ADULT SHARED CARE GUIDELINES

It is vital for safe and appropriate patient care that there is a clear understanding of where clinical and prescribing responsibility rests between Consultants and General Practitioners (GPs).
This guideline reinforces the basic premise that:
When clinical and / or prescribing responsibility for a patient is transferred from hospital to GP, the GP should have full confidence to prescribe the necessary medicines. Therefore, it is essential that a transfer of care involving medicines that a GP would not normally be familiar with, should not take place without the "sharing of information with the individual GP and their mutual agreement to the transfer of care."
These are not rigid guidelines. In all cases, Consultants and GPs should discuss the appropriate management of individual patients personally. On occasions, Consultants and GPs may agree to work outside of this guidance. As always, the doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

Drug name: Colistimethate (nebulised) for bronchiectasis

Indication:	**Dosage and administration:**
Treatment of chronic pulmonary *Pseudomonas Aeruginosa* infection in non-cystic fibrosis bronchiectasis, by inhalation of nebulised solution NB. Nebulised colistimethate is licensed for the treatment of pulmonary infection with *Pseudomonas Aeruginosa* in bronchiectasis in patients with cystic fibrosis. The use for non-cystic fibrosis bronchiectasis patients is **off-label.**	**1-2 million units every 12 hours. Administered via a high performance Ventstream Nebuliser Chamber**. Use colistemethate injection ampoules via nebuliser. Dilute to 2-4mL with sodium chloride 0.9% nebuliser solution. Where possible a preparation licensed for inhalation is used. The brand of IV ampoule that can be used for nebulisation is Colomycin© injection.

Cautions and contraindications:
Colistimethate is cautioned in renal impairment, and contra-indicated in porphyria, myasthenia gravis, pregnancy and breast feeding.

Adverse effects:
Adverse effects generally considered to be rare with nebulised administration. However inhalation may cause sore throat, sore mouth, cough and bronchospasm (which may be treated with beta agonist). Neurotoxicity has rarely been reported and is usually associated with higher doses administered systemically (including apnoea, perioral and peripheral paraesthesia, vertigo, vasomotor instability, slurred speech, confusion, psychosis and visual disturbances)

Monitoring requirements:
PEFR will be measured pre- and post-initiation of therapy to monitor for bronchospasm. This will be undertaken in Secondary Care, usually by a Respiratory Nurse. If the patient develops any symptoms of bronchospasm at any point during therapy they should be advised to use inhaled bronchodilators and stop therapy.
Patient response to treatment will be monitored in terms of reduction of frequency and severity of acute episodes of infection.

Action to be taken if abnormal results/adverse effects:
Stop nebulised colistin and refer back to secondary care.

Drug interactions:
Concomitant use of inhaled colistimethate with other medicines that are nephrotoxic or neurotoxic (e.g. aminoglycosides) should only be undertaken with the greatest caution. Colistimethate reconstituted with 2-4ml sodium chloride 0.9% nebuliser solution should not be mixed with other solutions for nebulisation in the nebuliser.

Specialist responsibilities:

- Assess suitability of patients for treatment
- Initiate treatment and prescribe the first month's supply of colistimethate and sodium chloride 0.9% nebuliser solution.
- Supply of Ventstream, compressor and replacement filters for use with Colistimethate
- Review the patient at 3 weeks and if the patient is tolerating treatment a written request should be made to the GP to agree shared care.
- Train patient in use and maintenance of nebuliser system.
- Promote patient compliance.
- Provide information and training for GPs.

- Liaise and monitor patient response to treatment.
- Report adverse effects to MHRA.

GP's responsibilities:

- Provide monthly prescriptions for medication once patient has been reviewed by Respiratory Nurse and shared care agreed (i.e. supply treatment from 4 weeks onwards)
- Liaise with the hospital consultant regarding any complications of treatment.
- Report adverse drug reactions to the hospital.
- Promote patient compliance.

Patients responsibilities:

- Report any adverse effects to their GP and/or specialist whilst treated with colistimethate.
- Ensure they have a clear understanding of their treatment.

Secondary care review:

On initiation by Respiratory Nurse and follow up within first 2 weeks of therapy. 3 months after initiation of treatment by Consultant or Registrar. Annual review or more frequently if deemed necessary on an individual basis by Respiratory Nurse.

Availability/Other special considerations

Colistimethate and the necessary diluents (sodium chloride 0.9% 2.5ml nebuliser solution) may be obtained by the patient's community pharmacist from the local wholesaler. Ventstream, compressor and replacement filters arranged by respiratory nurse from secondary care.

Back up advice and support:	**Specialist**	**Telephone/Fax**	**Email address:**
Sue Smith	Respiratory Nurse	0151 604 7456	s.smith19@.nhs.net
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