

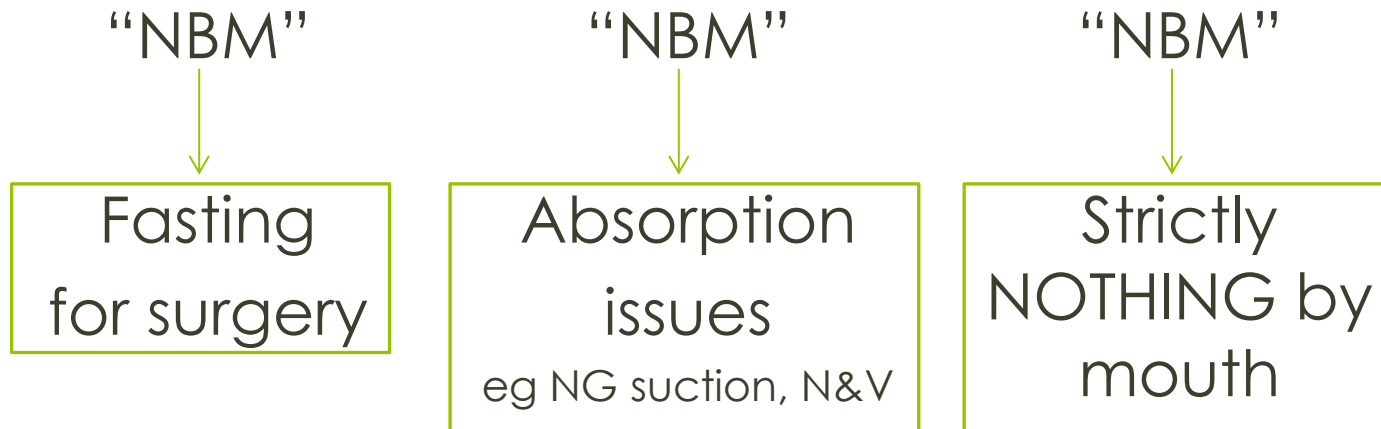


# Medication management of patients while NBM

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# What does “NBM” mean?



**All have very different management of medications**

# NBM: Fasting for surgery

- As per perioperative guidelines
- Consider:
  - The procedure
  - Post-op management
  - The patient
  - Alternate route of administration
    - Prednisolone
    - Anti-diabetic agents
    - Anticoagulants

# NBM: Fasting for surgery

**Tablets ok to give up to 5 minutes  
before called for surgery**

Beta-blockers  
Anticonvulsants  
Anti-parkinson's

*Refer to pre-op assessment/anaesthetist*

# NBM: Strictly nothing orally

- Post-oesophagectomy/gastrectomy, anastomotic leak, gastrointestinal fistula
- Assess for “crucial” medications
  - Alternate routes to po
    - IV, subcut, IM, transdermal, rectal
  - **Involvement of pharmacist and relevant specialists**

# NBM: Absorption issues

- Nasogastric tube on suction, severe nausea, short gut syndrome, bariatric surgery
- Patient-individual assessment
  - Volume of NG output/vomits
  - Medications and consequences of missed doses
    - Anticonvulsant vs statin
  - Ease of administration via alternate route
  - Anticipated duration

# Medications

- Antihypertensives
  - ?are they needed
  - ?Replace with GTN patch
- Beta-blockers
  - Abrupt cessation → MI, ventricular arrhythmias
  - Consider IV replacement → pharmacist
- Aspirin
  - If necessary, site of absorption = stomach

# Medications

- Oral hypoglycaemics/insulin
  - Replace with insulin infusion
- Type 1 diabetic: CONTINUE LANTUS
- Overlap by 2 hours when ceasing



# Medications

- Thyroxine
  - Has a half-life of around 7-10 days
  - Liothyronine → pharmacist/endocrine
- Steroids
  - IV hydrocortisone

# Medications

- Analgesia
  - PCA
  - Subcut opioid
  - IV paracetamol
- Antiparkinson's /anticonvulsants
  - Involvement of pharmacist and neurologist

# Fluids

- Maintenance requirements
  - See NICE intravenous fluid guidelines
  - 30mL/kg/day
- PLUS losses
  - Where are the losses?
  - Account for these!

# Fluids

- NG on suction
  - Accumulation of  $\text{HCO}_3$
  - Accompanying hypovolaemia from losses
  - HYPOKALAEMIA
- Ensure:
  - Maintenance plus losses
  - Potassium replacement
  - IV pantoprazole

# TPN

- Prolonged NBM
- Referral to Ken Havill
- Dietician review
- Pharmacist review and manufacture
  
- Role of MO:
  - **Prescribe** the order (not just write it!)
  - Be aware of medications/fluids given

# IV compatibility

- SHPA handbook
- Trissel's IV 2 (micromedex)
- Not incompatible does not mean compatible!
- Consider fluids running as well!
- Pharmacist review very helpful

# Case study

- Mrs AB: 70yo (80kg) develops post-op ileus, severe vomiting. NG placed with 1L out in first hour
- Medications:
  - Metoprolol 50mg bd
  - Ramipril 10mg mane
  - Atorvastatin 40mg nocte
  - Esomeprazole 40mg mane
  - Thyroxine 100 microg mane
  - Metformin XR 2g nocte
  - Lantus 20 units nocte
  - Oxycontin 10mg bd for 2 days per APS, plus Endone PRN