



Communications Bulletin

January 2017

What this bulletin is about: **Medicine Alert:** Medicines containing valproic acid: Risk of abnormal pregnancy outcomes - Update

Who it is being sent to: All ward clinical staff, all doctors, all community team staff, all nurse prescribers, CWP pharmacy team and Lloyds pharmacy team

Action required by you: Please cascade to relevant staff in your area or staff without regular access to email as soon as possible and action the message below

Medicine Alert: Update on Locality Implementation of Sodium Valproate Prescribing Reviews

Background

Further to the CWP Medicine Alert issued in October 2016, locality teams have been reviewing female patients of childbearing potential prescribed sodium valproate. As previously highlighted, sodium valproate should only be prescribed to females of childbearing potential **where there is no alternative treatment option.**

Where the clinician has made the decision that sodium valproate prescribing is the only option:

1. A consultation [checklist](#) as recommended by the Medicines & Healthcare Regulatory Agency (MHRA) is now LIVE on Carenotes for implementation as highlighted below.

Checklist for Prescribers	
Name of Patient / Carer	<input type="text"/>
I confirm that the above named patient does not respond adequately or tolerate other treatments or medical treatments and requires valproate	<input type="checkbox"/>
I have discussed with the above named Patient / carer:	
The overall risks of an approximately 10% chance of birth defects and up to 30-40% chance of a wide range of early developmental problems that can lead to significant learning difficulties in children exposed to treatment with valproate during pregnancy.	<input type="checkbox"/>
Individual risk can be minimised by use of the lowest possible effective dose	<input type="checkbox"/>
The need for contraception (if child bearing age)	<input type="checkbox"/>
The need for regular review of the need for treatment	<input type="checkbox"/>
The need for urgent review if the patient is planning a pregnancy	<input type="checkbox"/>
I have given the patient/carer a copy of the patient information booklet	<input type="checkbox"/>
Name of Prescriber:	<input type="text"/>
Date:	<input type="text"/>

Any inappropriate or unauthorised use of the system will result in immediate revocation of access details and may result in disciplinary proceedings

2. To assist clinicians in timely reviewing of female patients of childbearing potential prescribed valproate **two alerts** have been set up on Carenotes as follows:

- Patient is prescribed sodium valproate and should have an early treatment review within 3 months that includes screening for side effects.
- Annual treatment review of sodium valproate required, including risks of childbearing potential. Use the valproate review checklist.

How to Create Alerts and Use the Consultation Checklist on Carenotes

To use the checklist:

In the Risk/alert tab in Carenotes select 'Checklist for Valproate Reviews' from the 'Create a new' pick list:

The screenshot shows a 'Create a new' dropdown menu with the following options: - Please Select -, - Please Select -, Alert, Care bundle for use of seclusion, CARSO Summarised View of Risk, Checklist for Valproate Reviews (highlighted), Falls Risk Assessment Tool, LD Dynamic Risk Register, LD Level 4 Risk Assessment, LD Risk CPA, LD Risk Standard, and ViolenceAbuseQuestion.

Complete the form then press Save

To create the alerts:

In the Risk/alert tab in Carenotes select 'Alert' from the 'Create a new' pick list:

The screenshot shows a 'Create a new' dropdown menu with the following options: - Please Select -, - Please Select -, Alert (highlighted), Care bundle for use of seclusion, CARSO Summarised View of Risk, Falls Risk Assessment Tool, LD Level 4 Risk Assessment, LD Risk CPA, LD Risk Standard, and ViolenceAbuseQuestion.

Set the review Date as the correct date: 3 months for the early treatment review, or 12 months for the Annual Review.

Make sure the responsibility is set to the person who is responsible for completing the review. Leave the End date blank, and choose the correct wording from the Alert pick list.



Alert	Review
Start Date* <input style="border: 1px solid #ccc;" type="text" value="13/01/2017"/>	Review Date* <input style="border: 1px solid #ccc;" type="text" value="13/01/2018"/>
Start Time* <input style="border: 1px solid #ccc;" type="text" value="16:09"/>	Responsibility* <input style="border: 1px solid #ccc;" type="text" value="Peter Hardy"/>
Authorised By* <input style="border: 1px solid #ccc;" type="text" value="Peter Hardy"/>	End Date <input style="border: 1px solid #ccc;" type="text"/>
Alert* <input style="border: 1px solid #ccc;" type="text" value="Annual treatment review of sodium"/>	End Time <input style="border: 1px solid #ccc;" type="text"/>
Description <input style="border: 1px solid #ccc;" type="text"/>	Authorised By <input style="border: 1px solid #ccc;" type="text"/>
Comment <div style="border: 1px solid #ccc; height: 40px;"></div>	

Note: This Alert will appear in the header section of each document in the patient's case notes whilst it is current. It is possible to set an alert to start or end in the future and the alert will only appear during those times.

Any inappropriate or unauthorised use of the system will result in immediate revocation of access details and may result in disciplinary proceedings

[View audit history](#)

Press Save.

The Alert now displays at the top of the screen as shown below:

Alert	13/01/2017: Annual treatment review of sodium valproate required, including risks of childbearing potential. Use the valproate review checklist. -
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Inpatients

1. All females of childbearing potential prescribed valproate by CWP should have had a medication review to assess ongoing need and no alternative treatment option. This should have been completed by December 2016. The patient should have been given a patient information leaflet, and the risks and side effects communicated to the patient and documented on Carenotes and a review scheduled as appropriate.
2. Going forward, the electronic checklist and alerts are to be deployed in circumstances where there is no alternative treatment option to sodium valproate.
3. Where the patient is discharged to the GP on sodium valproate, clinicians should communicate to the GP that:
 - a. A review of sodium valproate has been undertaken
 - b. The patient / carer has had the risks of potential teratogenicity explained and the need for contraception
 - c. An annual review will need to be undertaken for the ongoing requirement of sodium valproate

Community Teams

1. Patient lists provided to teams should be being reviewed to assess sodium valproate prescribing and ongoing requirement for this including:
 - a. provision of a patient information leaflet
 - b. the risks and side effects communicated to the patient and documented on Carenotes
 - c. a review scheduled as appropriate.
2. Going forward, the electronic checklist and alerts are to be deployed in circumstances where there is no alternative treatment option to sodium valproate.
3. Where the patient is discharged to the GP, or where a recommendation is made to prescribe sodium valproate whilst still under the care of CWP, clinicians should communicate to the GP the following:
 - a. A review of sodium valproate has been undertaken
 - b. The patient / carer has had the risks of potential teratogenicity explained and the need for contraception
 - c. An annual review will need to be undertaken for the ongoing requirement of sodium valproate

The MHRA have released a short animation video at health care professionals in order to raise awareness of the valproate communications toolkit. The video can be found here:

<https://www.youtube.com/watch?v=KxczXWCjOTk> and

here: <https://www.facebook.com/mhragovuk/videos/1149193091785165/>

A review of locality and trust-wide progress on this patient safety initiative will take place at the end of January 2017. A final report will be discussed at Patient Safety & Effectiveness Sub-Committee in April 2017.

Kind Regards

CWP Prescribing Observatory for Mental Health (POMH) Steering Group

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