

Prescribing

- You should familiarise yourself with the policies and guidelines for drug prescriptions, such as use of analgesia, antibiotics, anti-arrhythmics, anti-convulsants. To help you with these a copy of the Leeds General Infirmary formulary will be provided on your Induction Day.
- There are some guidelines in the Clinical Guidelines Section, especially regarding the analgesic control ladder and use of appropriate analgesia in adults and paediatrics.
- Following is the list of medication available in the department for prescribing out-of-hours outside prescriptions (FP10) are kept in the medicine cupboard and should be used as a last resort when Pharmacies close out-of-hours. From Mon-Fri 9am-5pm the Accident & Emergency Pharmacist, is available for advice and to answer any queries on ext **23547**. On the weekends and out-of-hours a on-call Pharmacist is available on bleep for advice.

Analgesics

- Simple paracetamol is effective for many types of pain and should be used in the first instance. It is a safe drug for all ages, prescribed as Calpol up to the age of 6 or 7. Thereafter single paracetamol tablets can be used. Adults should be warned against taking more than 8 x 500 mg tablets per day.
- If a stronger analgesic is required, Paracetamol & Codeine is a reasonable choice. This may be supplemented with a non steroidal anti inflammatory drug such as Ibuprofen 600 mg qds and the combination is often quite effective. NB. Many patients with limb trauma will experience considerable relief from their pain, simply by strict elevation of the injured part and combination analgesia.
- Patients in acute pain (dislocated major joint, long bone fracture etc) MUST be given IV morphine in a dose titrated to their pain.
- Children will often be given oral morphine (Oramorph). You will be guided by senior nursing staff or intra nasal diamorphine may be used.

Antibiotics (see also Soft Tissue Infection)

- For prophylaxis and broad spectrum treatment of streptococcal and staphylococcal infections, Flucloxacillin 500 mg qds for 5 days is recommended. Children can be treated with Flucloxacillin elixir at the appropriate dose. In penicillin sensitivity, use erythromycin, though bear in mind that it is bacteriostatic and is not as effective in well established infections.
Cephadrine and other cephalosporins may be used in penicillin-sensitive patients, but bear in mind the reported 5% cross-sensitivity. Ciprofloxacin is not reliable in staphylococcal infection and should not be used without microbiological advice.
- In more serious soft tissue infection, use high dose Amoxicillin with high dose flucloxacillin, together with elevation. Giving this orally for 24 hours before resorting to admission for intravenous medication is often worthwhile.

- Dog bites can be treated with oral flucloxacillin. You must make sure to CLEAN the wound and DEBRIDE (if appropriate) as well as giving antibiotics. Seek senior help as to whether you should leave a wound open or close it for cosmesis.
- Other animal bites (e.g.cats) are usually more serious. They should be give combination antibiotics (Fluclox and Penicillin V) and followed up in the A&E Review Clinic at 2-3 days.
- Human bites must be thoroughly cleaned and debrided. **If the bite goes into the joint (classically the MC joint following a punch) these joints need to be opened and irrigated. Human bites must receive Augmentin as well.** Discuss with a senior.
- Do not prescribe antibiotics alone when a pus collection is present, unless it is an adjunct to surgical management in the presence of considerable cellulitis.

Sedation

- *Oral sedation.* Useful in paediatric cases. Midazolam is the drug of choice at a dose of 0.5mg/kg. Onset of action is about 20-30 minutes. Do not forget to give the parents written advice on how to manage a child after sedation.
- *Intravenous sedation.* Ideal for reducing large joint dislocations and fracture manipulations. **Never mix intravenous opiates with benzodiazepines.** The ideal drug of choice is a titred dose of intravenous Midazolam, dilute 10 mg Midazolam in 10 mls of normal Saline and give small boluses of 0.5-1 ml about 2 mins apart, until the desired effect is achieved. Acceptable sedation is when the patient is feeling quite relaxed and his/her eyelids have closed, but on touching the eyelashes, the patient will open his eyes spontaneously. Sedation requires 2 doctors present, a trained nurse and a pulse oximeter.
- *General Anaesthetic.* This will result if you mix intravenous opiates with benzodiazepines! If the patient is in severe pain, discuss the case with a SENIOR doctor.
- *Entonox (N₂O and O₂) administration.* **Inhalational mixture through a demand valve. Very useful for immediate effect whilst waiting for IV morphine or as a supplemental agent for relocating certain joints (a dislocated shoulder...in combination with a good technique)**