

PABRINEX PRESCRIBING PROTOCOL MAR 2020

This policy supersedes all previous policies for medically assisted community alcohol withdrawal

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	July 2015	1	New document
	Aug 2019	2	Clarification of dosages
	Mar 202	3	Revision of vitamin B supplement recommendation
Membership of the policy development/ review team	Dr Bhaskar Punukollu		
Consultation	DTC members		

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Further copies of this document can be found on the Foundation Trust intranet.

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1. Introduction

Pabrinex is the trade name for a preparation of high-potency complex vitamins (including vitamins B1, B2, B6). It is given in the community as an intra-muscular injection. It is used to help prevent Wernicke's encephalopathy (a condition which can develop in alcohol dependent clients who are also malnourished), a triad of symptoms including confusion, ataxia and abnormal eye movements, although all of these seldom occur together. Pabrinex is favoured over oral thiamine because the oral replacement is not adequately absorbed.

Pabrinex is given prior to alcohol detoxifications which will take place either in the community / home or as an in-patient detoxification.

Pabrinex can also be given to individuals with severe alcohol dependence and harmful use even if they are not preparing for a detoxification. This group of clients may be suffering from the negative consequences of alcohol use and thus Pabrinex would still be indicated.

2. Aims and objectives

2.1 This policy will set out the procedure for carrying out Pabrinex prescribing safely.

2.2 This document aims to achieve the following objectives:

2.2.1 Make clear the relevant criteria for prescribing Pabrinex.

2.2.2 Explain the roles and responsibilities of staff administering the medication and practical aspects of this process.

2.2.3 Set out the frequency and dosing of Pabrinex courses to be administered.

3. Scope of the policy

The policy is intended for staff working in drug and alcohol treatment services in Camden and Islington NHS Foundation Trust. The policy applies to all trust settings where specialist alcohol nurses can provide Pabrinex, including substance misuse services and mental health wards (where alcohol outreach is available).

4. Criteria for Prescribing Pabrinex

Prophylactic treatment with parental thiamine is routinely recommended for those clients with a high risk of developing thiamine deficiency –

- those with severe alcohol dependence,
- history of seizures/delirium tremens,
- diarrhoea, vomiting,

- physical illness,
- malnourished, poor diet and weight loss.

For those clients receiving a community detoxification an assessment needs to be made as to whether parental Pabrinex is required using the above criteria as a guide. If Pabrinex is not required then the client should receive oral thiamine.

Oral thiamine should be prescribed for the prevention of Wernicke-Korsakoff syndrome where any of the following apply:

- Malnourished or at risk of malnourished
- Decompensated liver disease
- Acute withdrawal
- Before and during a planned medically assisted alcohol withdrawal

The recommended dose is 200mg to 300mg daily in divided doses.

Thiamine should be continued for as long as malnutrition is present and/or during periods of alcohol consumption.

Following successful alcohol withdrawal. Thiamine should be continued for 6 weeks. If after this time the patient remains abstinent and has regained adequate nutritional, thiamine should be discontinued. Thiamine should be restarted if the patient starts drinking again.

Continuing need of thiamine should be reviewed at appropriate intervals which may depend on individual circumstances.

Contra-Indications for prescribing Pabrinex -

- The only contraindication to prescribing Pabrinex is a previous anaphylactic reaction to the drug.

5. Procedure prior to Pabrinex being prescribed

Pabrinex should only be prescribed by medical staff or an independent NMP the latter only from the SMS services. This should be documented in the progress notes and the assessing doctor should complete a prescription chart well ahead of the Pabrinex being administered.

As part of the medical assessment alcohol problems need to be explored and a diagnosis of harmful use of alcohol or alcohol dependence should be established. There should also be a brief physical examination. Allergy status needs to be carefully checked and documented in Carenotes and the prescription chart.

6. Treatment of Suspected or Diagnosed Wernicke's encephalopathy

Wernicke's encephalopathy is a medical emergency. If suspected an assessment of the client must be made immediately to consider transfer to a medical ward. As well

as examining the client for Wernicke's an assessment should include possibilities of co morbid physical health problems e.g. infection, dehydration, head injury etc.

7. Risk of Anaphylaxis

The risk of anaphylaxis in general is very low and this alone should not preclude the use of parenteral thiamine in patients where this route of administration is required, particularly those at risk of Wernicke-Korsakoff Syndrome where treatment with thiamine is essential.

Facilities for treating anaphylaxis (including resuscitation facilities) should be available at any site where parenteral thiamine is to be administered.

The risk of anaphylaxis is very low and even less when given IM. Past cases documented have occurred following administration of Parentrovite, which Pabrinex replaced. Four reports were documented for 1million pairs of ampoules used IV and one report per 5 million pairs of ampoules when used IM.

The UK Resuscitation Council states that staff administering parenteral medication should be trained in the assessment and management of anaphylaxis. All staff working within substance misuse services should receive training in immediate life support annually, which includes the treatment of anaphylaxis. Staff should follow existing trust protocols for this. There is no requirement that medical staff should be present whilst Pabrinex is administered.

Equipment for the management of anaphylaxis (including adrenaline injection 1:1000 1mg/ml) must be available. Also refer to the trust anaphylaxis guidelines.

8. Administration of Pabrinex

In the UK, Pabrinex is the only parenteral high-potency B-complex vitamin therapy available. Two ampoules contain

- thiamine hydrochloride 250mg
- ascorbic acid 500mg
- nicotinamide 160mg
- pyridoxine hydrochloride 50mg
- riboflavin 4mg

Pabrinex should only be prescribed by a doctor or an independent prescriber from one of the substance misuse services within Camden and Islington NHS Foundation Trust where appropriate facilities and equipment are in place.

