Clarity around the new editions of the BNF Publications

UKMi, the Neonatal and Paediatrics Pharmacy Group (NPPG) and the BNF are aware of a number of discussions and email threads discussing BNF for Children 2015-2016 and BNF 70. The background to these changes and further explanatory comments are included with this letter as Appendix 1.

These constitute a range of topics, in particular:
- the identification of a small number of dose errors
- changes in the presentation of the preparations
- comments relating to the new format.

Representatives of these groups have therefore discussed these issues. To address them directly:

**Dose errors**
The number of clinically important errors identified to date remains low and it is important to recognise that errors have been reported in prior editions of these publications. Some reports have been described as errors when in fact they are simply changes to the way content is represented.

It is key to note that as with any edition, other errors may still remain to be identified. Cross checking with the updated electronic versions should be encouraged; this is particularly true for medicines less familiar to the practitioner.

**Presentation of preparations and new format**
Comments on format and presentation changes are welcome and will be used to enhance the display and design of future editions. Clinicians may like to access the CPPE programme developed to aid understanding of the changes to the new BNF Publications, available here.

**Reporting**
As with previous editions, bnf.org will be used as a central point for collating and reporting corrections to the BNF Publications, but we will be widening the reporting, to include a record of all of the feedback, including that about format changes. Three documents have been posted on bnf.org: the corrections content for BNF for Children 2015-2016, the corrections content for BNF 70 (both shown in Appendix 2 to this letter), and also all known issues received by our groups.

We would encourage users to continue to send all feedback directly to the BNF team, using editor@bnf.org, in order to facilitate the ongoing updating of this document.
**Next steps**

Given the above, print copies of the new edition of BNF for Children 2015-2016 and BNF 70 can continue to be distributed to clinical areas once the dose correction document has been attached / inserted. Corrections, as described in the Appendix to this letter and posted on bnf.org have been split by publication, and separated from feedback relating to clarifications and improvements, to facilitate this.

Copies already distributed should have the latest dose correction document added. However, as ever, the digital products remain the most up-to-date versions of BNF content and all of the corrections listed in Appendix 2 will have been made in the digital version by the end of Friday 20th November.

The BNF team will also continue to undertake further quality assurance work to seek to identify and correct any further errors.

**In future**

Corrections will continue to be addressed in the usual way (using an adapted risk matrix that assesses the likelihood and severity of harm that could result from any error) with changes made to the online version at a rate determined by the risk of the error, and notifications disseminated in order to raise awareness for users of the print edition.

To ensure appropriate awareness of corrections made to BNF Publications, the current dissemination process will be improved to ensure that any high risk errors are publicised through professional networks such as NPPG and UKMi, as well as being included on bnf.org.

We appreciate the added scrutiny of these new editions and the continued feedback which, as always, will help inform ongoing improvements to BNF products.

Sue Dickinson
UKMi Chair

Penny North-Lewis
NPPG Chair

Karen Baxter
BNF Director
Appendix 1

**Background**
Information on the reasons for the changes to the BNF publications is available in an FAQ document available at [http://www.bnf.org/using-your-new-bnf/](http://www.bnf.org/using-your-new-bnf/). In order to meet the change requirements a new content database has been created for the BNF Publications.

That entirely new database has been used to create the new print editions and the new digital version of the BNF Publications on MedicinesComplete. Ultimately it will also be used to create all versions of the BNF content.

The old database, is used to create all other versions, that is, the apps, NICE Evidence, and Legacy BNF and Legacy BNF *for Children* on MedicinesComplete.

Both databases are being updated with the ongoing clinical changes to BNF content that form the basis of the monthly updates.

The issues identified only relate to the new database. All of the reported errors have been addressed in the new database and so the BNF Publications on MedicinesComplete have been corrected.

However, as with any print edition, once published, corrections can only be addressed by notifications and dissemination of the correction information, which is what we are working on supporting currently for BNF *for Children* 2015-2016 and BNF 70.
## BNF CLARIFICATIONS AND CORRECTIONS

### DOSE OMISSIONS

#### ACICLOVIR

The following indications for intravenous use of **aciclovir** in the printed version of BNF 70 have been omitted or are unclear and should read as follows:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe genital herpes simplex, treatment, initial infection; Treatment of herpes simplex in the immunocompromised</td>
<td><strong>BY INTRAVENOUS INFUSION</strong> ADULT Initially 5 mg/kg every 8 hours usually for 5 days, or, 10 mg/kg every 8 hours for at least 14 days in encephalitis (at least 21 days if also immunocompromised)—confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment, higher dose to be used only if resistant organisms suspected or in simplex encephalitis</td>
</tr>
<tr>
<td>Varicella zoster (chickenpox), treatment in immunocompromised; Herpes Zoster (shingles), treatment in the immunocompromised</td>
<td><strong>BY INTRAVENOUS INFUSION</strong> ADULT 10 mg/kg every 8 hours usually for 5 days</td>
</tr>
<tr>
<td>Herpes zoster, treatment in encephalitis; Varicella zoster, treatment in encephalitis</td>
<td><strong>BY INTRAVENOUS INFUSION</strong> ADULT 10 mg/kg every 8 hours given for 10-14 days in encephalitis, possibly longer if also immunocompromised or if severe infection</td>
</tr>
</tbody>
</table>

