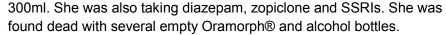
Shropshire & Staffordshire england.cd_x24n@nhs.net

The Controlled Drugs Newsletter contains local and national CD information. You can use the dedicated email inboxes to contact us. For Shropshire & Staffordshire email england.cd_x24n@nhs.net and Derbyshire & Nottinghamshire email england.nottsderbycontrolleddrugs@nhs.net

Patient Safety Incidents— sharing lessons learned

Across the country there have been a number of incidents involving morphine sulfate 10mg/5ml oral solution. We would like to highlight the risks and learning that has been identified from these incidents.

- A man with a history of depression, anxiety and overdose was prescribed Oramorph® and amitriptyline to treat a head pain. He was already taking a range of benzodiazepines, zopiclone and mirtazapine. An overdose of 75 100mls Oramorph® and around 40 amitriptyline 10mg tablets was enough to cause his death by respiratory arrest.
- It is believed that a man receiving end of life treatment at home, used his stock of Oramorph® to commit suicide, also dosing his wife who had dementia. The man died, but his wife survived after receiving hospital treatment and had no recollection of a suicide pact
- A woman with depression was receiving Oramorph® for use when needed for pain, she had requested repeat prescriptions for



 A homecare worker was ordering and collecting repeat prescriptions for Oramorph® on behalf of several patients. This continued for several months before it became clear that none of the patients had been taking Oramorph® for a long time, despite it being on their repeat list.

Lessons learned:

Consider the risks of prescribing opioids as an oral solution and the risks of respiratory depression when prescribing for patients with underlying risk factors, e.g. COPD, heart failure, especially if they are already taking other CNS depressant medicines.

Placing morphine sulfate oral solution on repeat or prescribing quantities of 300ml can make it easy for patients to escalate their dose – patients are prone to swig out of the bottle, and may unintentionally be taking large doses.

Morphine sulfate oral solution can be a risky analgesic option for patients with a history of mental illness, self-harm, or personality disorder.

Morphine sulfate oral solution is often the target of people seeking medicines for misuse or diversion.



With thanks to South West Region Controlled Drugs Support Team

Near Misses - duplicate strong opioids

We have been made aware of prescribing near misses; when duplicate opioids have been identified on patients prescription repeat templates. For example a prescription for both oxycodone and Longtec and a more recent case of both fentanyl and Matrifen patches. Confusion may have arisen with generic and branded products. While CCG Medicines Management teams work to resolve this with practices we ask that pharmacists and pharmacy staff continue to be vigilant for any duplicate product prescriptions that may get through inadvertently.

Premises Security Alert and Guidance

National guidance has been issued in response to notifications about burglaries or thefts of medicines and prescriptions, including controlled drugs from NHS Trusts, Pharmacies, and GP practices.

Risks: Losses of controlled drugs represent a significant risk to the public and this risk is not limited to the traditional drug using community. Minors may be considered to be at greater risk of serious harm due to naivety and their lack of experience. It is important to note that stolen controlled drugs will be pharmaceutical grade medicines compared to 'street drugs'. The risks of harm from overdose and death are significant.

Recommendations: are listed below for your reference

	Review security procedures relevant to your premises	 Ensure that the basic systems are being followed: Locking / securing the premises, Keys including security of CD keys must be considered Controlled stationary (prescriptions/requisition forms etc.) is managed, tracked and securely locked away at all times when not in immediate use
	ссти	If you have CCTV installed, please make sure that this is operational and that clear images can be secured in the event of a burglary or theft.
	Alarm System	Ensure that any alarm system is fully operational and functioning. You may wish to undertake a test with staff. If your alarm system has managed external monitoring, please review your contract to ensure that all the relevant contact details and actions are correct and that the notifiable people clearly understand any actions to be taken.
	Reporting Burglaries to the Police	If your premises are burgled, please call the Police. There is no indication of threat to staff called out to attend a theft or a burglary, but it is wise to first note any personal risks. If your premises are burgled or a theft has occurred, please try not to touch any items, to avoid contaminating forensic evidence.
	Internal reporting of a Burglary	Notify internally appropriate individuals and document what has occurred, the time that you are notified, what you have seen, etc.
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Other Notifications

Other notifications to be undertaken on the next working day

- Contact your organisations Controlled Drugs Accountable Officer (CDAO), Superintendent Pharmacist, Senior officer or manager
- Contact your Police Controlled Drugs Liaison Officer (CDLO)
- Contact NHS England- North Midlands contracts team
- Contact NHS England Controlled Drugs Accountable Officer

Key Messages

- Did you know a 300ml bottle of morphine sulfate 10mg/5ml oral solution contains the same amount of morphine as 60 Zomorph 10mg capsules.
- Review security procedures relevant to your premises.

