Organisation Learning Summary –

NHS Ayrshire & Arran

Category: Medication

Preventing: Iatrogenic Harm or Death

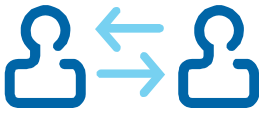
Key words: Combined Hormonal Contraception, Pulmonary Embolism, Clinical Coding

Date of Distribution:

Authors: Dr Rosalynn Morrin, Public Health Lead for Primary Care Sexual Health

Sharing Learning Points

ORGANISATION



What happened?

There has been a Scottish Public Services Ombudsman (SPSO) investigation into a complaint following a death from Pulmonary Embolism in a patient prescribed the combined oral contraceptive pill (COCP).

A family history of DVT was recorded in free text in a consultation note, but a family history code not added. The family history information was not seen when the patient was prescribed the COCP or when they presented with acute symptoms.

Failure to code the family history of DVT / PE meant the prescribing GP was not aware of there being two UK MEC risk factors. The SPSO highlighted that the COCP was therefore prescribed without careful consideration and a documented discussion of the risks, as recommended by the FSRH.

What went well?

When the patient presented with symptoms, she received a call back from a GP within 20 minutes.

BMI (30.8) and blood pressure had been recorded within the previous year.

What, if anything, could we improve?

Accurate coding of family history.

Face to face review of patients developing new shortness of breath while taking combined hormonal contraception (CHC).

Accurate history taking, counselling and documentation during initiation of CHC and annual prescribing reviews.

What have we learnt?

The importance of familiarity with FSRH UK MEC. A BMI of over 30 and a family history of thromboembolic disease over the age of 45 are both FSRH UK MEC Category 2 for CHC. FSRH advises that a combination of UK MEC category 2 risks should be carefully discussed with the patient and clearly documented.

Accurate coding of family history is very important.

The risks of VTE with CHC are highest during the first year, or on restarting after a period of abstinence of four or more weeks.

Prescribing should be in accordance with MHRA guidance, with careful consideration of the woman's current risk factors and the VTE risk of pills. COC containing ≤30µg ethinylestradiol in combination with levonorgestrel or norethisterone are recommended first-line by FSRH.

If you have any comments about this or any similar adverse event please send them to

Learning_Notes_Administration@aapct.scot.nhs.uk

Organisation Learning Summary –

Risk Grading for Distribution: Please refer to the Risk Matrix to assess the impact to another person, the service or the organisation if the learning was not implemented. This Risk Grade will determine the urgency of distribution and action of this Learning Summary in accordance with the table below.

Please tick the appropriate grading for urgency of distribution and action:

Risk Grade	Low	Moderate	High	Very High
Directorate Response time	35 calendar days	28 calendar days	21 calendar days	14 calendar days