The appropriate site for this type of administration is the gluteus medius/ ventro gluteal used for deep intramuscular (IM) injection using the Z-track injections technique. This is identified as the upper outer quadrant of the buttock. This site is used to lower the risk of hitting the sciatic nerve and the superior gluteal arteries.

The Z - tracking method involves pulling the underlying skin down wards or on to one side of the injection site, inserting the needle at a right angle to the skin, which moves the subcutaneous and cutaneous muscle tissues by approx 1-2 cm. The

injection is given and the needle withdrawn, whilst releasing and retracting the skin at the same time. This manoeuvre seals of the puncture tract at the junction at each tissue layer.

Pabrinex is prescribed on a community prescription chart, as Pabrinex 7mls, IM (intramuscular). It is not acceptable for intravenous Pabrinex to be administered by C&I trust staff, this policy covers IM administration only.

Administer one pair of Pabrinex ampoules daily IM for three days.

In line with C&I trust policy two nurses must be present when providing IM Pabrinex injections. One nurse is sufficient when Pabrinex is administered on a home visit.

Procedure

Equipment. Sterile packed, in date.

- Recently prescribed medication. Supplied in two vials.
- 10ml syringe
- Filter needle
- 1 needle for administration, long enough to ensure I.M injection. 20G
- Gloves
- Alcohol swabs for site cleaning
- Plasters
- Sharps bin.
- Appropriate equipment for the management of anaphylaxis (containing adrenaline 1:1000 1mg/ml)

Preparation

- Check dates on vials.
- Snap open tops
- Draw contents in to 10 ml syringe to mix. Total volume: 7mls.
- Renew the needle on to the barrel so that the syringe has a fresh needle.

Implementation

- Confirm patient identity and script validity.

- Obtain consent for procedure
- Ask patient to lie on bed in prone position.
- Select and prepare injection site.
- Clean site using alcohol swab in circular motion of 5cm, for 30 seconds. Allow to dry.
- Put gloves on. With thumb and finger of non dominant hand gently stretch back skin and hold taut.
- Remove needle sheath. Position at 90- degree to skin surface away from skin.
- Inform patient they will notice injection
- Quickly and smoothly thrust the needle through the skin and sub cutaneous tissue in to the deep muscle.
- Support syringe and check for blood by slowly pulling back plunger, if no blood appears slowly inject the appropriate volume.
- Remove needle and allow skin to relax.
- Apply plaster.
- Consider slow massage to help distribute the drug.

Aftercare

Observe for anaphylactic- type reaction for 30 mins.
Discard equipment safely.
Sign medication card and make entry in patient records.
If repeatedly injecting vary sites as much as possible and avoid previous sites by 2.5cm.
Ice can be used to numb the injection site, or lower pain if appropriate for patient comfort.

Frequency of Pabrinex courses

A course of Pabrinex in the community setting is x3 Pabrinex injections (prescribing regimes will be different in the in-patient units).

Discussions within the team have suggested that the frequency of Pabrinex courses should be appropriately x1 course of treatment (i.e. 3 injections) every 3 months if necessary.

9. Dissemination and implementation arrangements

This policy will be circulated to all team members working in Specialist Drug and Alcohol Treatment Services. The policy will also be circulated to other Camden and Islington substance misuse services and staff. Dr Bhaskar Punekollu can be contacted for clarification or support in relation to any aspect of this policy by email on Bhaskar.punekollu@candi.nhs.uk.

10. Training requirements

Implementation of this policy will be complemented by a training event for staff working in Specialist Alcohol and Drug Services, in line with the trust's mandatory training policy and the learning and development guide. For training requirements please refer to the Trust's Mandatory Training Policy and Learning and Development Guide.

11. Monitoring and audit arrangements

Regular audits will be conducted periodically to ensure that Pabrinex prescribing is being conducted in line with the policy. The audit will aim to ensure that appropriate assessment has been conducted prior to commencement and that the process itself follows the guidelines in terms of medication prescribing. The results will be reported to the trust audit committee. Learning from the audit will be shared with staff at the service at local continuing professional development meetings. See table 1.

Table 1: Monitoring and audit arrangements

12. Review of the policy

3 years

13. References

1. Mallet and Dougherty. 2008. Manual of Clinical Nursing Procedures 7th edition.
2. Pabrinex Policy, South London and Maudsley NHS Foundation Trust
3. Protocol for the Administration of High Dose IM Vitamin Supplements for Patients Undergoing Alcohol Detoxification, Rotherham, Doncaster and South Humber NHS Trust
4. RMOC position statement: Vitamin B supplementation in alcoholism. NHSE Nov 2019.

14. Associated documents

Element to be monitored	Lead	How Trust will monitor compliance	Frequency	Reporting arrangements <i>Which committee or group will the monitoring report go to?</i>	Acting on recommendations and Lead(s) <i>Which committee or group will act on recommendations?</i>	Change in practice and lessons to be shared <i>How will changes be implemented and lessons learnt/ shared?</i>
<i>See list of NHSLA minimum requirements if relevant</i>						
Pabrinex prescribing being done in line with recommended procedures outlined in this policy.	Nursing and medical team at community SMS services.	Carry out an audit of Pabrinex prescribing.	Annually	Drugs and Therapeutics Group	Drugs and Therapeutics Group / Pharmacists. Ensure that all Prescribers follow trust policy – Immediate	Review of policy; implementation practices and procedures. Re- audit. Give feedback to prescribers.
Ensure that thorough assessment including history, physical examination and blood tests are completed before administration of Pabrinex.	Nursing and medical team at alcohol services.	Carry out an audit of case notes to ensure these have been completed.	Annually	Drugs and Therapeutics Group		