

## GP PAG BITES – Issue 2, March 2019

Bringing you snippets to share learning from the GP Performance Advisory Group meeting in the SW, where concerns raised about GPs are reviewed, including information from serious incidents, SEAs and complaints.

Lithium prescribing and  
Lithium toxicity

Paracetamol overdose and  
subsequent management in  
Primary Care

Chaperones – to use or not to  
use? That is the question .....

### Information to share or remind:

#### 1 – Lithium prescribing and lithium toxicity.

There have been a few cases/ incidents where patients have been admitted to hospital or died where Lithium toxicity has been of concern, but not necessarily the primary cause of death. It has also been a subject of Coroner's Regulation 28 letters for the prevention of future deaths. Lithium is potentially dangerous if prescribed unmonitored and there should be shared-care guidelines in place.

When Lithium is added to a patient's medication record following initial prescribing by a specialist, ensure there are safeguards in place within the practice to provide robust monitoring. Searches should be undertaken within the practice system on a regular basis to identify patients on Lithium to ensure up-to-date investigations have taken place as follows:

- 3 monthly monitoring of Lithium levels
- 6 monthly Renal Function, Thyroid Function Test and Body Mass Index
- Annual Bone Chemistry and ECG

#### 3 – Paracetamol overdose and subsequent management in Primary Care.

As we are all aware, mental health and wellbeing is important for us all. Sadly, there have been some cases recently where patients have overdosed with paracetamol and presented at the GP practice later with no symptoms and referral to A&E has not been actioned. Please be mindful that the guidelines for treating paracetamol overdoses can change and if in any doubt, contact TOXBASE who can advise on the latest management <https://www.toxbase.org> You might be interested to read a Regulation 28 report and response from another area where it was noted a patient attended A&E with no symptoms on an initial presentation, re-presented a day later but was too ill to be treated - <https://www.judiciary.uk/publications/paul-ryley/> TOXBASE have updated their guidance following this Regulation 28.

#### 4 – Chaperones – to use or not to use? That is the question .....

PAG have discussed a number of cases where chaperones have not been present during a consultation and/or an examination when one might have been appropriate. A couple of cases have even resulted in allegations being made to the police. Often there is no documentation that a chaperone has been offered, even if it is declined. For your own safety, and that of the patient, remember to document if you have offered a chaperone and don't assume one isn't needed. As stated in the **GMC guidance Intimate Examinations and Chaperones (2013)** *"You should record any discussion about chaperones and the outcome in the patient's medical record."* For further information on chaperones please follow the GMC link below:

[https://www.gmc-uk.org/-/media/documents/maintaining-boundaries-intimate-examinations-and-chaperones\\_pdf-58835231.pdf](https://www.gmc-uk.org/-/media/documents/maintaining-boundaries-intimate-examinations-and-chaperones_pdf-58835231.pdf)