

# **Prescribing and Clinical Effectiveness Bulletin**

Volume 4; Number 8

May 2010

## **NATIONAL PATIENT SAFETY AGENCY (NPSA) RAPID RESPONSE REPORT 012 – REDUCING RISK OF HARM FROM ORAL BOWEL CLEANSING SOLUTIONS.**

**Ref: NPSA/2009/RRR012 – issued 19th February 2009**

The NPSA has identified a number of serious problems relating to the inappropriate use of oral bowel cleansing preparations prior to surgery and /or investigative procedures. Incidents reported to the NPSA include death and harm from electrolyte abnormalities, dehydration and serious gastro-intestinal problems. Patient groups identified as particularly at risk are frail and debilitated elderly patients, children and those contraindicated from receiving these treatments. This has led the NPSA to make a series of recommendations aimed at reducing the risk of using bowel cleansing preparations. Information on this has previously been circulated to all prescribers in the April 2009 edition of the PACE bulletin (Vol 3 No 4).

### **Rapid Response Report recommendations:**

- **A clinical assessment must be undertaken by the clinician authorising the surgery or investigative procedure (including GPs using the direct access route) to ensure that there are no contraindication or risks (from the use of a bowel cleansing solution.**
- **Use of a bowel cleansing solution must be authorised by the clinician at the same time as the surgery or investigative procedure.**
- **A clinician requesting the surgery or procedure and authorising the use of a bowel cleansing solution is responsible for ensuring that an explanation on the safe use of the product is provided to the patient or carer.**
- **A safe system must exist that involves an authorised clinical professional in the supply of the medicine and written information (including named contact) for each patient.**

The main emphasis of these recommendations is that the onus now rests with the clinician who requests the surgical or investigational procedure, to ensure that a risk assessment has been conducted establishing that there are no factors which will preclude the patient from taking the bowel cleansing product.

This has necessitated a complete revision of policies and procedures by the United Lincolnshire Hospital Trust (ULHT) related to the use of oral bowel cleansing preparation prior to both investigational and surgical procedures.

This change impacts both on internal referrals from hospital based clinicians for both inpatient and outpatient request as well as those GPs and primary care based clinicians using the direct referral route for investigations.

As a result of the review ULHT have revised their request forms, patient information leaflets and their overarching guidance on the use of bowel cleansing preparations in

line with the NPSA recommendations. These has been approved by the Lincolnshire Prescribing and Clinical Effectiveness Forum (PACEF)

**The new procedures for the use of bowel cleansing preparations, including the new style referral forms and patient information leaflets will come into effect on 1<sup>st</sup> June 2010.**

**Copies of the referral form and patient information leaflet are available to download electronically and all practice managers have been sent details on how to access copies from the NHS Lincolnshire website.**

Below is a summary of the advice included within the ULHT guidelines.

- **GPs requesting either barium enemas or colonoscopies should complete the revised referral form.**
  - **Both pages of the form are to be completed including the assessment algorithm (back of the form).**
  - **GPs should prescribe bowel preparations required for the procedure.**
  - **The algorithm printed on the back of the referral form is designed to guide clinicians through a seven step assessment process. All steps must be completed before the form is sent off to the relevant hospital department.**
  - **Step One - Identifies patient groups where the use of bowel cleansing preparations is a contra-indication. Patients identified at this stage need to be referred directly to secondary care.**
  - **Steps Two & Three - Guide clinicians as to the choice of suitable bowel cleansing preparation dependant on patient co-morbidities and other risk factors.**
  - **Step Four - Allows clinicians to state which bowel cleansing product has been prescribed for the patient. Having worked through steps 2 & 3 the choice of product will have already been identified.**
  - **Step Five – It is the prescriber’s responsibility to provide patients with both written and verbal information. This must include the name and contact details of the clinician should the patient need advice regarding the use of the bowel preparations.**
  - **ULHT have provided a generic patient information leaflet titled “Bowel preparation medicines” which should be provided to all patients.**
  - **Step 6 –Allows for referring clinician to add any further comments which may be of assistance to the secondary care service.**
  - **Step 7 – Requires the signature of the referring clinician.**
  - **All incomplete forms will be rejected.**
  - **Appointments will be provided by either the Radiology Department or the Endoscopy Unit. It is the responsibility of the hospital department to provide a copy of the completed ‘How to take Your Bowel Preparation Medicine’ with all appointment letters. This leaflet provides additional information to the patient on how to take their bowel cleansing preparation particularly relating to the timing of their dose which is dependant on the time of day that their investigation will take place.**
- The name and contact detail of the referring clinicians will be provided to patients as their contact person. If the referring clinician is not the contact person then they must supply the name and contact details of the person who is to act as the point of contact to the patient and booking staff.**

