

CASE RECORD:

Entrenched HSK and IK

You are presenting this case on behalf of a colleague. Chatham House rules apply but the patient and practitioners are not present. You must facilitate a discussion about the case.

The goal is to consider our evolving roles and responsibilities. Clinical responsibilities to patients and practice structures and procedures to remain safe.

Competency Framework for Independent Prescribing

- 1) CLINICAL AND PHARMACEUTICAL KNOWLEDGE
 - a. 1. Understands the conditions being treated, their natural progress and how to assess the severity of disease
 - b. 5. Maintains an up-to-date knowledge of products in the BNF / drug tariff (e.g. doses, formulations, pack sizes, storage conditions, costs)
 - c. 7. Applies the principles of evidence-based medicine, and clinical and cost-effectiveness
- 2) ESTABLISHING OPTIONS
 - a. 1. Takes a comprehensive medical and medication history, including presenting symptoms
 - b. 4. Requests and interprets relevant diagnostic tests
 - c. 9. Selects the most appropriate drug, dose and formulation for the individual patient
 - d. 10. Monitors effectiveness of treatment and potential side effects
 - e. 11. Makes changes to the treatment plan in light of ongoing monitoring and the patient's condition and preferences*
 - f. 12. Establishes, and maintains, a plan for reviewing the therapeutic objective / end point of treatment and discharge
 - g. 13. Ensures that patients can access ongoing supplies of their medication (repeat prescribing)
- 4) PRESCRIBING SAFELY
 - a. 7. Understands the need for, and makes, accurate and timely records and clinical notes
- 5) PRESCRIBING PROFESSIONALLY
 - a. 2. Makes prescribing decisions based on the needs of patients and not the prescribers personal considerations
- 8) THE NHS IN CONTEXT

- a. 1. Understands and works with local NHS organisations
 - b. 2 Works within local frameworks for medicines use as appropriate (e.g. formularies, protocols and guidelines). Deals sensitively with patients' emotions and concerns
- 9) THE TEAM AND INDIVIDUAL CONTEXT
- a. 1. Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is not compromised
 - b. 5. Establishes and maintains credibility with colleagues in the health care team
 - c. 6 Establishes relationships with colleagues based on trust and respect for each other's roles.

