Guide for Simulation on drug management - Summary

Drug Management related to Rheumatoid Arthritis: Hospital admission

Story (case could be a gentleman)

Mrs. Odedra aged 45 was diagnosed 18 months ago with Rheumatoid Arthritis. She describes this as having severe joint pains- but much worse than her husband (who has osteoarthritis). Her joint pains are particularly bad in the morning. When her condition is severe, she can barely perform normal tasks like cooking and cleaning. Her knee joints and small finger joints are worst affected.

She was seen by a rheumatologist in the hospital, who initiated her on sulfasalazine tablets. She was also prescribed some painkillers by the hospital. She was followed up by the hospital for three months. In that time she developed a severe allergy to the sulfasalazine tablets, and was put on methotrexate tablets.

After a further 3 months, she was transferred to the care of her GP.

Her medicines are normally ordered from the GP by her husband from the repeat prescription and delivered by her community pharmacist.

She is married, aged 65 years and lives with her husband, who suffers from osteoarthritis. She used to work in a textile factory. She lives in a terraced house in the city.

Drugs

- Methotrexate tablets 10mg (bottle labelled Take one tablet once a week as directed).
- Methotrexate tablets 2.5mg (take three tablets once a week)
- Diclofenac MR 75mg tablets (take one tablet twice a day)
- Folic acid 5mg tablets (Label to be taken as directed)
- Cocodamol 8/500 tablets (label 2 tablets when required)
- Paracetamol tablets (bought over the counter)
- Ibuprofen tablets 400mg (bought over the counter)
- Gaviscon liquid (bought over the counter)

Situation:

Events this week

• 5 DAYS AGO
She feels her pain is getting worse despite using her tablets. She is finding it difficult to get up and down the stairs. She has a cough and is feeling constantly tired.

• THIS MORNING
She goes to her GP complaining of breathlessness and a very sore mouth. She was given some extra pain relief tablets and an ambulance was called for whilst she was at the GP surgery.

On arrival in the ED the paramedics present the following last set of observation completed in the ambulance

B/P = 170/95
Pulse = 115
Breaths = 22 per minute
Temperature = 38°C
Swollen hand joints
Mouth is sore
Suffering from severe 'chest' pains - PUD as excluded angina / MI

It is now 5.15 p.m. and you received this lady into a bay. During the handover the paramedic says on the journey they discovered the above history. She has a raised temperature and she is breathless.

Mrs Odedra’s husband arrives and has brought a small suitcase with personal care items, a repeat prescription record and her medicines.

The nurse with you takes her observations. A suspected chest infection is being considered for treatment with co-amoxiclav.

Students

You are the student team receiving this admission. You are
a) Paramedic (Paramedic student)
b) The nurse (nursing student)
c) Junior doctor (medical student)
d) Admissions Unit Pharmacist (pharmacy student)

Your task is to
a) Ascertain a drug history from this patient. What information should you record?
   Complete the drug chart.
b) What further information would you like clarified about the patient’s medication? Who would you ask?
c) Discuss an appropriate action plan with a communication pathway.
Guide for Simulation on drug management – Actor & Facilitator sheet

Actor Brief
Middle aged, obese lady. You have arthritis affecting the small joints in your hands, which gives you pain and difficulty with some tasks. You are in a lot of pain in your joints, which are distorted.
You were taking three tablets of methotrexate 2.5mg once a week (total 7.5mg).
After 4 weeks your GP asked you to increase your dose to 4 tablets once a week (total 10mg).
You were OK on these for 3 months.
The GP decided to put you on Methotrexate 10mg (one tablet) once a week, which they said could be increased up to 15mg if you did not get better, but that this would be done gradually.
You were not told that the 2.5mg tablets were not to be taken with the 10mg tablets.
You could not get in to see the GP and have been taking 15mg once a week for the last 6 weeks.
This really didn’t work for you and you were in so much pain that you bought extra paracetamol and ibuprofen to help with the pain. You have also been taking your husband’s painkillers.