The advice in the bulletin directly relates to ULH and the changes that have been made locally to ensure compliance with the NPSA recommendation.

However the recommendations made within the Rapid Response Report apply equally to all NHS trusts; there may be different forms/ patient information leaflets in place in other areas.

Primary care based clinicians are advised to familiarise themselves with any alternative resources that may be in place where the main provider is not ULHT.

#### References

1. National Patient Safety Agency Rapid Response Report No 12  
NPSA/2009/RRR012 – issued 19th February 2009

#### **Acknowledgements**

Many thanks to Dr Glenn Spencer, Consultant Gastroenterology Physician ULHT and Dr Jacqueline Miller – Chief Pharmacist ULHT for their contributions to this edition of the *PACE Bulletin*.

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May 2010



# ORAL BOWEL CLEANSING AGENT PRESCRIPTION CHECKLIST

This checklist is to be completed by the Clinicians authorising the oral bowel cleansing agent

NAME .....

HOSPITAL / NHS NO.....

Date of Birth .....

## STEP 1: ABSOLUTE CONTRAINDICATIONS

Known or suspected gastrointestinal obstruction or perforation, ileus, gastric retention, acute intestinal or gastric ulceration, ileostomy, toxic colitis or toxic megacolon Y / N  
 Severe acute inflammatory disease Y / N  
 In patients with severely reduced renal function Y / N  
 Congestive heart failure Y / N  
 Difficulty swallowing or reduced level of consciousness Y / N  
 Hypersensitivity to any of the ingredients Y / N

**GP – if yes to any above. STOP and refer Patient to secondary care consultant**

## STEP 2: Treatment Choice

**Sodium Picosulfate (Picolax; Citrafleet)** is recommended for healthy patients.

**Polyethylene glycol** (Klean Prep) is the agent of choice for those with:

- Cardiac disease
- Liver disease
- Hypertension

## STEP 3: Consider CO-MORBIDITIES & RISK FACTORS

### Precautions

*The following cautions should be noted with concomitant use of oral bowel preparations*

Clinical Status	Action	Drug of choice
Presence of dehydration	Correct fluid status	Sodium Picosulfate
<ul style="list-style-type: none"> <li>• Debilitated frail patients</li> <li>• Patients with poor health or clinically significant renal impairment</li> <li>• Patient at risk of electrolyte imbalance</li> </ul>	Perform baseline and post-treatment electrolyte and renal function test to monitor and avoid electrolyte imbalance	Klean Prep
Lithium	Monitor fluid balance	Klean Prep
Cardiac Glycoside, ACE inhibitor, Diuretics, corticosteroids	Monitor and correct hypokalaemia	Klean Prep
NSAID, Tricyclic Antidepressants, Selective Serotonin Re-uptake Inhibitors, antipsychotic drugs, Carbamazepine	Monitor for water retention and or electrolyte imbalance	Klean Prep
Anti-epileptics, Contraceptives, Anti-diabetics, Antibiotics	Consider impact on effectiveness of therapy as absorption of oral medication can be modified. if concerned give oral medicine 1 hour prior to bowel preparation	

## STEP 4: TYPE OF BOWEL PREP ISSUED?

**Sodium Picosulphate** (Picolax / Citrafleet)

**Polyethylene glycol** ( Klean Prep)

## STEP 6: OTHER COMMENTS

## STEP 5: INSTRUCTIONS PROVIDED TO THE PATIENT

Verbally Y / N  
 Leaflet Y / N

**STEP 7 : SIGNATURE** .....