

SHARED CARE Guideline – Amber traffic light classification	
Name of medicine	Octreotide (Sandostatin™)
Indication (including whether for adults and/or children)	Malignant bowel obstruction in adults
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Organisation(s)	FHFT/Thames Hospice/Phyllis Tuckwell Hospice
Agreed by NHS Frimley Medicines Optimisation Group	January 2023
Agreed by FHFT DTC or relevant speciality governance group (if applicable)	n/a
Ratified by NHS Frimley Medicines Board	March 2023
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## Frimley Health and Care ICS Medicines Board

The Shared Care Guideline (SCG) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. This **AMBER** shared care sets out the patient pathway relating to this medicine and any information not available in the British National Formulary and manufacturer's Summary of Product Characteristics. Prescribing must be carried out with reference to those publications whenever appropriate. The SCG must be used in conjunction with the agreed core roles and responsibilities stated in annex A. An agreement notification form is included in annex B for communication of request for shared care from provider and agreement to taken on prescribing by primary care.

### Roles and Responsibilities

Listed below are specific medicine/indication related responsibilities that are additional to those core roles and responsibilities that apply to all SCGs listed in annex A

#### Consultant / Specialist

- Baseline monitoring and initial prescribing until the patient is established on treatment.
- Provide GP with diagnosis, relevant clinical information and baseline results, treatment to date and treatment plan, duration of treatment before consultant review.
- Ensure that the patient has an adequate supply of medication until GP supply can be arranged.
- Continue to monitor and supervise the patient according to this protocol, while the patient remains on this drug, and agree to review the patient promptly if contacted by the GP.
- Patients will be reviewed in the endocrine clinic as per the hospital specialist's instructions.

#### General Practitioner's Responsibilities

- Ensure hospital is notified if unwilling to undertake prescribing and monitoring when requested.
- Ensure monitoring is undertaken according to shared care guideline and only continue prescription if compliance with monitoring and results satisfactory.
- Follow guidance in the event of reaction or abnormality, record it and report back to the specialist.
- To inform the endocrine team if patient repeatedly does not attend routine blood monitoring.
- Contact hospital specialist if treatment discontinued due to hypocalcaemia or if patient experiences any suspected related adverse drug reaction.



## Key information on the medicine

Octreotide is approved for use as an **Amber** (shared care) drug in the Frimley ICS Formulary.

## Background to disease and use of medicine for the given indication

Octreotide is a synthetic analogue of somatostatin with a longer duration of action. In palliative care it is used beyond licence for a number of indications.

- Malignant bowel obstruction/high volume vomiting
- Severe discharge from a rectal carcinoma
- High output GI fistula

Licensed indications include symptom management in hormone secreting tumours, where the octreotide would be initiated and monitored by the treating oncologist.

## Indication

Octreotide is used in palliative care practice to reduce volume or frequency of vomiting in malignant bowel obstruction. It may also be prescribed for reduction of output in GI fistula or discharge from rectal carcinoma.

## Dosage

Doses are usually in the range of 300 – 600 micrograms daily but may be titrated to 1500micrograms or above if symptoms dictate.

## Administration

Octreotide is administered by continuous subcutaneous infusion over 24 hours via a Mackinley T34 bodyguard pump. Infusions should be diluted in NaCl 0.9%.

## Preparations

Ampoules: 50micrograms/ml, 100micrograms/ml and 500micrograms/ml

Multidose Vial: 200micrograms/ml (5ml (1mg) vial) – vial can be used up to 10 punctures and stored at room temperature for up to 2 weeks.

## Supply in community setting

- May be available via wholesalers (Sandostatin)
- Alternatively available directly through Novartis – 08457 419442
- An anonymised (omitting patient details only) copy of the FP10 to be faxed to 08457 419443 or emailed to [novartis.customercare@novartis.com](mailto:novartis.customercare@novartis.com)
- Community pharmacy must provide their postcode, contact name and telephone number.
- Novartis will issue the amount requested on the FP10; this should arrive at the pharmacy within 2 working days.



## Monitoring

Monitoring is via clinical observation.

For patients known to be diabetic advise reporting of poor control and GP to adjust anti-hyperglycaemics as needed.

