

Covid-19

----- Guidance for practices



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Please be aware that this is a rapidly evolving situation.

Medicines management: drug monitoring and administration during the Covid-19 pandemic

- In general practice there are a lot of drugs that are prescribed that require monitoring. This may include measuring levels of the drug itself in the body; reviewing blood, renal or liver function; or undertaking physical measurements such as blood pressure and weight.
- Drug monitoring needs to be reviewed during the Covid-19 pandemic in order to reduce the number of patient visits to the surgery and to preserve capacity.
- Overall, drug monitoring during the Covid-19 pandemic needs to be prioritised for patients that will gain most benefit, i.e.:
 - Those at risk of a serious adverse drug event that can be identified through monitoring.
 - People taking a narrow therapeutic index drug during a phase when intensive monitoring is still required (e.g. upon initiation).
 - Patients who have recently had an illness that may have impacted on how their drug works.

Anticoagulation

- International normalised ratio (INR) monitoring for patients on [warfarin](#) remains essential but consideration needs to be given to the frequency of testing and whether patient could be transferred onto DOACs (see guidance below).
- SPS provides useful guidance on [Management of patients currently on warfarin during Covid-19](#) (updated 27 November).
- NICE has also published further [guidance on monitoring of patients on anticoagulants](#) during the pandemic, including patient-facing guidance.
- This [Guidance for the safe switching of warfarin to direct oral anticoagulants \(DOACs\) for patients with non-valvular AF and venous thromboembolism \(DVT / PE\) during the coronavirus pandemic](#) is also useful.

Monitoring of disease-modifying anti-rheumatic drugs (DMARDs)

- Normal drug monitoring should continue for people taking DMARDs. However, if this is not possible, rheumatologists may review cases on an individual basis and weigh up the risks of reduced monitoring/continuing without blood testing, compared to the benefit of staying on DMARDs.
- NICE has produced a [rapid Covid-19 guide for rheumatological autoimmune, inflammatory and metabolic bone disorders](#), that includes patients [known or suspected to have Covid-19, treatment considerations and drug monitoring](#).

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Advice on drug monitoring for other medicines

- The Specialist Pharmacy Service has [published guidelines for Primary Care](#) regarding normal drug monitoring requirements (updated September 2020)
- This SPS monitoring guidance needs to be used in the context of your local shared care pathways, the guidance of your local medicines management committee and local pharmacists.

Corticosteroids

- The British Society for Rheumatology has produced guidance for the [management of patients with musculoskeletal and rheumatic conditions](#) who are on corticosteroids, require initiation of oral/IV corticosteroids or require a corticosteroid injection.
- The [British Society for Rheumatology advises](#): patients with adrenal insufficiency need to temporarily increase their steroid dose if they have any significant intercurrent infection. Patients with Covid-19 may have high fever or other systemic symptoms for many hours of the day. In Covid-19, therefore, the standard advice to double the prednisolone dose in the event of significant intercurrent illness may not be sufficient.
- This can be applied to rheumatology patients as follows:
 - Patients on 5-15 mg prednisolone daily should take 10 mg prednisolone every 12 hours.
 - Patients on oral prednisolone >15 mg should continue their usual dose but take it split into two equal doses of at least 10 mg every 12 hours.
 - Patients with Covid-19 may have large insensible water losses, and should be advised to drink plenty of fluids especially if they may have adrenal insufficiency.

Testosterone injections

- The administration interval of testosterone injections varies from 3 weeks to 14 weeks depending on the preparation used.
- Options for managing administration include temporarily interrupting administration, self-administration or switching to testosterone-based gel.
- Further information is available on the [NHS GIC website](#).