The indication information for oral **aciclovir** for Herpes simplex, treatment (non-genital) in simplex encephalitis in the printed version of BNF 70 is incorrect and should read as follows:

<table>
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<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpes simplex, treatment (non-genital) in immunocompromised patients or if absorption impaired</td>
<td><strong>BY INTRAVENOUS INFUSION</strong> ADULT 10 mg/kg every 8 hours given for 10-14 days in encephalitis, possibly longer if also immunocompromised or if severe infection</td>
</tr>
</tbody>
</table>
### CLINDAMYCIN

The dosage information for oral clindamycin in the printed version of BNF 70 is incorrect and should read as follows:

**Indication:** Staphylococcal bone and joint infections such as osteomyelitis; Peritonitis; Intra-abdominal sepsis; Meticillin-resistant Staphylococcus aureus (MRSA) in bronchiectasis; bone and joint infections, and skin and soft-tissue infections; Erysipelas or cellulitis in penicillin-allergic patients (alternative to macrolides)

**ADULT** 150-300 mg every 6 hours; increased if necessary up to **450 mg** every 6 hours, increased dose used in severe infection

### ERYTHROMYCIN

The dosage information for erythromycin in the printed version of BNF 70 is incorrect and should read as follows:

**Indication:** Prevention of pneumococcal infection in asplenia or in patients with sickle-cell disease, and who are penicillin allergic

**BY MOUTH**

**CHILD 1 month–1 year** 125 mg twice daily, antibiotic prophylaxis is not fully reliable.

**CHILD 2–7 years** **250 mg** twice daily, antibiotic prophylaxis is not fully reliable. It may be discontinued in those over 5 years of age with sickle-cell disease who have received pneumococcal immunisation and who do not have a history of severe pneumococcal infection.

**CHILD 8–17 years** 500 mg twice daily, antibiotic prophylaxis is not fully reliable. It may be discontinued in those over 5 years of age with sickle-cell disease who have received pneumococcal immunisation and who do not have a history of severe pneumococcal infection.
DOSE CORRECTIONS

PYRIMETHAMINE

The dosage information for *pyrimethamine* in the printed version of BNF 70 is incorrect and should read as follows:

**Indication:** Congenital toxoplasmosis (in combination with sulfadiazine and folinic acid)

**NEONATE** 1mg/kg twice daily for 2 days, then 1mg/kg once daily for 6 months, then 1mg/kg 3 times a week for 6 months

DOSE REQUIRING UPDATE

CEFTRIAXONE

**Issue highlighted:** Susceptible infections due to sensitive Gram-positive and Gram-negative bacteria – By Deep IM or by IV injection or by IV infusion – child 1 month–11 years (body-weight 50kg and above) ie no dose for child less than 50kg

**Action:** Dose in BNF 70 is consistent with that in BNF 69. However, the dose of ceftriaxone does require updating in line with the latest SPC for Rocephin.

ADMINISTRATION CORRECTIONS

VECURONIUM BROMIDE

The dilution information in the directions for administration section of the *vecuronium bromide* monograph in the printed version of BNF 70 is incorrect and should read as follows:

**DIRECTIONS FOR ADMINISTRATION:**

For **CONTINUOUS INTRAVENOUS INFUSION**, dilute reconstituted solution to a concentration up to 40 micrograms/ml with Glucose 5% or Sodium Chloride 0.9%; reconstituted solution can also be given via drip tubing.
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<td>page 38, 228, 984</td>
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BNF 70
BNF for Children CLARIFICATIONS AND CORRECTIONS

DOSE OMISSIONS

ACICLOVIR

The following indications for intravenous use of aciclovir in the printed version of BNF for Children (BNFC) 2015-2016 have been omitted or are unclear and should read as follows:

**Indication:** Herpes simplex, treatment, in immunocompromised or in simplex encephalitis

**BY INTRAVENOUS INFUSION**

**CHILD 3 months–11 years** 500 mg/m² every 8 hours usually for 5 days (given for at least 21 days in encephalitis)−confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment

**CHILD 12–17 years** 10 mg/kg every 8 hours usually for 5 days (given for at least 14 days in encephalitis and for at least 21 days if also immunocompromised)−confirm cerebrospinal fluid negative for herpes simplex virus before stopping treatment

**Indication:** Varicella zoster (chickenpox), treatment in immunocompromised; Herpes zoster (shingles), treatment in immunocompromised

**BY INTRAVENOUS INFUSION**

**CHILD 3 months–11 years** 500 mg/m² every 8 hours, usually for 5 days

**CHILD 12–17 years** 10 mg/kg every 8 hours, usually for 5 days

**Indication:** Herpes zoster, treatment in encephalitis; Varicella zoster, treatment in encephalitis

**BY INTRAVENOUS INFUSION**

**NEONATE** 10–20 mg/kg every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised

**Child 1–2 months** 10–20 mg/kg every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised

**Child 3 months–11 years** 500 mg/m² every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised

**Child 12–17 years** 10 mg/kg every 8 hours given for 10–14 days in encephalitis, possibly longer if also immunocompromised