Record Card

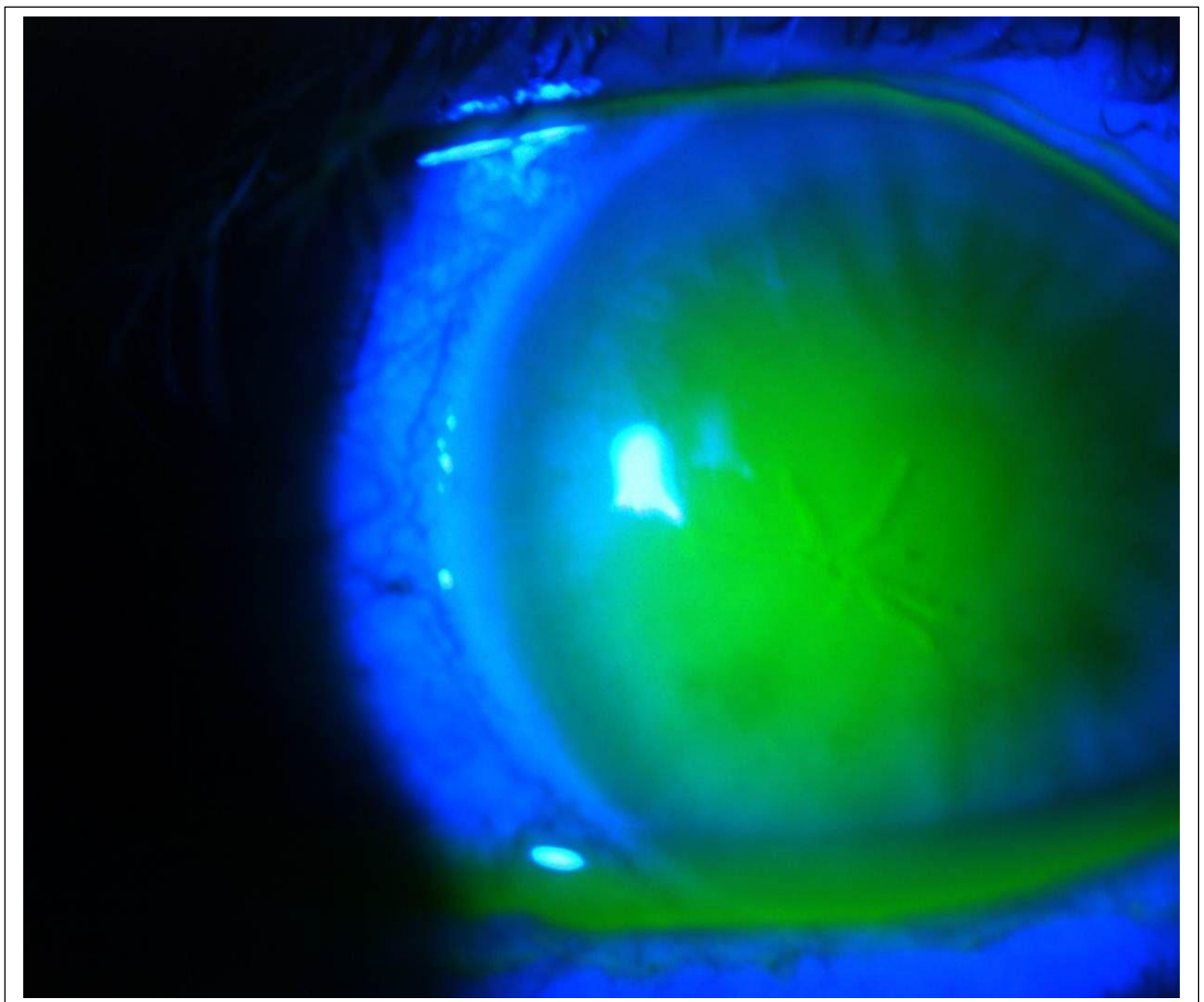
1/9/14

Female, DOB 10/9/30

Presented with 10/7 history of irritable red RE. Presented at general casualty – Nafl instilled. Recommended examination.

Slit Lamp. Active epithelial lesion Dx: Simplex Keratitis.

No Nafl instilled at practice. Stromal infusion from General Casualty 2 hours previously.



Commenced treatment immediately

Ganciclovir 5X per day

Letter to GP requesting Aciclovir 400mg 5X per day as adjunctive therapy.

COPY LETTER

1/9/14

Dear Dr

Mrs has had an irritable right eye for 10 days. She presented at General Casualty today and the clinicians requested an examination.

Slit lamp shows extensive Simplex Keratitis with stromal involvement.

