

# Medicines

## Optimisation news headlines

March 2017

### Paraffin based emollients and risk of fire

A recent news article has reminded us all of the fire risk with paraffin based emollients. This was first brought to our attention by the national Patient Safety Agency (NPSA) in November 2007 and then more recently by the Medicines and Healthcare products Regulatory Agency ([MHRA](#)) in April 2016.

The NPSA highlighted that the topical administration of paraffin based skin-products, for example, white soft paraffin (WSP), emulsifying ointment or 50% liquid paraffin + 50% WSP ointment, poses a potential fire risk as bandages, dressings and clothing that come in to contact with them can easily be ignited with a naked flame or cigarette. A number of [resources](#) were produced to help raise the profile of this issue.

The evidence relates to these particular paraffin containing products and for patients where they need to be applied to large areas of the body, as clothing or dressings become soaked with the ointment. However the NPSA took the view that any paraffin based emollient can pose a hazard, including 'specials' and many over the counter products.

Special consideration to be given to patients who are prescribed oxygen, as use of emollients presents an additional risk in a situation where there is already a high risk of combustion. Patients on medical oxygen who require an emollient should never use a paraffin based product. Many of the paraffin-free products contain urea as the active ingredient – currently the best value products are Nutraplus cream (where small quantities of up to 100g are required) or ImuDerm cream for larger quantities.

The following principles should be observed:

- Many patients will need to use an ointment as such products are much more effective emollients. However, where clinically appropriate, prescribe creams or less greasy products with a low paraffin content in preference to ointments.
- Advise patients not to smoke, use naked flames or be near people who are smoking or using naked flame, or go near anything that may cause a fire while emollients are in contact with their medical dressings or clothing.
- Advise patients to change clothing and bedding regularly (preferably daily) because emollients soak into fabric and can become a fire hazard.
- Prescribe emollients that are paraffin-free for patients using medical oxygen therapy.

Any incidents relating to this issue should be reported to NHS England's [Serious Incident Framework](#)



## Canagliflozin and other SGLT2 inhibitors

Concern that canagliflozin may increase the risk of lower-limb amputation in patients with type 2 diabetes has been raised through the CANVAS and CANVAS-R trials. These are ongoing trials that are designed to compare canagliflozin to placebo in patients at high risk of heart problems and have enrolled 4,300 and 5,800 patients respectively. An increase in lower limb amputations, mainly affecting the toes, has been seen in both studies.

A similar effect has not been evident in studies with dapagliflozin or empagliflozin. However current data are limited and until further information is available on the mechanism by which the need for amputation is increased it should be borne in mind that there is the potential for this to be a class effect. The product information for all these agents is being revised to include a warning for the potential increased risk of toe amputation. In addition the information will list lower limb amputation as an uncommon side effect.

The [MHRA](#) has issued the following advice for healthcare professionals:

- carefully monitor patients receiving canagliflozin who have risk factors for amputation, such as poor control of diabetes and problems with the heart and blood vessels
- consider stopping canagliflozin if patients develop foot complications such as infection, skin ulcers, osteomyelitis, or gangrene
- advise patients receiving any sodium-glucose co-transporter 2 (SGLT2) inhibitor about the importance of routine preventive foot care and adequate hydration
- continue to follow standard treatment guidelines for routine preventive foot care for all people with diabetes

## Nutramigen Formula change

Nutramigen LIPIL has been replaced by Nutramigen LGG, which contains an added probiotic. During the transition phase from one product to another it was agreed with NHS reimbursement authorities to include a dual listing on prescribing systems. This meant that both the old and new formulation names were listed on the systems, however patients would receive the new formula (Nutramigen with LGG) when either product name was selected in the system.

The arrangement is due to finish from 17<sup>th</sup> April 2017, so any prescriptions for this product will need to state Nutramigen LGG after this date.

**NB:** Parents/carers should be made aware that the instructions for preparing LGG formula are different to those for LIPIL.

## Cutimed Sorbact Swabs

Due to the way in which these are displayed on the GP clinical system other non-formulary Clinimed Sorbact products have been incorrectly selected on a number of occasions. Once the local formulary has been installed on your practice system the correct product will automatically be highlighted. In the meantime the problem can be avoided by typing Clinimed Sorbact **Swabs** into the search bar.

Catherine McLean  
Interface Pharmacist, Medicines Management  
[catherine.mclean2@nhs.net](mailto:catherine.mclean2@nhs.net)  
023 8062 7466

Dr Emma Harris  
Clinical Director, Medicines Management  
[ejharding@doctors.org.uk](mailto:ejharding@doctors.org.uk)

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