



Department of Health,  
P.O. Box 5013,  
Wellington.

5 March 1976.

## CLINICAL SERVICES LETTER NO. 157

### TO MEDICAL AND DENTAL PRACTITIONERS

(Copy to Proprietors of Retail Pharmacies)

#### S.I. Units

Dr F. B. Desmond writes—"February 1st was the official date for the start of the changeover to S.I. units by clinical pathology laboratories. In most the change is well under way. It has reflected a vast amount of work in the preparation of stationery, recalibration of machines, and lecturing to medical, nursing, and other staff to ensure they know about and are familiar with the new units. All practitioners should have received a booklet *A Guide to S.I. Units* 1976, prepared by the joint scientific committee and circulated by the Department of Health.

"There are still some who question the change and this is only to be expected, but whether we like it or not the change is with us. S.I. units have become one of the realities of medical life in New Zealand. The New Zealand Medical Journal has changed.

"There are still some problem areas. Changes in toxicology and pharmacology may be slower as discussions continue with pharmacologists. Blood alcohol levels pose a special problem because of medico-legal implications. These are being studied but there will be no change at present where such implications may exist. Laboratories using computers will find themselves restricted. The characters and super-script digits required for S.I. units are not included in the character sets of many data processing machines. It has been necessary to make special arrangements for representation of these units following international standards for the use of symbols in systems with limited character sets.

"Changes in the significance of the number of figures after the decimal place have changed considerably. Sometimes the decimal point loses its significance, e.g., albumin, bilirubin, etc.; sometimes the first place gains significance which it did not have, e.g., glucose; and even the second place must be considered now with thyroxine, creatinine, and some other substances.

"The change in the adjustment has been made satisfactorily in other places. New Zealand should be no exception. No effort has been spared to ensure the smoothest possible transition from the old to the new."

An error appears on page 9 of *A Guide to S.I. Units*. The conversion of thyroxine is from  $\mu\text{g}/100\text{ ml}$  to  $\text{nmol}/\text{l}$  and not  $\mu\text{mol}/\text{l}$ .

### **"Mumbling the G.P."**

There is no limit to the range of medicines which are abused by some people in the hope of obtaining a psychological "lift". Barbiturates, tranquillisers, bronchodilators, and analgesics are commonly used for this purpose. Once obtained supplies are readily available to others, whether by sale or gift, and hence the problem continues to increase.

Overseas studies have suggested that the single-handed, older G.P. working under pressure is most likely to be approached for medicines for non-medical purposes. The ease with which supplies are obtained from some G.P.s in this country is disturbing. Their names soon become known to all those seeking prescriptions. The reasons offered for needing medicines are many and the technique is called "mumbling the G.P."

If practitioners remained on their guard against such techniques and rarely prescribed more than a 24-hour supply of medicines to other than regular patients, "mumbling" would be much less successful than it is at present.

### **The 10-day Rule**

The need to protect the foetus from exposure to ionizing radiation is well recognised. The clinician referring a woman of childbearing age for radiological examination has the prime responsibility of ensuring that the patient could not be pregnant. The "10-day rule" should be standard practice and radiological examination of the abdomen or pelvis should only be carried out within 10 days of the first day of the last menstrual period.

There are obvious exceptions to the rule including emergency procedures and cases in which an adequate method of contraception is practised. On all occasions the date of the last menstrual period should be entered on the request form. Consultation between clinician and radiologist is essential if there is any doubt about the advisability of carrying out an investigation.

### **Full Address on Prescriptions**

A recent drug recall has drawn attention to the importance of rapidly available patient identification in case of incorrectly manufactured medicines. Inadvertent errors in prescribing or dispensing may lead to a similar urgent need to recall medicines from patient level. Although such situations are rare, the need for rapid recovery of faulty medicines is real but may be impossible when only a vague and general address is provided on prescriptions.

### **Opium Shortages**

Recently the Chemists' Guild drew attention to the increasing problems of obtaining stocks of opium tincture and camphorated opium tincture. There is a world-wide shortage of opium and this situation is likely to continue. Practitioners are therefore requested to prescribe alternative therapy whenever possible.

### Practice Nurses: Increases in Salary Rates for Subsidy Purposes

The salary rates for practice nurses for subsidy purposes, from 27 January 1976, are as follows:

	Previous Salary	New Salary from 27 January 1976	Weekly (40 hours)	Hourly
	\$	\$	\$	\$
Staff Nurse ..	5,299	5,487	105.50	2.64
Staff Sister ..	5,647	5,835	112.20	2.80
	5,840	6,028	115.91	2.90

Subsidy is payable in accordance with policy on actual remuneration up to the limits specified above.

Practitioners who employ subsidised practice nurses will have been informed already by their local medical officer of health about the new rates and procedure for claiming arrears.

For further information relating to practice nurse subsidy schemes, please refer to Clinical Services Letters No. 137 and 156.

### Poisonous Plants

The toxic properties of some New Zealand plants have received publicity recently. A revised edition of *Plants In New Zealand Poisonous To Man* is now available from the Government Printer and bookshops. It contains descriptions and coloured photographs of the plants, lists of their toxins and symptoms of poisoning.

### Medical Benefit Applications: Chronically Ill Patients

Clinical Services Letter No. 155 advised that applications for the higher G.M.S. benefit should from 1 December 1975 be sent to the medical officer of health to whom you normally forward G.M.S. and other health benefit claims.

Applications are still being received in this Division and the attention of practitioners is again drawn to the change in procedure.

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BY AUTHORITY:

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