Monitoring requirements including frequency and appropriate dose adjustments	Responsible clinician
<b>Pre-treatment:</b> Extent of symptoms e.g., number and volume of vomits, stoma output, rectal discharge.	Prescriber
<b>Initiation:</b> Any improvement in symptoms, any alteration in glycaemic control (in known diabetics)	Prescriber
<b>Maintenance:</b> Any change in symptoms	GP
<b>If dose change when on maintenance:</b> Any improvement in symptoms, any change in glycaemic controls	GP

## Abnormal results – Actions to be taken

Test	Abnormal Result	Action if Abnormal Result
Blood glucose	Change in glycaemic control	Adjust diabetic medication

## Cautions, contraindications

Refer to current Summary of Product Characteristics (SPC): [www.medicines.org.uk](http://www.medicines.org.uk)

## Adverse effects and action to be taken (if appropriate)

Refer to current Summary of Product Characteristics (SPC): [www.medicines.org.uk](http://www.medicines.org.uk)

## Drug interactions

Refer to current Summary of Product Characteristics (SPC): [www.medicines.org.uk](http://www.medicines.org.uk)



## Palliative Care Team Contact Details

<b>Frimley Park Hospital</b>	0300 614 5000 7/7 8.30-16.30 Extn 136755 Bleep 5799
<b>Wexham Park Hospital</b>	0300 615 3000 7/7 0830 – 1630 0300 615 4879 (ext 154879) Mobile: 07592070321
<b>East Berkshire – Thames Hospice Palliative Care Response Team.</b>	At any time, call <ul style="list-style-type: none"> <li>• <b>Single Point of Access</b> 01753 848925</li> <li>• <b>Switchboard to speak to Medical Team,</b></li> <li>• 01753 842121 (not 24/7)</li> </ul> Email <a href="mailto:th.doctors@nhs.net">th.doctors@nhs.net</a> (not 24/7)
<b>Phyllis Tuckwell – Frimley South</b>	Main number 01252729400 ART (advice and referral team) 01252 729440 email <a href="mailto:pth.adviceandreferral@nhs.net">pth.adviceandreferral@nhs.net</a>



## Annex A: Agreed core roles and responsibilities for the shared care of medicines.

### Patients

**To get the most out of your treatment it's important that you work together with your specialist. You must follow these guidelines to ensure your own safety, health and wellbeing.**

- You must make sure that you understand about your treatment.
- If you do not understand, ask for more information from the person prescribing the medicine
- Read the Patient Information Leaflet included with your medication. It will provide you with information about your medication.
- You must raise any concerns about your treatment with the person prescribing the medicine.
- Talk to the specialist and come to an agreement of how the treatment should be provided to you.
- Give permission to have aspects of your care communicated to healthcare providers.
- You must attend all appointments.
- You must keep a written list of all of the medicines you are taking.
- You must keep lists of any additional vitamins, minerals, or other dietary supplements.
- You must bring these lists with you each time you visit a healthcare provider or are admitted to a hospital.
- You must carry these lists on you in case of an emergency.
- You must not let anyone else take your medication.

It is your responsibility to follow these guidelines. The guidelines are here for your safety, health and wellbeing. If you would like more information on your rights, roles and responsibilities in your healthcare please ask a NHS professional for information on the NHS constitution or visit:

[www.gov.uk/government/publications/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england)

### Relatives and Carers

- To support the patient in fulfilling their roles and responsibilities as outlined above.

### Consultant/ Specialist

#### Good Prescribing Guidelines

- Be aware that if you recommend that a colleague, for example a junior doctor or Primary Care Prescriber, prescribes a particular medicine for a patient, you must consider their competence to do so. You must satisfy yourself that they have sufficient knowledge of the patient and the medicine, experience (especially in the case of junior doctors) and information to prescribe. You should be willing to answer their questions and otherwise assist them in caring for the patient, as required <sup>(Ref GMC)</sup>.
- Be aware that if you delegate assessment of a patients' suitability for a medicine, you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to make the assessment. You must give them enough information about the patient to carry out the assessment required.
- Be aware that you are asking the Primary Care Prescriber to take full medico-legal responsibility for the prescription they sign <sup>(Ref GMC)</sup>. For this reason, the shared care guidelines (SCGs) are agreed at the Frimley Health Foundation Trust Area Prescribing Committee with input from specialists and Primary Care Prescribers, and, for individual patients, the patient's Primary Care Prescriber must agree to take over responsibility before transfer of care, before the patient is discharged from specialist care.
- Be aware of the formulary status and the traffic light classification of the medicine you are prescribing within the Frimley Health Formulary.
- Assume clinical responsibility for the guidance given in the SCG, and where there is new information needed on the SCG to liaise with a member of the Pharmacy team who will facilitate an update via the Frimley Health Foundation Trust Area Prescribing Committee.

#### Before initiating treatment

- Evaluate the suitability of the patient for treatment, including consideration of the patient's current medication and any significant interactions.
- Discuss and provide the patient with information about the reason for choosing the medicine, the likelihood of both harm and benefits, consequences of treatment, and check that their treatment choice is consistent with their values and preferences.
- Advise patient of unlicensed status of treatment (including off-label use) if appropriate and what this may mean for their treatment.
- Undertake baseline monitoring and assessment.