Materials

Medication containers
All tablets in bottles must have a child resistant container or the student must be briefed that the bottles have child resistant caps on them).
A ‘repeat’ prescription slip with the following items on it
Methotrexate tablets 10mg (bottle labelled Take one tablet once a week as directed).
Methotrexate tablets 2.5mg (take three tablets once a week)
Diclofenac MR 75mg tablets (take one tablet twice a day)
Folic acid 5mg tablets (Label to be taken as directed)
Cocodamol 8/500 tablets (label 2 tablets when required)
A toiletry bag with /handbag with the above medication in it
A tube of mouth ulcer gel (Bonjela or equivalent)
A GP letter stating the following (or words to that effect):
‘Initial dose of methotrexate: 7.5 mg once a week, with instructions to increase by 2.5mg every month until a maximum dose of 15mg. Instructions for blood counts and other therapeutic issues as per shared care agreements, including use of folic acid). Allergic to penicillin and sulphasalazine’.

Task

Students participating
a) Ascertain a drug history from this patient. What information should you record?
   Complete the drug chart.
b) What further information would you like clarified about the patient’s medication? Who would you ask?
c) Discuss an appropriate action plan with a communication pathway.

Students observing
i) Give them the same situation to read and to discuss for 5 minutes and ask them what would they do?
ii) Observing student are asked to look for professional interactions and safe practise as a team. They should consider how they engage the patient and communicate with one another.

Feedback

<table>
<thead>
<tr>
<th>Facilitator Check list</th>
<th>Tick or make notes</th>
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<tbody>
<tr>
<td>Consider the safety of her environment (hot tea)</td>
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<tr>
<td>Students should introduce themselves and re-assure patient</td>
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<tr>
<td>Discuss drugs and collateral with family doctor (GP) and/or community pharmacist</td>
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<tr>
<td>Constant reassurance to patient throughout</td>
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<tr>
<td>Communication with one another using each other’s skills and expertise</td>
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Clinical issues
- Monitoring by GP
  - Methotrexate overdose: see BNF: Blood count, liver toxicity, pulmonary toxicity
  - Communication anomalies re dose between primary and secondary care
  - Methotrexate monitoring booklet: patient does not have one (as per NPSA guidelines)
  - Child proof containers (hand joints affected): cannot open
  - Interactions between NSAIDs and Methotrexate
  - Overdose re NSAIDs
  - Gastroprotection
  - Overdose with paracetamol
  - Penicillin allergy
  - Folic acid: no instructions. not to be taken at the same day as Methotrexate: antagonism of pharmacological effect
  - Use of single strength tablets for methotrexate: 10mg tablets for doses in multiples of 10 OR the use of 2.5mg tablets for doses in multiples of 2.5mg. DO NOT USE COMBINATION OF 10mg AND 2.5mg
  - Clear labelling as per NPSA and BNF guidelines

Action plan:
- Clear TTO, shared care agreements
- Communication to community pharmacist
- Methotrexate monitoring handbook –to be presented at GP and filled in before issue of repeat prescription as per NPSA guidelines
- Methotrexate prescribing protocols both in secondary and primary care
- Awareness of shared care agreements
- Pharmacist medication use review: community pharmacists should also ensure monitoring via the MTX book
- Clearer communication with patient re side effects of toxicity
## Feedback Form: Bay ........

**NAME:**.................................................................

<table>
<thead>
<tr>
<th>Issues Observed</th>
<th>Individual Comments</th>
<th>Team Comments</th>
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<tbody>
<tr>
<td><strong>Communication</strong></td>
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<tr>
<td>1) Patient</td>
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<td>2) Team members</td>
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<td>3) To other professionals on the unit</td>
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<td>4) Documentation</td>
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<td>5) Sensitive and relevant communication considering need and diversity</td>
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<td><strong>Safety</strong></td>
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<td>6) Bay issues &amp; hazards</td>
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<td>7) Patient identification</td>
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<td>8) Administration of drugs</td>
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<td>9) Labelling of medication</td>
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<td>10) Identifying overdose</td>
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<td>11) Identifying potential waste</td>
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<td>12) Getting patient permission /consent before removing drugs from patient</td>
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<td>13) Ask when uncertain</td>
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<td><strong>Ability to learn and engage with policy and clinical procedures</strong></td>
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<td>1) Use of local guidelines: awareness of NICE/RA guidelines</td>
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<td>2) NPSA guidelines</td>
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<td>3) Seeks assistance</td>
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<tr>
<td><strong>Team working</strong></td>
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<tr>
<td>1) Roles and responsibilities</td>
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<td>2) Using each other effectively</td>
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<tr>
<td>3) Communication</td>
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<td>4) Agreed Goals</td>
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<tr>
<td><strong>Overall feedback/ opportunities for improvement</strong></td>
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**Facilitators Signature:**