The indication information for oral aciclovir for Herpes simplex, treatment (non-genital) in simplex encephalitis in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

**Indication:** Herpes simplex, treatment (non-genital) in immunocompromised patients or if absorption impaired
DOSE OMISSIONS

CO-AMOXICLAV 400/57 SUSPENSION

Information for co-amoxiclav 400/57 suspension has been omitted in the printed version of BNFC 2015-2016 and should read as follows:

**Indication:** Infections due to beta-lactamase-producing strains (where amoxicillin alone not appropriate) including respiratory-tract infections, bone and joint infections, genito-urinary and abdominal infections, cellulitis, animal bites (doses for 400/57 suspension)

**BY MOUTH USING ORAL SUSPENSION**

CHILD 2 months–1 year 0.15 mL/kilogram twice daily, doubled in severe infection.

CHILD 2–6 years (body-weight 13–21 kg) 2.5 mL twice daily, doubled in severe infection.

DOSE CORRECTIONS

ERYTHROMYCIN

The dosage information for erythromycin in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

**Indication:** Prevention of pneumococcal infection in asplenia or in patients with sickle-cell disease, and who are penicillin allergic

**BY MOUTH**

CHILD 1 month–1 year 125 mg twice daily, antibiotic prophylaxis is not fully reliable.

CHILD 2–7 years 250 mg twice daily, antibiotic prophylaxis is not fully reliable. It may be discontinued in those over 5 years of age with sickle-cell disease who have received pneumococcal immunisation and who do not have a history of severe pneumococcal infection.

CHILD 8–17 years 500 mg twice daily, antibiotic prophylaxis is not fully reliable. It may be discontinued in those over 5 years of age with sickle-cell disease who have received pneumococcal immunisation and who do not have a history of severe pneumococcal infection.
ERYTHROMYCIN (CONTINUED)

The dosage information for erythromycin in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

**Indication:** Acne

**BY MOUTH**

CHILD 1 month–2 years 250 mg once daily, alternatively 125 mg twice daily

MAGNESIUM GLYCEROPHOSPHATE

The dosage information for magnesium glycerophosphate in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

**Indication:** Hypomagnesaemia CHILD 1 month–11 years: Initially 50 mg/kg 3 times a day, dose to be adjusted as necessary

PYRIMETHAMINE

The dosage information for pyrimethamine in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

**Indication:** Congenital toxoplasmosis (in combination with sulfadiazine and folinic acid)

NEONATE 1mg/kg twice daily for 2 days, then 1mg/kg once daily for 6 months, then 1mg/kg 3 times a week for 6 months
DOSE CORRECTIONS

TRANEXAMIC ACID

The following dosage information for tranexamic acid in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

**Indication:** Inhibition of fibrinolysis

**BY SLOW INTRAVENOUS INJECTION**

**CHILD** 10 mg/kg 2–3 times a day (max. per dose 1 g), dose to be given over at least 10 minutes.

**Indication:** Prevention of excessive bleeding after dental procedures (e.g. in haemophilia)

**BY MOUTH**

**CHILD 6–17 years** 15–25 mg/kg (max. per dose 1.5 g), dose to be given pre-operatively, then 15–25 mg/kg 2–3 times a day (max. per dose 1.5 g) for up to 8 days, dose to be given postoperatively.

DOSE CLARIFICATIONS

PARALDEHYDE

The dose advice for paraldehyde in the printed version of BNFC 2015-2016 should read as follows:

**Indication:** Status epilepticus

**BY RECTUM**

**Neonate** 0.8 mL/kilogram for 1 dose. The dose is based on the use of a premixed solution of paraldehyde in olive oil in equal volumes

**Child** 0.8 mL/kilogram (max. per dose 20 mL) for 1 dose. The dose is based on the use of a premixed solution of paraldehyde in olive oil in equal volumes
DOSE REQUIRING UPDATE

CEFTRIAXONE

Issue highlighted: Susceptible infections due to sensitive Gram-positive and Gram-negative bacteria – By Deep IM or by IV injection or by IV infusion – child 1 month–11 years (body-weight 50kg and above) ie no dose for child less than 50kg

Action: Dose in BNFC 2015-2016 is consistent with that in BNFC 2014-2015. However, the dose of ceftriaxone does require updating in line with the latest SPC for Rocephin

ADMINISTRATION CORRECTIONS

VECURONIUM

The dilution information in the directions for administration section of the vecuronium bromide monograph in the printed version of BNFC 2015-2016 is incorrect and should read as follows:

DIRECTIONS FOR ADMINISTRATION:

For continuous intravenous infusion, dilute reconstituted solution to a concentration up to 40 micrograms/mL with Glucose 5% or Sodium Chloride 0.9%; reconstituted solution can also be given via drip tubing.

INDEX CORRECTIONS

BNFC 2015-2016

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<tr>
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