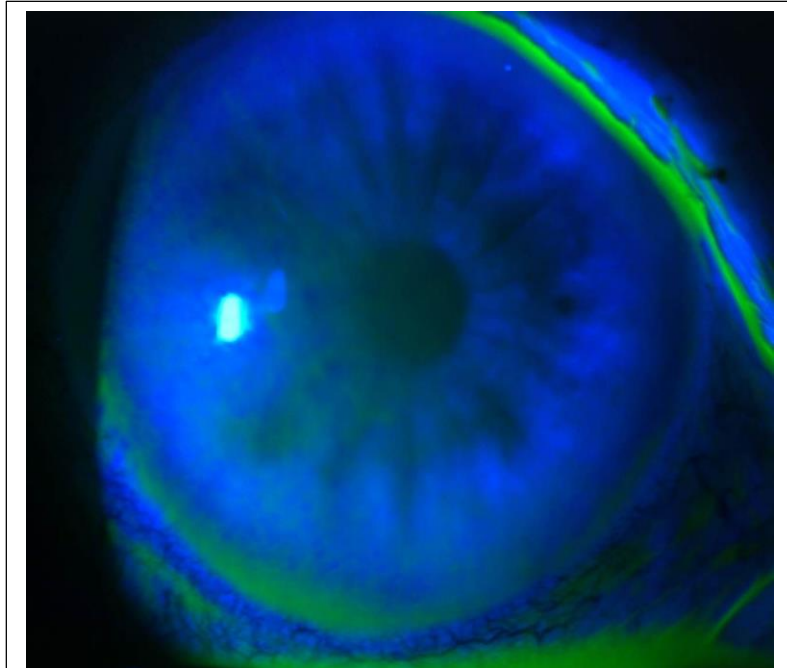
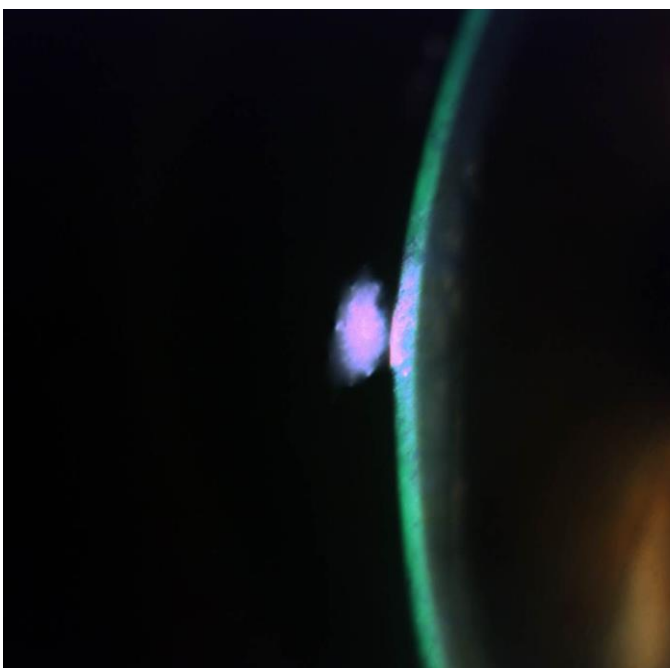
I have started her immediately on Ganciclovir ointment 5 times per day but the more advanced state indicates the need for adjunctive therapy with 400mg acyclovir 5 times per day as well. Could this be prescribed please and I will monitor till resolution.

Record Card

8/9/14

Active virus lesion resolved but Interstitial Keratitis present.

Px did report GP ceased a drug while on Aciclovir need to assess



COPY LETTER

8/9/14

Dear Dr

The active Simplex Keratitis is now resolved but the duration before presentation has allowed a more chronic situation to develop.

Interstitial Stromal Keratitis (immune reaction to viral antigen) is present and we are prescribing Predforte q2h to resolve the inflammation.

I would like to continue with acyclovir 400mg 5 times per day and aciclovir ointment until the situation is totally resolved.

I have explained sometimes prophylactic treatment with acyclovir 200mg for 6/12 is necessary and I understand you stopped a drug due to interaction so I will reassess once the acute episode is resolved and inform you.

13/9/14

Resolved

No epithelial or stromal involvement.

Finish antiviral tablets and then cease.

Taper Predforte: Week 1 qid, Week 2 bid, Week 3 bd

COPY LETTER

13/9/14

Dear Dr

I am happy to report the cornea is now clear with no signs of active viral infection or immune reaction.

I have recommended she finish the course of Aciclovir tablets. The steroid (Predforte) needs to be tapered so she needs another bottle. I have suggested 4xper day for a week, 2X a day for a week and then once a day for a final week.

If there is a recurrence we may consider prophylactic treatment and Mrs knows to present immediately if this should occur.

Thank you for your help.