

Prescribing Guidelines

*Prescribing arrangement for the management of patients transferring from
Secondary Care to Primary Care*

Nebulised tobramycin for the treatment Pseudomonas colonised (non cystic fibrosis) bronchiectasis, intolerant of, or deterioration on, long term nebulised Colomycin

APC PG 027

For the latest information on interactions and adverse effects, always consult the latest version of the Summary of Product Characteristics (SPC), which can be found at: <http://www.medicines.org.uk/>

Approval and Authorisation

Approved by	Job Title	Date
Grace Robinson	Consultant Respiratory Physician	16 th April 2014

Change History

Version	Date	Author	Reason
v.1.1	April 2014	A Scott	Removed mention of monitoring and NICE CF guidance
v.1.1	October 2017	n/a	Update to APC category

This prescribing guideline remains open to review considering any new evidence.

This guideline should only be viewed online and will no longer be valid if printed off or saved locally

Author	A Scott	Date of production:	May 2014
Job Title	Lead Interface Pharmacist	Review Date	April 2017 (extended to Sept 2020 to allow for review)
Protocol Lead	Grace Robinson	Version	v.1.1

Introduction

This shared care guideline has been prepared to support healthcare professionals in the implementation of shared care management of patients who have been prescribed nebulised tobramycin for the treatment Pseudomonas Aeruginosa (PsA) colonised bronchiectasis, intolerant of, or deterioration on, long term nebulised Colomycin.

In patients who have failed nebulised colomycin (the first line treatment for PsA colonised non CF bronchiectasis) – this is the only treatment option (except nebulised gentamicin, for which there is little evidence). Nebulised tobramycin reduces exacerbations and therefore hospital admissions and the need for IV antibiotics. It improves quality of life & life expectancy.

Principles of shared care

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of nebulised tobramycin can be shared between the consultant and general practitioner (GP).

GPS are expected to participate unless there is good reason why they are unable to. Sharing of care assumes communication between the consultant, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

Shared Care is only appropriate if it provides the optimum solution for the patient.

Note, the doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

CONSULTANT Responsibilities	
1	Assess suitability of the patient for treatment.
2	Inform the GP of treatment whilst the specialist arranges for the nebuliser and training
3	Provide the necessary information both the patient and GP
4	Support the GP with ongoing prescribing and advice.

General Practitioner Responsibilities	
1	Prescribe treatment as directed by the specialist (usually one month on one month off) or alternate months alternating with nebulised Colomycin
2	Liaise with the hospital specialist regarding any complications of treatment or adverse effect
3	Support patient compliance

Patient's role (or that of carer)	
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1	Report to the specialist or GP if he/she does not have a clear understanding of the treatment and to report any concerns
2	Attend appropriate consultant and GP appointments
3	Report any adverse events to the doctor who last prescribed the medication.

SUPPORTING INFORMATION

Dosage and administration

300mg BD for 1 month, alternating monthly with either nebulised Colomycin or nebulised Gentamicin

Cost

£1424.64 per 28 days treatment

For contraindications, special warnings, drug interaction and side effects the manufacturer's summary of product characteristics (SPC) and the most current edition of the British National Formulary (BNF) should be consulted for full information on contraindications, warnings, side-effects and drug interactions.

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