Abstracts from the Neonatal and Paediatric Pharmacists Conference

November 2019

Sutton Coldfield, UK

SP1 EVALUATING MEDICINES USE REVIEWS (MURs) IN CHILDREN

¹Rebecca Venables*, ¹Eirini Iliopoulou, ²Tania Cork. ¹School of Pharmacy, Keele University; ²North Staffs and Stoke Local Pharmaceutical Committee

10.1136/archdischild-2020-NPPG.1

Aim To evaluate Medicines Use Reviews (MURs) in community pharmacies, with a focus on MURs conducted with children alone and with their guardian(s).

Method A service evaluation of MURs was conducted using a questionnaire proforma. The questionnaire proforma design was informed by current literature and MUR guidance (PSNC)¹ and included both quantitative and qualitative questions in order to understand how pharmacists approach and perceive conducting MURs, with a specific focus on those with children alone and with their guardian(s). Participants were community pharmacists holding an MUR accreditation by a Higher Education Institution, whom had already performed at least one MUR. Quantitative data formed descriptive statistics and this was supported by the qualitative data which was analysed using a thematic framework approach. Ethics was not required; this work was a service evaluation.

Results In total, 16 community pharmacists participated. The majority 81% (13/16) reported that they did not conduct any MURs in patients younger than 18 years. All participants reported feeling confident when conducting MURs in adults; whilst 56% (9/16) of participants reported feeling confident in conducting an MUR with a child with their parent/guardian present and only 25% (4/16) feeling confident with a child alone. Lack of confidence regarding child MURs was linked to paucity of opportunity, insufficient experience and training, and the need to amend question technique. Regarding consent, 75% (12/16) of participants reported that they were not confident in taking MUR consent from children, and 31% (5/16) from adolescents. Reasons for low confidence in gaining child/adolescent consent included never conducting MURs in children - so no experience in gaining consent, concern regarding child understanding, and always wanting a responsible adult present. Further barriers to MURs in children included: issues surrounding safeguarding, children possibly not having the necessary knowledge to participate if parents are responsible for medicines management, child ability to provide full consent and child anxiety, thus impact on aptitude to communicate effectively.

Conclusion This was a small-scale evaluation exploring MURs in children. Supporting anecdotal evidence prior to this study, study findings suggest that very few MURs are conducted in patients less than 18 years. Community pharmacists discussed poorer confidence in conducting MURs with children and adolescents compared to adults. Reports highlighted that the major barriers to conducting MURs in this patient cohort may be related to pharmacists' concerns surrounding child consent and potential lack of experience and training. This study

should be used to inform larger studies exploring barriers to gaining consent in children, and also conducting appropriate services with children. Analogous studies with other healthcare professional groups would be beneficial, and this data could be compared. Findings should also help to shape future education and training for pharmacists and allied healthcare professionals in order to optimise future patient services, thus patient care.

REFERENCE

1. PSNC. 2018. MURs: the basics. [online] Available at: <https://psnc.org.uk/service-scommissioning/advanced-services/murs/murs-the-basics/> [Accessed 19 Nov. 2018]

SP2 MANAGEMENT OF ETHYLENE GLYCOL POISONING IN AN ADOLESCENT: A CLINICAL PEARL

Nicola Wilson*. Greater Glasgow and Clyde Health Board

10.1136/archdischild-2020-NPPG.2

Situation 16 year old girl admitted with suspected ingestion of ethylene glycol. She was treated with fomepizole and continuous renal replacement therapy (CRRT).

How the Pharmacy Team Contributed Ethanol was prescribed until fomepizole arrived. The volume of ethanol to be administered was calculated wrongly by the consultant due to confusion about the available strength. The Paediatric Intensive Care Unit (PICU) pharmacist intervened and the correct dosage information was given.

PICU pharmacist used Toxbase to determine the correct treatment of ethylene glycol poisoning and advised on dosing regime, including adjustment due to CRRT. The pharmacist facilitated prescribing on the electronic system (added drug to system, set up administration instructions and assisted with prescribing – pharmacist was not an Independent Prescriber). This allowed medical staff to concentrate on resuscitation, monitoring cardiac function, inserting intravenous lines and obtaining access for CRRT.

The PICU pharmacist and pharmacy technician co-ordinated initial supply of fomepizole. Fomepizole is usually ordered directly from the manufacturer during office hours. The patient presented in the early evening so further supply had to be obtained from a hospital hundreds of miles away after referring to the Rarely Used Medicines list. Pharmacist contacted appropriate on-call pharmacist and arranged for transfer of medicines via courier. Pharmacy technician arranged for further supply from the manufacturer the following day.

Pharmacy technician arranged supply of additional dialysis fluids for CRRT due to the higher than usual administration rate.

Without contribution from the pharmacy team the patient is likely to have been given the wrong dose of ethanol and fomepizole, and there would have been delay in initiation of treatment followed by an interruption, as it was wrongly assumed that it was kept as stock in the adjoining 'adult hospital' and subsequent supply from a local hospital would not have been sought by ward staff until original supply ran out.

Outcome Ethylene glycol poisoning was confirmed on laboratory testing. Levels of ethylene glycol fell steadily over 36 hours, allowing CRRT and fomepizole to stop. Patient was discharged from PICU after 48 hours with no apparent long-lasting effects, but was referred to various specialities including renal, gastroenterology and psychology.