Prescribing during Attachment in General Practice

Here are some suggestions that may be useful for doctors to consider when they join a General Practice to gain experience during the Foundation Programme and when starting in Specialty Training.

Documentation

It is good practice, and medico-legally essential, to document all encounters with patients. This includes every item of medication prescribed, and every consultation, even telephone calls and House Visits.

Some general rules:

- Prescribe Generics (except SR preps, branded anti-convulsants, and steroid inhalers.)
- Issue repeat medication in 28-day quantities especially when starting a new medication.
- At medication review, check compliance and side effects, and remove any unwanted drugs from patient’s list.
- Never issue hypnotics or anxiolytics as repeat prescriptions and give no more than 2 weeks supply for occasional use only.
- Do not initiate Red and Amber specialist drugs, even if requested in hospital letters. Ask trainer to give you the list. Amber drugs are ok to continue if the patient is already stabilised, but ask if you are unsure, or have no experience of them.
- Remember that you take full responsibility for your own scripts even if a senior has asked you to prescribe. Many consultants do not appreciate this. If you are uncertain, don’t do it.

Aim to reduce:

- Combination drugs.
- NSAIDs. Especially in elderly or in reduced renal function.
- Dosage of PPIs – reduce or stop treatment when possible
- Repeat prescribing – consider whether every drug is necessary: particularly benzodiazepines and Z drugs.
- Codeine and other opiates, especially in combination. Plain paracetamol has less side effects and may be sufficient.
- Expensive dressings, e.g. with silver, which has little benefit.

Try to Avoid:

- Antibiotics for self limiting URTIs
- Broad spectrum Antibiotics (without bacteriology to support decision), e.g. co-amoxycillin, cefalosporins, quinolones, to reduce risk of c.difficile, and MRSA.
- HRT over age 55 without full discussion and provision of patient leaflet.
- Weight – reduction drugs (unless on a supervised programme)
- Opiate analgesia (d/w trainer)
- Food supplements and Sunblock (special rules apply)
Example of a Typical Practice Formulary:

Antibiotics
1. Lower Respiratory Infection: Amoxicillin or Clarithromycin if penicillin allergic, or doxycycline if COPD.
2. Skin infection: Flucloxacillin or Clarithromycin
3. UTI: Trimethoprim or Nitrofurantoin (Await MSU for 2nd line ABs)

Antibiotics (topical)
Fusidic acid for localised impetigo only

Pain Relief
- Paracetamol
- Dihydrocodeine (Avoid combinations where possible)
- NSAIDS 1st Ibuprofen 2nd naproxen

GIT
- Antacids Peptac and Gaviscon
- Anti-emetic Domperidone
- Laxative Magnesium hydroxide mix. 2nd Lactulose 3rd Senna 15mg
  Movicol first line in children, see nice guidance.
- PPI Lansoprazole

Respiratory
- SABA Salbutamol (CFC-Free) MDI Ventolin evohaler
  Terbutaline (Bricanyl MDI or dry powder turbohaler)
- LABA Salmeterol (aerosol and dry powder)
- Steroid Beclometasone must be specified by brand Qvar or Clenil as Qvar is twice as potent.
  Budesonide (Pulmicort)

Steroid/ B agonist combinations
- Seretide (Fluticasone and Salmeterol)
- Symbicort (Budesonide & formoterol)

Anticholinergic
- 1st choice Ipratropium (Atrovent)
- 2nd Tiotropium (Spiriva – long acting)

CVS
- ACEI Ramipril or A2 Losartan
<table>
<thead>
<tr>
<th>Category</th>
<th>Medication</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-blocker</td>
<td>Atenolol (caution DM) / Bisoprolol cardioselective</td>
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<tr>
<td>CCB</td>
<td>Amlodipine (as maleate) / Felodipine</td>
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<tr>
<td>Diuretics</td>
<td>Thiazide</td>
<td>Bendroflumethiazide Loop Furosemide K-sparing Spironolactone</td>
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<td>GTN</td>
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<tr>
<td>Statins</td>
<td>Simvastatin : 40mg standard dose in secondary prevention</td>
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<tr>
<td>Antiplatelet</td>
<td>Aspirin 75mg disp tabs Clopidogrel as per NICE guidelines if aspirin ineffective or allergy.</td>
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<tr>
<td>HRT</td>
<td>Get to know a series of 1. solo oestrogen (no uterus) eg Premarin 2. combined sequential eg Premique cycle 3. continuous combined eg Premique</td>
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<tr>
<td>Bisphophonates</td>
<td>Alendronic acid 70mg weekly but see osteoporosis guidelines for steroid induced or very elderly.</td>
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<tr>
<td>Calcium</td>
<td>Adcal D3 bd</td>
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<tr>
<td>COC</td>
<td>Microgynon 30</td>
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<tr>
<td>POP</td>
<td>Micronor or Cerazette</td>
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<tr>
<td>Emergency Contraception</td>
<td>Levonelle 1.5mg (asap, but up to 72 hours) Copper iucd up to 120 hours (test for STDs)</td>
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<tr>
<td>Parenteral progestogen</td>
<td>Depo-provera im every 12 weeks</td>
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<tr>
<td>Steroid creams:</td>
<td>Hydrocortisone (weak), Clobetasone butyrate (moderate), Betamethasone (strong), Clobetasol (very strong)</td>
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<tr>
<td>Mental Health</td>
<td>Sertraline has best safety/ side effect profile but see depression guidelines for different circumstances.</td>
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<tr>
<td>SSRI</td>
<td>Hypnotic Temazepam (short course of 2 weeks) Anxiolytic Diazepam (minimum script)</td>
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<tr>
<td>Diabetes (T2DM)</td>
<td>Metformin Glimepiride or glyclazide</td>
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<td>If still uncontrolled ask trainer for guidelines.</td>
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<tr>
<td>Antivirals</td>
<td>Aciclovir tabs 800mg x5 daily x 7 Aciclovir ointment</td>
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<tr>
<td>Food supplements</td>
<td>special rules apply - see BNF</td>
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New antibiotic guidelines are very helpful, see separate page.