



**Background information on the Medusa website** 

- Why does the website exist?
- Who produces it and how is it funded?
- What is the content of the website?
- Who uses it?
- What problems does it try to solve?
- Why standardise infusion concentrations?
- Do NHS agreed standard infusion concentration lists exist?



**HSIB** report

HSIB report: Procurement, usability and adoption of smart infusion pumps, published Dec 3 2020

One of the recommendations was as follows: It is recommended that the MEDUSA (UK Injectable Medicines Guide) advisory board, in conjunction with other relevant multi-professional organisations, develops validated national drug libraries for smart infusion pumps.





IMG response to HSIB report

- Expansion of already agreed paediatric and adult infusion concentration lists
- Collaboration with ALL infusion pump manufacturers
- Continuing funding for specialist paediatric and adult critical care pharmacists





**Current problem** 

• Individual organisations and pump manufacturers are doing their own thing and are reluctant to share their work



Scoping studies

Why

National drug library

Building from what we have or build from scratch

Questions

What drug libraries do we already have

What do they look like

Can they we brought together for analysis

Libraries from different pumps and manufacturers

Various formats and data sets

How many drugs are involved

Why a number of entries for each drug



Process

Requested drug libraries to be sent in

108 drug libraries so far from 29 Trusts

Various formats – mainly Excel and pdf

**Data extraction** 

Built a library of extraction techniques to get the data out of the file into a database

Matched each data item to a master dataset

Extending the dataset as we found new data items

Pdf are the most challenging to extract data from





Standardisation

Drugs

Different names for the same thing Generic and brand names Products and concentrations

Units

mcg vs micrograms, hour or hr 1000 mcg vs 1 mg – followed BNF prescribing guideline rules Other things Patient groups Particularly Paeds and Neonates <1kg, 2-4kg Conditions and Specialties – CCU, General wards How administered – central vs peripheral Dosing – loading vs maintenance Routes - Central and peripheral Why Not just so we could analyse

But also a national drug library would be built on national terminology



Analysis	and	outcomes	- report	1
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**First report** 

Looked at concentrations and products in drug libraries

Split into adult, paediatric and neonatal

Included the ICs and NPPG standard concentrations

Looked for other common concentrations used

Imperial College Healthcare MHS

Drug	Standard or common	Occasional	Rare
Alteplase (24)	1 mg /mL (20)		20 micrograms /mL (1)
	50 mg in 50 mL Syringe (10)		10 mg in 500 mL Volumetric
			100 micrograms /mL (1)
			5 mg in 50 mL Syringe
			200 micrograms /mL (1)
			10 mg in 50 mL Syringe
			2 mg /mL (1)
			Syringe
Aminophylline (31)	ICS standard	10 mg /mL (7)	500 micrograms /mL (1)
	<mark>1 mg /mL (16)</mark> 250 mg in 250 mL Volumetric (1)	500 mg in 50 mL Syringe (3) 1 g in 100 mL Volumetric (1)	500 mg in 1 L Volumetric
	500 mg in 500 mL Volumetric (4)		2 mg /mL (2)
	1 g in 1 L Volumetric (2)		500 mg in 250 mL Volumetrie
			2.5 mg /mL (1)
			Volumetric
			5 mg /mL (2)
			250 mg in 50 mL Both
			25 mg /mL (2)
			Syringe (1)



Analysis and	outcomes –	report 2
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Looked at dose rates for continuous infusions

Split into adult, paediatric and neonatal

**Observations:** 

Specification of pumps

Standardising of terminology

Consideration of what could be national and what would be local

How we could develop a national drug library template

But a national pump library is, at present, unlikely to be achievable



## These are observations and cannot be recommendations

Recommendations could only come after an expert group had considered these observations

Access to the reports





Next steps

IMG cannot do this alone

Funding

Engagement

NAMDET

Drug library authors expert group to work on this - Sub-group of MSO network? Involvement of nurses who use the pumps

Critical care, Cardiology, General ward – also Maternity and Renal Involvement of staff who manage pumps in Trusts and who provide training