

## Shared Care Guideline: **Nebulised Colistimethate sodium**

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Name of patient treated under this guideline:

This shared care guideline has been produced to support the seamless transfer of prescribing and patient monitoring from secondary to primary care, and provides an information resource to support clinicians providing care to the patient. It does not replace discussion about sharing care on an individual patient basis.

This guideline was prepared using information available at the time of preparation, but users should always refer to the manufacturer's current edition of the Summary of Product Characteristics (SPC or "data sheet") for more details.

### **1.0 Status of nebulised colistimethate sodium**

Colistimethate sodium is an "amber" drug using our local traffic light system. This means that treatment will usually be initiated in secondary care and may be transferred to primary care if the initial response is good. The key principle is that the GP is provided with information and given the opportunity to accept (or decline) prescribing responsibility before the transfer occurs.

### **2.0 Licensed Indications and Dose**

Colistimethate sodium nebuliser solution is licensed for the long-term management of chronic pulmonary infection due to *Pseudomonas aeruginosa* in cystic fibrosis (CF).

Colomycin®: 1-2megaunits twice or three times a day via a standard nebuliser system e.g. Pari LC Plus or Pari e-flow rapid.

Promixin®: 0.5-1megaunit twice a day via a breath activated nebuliser (INEB®).

Colomycin® should be reconstituted to 2ml with sodium chloride 0.9%, it may also be mixed with salbutamol 2.5mg nebuliser solution but this is unlicensed.

Promixin® should be reconstituted with water for injection. Add 2ml to the vial and put 1ml into the INEB® chamber to administer 0.5megaunits. Add 1ml to the vial and put 1ml into the INEB® chamber to administer 1megaunit.

### **3.0 Referral Criteria**

Consultants will consider colistimethate sodium nebuliser solution for any patient with cystic fibrosis who is chronically colonised with *Pseudomonas aeruginosa*.

## 4.0 Patient Selection

Patients will be selected on the basis of their pulmonary microbiology and ability to use a nebuliser system.

## 5.0 Safety Issues

### 5.1 Contra-indications (see BNF or SPC)

- Hypersensitivity to colistimethate sodium or polymixin B.
- Myasthenia gravis

### 5.2 Cautions (see BNF or SPC)

- Use with caution in patients with porphyria.
- The first dose should be given under supervision in hospital in case of bronchospasm.
- Measure lung function before and after nebulisation – if bronchospasm occurs, repeat using a bronchodilator e.g. salbutamol
- Monitor renal function before treatment and at least annually.
- Severe haemoptysis.
- Pregnancy and breastfeeding.

### 5.3 Common Side Effects (See BNF or SPC)

- Respiratory: increased coughing, bronchospasm, voice alteration, sore throat or mouth
- Gastrointestinal: vomiting, abdominal pain

### 5.4 Drug Interactions (see BNF or SPC)

- No known interactions.

### 5.5 Pre-treatment Assessment

- Pulmonary microbiology
- Renal function
- Patient should be taught how to use the nebuliser and compressor system.
- Patient should be given relevant information and advice

### 5.6 Routine Safety Monitoring

- Pulmonary microbiology (2 monthly)
- Renal function (annually)

## 6.0 Role of Consultant

The decision to use colistimethate sodium nebuliser solution will be made by a consultant specialising in CF.

1. To assess the suitability of the patient for colistimethate sodium nebuliser solution.
2. To discuss relevant safety issues with patients, and to make them aware of cautions or side effects.
3. Assessment of renal function prior to commencing treatment and annually thereafter.
4. Supervision of first dose with evaluation for the development of bronchospasm.
5. To ask the GP in writing whether they are willing to participate in shared care, this should include a copy of the shared care guideline. This correspondence should occur prior to initiating treatment.
6. To initiate therapy.
7. To monitor pulmonary microbiology for the development of pseudomonas resistance or other non-sensitive colonising pathogens.

8. Prompt communication in writing with the GP of any changes in treatment and assessment of response and occurrence of adverse effects.
9. Advice on when to stop treatment.

### 7.0 Role of GP

1. To reply to the consultant accepting shared care if appropriate.
2. To ensure all other practice staff are aware of the shared care guideline.
3. Prescribing of colistimethate sodium nebuliser solution once informed by the specialist that the patient has responded and is tolerating treatment.
4. To write the prescription in accordance with this shared care guideline.
5. Report adverse events to CF specialist and Medicines and Healthcare products Regulatory Agency.
6. Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.

### 8.0 Role of Patient or Parent

1. Report any adverse effects to the GP whilst taking nebulised colistimethate sodium.
2. Ensure they have a clear understanding of their treatment.
3. Ensure correct storage and administration of the nebuliser solution.

### 9.0 Role of the Specialist Physiotherapist

1. To make sure all patients have an appropriate nebuliser system.
2. To administer the test dose of colistimethate sodium nebuliser solution.
3. To monitor lung function pre and post dose.

### 10.0 Further Information

| Southampton University Hospitals 023-80777222 |  |
|---|--|
| Lead Consultant                               | Gary Connett (Paeds)<br>Mary Carroll (Adults)    |
| Lead Nurse                                    | Judi Maddison (Paeds)<br>Tessa Hodson (Adults)   |
| Lead Pharmacist                               | Amanda Bevan (Paeds)<br>Caron Underhill (Adults) |
| Medicines Information                         | 023-80796908/9                                   |

| Royal Hampshire County Hospital 01962-863535 |                     |
|--|---------------------|
| Lead Consultant                              | Keith Foote (Paeds) |
| Lead Nurse                                   |                     |
| Lead Pharmacist                              | Malcolm Irons       |
| Medicines Information                        | 01962-824294        |

| North Hampshire Hospital 01256-473202 |                         |
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| Lead Consultant                       | Preya Ilangovan (Paeds) |
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