



# Kingston GP Chambers

In Partnership with Kingston  
Primary Care Networks

Extended Hours/ Minor Illness Update

28/06/2023

June Update

Dear EA/MI teams,

Just a short update this month covering

- MHRA
- Notes Audit
- Significant Event –Mastoiditis

## MHRA/SWL updates

I have reviewed the MHRA and SWL updates and highlight those relevant to EA/ MI clinic settings:

*No longer prescribe antivirals for flu*

The most recent surveillance data from UK Health Security Agency (UKHSA) indicates that circulation of influenza in the community has returned to baseline levels.

In accordance with NICE guidance and Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc.) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS):

- GPs and other prescribers working in primary care should no longer prescribe antiviral medicines (including neuraminidase inhibitors) for the prophylaxis and treatment of influenza on an FP10 prescription form.
- Community pharmacists should no longer supply antiviral medicines in primary care on presentation of an FP10 prescription form.

*Pholcodine containing cough and cold medications have been withdrawn following a review highlighting benefits do not outweigh risks*

*Peanut and soy allergy – Common pharmaceutical products containing peanuts oils,soy oil or arachnis oil are – Abidec vitamins, Cerumol ear drops, Colpermin peppermint capusules, Estriol cream, naseptrin nasal cream and zinc and castor oil treatment*

## Notes Audit

Branka and I have carried out a notes audit reviewing consultations from each clinician over 2 clinics in the last quarter. Overall the standard of notes was excellent – thankyou. If there were any specific learning points these will be flagged directly but for group learning please remember;

- Always use a problem code
- Always detail examination findings (where appropriate)
- Explain decision making (if not clear – i.e. why abx if hx/ exam points to viral URTI)
- Safety net where appropriate

The next audit will look at antibiotic prescribing, comparing to SWL guidelines.

### Significant Event – Mastoiditis

We have recently had a complaint regarding a child that was seen twice in the EA clinics. First time diagnosed with Otitis Media and prescribed antibiotics but returned after 48 hrs as no improvement, continual fever and distress, protruding ear and post auricular erythema (see image below)




They were advised to continue antibiotics and add a topical agent to treat OM but were correctly safety netted for signs of mastoiditis. On returning home the mother reflected that these safety netting signs were exactly what the child had and so took him to AE where he was diagnosed with mastoiditis.

This is a good opportunity to consider mastoiditis and reflect what signs would mean we would organize an ENT review.

**Is it acute mastoiditis +/-periostitis/osteitis?**  
Symptoms- Otalgia/ headache/fever  
Signs

1. Protrusion of the pinna, loss of post-auricular sulcus (95-100%)
2. Post-auricular swelling (80-95%), erythema, mass or fluctuance
3. Otoscopy (uni or bilateral findings) – Posterior/superior canal swelling +/-bulging/ erythematous tympanic membrane +/- purulent discharge (30%) or normal otoscopy
4. Pyrexia (81%); less common if antibiotics



So signs of Otitis media + protrusion of pinna, loss of post auricular sulcus, post auricular swelling, erythema, mass or fluctuance. Not always present though so consider it for all OM diagnoses.

I think this image is also valuable as it shows how the signs can be fairly subtle

<https://teachmepaediatrics.com/ent/ear/mastoiditis/>

Thanks for taking the time to read

Bw

Rick