

Non-steroidal anti-inflammatory drugs (NSAIDs) Safer Care and Communication Care Bundle

Patient Cohort:

- Patients who are prescribed an NSAID, over-the-counter and Minor Ailment Service supplies

Questions 1-3: Communication Care Bundle applied to all

Questions 4-6: Safer Care Bundle applied to those on additional medication, assessed by the pharmacist.

No.	Bundle Question	Guidance	Rationale
Communication Care Bundle			
1.	Has the patient been informed to take the NSAID with or after food? Yes/No	Has the patient been given verbal advice backed up with a patient information leaflet or NSAID card?	Taking NSAIDs with or after food may reduce gastrointestinal side effects ¹ . (See references on page 3)
2.	Have you discussed with the patient the potential adverse drug reactions or side effects? Yes/No	<ul style="list-style-type: none"> Is the patient experiencing dyspepsia/indigestion? Is the patient experiencing gastrointestinal pain? Is the patient experiencing change in bowel habit/change in appearance of stool? Is the patient experiencing shortness of breath? Is the patient experiencing reduced urine output? Is the patient experiencing nausea/vomiting? Is the patient experiencing confusion? 	Reduction in gastrointestinal (GI) bleeds and acute kidney injury.

No.	Bundle Question	Guidance	Rationale
3.	<p>Has the patient been made aware of the risk of a dehydrating illness?</p> <p>Yes/No</p>	<p>Patients who take NSAIDs regularly (on prescription or purchased) should be aware of the Medicine Sick Day Rules. This is not necessary for single, over-the-counter purchases.</p> <ul style="list-style-type: none"> • Does the patient have a Medicine Sick Day Rules card or NSAIDs card? Has the card been explained to the patient? • Does the patient understand when to stop the NSAID and when to re-start it? 	<p>Taking an NSAID when dehydrated can provoke acute kidney injury^{2,3}. (See references on following page.)</p>
Safe Care Bundle			
4.	<p>Has the patient's use and/or need of their NSAID been assessed?</p> <p>Yes/No</p>	<ul style="list-style-type: none"> • Is the patient taking the NSAID as prescribed? • Does the patient feel they still require an NSAID? • Can the NSAID be taken intermittently? • If prescribed 'when required', does the patient know how to take it? • Action via GP communication tool if patient not compliant, or NSAID not required, or dose/frequency/quantity can be reduced, etc. 	<p>Taking NSAIDs with or after food reduces risk of side effects.</p>
5.	<p>a) Is the patient in a high risk group?</p> <p>Yes/No</p> <p>b) If yes, has action been taken to reduce this risk?</p> <p>Yes/No</p>	<ul style="list-style-type: none"> • Is the patient in one of the high risk groups listed under rationale (right) for whom gastroprotection would be appropriate? • If gastroprotection is not prescribed, consider what the best option is: stopping the NSAID or starting gastroprotection? • Remember that gastroprotection is not without risks. It should be limited to these high risk groups and may not be appropriate for some patients in these groups. 	<p>People at increased risk of GI adverse events from NSAIDs: age over 75 years, concomitant use of medicines known to increase risk of GI bleeds (such as anticoagulants, aspirin, corticosteroids, selective serotonin reuptake inhibitors (SSRIs), venlafaxine, duloxetine), history of GI ulcer/bleeding, excessive alcohol/smoking^{1,4}. (See references on following page.)</p> <p>Proton pump inhibitors (PPIs) are linked with increased risk of <i>Clostridium difficile</i> infection and their use should be limited to patients at high risk of GI adverse events. Consider other risks for <i>Clostridium difficile</i> infections, such as frequent use of antibiotics, before prescribing PPIs.</p>

No.	Bundle Question	Guidance	Rationale
6.	<p>a) Is the patient prescribed the triple whammy combination?</p> <p>Yes/No</p> <p>(b) If yes, has the triple whammy combination been highlighted to the prescriber?</p> <p>Yes/No</p>	<ul style="list-style-type: none"> Is there evidence (for example, copy of a communication tool) that the prescriber has been contacted? 	<p>Concomitant use of the triple whammy combination of NSAID, angiotensin converting enzyme (ACE) inhibitor, or angiotensin receptor blocker (ARB) and diuretic should be avoided^{2,3,5}. (See references below.)</p>

References:

1. National Institute for Health and Care Excellence (NICE) British National Formulary, available from:
<https://bnf.nice.org.uk/>
2. Polypharmacy Guidance, Realistic Prescribing 3rd Edition, 2018. Scottish Government, available from:
<http://www.therapeutics.scot.nhs.uk/wp-content/uploads/2018/04/Polypharmacy-Guidance-2018.pdf>
3. 'Sick day' guidance in patients at risk of Acute Kidney Injury: a Position Statement from the Think Kidneys Board, available from:
<https://www.thinkkidneys.nhs.uk/aki/wp-content/uploads/sites/2/2018/01/Think-Kidneys-Sick-Day-Guidance-2018.pdf>
4. National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summaries (CKS), available from
<https://cks.nice.org.uk/>
5. British Medical Journal, BMJ 2013;346:e8525 ,available from:
<https://www.bmj.com/content/346/bmj.e8525>