Heart of England NHS
NHS Foundation Trust

'Re-Audit' Clinical Audit Reports and Action Plans completed in 2015/16

Below are 2 re-audit clinical audit reports and action plans which were completed at Heart of England NHS Foundation Trust in 2015/16.

Audit 3344 - Concurrent use of laxatives with opiate analgaesia - Closing the loop

Audit Standards

1. 100% of patients' prescribed opiate analgaesia should be offered PRN laxatives – UNLESS any contraindications exist.
2. 100% of patients prescribed opiate analgaesia AND are clinically constipated should be prescribed regular laxatives unless contraindications exist.
3. 100% of laxative prescriptions should be compliant – i.e. stimulant or osmotic laxatives and no use of bulk forming laxatives.

Methods

We performed the audit in a prospective manner over 3 consecutive Fridays. We analysed the drug charts of inpatients on wards [redacted]. Patients included those admitted under general surgery and urology.

We interviewed each patient for symptoms of constipation, which included decreased frequency of defecation, difficult stool passage, or seemingly incomplete defecation. This was relative to their baseline.

We then compiled the data and compared it against our standards. 50 patients on opiate analgaesia – 43 with no contraindications.

Results

All 11 prescriptions in the initial audit were guideline compliant as were all 43 within the re-audit cycle. However, the guidelines are loose in that any laxative which is not a bulk forming laxative is appropriate, but the paper on which NICE has based their knowledge summary actually recommends a stimulant and stool softener for optimal treatment, which was a combination rarely seen within the prescriptions we analysed – we saw mostly just osmotic laxative rare use of stimulants.

Consequences of intervention

- Patients prescribed opiate analgesics were 60% more likely to have been prescribed laxatives.
- There were only [redacted] of 49 patients who were on opiates and clinically constipated during the re-audit cycle versus 14 initially.
- Those who *were* clinically constipated (much fewer) were still not prescribed laxatives.

Limitation and discussion

- No rigid guidelines to compare against
- Subjective perception of constipation
- Not stratified by department
- Was constipation actually opiate induced?
- Sample size/statistics

Action	Completion Date	Completion Evidence
Poster put up in office and surgical ward following 1st audit.	05/05/2016	Poster uploaded to audit database

Audit 2858 - Re-audit of the management of non-albicans vulvovaginal candidiasis

Aim

- To ascertain the outcomes of additional patients treated with nystatin and flucytosine as failures have been reported (anecdotally and published)
- To ascertain whether there has been an improvement in the consistency and method of reporting non-albicans isolates since the previous audit and feedback to the laboratories
- To ascertain treatment strategies used for non-albicans isolates

Method

- Retrospective case note review
- Proforma utilised same as previous audit

Results

- 49 'episodes'; [redacted] patients had 2 episodes identified.
- 6 sets of notes untraceable (all old paper notes).
- Of the 49 episodes, 13 were speciated, with 11 *C glabrata*, [redacted] The rest (36) were labelled as 'candida species isolated'. None were labelled as 'candida species – Not candida albicans' in contrast to the previous audit. There was no link between the method of reporting and the clinic location at which the sample was taken.
- None of those labelled as 'candida species isolated' were recognised as non-albicans. This was regardless of the grade of staff. 19 of the 36 were symptomatic; the rest were thought to have symptoms unrelated to candidiasis and the majority of these had a light growth only. [redacted]
- [redacted]
- All the speciated cases were recognised as non-albicans and appropriately managed with the exception of [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Summary

In this series, there were no failures with nystatin/flucytosine, but failure and relapse within a short time period was seen with the use of nystatin alone for all patients where this was used first-line. This is consistent with the fungistatic properties of nystatin.

There were many patients that were not identified as having a non-albicans species and as such were not informed and managed appropriately. Although the majority of these patients received azoles and did not reattend, the possibility they self-treated again or attended elsewhere cannot be excluded.

Recommendations

- Nystatin alone should not be used as a first-line treatment for *C glabrata*; it should be used in combination with flucytosine.
- Non-speciation for patients with a single episode of candida is adequate; however those with a history of recurrent or relapsing vulvovaginal candidiasis should have speciation performed.
- Boric acid remains an option for some patients in whom the administration of nystatin/flucytosine is not practical (e.g. storage/ collection issues).

Action	Completion Date	Completion Evidence
To use nystatin and flucytosine as first-line treatment for non-albicans VVC, rather than nystatin alone	27/05/2015	Specialist clinic doctor(s) aware
To accept lack of speciation for those patients with single episodes of VVC; those with recurrent or persistent symptoms should be speciated.	27/11/2015	Guideline from UHB uploaded