

QUESTION 1

You review the following patient, with uncontrolled pain, at your GP surgery.

Patient details

Mrs Annie Patient

DOB: 13/01/1965

Address: 1 Pearl House, Sidcup A1 2BC

Patient's current repeat medication:

Oxycodone modified-release tablet 15 mg 12 hourly


Paracetamol tablets 1 g every 4-6 hours maximum QDS

Allergies: nil known allergies

After reviewing the patient and discussing her with the palliative care nurse, you decide to increase the dose of oxycodone to 20 mg 12 hourly. The nurse also reminds you to prescribe oxycodone liquid for breakthrough pain as this was never prescribed for the patient.

Write a prescription for the new oxycodone dose and a prescription for breakthrough pain relief.

(FILL IN THE BLANK PRESCRIPTION ON THE FOLLOWING PAGE)

Pharmacy Stamp	Age D.o.B	Title, Forename, Surname & Address	
Number of days' treatment N.B. Ensure dose is stated			NHS Number:
Endorsements	<h1>SAMPLE</h1>		
Signature of Prescriber			
For dispenser No. of Prescns. on form <input data-bbox="245 1771 365 1854" type="text"/> 	Dr A DOCTOR ANY HEALTH CENTRE ANY STREET ANY TOWN AB1 2CD 020 0123 4567		ANY CCG 123456
		FP10SS0000	



Ensure you have attempted to fill out the above prescription before **continuing to the answers** below.

Question 1 Answer Notes - Example Prescription and Points for Consideration

- See example prescription below
- Confirm any recent opioid use (both regular and when required), dose, formulation, frequency of administration and any other medicines prescribed for the patient, in particular analgesic medicines
- When increasing the dose of oxycodone, ensure that the calculated dose is safe for the patient i.e. oral oxycodone in adult patients, should not normally be increased by more than 50 % of the previous dose
 - This patient's regular oxycodone dose has been increased by approximately 33%
- Ensure you are familiar with the opioid and available formulations. For this patient:
 - Modified-release oxycodone is prescribed for regular use
 - A short-acting/immediate release oxycodone preparation is prescribed for breakthrough pain on a 'when required' basis
- For breakthrough pain, the standard dose of a strong opioid is usually one-tenth to one-sixth of the regular 24-hour dose, repeated every 2–4 hours as required
 - In practice, you may find as required doses prescribed every 4-6 hours
- Ensure patients are reviewed for symptoms of overdose and side effects.

Reference: <https://bnf.nice.org.uk/guidance/prescribing-in-palliative-care.html>

Question 1 Prescription Example COMPLETED

Pharmacy Stamp	Age 55 D.o.B 13/01/1965	Title, Forename, Surname & Address Annie Patient 1 Pearl House Sidcup A1 2BC	
Number of days' treatment N.B. Ensure dose is stated		NHS Number: 123 456 789	
Endorsements	<p>Oxycodone 20 mg MR Tablets 20 mg 12 hourly Supply 60 (sixty) tablets</p> <p>Oxycodone 5 mg/5 mL Oral Solution 5 mg 4-6 hourly PRN for breakthrough pain Supply 250 mL (two hundred and fifty millilitres)</p> <p>(No more items on the prescription)</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">SAMPLE</p>		
Signature of Prescriber <i>Dr D.O Good</i>		Date 22.05.2020	
For dispenser No. of Prescs. on form 	Dr D O GOOD ANY HEALTH CENTRE ANY STREET ANY TOWN AB1 2CD 020 0123 4567		ANY CCG 123456
			FP10SS0000

QUESTION 2

You see a patient who presents with a severe sore throat and pyrexia (39 °C) for the past 2 days.

Patient details:

Ms Olive Green

DOB: 03/09/1985

Address: 12 Mulberry Way, London, A1 2BC

Patient's current repeat medication:

Folic acid tablets 400 micrograms od


Allergies: severe rash and facial swelling with amoxicillin

Ms Green has no cough or nasal symptoms; her tonsils are inflamed and pustular and she looks unwell.

She had a scan last week confirming she is 12 weeks pregnant.

Write an appropriate prescription on the sample FP10 below

(FILL IN THE BLANK PRESCRIPTION ON THE FOLLOWING PAGE)

Pharmacy Stamp	Age D.o.B	Title, Forename, Surname & Address	
Number of days' treatment N.B. Ensure dose is stated			NHS Number:
Endorsements	<h1>SAMPLE</h1>		
Signature of Prescriber			Date
For dispenser No. of Prescns. on form <input type="text"/> 	Dr A DOCTOR ANY HEALTH CENTRE ANY STREET ANY TOWN AB1 2CD 020 0123 4567		ANY CCG 123456 FP10SS0000

Ensure you have attempted to fill out the above prescription before **continuing to the answers** below

Question 2 Answer Notes - Example Prescription and Points for Consideration

- See example prescription below
- Refer to your local antimicrobial guidance
- NICE recommends 5 days treatment of a macrolide for severe non-viral sore throats in penicillin-allergic patients*
- The macrolide of choice in pregnancy is erythromycin

*Reference <https://www.nice.org.uk/Media/Default/About/what-we-do/NICE-guidance/antimicrobial%20guidance/summary-antimicrobial-prescribing-guidance.pdf>

Question 2 Prescription Example COMPLETED

Pharmacy Stamp	Age 34 D.o.B 03/09/1985	Title, Forename, Surname & Address Olive Green 12 Mulberry Way Bromley A1 2BC	
Number of days' treatment N.B. Ensure dose is stated		NHS Number: 987 654 321	
Endorsements	Erythromycin 250 mg Gastro-Resistant Tablets 250 mg QDS for 5 days Supply 20 (No more items on the prescription) <div style="text-align: center; font-size: 48px; opacity: 0.5;">SAMPLE</div>		
Signature of Prescriber <i>Dr D.O Good</i>		Date 22.05.2020	
For dispenser No. of Prescns. on form <input type="text"/> 	Dr D O GOOD ANY HEALTH CENTRE ANY STREET ANY TOWN AB1 2CD 020 0123 4567		ANY CCG 123456 FP10SS0000

REFLECTIVE RECORD

Reflections from prescribing exercise

Date

What I learned from this activity:

Am I going to change anything as a result of this session? / How will I apply learning to my clinical practice?