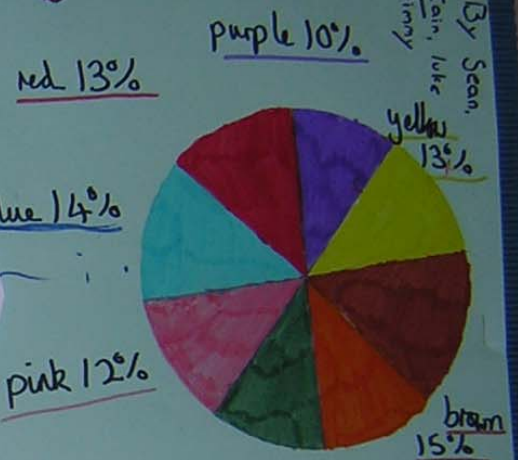


# THE SMARTIES HYPOTOSIES

By Sean,  
Iain, Luke  
Jimmy



MY FAVOURITE SMARTIES ARE ORANGE, BUT I'VE NOTICED IN THE LAST TWO PACKETS THAT I BOUGHT THAT I ONLY HAD A COUPLE OF ORANGE SMARTIES. IS THE COMPANY PLANNING TO PHASE OUT ORANGE SMARTIES??



SMARTIES	TALLY	FRUITFLAVOURS
Red		Red
Blue		Blue
Pink		Pink
Green		Green
Orange		Orange
Brown		Brown
Yellow		Yellow
Purple		Purple

We've found out that the company are not getting rid of orange smarties and are more likely to be using old purple smarties.

There was a total of 386 Smarties. Formed there were...

Red 49	Orange 49
Blue 55	Brown 62
Pink 46	Yellow 44
Green 44	Purple 39

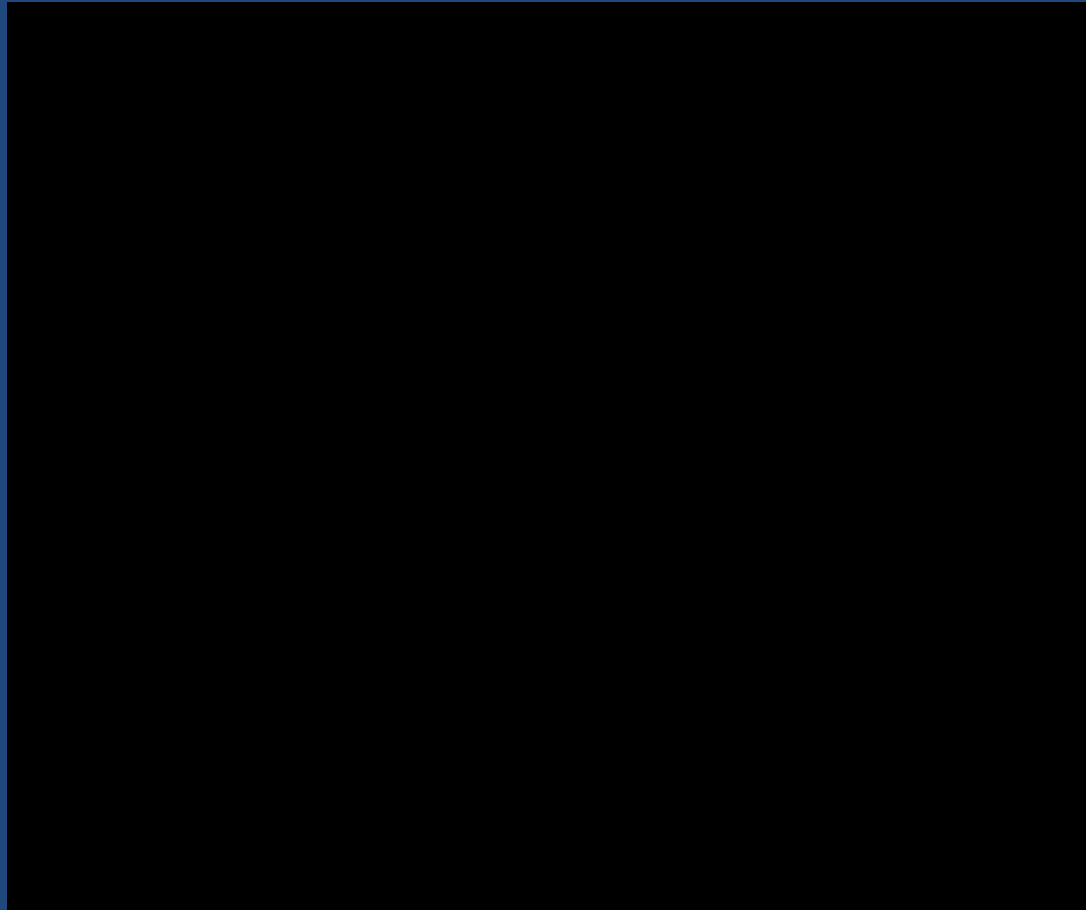
# An Audit of Ondansetron Prescribing in an Acute Hospital (cancer unit)

