



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

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## CLINICAL SERVICES LETTER No. 199

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

### ABBREVIATIONS USED IN PRESCRIBING

Confusion arising from variations in abbreviations on prescriptions has been a cause of concern to many.

A standard list was originally suggested by the Drug Administration Committee at Dunedin Hospital. This has now been reviewed by all interested bodies, including medical and pharmacy associations and various advisory committees.

There was a body of opinion that no abbreviations should be used, but the consensus was that such an objective was unlikely to be achieved.

All concerned have now expressed their opinion that the following list should be universally adopted for New Zealand use, and that other abbreviations should not be used. The Division of Clinical Services supports this opinion, and offered to publicise the list.

b.i.d.

t.i.d.

q.i.d.

mane (not m. singly)

nocte (not n. singly)

a.c.

p.c.

p.r.n.

q.4h

q.6h

q.8h

### HALOGENATED STEROID SKIN PREPARATIONS

The division is receiving reports which indicate that the public is not aware of the potency of these preparations. As a result of misguided "swapping around" and neighbourly advice, steroid preparations are being used inappropriately, most often on the face.

We suggest that whenever these compounds are prescribed, the opportunity be taken to impress the patient with their potency, and the need not to "lend" them to someone else.

A brief reminder of side effects:

- Epidermal and dermal atrophy, causing thinning of the skin;
- Purpura;
- Striae and telangiectasia;
- Steroid rosacea (the majority of cases of rosacea are now iatrogenic);
- Impaired healing;
- Adrenal suppression (risk greatest in infants);
- Local hypertrichosis;
- Acne or exacerbation of acne, especially on withdrawal of the medication;
- Masking or spreading infection (usually fungal);
- Perioral dermatitis.

### **SPECIALIST INITIAL CONSULTATION**

Following requests from some specialists and discussion with the Medical Services Advisory Committee the following definition of an initial consultation is provided.

An initial consultation, for purposes of the specialist benefit, occurs where a patient is spontaneously referred to a specialist by another medical practitioner.

There can be more than one initial consultation for the same condition, but each initial consultation must result from a new spontaneous referral and must not be pre-arranged.

### **THYROXINE SODIUM: CHANGE OF POTENCY**

The B.P. Commission has settled on a different basis for the calculation of potency which will result in thyroxine sodium tablets having about 10 percent greater activity.

This will apply to all strengths of the tablets.

It is expected that new stocks will arrive in New Zealand early in 1981. The manufacturers will advise more exact dates as soon as they are known.

### **FOOT CARE FOR DIABETICS**

Use of proprietary wart and corn cures by diabetics and patients with peripheral circulatory disorders can lead to serious tissue breakdown. Chiropodists have reported cases where such patients have used proprietary corn cures with disastrous results. Ulcers and a great deal of discomfort have been the result of inadequate or incorrect medical advice.

Patients with circulatory impairment should be instructed in meticulous foot care, including warnings against the application of any potentially injurious substances. Care of the feet can be emphasised at follow-up consultations.

Chiropody services are available in most areas, and the practice nurse also could have a major role in seeing that the elderly, the diabetic, and the patient with impaired circulation obtain adequate foot care and advice.

## **COST/EFFICACY REVIEW OF THERAPEUTIC GROUPS**

The Pharmacology and Therapeutics Advisory Committee will be carrying out a further review of systemic antibiotics when it meets on 15 April. Any comments received before that date will be referred to the committee.

## **ANNUAL PRACTISING CERTIFICATE FOR NURSES**

The Nursing Council has requested that the attention of practitioners be drawn to the fact that every registered nurse wishing to practise is required to obtain an Annual Practising Certificate. It is the responsibility of the nurse to ensure that she currently holds such a certificate. This certificate enables practitioners, when appointing a nurse (practice or otherwise), to satisfy themselves that the appointee is appropriately registered as a nurse. It should also be sighted annually.

## **DANGER OF TIMOLOL EYE DROPS IN ASTHMATIC PATIENTS**

A recent death is reported following the first instillation of one drop of 0.5 percent timolol maleate eye drops into the eye of an asthmatic patient, aged 56, suffering from glaucoma.

Professor E. G. McQueen, Medical Assessor, New Zealand Committee on Adverse Drug Reactions, has asked that this danger should be emphasised to the profession.



(J. S. Phillips)  
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