

RPG – April Q&A

Welcome!

Please add your name and NHS Trust in the chat box to give the facilitators an idea of participants.

Oxford, North Bristol, Brighton, Derby, Ayshire/Kilmarnock, South Australia, Kings London

Outline – April

- Unanswered Qs from Microsoft Teams Q&A
- Open session for participants to ask Qs

Unanswered Q's - 1

- Does anyone have any training resources for nurses regarding administration of medicines on HD days that they are willing to share? Thank you
- ✓ no particular resources dedicated for nursing training apart from general presentations prepared by renal pharmacy team for nurse teaching

April Q&A: Q1

- Anyone has experience using Nephrotrans? Local nephrologist keen on adding it to formulary for patients who cannot tolerate generic sodium bicarbonate due to GI side effects such as bloating. Proposed for consideration as 2nd/3rd line. 600mg tablets not currently considered despite lower cost than Nephrotrans.
- ✓ Only used once when there was brief period of supply problem with generic sodium bicarbonate capsules. Cost for Nephrotrans much higher than generic sodium bicarbonate 500mg capsules.
- ✓ Non-formulary in the South West region

April Q&A: Q2

- Any unit using ClearGuard caps for haemodialysis patients? [NICE MTG62]
- ✓ Awaiting to discuss with Matron

April Q&A: Q3

- Any unit using pre-made IV ganciclovir and have them in stock? Access to commercial units, particularly for out of hours/weekends?
- ✓ Oxford has contract with Baxter for supplying IV ganciclovir. Other units have different approaches from previous discussions.
- ✓ Brighton has pre-filled syringes (ITH pharma). To confirm stock/shelf life.

April Q&A: Q4

- Any unit has guidelines for treatment of chronic hyperkalaemia for primary care use? Increasing usage of potassium binders in local outpatient clinic to optimise ACEi prescribing.
- ✓ AZ has experiences/links with renal units that have experience of developing SCP. It was challenging to get SCP approved locally due to monitoring and dose titration required.
- ✓ Renal Unit in Manchester is in the process of developing the SCP. Limited experience in chronic use in Oxford.
- ✓ Difficult to get primary care to prescribe in London. Potassium binders also often prescribed by local nephrologists to optimise ACEi use. Sometimes used in patients who can hold of dialysis.
- ✓ Due to discuss with CCG re. development of SCP. Currently prescribed and monitored by the hospital.

April Q&A: Q5

- Any units using PO nystatin as part of PD peritonitis protocol (as per updated ISPD guidelines)?
 - ✓ Noted in the updated ISPD guidelines but not adopted in local renal unit
 - ✓ In one unit Fluconazole is given in the second episode of PD peritonitis within four weeks
 - ✓ Concomitant antifungal therapy given for PD peritonitis including PO nystatin
 - ✓ Not in the current local PD guidelines

April Q&A: Q6

- Any unit have the SGLT-2 SCP approved by CCG/ICB for primary care prescribing? Any unit have decided to develop a joint SGLT-2 guideline for CHF/CKD?
- ✓ One Trust - Joint guideline planned. Plan made for discussion with GP representatives in June.

April Q&A - Close

REMINDER: Microsoft Teams Q&A for real time Q's: 35 participants;
Unanswered Q's brought to monthly session; Q's to be added to website –
Clinical Subgroup section.

Thank you for attending.

See you in May!

Next Q&A: 11/05/2022, 1pm