Drug Interactions

A recent publication by UK Medicines Information has reviewed drug interactions with local anaesthetics commonly used in Primary Dental Care.

Key points identified

- A number of drug interactions that may potentially occur with local anaesthetic preparations are listed in the British National Formulary (BNF) and Summaries of Product Characteristics (SmPC). Many are theoretical or are associated with higher doses of local anaesthetic preparations than those used for dental procedures in primary care.
- Reports of serious interactions between medicines and local anaesthetic preparations occurring in dental practice are exceedingly rare.
- Practitioners can minimise the risk of interactions by using an aspirating syringe, which reduces the likelihood of the local anaesthetic being administered directly into a blood vessel.
- Adhering to the dosage recommendations in the product literature will also minimise the risk.

The full article is available on the web at the link below.

www.ukmi.nhs.uk/.../ukmlas/NWQA152.3Localanaestheticdruginteraction

Requirements for appropriate records

Each time you administer a local anaesthetic preparation it is good practice to record the following information in the patients notes,

- type of product used (local anaesthetic, IV sedation etc.;)
- means of administration
- volume used / dose prescribed
- batch number and expiry date,

This is relevant to any form of pharmacological agent (not just local anaesthetic agent) used / prescribed by an appropriately qualified member of the dental team.

As with many matters regulatory, the recording of this information is not a mandatory requirement but if it’s not done and a problem arises then the consequences for non-compliance can be severe. The GDC regard recording of the above information as an essential requirement of record-keeping as evidenced by several cases brought before the GDC’s Professional Conduct Committee.
Prescription Writing

In the previous newsletter issued in December 2012 legal requirements and good practice points were identified. In addition to the points previously covered two new issues have been identified which need to be addressed by all practitioners.

Prescription Logs
Practitioners are reminded that a prescription log should be kept at the practice. The log should form a record of all prescriptions issued from a prescription pad. It should contain detail of the name of the patient, the medication, quantity and dose, date of prescription and the unique serial number of the prescription.

Locum Dentists and assistants.
Some practitioners (assistants, locums) may not have a personal HS21D prescription pad but are using that of their principal dentist. In these cases it is good practice to clearly print the name of the prescriber alongside their signature.

Prescribing of High Strength Fluoride Toothpastes

A review of practitioner's prescribing of high strength fluoride toothpastes has been carried out by the HSCB. The highest prescribers have been contacted and were asked to provide evidence that their prescribing is appropriate and complies with best practice. The review of prescribing will be carried out on a regular basis.

While the HSCB does not wish to discourage prescribing of this medication by practitioners it does seek assurances that prescribing is appropriate and is being used as an adjunct to other interventions for the management of dental caries.

Patient selection
The decision to prescribe high strength fluoride toothpaste for a patient should be based upon a comprehensive clinical examination and identification of all other needs. Further information can be found in sections 3.1 and 3.2 Identifying children at high caries risk of the SIGN caries prevention guideline http://sign.ac.uk/guidelines/fulltext/47/index.html. All relevant findings including the recall interval should be recorded in the clinical notes.

Repeat Prescriptions
Where a patient presents requesting a repeat prescription for a fluoride toothpaste before they have attended for their recall examination, the decision to provide the prescription should be made by a dentist. Any repeat prescription should be recorded in the practice prescribing log and in the patient's clinical notes.

Controlled Drug Prescribing

The HSC Board Accountable Officer is required to provide assurances to the DHSSPS on Controlled Drugs (CDs) in relation to those practitioners it contracts with. To support this work the HSCB reviews all prescriptions for CDs. From the review several themes have emerged.

Diazepam
The decision to prescribe this medication for dental conditions should not be undertaken lightly as it is highly addictive and therapeutic dosages may impair a patient's ability to drive or operate machinery. The number of tablets issued should be kept to a minimum and not normally exceed a 7 day supply. Further medication should only be supplied after clinical review of the patient.

Dihydrocodeine
The BNF does not recommend the use of dihydrocodeine as it is relatively ineffective against dental pain and may cause nausea and vomiting. It has the potential to be addictive so the number of tablets prescribed should not exceed 21.