NI Centre for Pharmacy Learning & Development

GPP Foundation Programme

Medicines Related Query Reflective Record

Anonymised details of enquiry you are reflecting on:

A discharge letter was received for a 42-year-old male patient with Crohn's disease. The consultant had requested for the patient to start on mercaptopurine tablets at a dose of 75mg daily. The GP queried with me whether mercaptopurine tablets could be split as they only came in a 50mg strength. They also queried what the monitoring requirements were for this drug as no shared care guidelines had been sent through. I had to ensure that the dose was appropriate for the patient and what would be the most suitable formulation to prescribe. As it is an amber list drug it is advised that shared care guidelines are sent so that appropriate monitoring of the patient can be carried out in primary care.

What evidence base did you use to address the query?

Using a logical approach I consulted the latest, up-to-date BNF online to analyse the dosage, form and information about monitoring requirements https://bnf.nice.org.uk/drug/mercaptopurine.html. I discovered there is a licensed liquid preparation available.

I also reviewed the SPC https://www.medicines.org.uk/emc/product/4655/smpc for further information to confirm the dosing regimen and formulation is appropriate for the patient. I still needed to determine if tablets could be split to allow the correct dose to be taken. There wasn't any information to confirm this, so I also sourced a recent guideline from Great Ormond St Hospital www.gosh.nhs.uk/medical-information/medicines-information/mercaptopurine.

As mercaptopurine is an amber list drug, shared care guidelines should be sent through to ensure patient safety. I found local NHS shared care guidelines online http://www.ipnsm.hscni.net/download/shared_care_guidelines/MercaptopurineSCG2017.pdf to use as a reference and contacted the consultant to discuss this. I also discussed the dose and form with the consultant who advised the liquid preparation was not bioequivalent and that the patient wanted the tablets.

Provide a brief outline of the response provided to the enquirer and how this was presented?

The dose of 75mg daily is suitable for the patient. Mercaptopurine 50mg tablets can be split but as they are cytotoxic there are handling issues which can cause complications. The consultant advised the patient wanted to continue with tablet formulation due to dexterity issues. After discussion with the consultant it was decided to change the dose to 100mg and 50mg on alternate days, which would make this simpler for the patient. Shared care guidelines specific for the patient were sent to the practice and I put the correct monitoring in place using the recall system. A full blood count, liver function tests and renal function should be monitored every 2 weeks until a stable dose is reached for 6 weeks, then every month for 3 months, and 3 monthly thereafter. I presented this detailed information to the GP and we considered the options. The GP appreciated that the information was accurate, relevant and presented in a timely manner and was keen that I presented this information to the patient directly. I documented the decision to administer the 50mg and 100mg strengths on alternate days in the patient's clinical notes and contacted the patient by telephone. They were very happy with their care and thanked me for taking the time to ensure they got the best treatment option and their request for tablets was respected.

Key learning points from this activity / incident:

I have learnt that it is important to clarify information with the healthcare professional who has written the discharge letter as sometimes the information can be misunderstood or there may be a more suitable option for the patient. It is also important to use several different resources in order to build a competent answer to a query. Some sources are more reliable than others and you need to have enough evidence to justify your answer. It is important that correct monitoring is carried out for patients on high risk drugs. I have learnt how to record this accurately on the patient record and ensure that recalls are put in place so that the patient attends for monitoring when required. The most important thing is to find a solution that will optimise patient care – it should be simple for the patient to understand and ensure patient safety.

What development needs have you identified?

On reflection, I have identified that I need to have a better understanding of amber list drugs. I need to ensure I refer to the red/amber list to be able to identify high risk drugs and understand which ones are appropriate for use in primary care. I also need to be aware of referring to evidence-based shared care guidelines to ensure correct monitoring is carried out and patient safety is put first. These types of drugs should only be used when other options have not been suitable for the patient and involve communication between different care teams. This is a new development need which I will improve with more experience in practice.

Indicate whether these are NEW or PRE-EXISTING development needs:

- *Record any NEW needs on your PDP for this practice area, and start a new CPD cycle*
- *For PRE-EXISTING needs, update your PDP and relevant CPD cycle(s) accordingly*

Comments (relating your learning to the RPS Foundation Pharmacy Framework):

This record meets competency: 3.3 (analysing information) and 3.4 (providing information). I have used a logical, structured approach to clearly identify the specific problem. I gathered information from the appropriate evidence base and analysed it before considering the options. I then provided accurate and relevant information, in a timely manner, to other healthcare professionals to inform the final decision on patient care. I followed this up by discussing the new treatment with the patient to ensure they understood the monitoring requirements for this medicine and keep them at the centre of the process.

FP Pharmacist Signature*: Pharmacist 1

*In signing this document I declare that this evidence is my own work and meets the quality criteria for validity and authenticity.

Date: 19/06/2020