Acute Kidney Injury (AKI) - formerly known as Acute Renal failure is being increasingly seen in primary care and accounts for 13-18% of all hospital admissions. AKI increases the risk of chronic kidney disease and further episodes of AKI which is consequently linked to an increase in frequency, intensity and duration of hospitalisation at an estimated annual cost of £1 billion in England.

The National Institute for Health and Care Excellence (NICE) recently published guidance, Acute Kidney Injury—CG 169 to support prevention, detection and management of AKI.

The Drugs and Therapeutics Bulletin (DTB), also recently published an article detailing one of the strategies that can be used to manage AKI—a scheme termed the ‘Sick Day Rules’.

The Sick Day Rules recommend that potentially nephrotoxic drugs be temporarily stopped when a vulnerable patient develops an inter-current illness such as diarrhoea, vomiting or infection. The drugs to be considered include:

1. Angiotensin Converting Enzyme Inhibitors (ACEIs) e.g. Ramipril
2. Angiotensin II Receptor Antagonists (ARBs) e.g. Losartan
3. Diuretics e.g. Furosemide
4. Non Steroidal Anti-inflammatory Drugs (NSAIDs) e.g. Diclofenac

Sick day rules are being introduced in secondary care renal departments and safety collaboratives when there is a rise in serum creatinine of more than 50% above baseline within 7 days or a rise of 26µmol/L in 48 hours.

Primary care clinicians can play an important role in preventing and detecting AKI in the community. The ThinkKidneys website has a lot of useful resources and information including case studies to support healthcare professionals. In addition, NHS Highlands has produced a patient information card which could be provided to patients to raise awareness and support prevention. Clinicians will need to assess when to re-start or initiate potentially nephrotoxic drugs by balancing short term changes in kidney function with the medications long term benefits.

**Action for prescribers**

1. Be aware of the Sick Day Rules: in particular following recent discharge from secondary care to ensure medicines which were stopped in line with the rules are appropriately re-started
2. Consider recommending the Sick Day Rules to vulnerable patients who have significant chronic kidney disease and/or have suffered AKI

Back issues of ‘The Prescription Pad’ are archived at: [http://www.redbridgeccg.nhs.uk/About-us/Medicines-management/prescribing-newsletters.htm](http://www.redbridgeccg.nhs.uk/About-us/Medicines-management/prescribing-newsletters.htm)
**EPS AND CONTROLLED DRUGS**

A public consultation took place between July and October 2014 to gather opinions on the proposal to enable the electronic prescribing of Schedules 2 and 3 Controlled Drugs (CDs). In addition, advice was sought from the Advisory Committee on Misuse of Drugs (ACMD).

Following an overall positive feedback to the proposals, the necessary legislative amendments have been made by the Department of Health to enable electronic prescribing of Schedules 2 and 3 CDs for NHS and private prescribers. Prescriptions will need to be signed with an Advanced Electronic Signature and sent via the Electronic Prescribing Service (EPS) with its additional security features.

The total quantity of Schedules 2 and 3 CDs to be dispensed needs to be recorded in **words and figures** with the electronic prescriptions as is currently the case with paper prescriptions.

The legislative instruments allowing this change come into effect on **1st July 2015**.

**Action for prescribers**

1. Be aware that Schedule 2 and 3 controlled drugs (including instalment prescriptions) will be prescribable on EPS using an Advanced Electronic Signature from **1st July 2015**

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**EMIS WEB AND RX PROSCRIPT**

The Medicines Management Team have been made aware that certain practices who use the Emis Web software system have been approached by community pharmacy colleagues to have the Medicines Manager software uploaded to their systems.

The pharmacy system Rx ProScript which runs Medicines Manager is part of the Emis Plc group. Medicines Manager is driven by pharmacies. It permits pharmacies to electronically transmit repeat prescription requests securely and efficiently.

The GP practice will receive the medicines request in EMIS Web Medicines Management (patient access) and will be able to approve or reject the prescription requests. Electronic prescriptions will then be sent to the nominated pharmacy via the NHS Spine.

Patients must give written consent and this will be obtained by the pharmacy. Cost implications only affect the pharmacies; no charges are made to the GP practices.

This proposal was considered by the BHR CCG’s Area Prescribing sub Committees at its meeting in March 2015 and the recommendations below were made (as relates to relevant practices):

1. Practices are advised to obtain a copy of the pharmacy’s Standard Operating Procedure (SOP) for operating Medicines Manager in order to assure a safe and secure service will be provided
2. Practices may wish to confirm patients have consented to the service and carry out spot checks to ensure patient satisfaction

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**References**

Please note that references to articles are embedded in hyperlinks within the text. Look out for underlined text. Click on the link to see full articles or references.

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