#### Initiating and continuing treatment in secondary care



- Prescribe initial treatment and provide any associated training and counselling required.
- Inform the Primary Care Prescriber when initiating treatment so that the Primary Care Prescriber is aware what is being prescribed and can add to Primary Care Prescriber clinical record.
- Continue to prescribe and supply treatment with appropriate monitoring until the patient's condition is stable; the patient is demonstrably benefiting from the treatment and is free from any significant side effects.
- At any stage of treatment, advising Primary Care Prescriber of concerns regarding monitoring or potential adverse effects of treatment.

### Transfer of care to Primary Care prescriber

- Liaise with the primary care prescriber to agree to share the patient's care and provide relevant accurate, timely information and advice.
- Only advise the patient that shared care will take place, and prescribing will be transferred, once the primary care prescriber has agreed to share responsibility of the patient care, and that this has been confirmed in writing.
- If the primary care prescriber feels unable to accept clinical responsibility for prescribing, then the consultant must continue to prescribe the treatment to ensure consistency and continuity of care.
- Ensure that the patient (and carer/relatives) are aware of their roles and responsibilities under the SCG.
- Provide sufficient information and training for the patient to participate in the SCG.

### Post transfer of care

- Follow up and monitor the patient at appropriate intervals.
- Advise Primary Care Prescriber if treatment dose changes or treatment is discontinued.
- Inform Primary Care Prescriber if patient does not attend planned follow-up

### Primary Care Prescriber

- Be aware of the formulary and traffic light status of the medicine you have been asked to prescribe.
- Be aware that Amber medicines have been assessed by the Frimley Heath Area Prescribing Committee as requiring careful transition between care settings but SCGs will be available to support safe transfer of care.
- It would be usual for Primary Care Prescribers to take on prescribing under a formal SCG. If you are uncertain about your competence to take responsibility for the patient's continuing care, you should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient and make appropriate arrangements for their continuing care.
- Be aware that if you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence (Ref GMC).
- Be aware that if you prescribe, you will be responsible for any prescription you sign (Ref GMC).
- Keep yourself informed about all the medicines that are prescribed for the patient.
- Be able to recognise serious and/ or frequently occurring adverse side effects, and what action should be taken if they occur.
- Make sure appropriate clinical monitoring arrangements are in place and that the patient and healthcare professionals involved understand them.
- Keep up to date with relevant guidance on the use of the medicines and on the management of the patient's condition.
- Respond to requests to share care of patients in a timely manner, in writing (including use of form in annex B)
- Liaise with the consultant to agree to share the patient's care in line with the SCG in a timely manner.
- Continue prescribing medicine at the dose recommended and undertake monitoring requirements.
- Undertake all relevant monitoring as outlined in the monitoring requirements section below, and take appropriate action as set out in this shared care guideline.
- Monitor for adverse effects throughout treatment and check for drug interactions on initiating new treatments.
- Inform the Consultant or specialist of any issues that may arise.
- Ensure that if care of the patient is transferred to another prescriber, that the new prescriber is made aware of the shared care guideline (e.g., ensuring the patient record is correct in the event of a patient moving practice).

### All

- Where it has been identified that a SCG requires update e.g., new information needed, liaise with the SCG author and/or your organisation's Frimley Health Foundation Trust Area Prescribing Committee representative who will facilitate an update at the Committee.



### Annex B: Shared care agreement notification form for medicines and indications approved as amber on the Frimley Health Foundation Trust Formulary

For the attention of the Practice Manager

**E-mail – Confirm both sender and recipient e-mail addresses are nhs.net before sending.**

To: [Recipient Name]      Email: [insert]  
 From: [Your Name]      Date: [Click to select date]  
 Re: [Subject]      Pages: [number of pages]  
 cc: [Name]

[Notes]

<b>Name of medicine</b>	
<b>Indication</b>	

Person receiving email	
Relevant patients GP available to action within 14 days (if not Trust needs to be informed on day of receipt of request)	Yes/ No
If GP is NOT available within 14 days, please communicate to the requesting specialist the date when the GP will be available	

Hospital/ Patient information		Practice information	
<b>Consultant Making Request</b>		GP Name:	
<b>Consultant Speciality Details:</b>		Practice:	
<b>Patient Name:</b>		I agree to undertake shared care:	
<b>Patient NHS Number:</b>		I do not agree to undertake shared care:	
<b>Patient Hospital Number:</b>		If NOT please give reasons:	
<b>Patient DOB:</b>		Signed:	
<b>Drug Name/ Dose:</b>		Date:	
<b>Next Prescription Due:</b>		Please return form to:	
<b>Discharge letter written and sent:</b>			
Please refer to the Frimley Health Foundation Trust Formulary for relevant shared care documents.			

Primary Care Prescriber should reply within 14 days of receipt of this form indicating participation (or not) in shared care of the patient.