



- **Dosing Instructions for controlled drug**

A coroner's report has highlighted that all prescriptions, particularly for controlled drugs, must contain clear dosing instructions. If it is necessary to use 'as directed' or similar, due to the dosing instructions being complex then the patient and/or their carer should be provided with written instructions which are referred to on the label e.g. Take 5mls as directed in written instructions. Maximum 30mls in 24 hours.

- **Recurrent UTI**

Public Health England (PHE) have revised their advice on second line antibiotics for prophylaxis of recurrent UTI link. In response the Tablet Press Extra on Recurrent UTI produced in March 2017 has been updated. The evidence for benefit from antibiotic prophylaxis is NOT robust. Simple measures such as improving hydration should be tried first and prophylaxis should only be for 3-6 months [link](#)

- **NIHR Signal: Gabapentin and pregabalin are not suitable for treating long-term low back pain**

A review of 8 trials found that gabapentinoids did not improve symptoms in adults with long term back pain. This information may help doctors talk with their patients about not prescribing, or de-prescribing, gabapentinoids. [link](#)

- **Suggestions for Drug Monitoring in Adults in Primary Care**

UK Medicines Information and the Specialist Pharmacy Services have updated their guidance on the monitoring of drugs commonly prescribed in primary care. A significant proportion of "drug errors" are linked with inappropriate monitoring [link](#)

- **Co-dydramol: prescribe and dispense by strength to minimise risk of medication error**

Co-dydramol is now available in strengths of 20/500mg and 30/500mg, as well 8/500mg (dihydrocodeine/paracetamol). The Medicines and Healthcare products Regulatory Agency (MHRA) advises that co-dydramol products should be prescribed/dispensed by strength to minimise dispensing errors and risk of accidental opioid overdose. [link](#)

- **FeverPAIN scoring system for patients over 3 years presenting with sore throat.**

PHE and the RCGP are recommending the use of the FeverPAIN scoring system for assessing patients presenting with sore throat [link](#)

- **NICE Sinusitis Guidance**

NICE has produced a one page visual summary of their most recent guidance for antimicrobial prescribing in acute sinusitis [link](#). Specialist Pharmacy Services' have also produced a NICE Bites with more detail [link](#)

- **Study finds that statins were often initiated with no knowledge of the person's risk**

A study has looking at statin initiation for primary prevention in 248 general practices in England and Wales (2012–2015) has found only 11% of people suitable for risk estimation had their cardiovascular risk recorded, and 73% of people who started a statin for primary prevention appear to have done so without knowing their risk (and hence the possible benefits from statins). NICE guidance on lipid modification recommends a risk assessment should be offered in a systematic way and decisions about starting statin therapy should be made after an informed discussion between the clinician and the person about the risks and benefits of statin treatment, taking into account their clinical circumstance and informed preferences. The NICE patient decision aid can help this discussion [link](#)

- **Potential Safety Issue with Buccolam pre-filled plastic syringes**

There have been reports of a quality defect in a small number of Buccolam (midazolam) pre-filled buccal syringes where the translucent tip-cap has remained on the syringe tip when pulling the red cap off which prevents administration. If this occurs, the translucent tip cap needs to be removed manually. Please share this information with parents and caregivers, and with age-appropriate patients, [link](#)