Dr Anna Wilkinson SpR Palliative Medicine

Dr Cathy Paget Foundation Programme Doctor

Dr Kate McKenna Foundation Programme Doctor

Think ahead



# Background

- Common symptom
- Commonly prescribed
- HPCT observations

# Current Guidelines

- Trust - Post op nausea and vomiting
- Cancer Network (on intranet) – Green book
  - Used to control early emesis after chemotherapy
  - Some are also licensed for postoperative emesis
  - Cause constipation
  - Avoid prolonged use
- British National Formulary
  - Indications: emetogenic chemotherapy and radiotherapy, prevention and treatment of post operative nausea and vomiting
- Palliative Care Formulary
  - Indications: Nausea and vomiting after surgery, chemotherapy and radiation therapy, intractable vomiting due to chemical, abdominal and cerebral causes when usual approaches have failed, opioid-induced pruritis, and possibly pruritis associated with uraemia and cholestasis

# Aims

- To ensure all ondansetron prescriptions adhere to local and national guidelines

# RAID Service Improvement Methodology

- Review
- Agree
- Implement
- Demonstrate

# Review - Quantitative Data Collection

- Dec 08 – March 09
- Prospective
- Piloted
- Prescribing data from across the Trust collected using JAC on 4 days, each 3-4 weeks apart
- More detailed patient information collected from CRS records and notes using piloted proforma

# Qualitative Data Collection

- Small and large groups
- Doctors, Nurses, Pharmacists of all grades
- Followed up with a letter to all consultants, ward managers and CNSs

# Results

- 4 days, 4 weeks apart
- Total number inpatients on those days 1580
- Total number antiemetic prescriptions 1036

# Antiemetics prescribed

# Ondansteron Prescribing

1580 patients

1036 antiemetic prescriptions

- Regular prescription 10
- Prn prescription 107

# Regular Ondansetron Prescriptions

- 8/10 post op
- 1 concurrent chemotherapy
- 3 cancer diagnosis
- 1 documented reason for continued regular prescription
- 1 constipation documented problem

# Recurrent Themes

- No knowledge of any guidelines available
- Uncertainty whether guidelines available
- Lack of confidence in prescribing
- Poor knowledge of antiemetics
- Inaccurate knowledge of antiemetics
- Belief that ondansetron will work if other antiemetics fail

- ‘We always use cyclizine first line’
- ‘I always give cyclizine first, then metoclopramide, then ondansetron’
- ‘Ondansetron is the best’
- ‘Don’t know why you would give different ones – is that really bad?’
- ‘There are Trust guidelines which say always use cyclizine first’

# Agreement

- Process
  - Data collection exercise
  - Informal meetings
  - Formal audit meetings
  - Email contact with senior clinicians
  - Meetings with key stake holders
- Focus on
  - Education and support
  - Computer prescribing system
  - On the job aide memoirs

# Implementation

- Education
  - F1/F2 programme
  - SHO programme
  - Nursing staff – End of Life study days
  - Pharmacy programme
- JAC
  - Adaptation to ensure interactions highlighted

# Implementation

- Guidelines
  - Intranet
  - Credit card sized summary for quick reference
  - Include reference to current obstetric, paediatric, chemotherapy induced and post op antiemetic guidelines
- Care to ensure other current antiemetic guidelines are not overlapped but the distinction is clear

# Demonstrate

- Re-audit in October 2009

# Lessons

## Computer prescribing system

### Pros

Large amounts of data fast

Large volume of data can  
highlight recurring problems

Can look across the whole  
Trust more easily

### Cons

Need to analyse large amounts  
of data and input to  
spreadsheets

Data entry not always by  
person interpreting data

Data is only as good as the  
information recorded

# Lessons

## Guidelines

“How about..

1. Ondansetron as first line (regardless of cause)
2. in combination with dex for high ICP / cancer "swelling" related nausea / vomiting
3. in combination with cyclizine for vestibular disturbances / other pathology
4. All three for intractable N&V
5. Plus stressing the importance of a regular prescription (as contrasting the easily ignored PRN prescription). ”

# Conclusion

- Antiemetics are commonly prescribed
- Ondansetron is prescribed frequently for post operative nausea and vomiting
- Ondansetron is only rarely prescribed regularly
- There is poor understanding of antiemetics
- Prescribing practice is safe but could probably be improved

# Thank you

## CONCLUSION

In conclusion we have found that orange smarties are not running out. If any are it would be the purple ones.