

# An Introduction to our Prospective Excipient Database for Neonatal and Paediatric Oral Solutions

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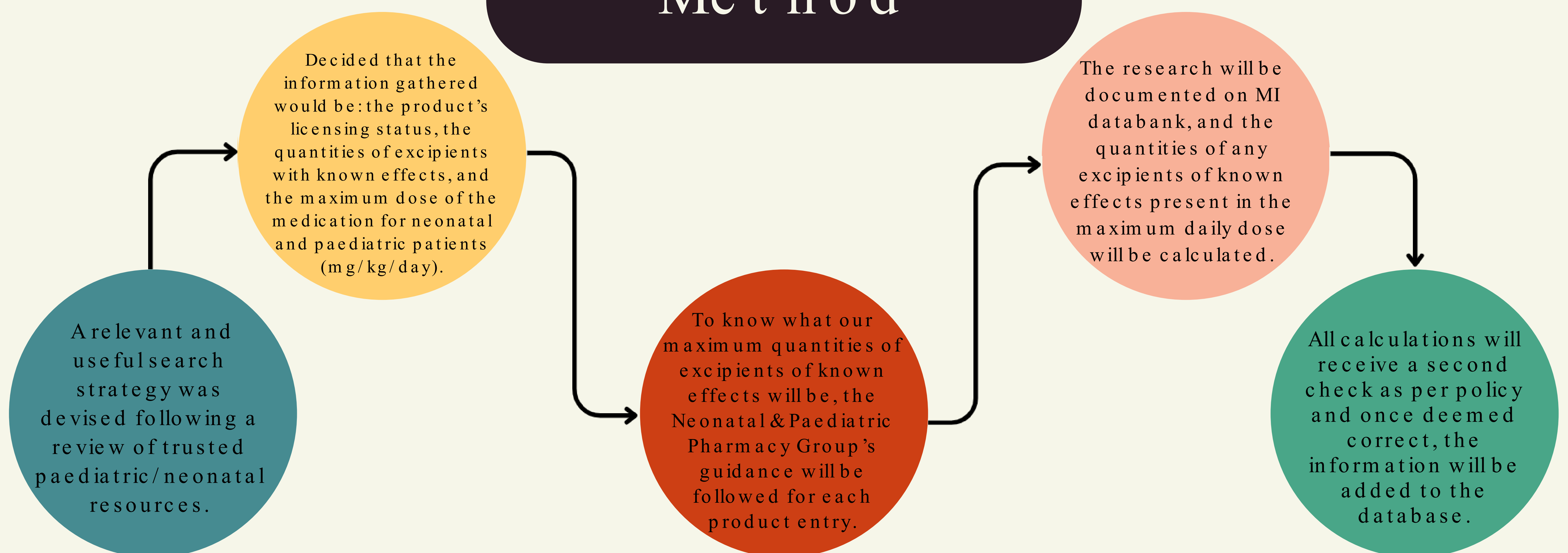
## Introduction

Our health board's hospital pharmacies do not carry out an official risk assessment process on oral solutions ordered in for the treatment of neonatal or paediatric patients. Pharmacy staff are often being asked about the excipient content within oral solutions, be it whilst on a ward or during the clinical checking process. Due to this, and to aid colleagues with their decision making, paediatric pharmacists thought a database could be created containing information regarding the quantities of excipients of known concern within the oral solutions used by our health board.

There have been previous attempts within pharmacy to establish this database which have ultimately been unsuccessful. Following the expansion of our health board's medicines advice service, our team can undertake such projects alongside enquiry answering and COVID anti-viral service duties. Therefore, we have offered to attempt to create and maintain such a database.

Our objective is to create an excipient database that is correct, clear, and accessible. The need for this type of database is evidenced by medicines advice enquiries we've received and reported near misses/errors relating to the dispensing of unsuitable oral solutions for neonatal and paediatric patients. The purpose of this database would be to bring excipients to the forefront of a prescriber/pharmacist/dispensing technician's mind and aid in the safe prescribing and dispensing of oral solutions.

## Method



## Benefits and Limitations

### Benefits

- Can be a useful training aid for technicians, pharmacists, and prescribers.
- Will be a correct, up to date resource.
- Will give people the gift of time and can reduce workload.
- Can raise awareness regarding excipient content.
- Will provide an evidence-based risk assessment for each product.

### Limitations

- Maintaining trust: We must ensure that the database remains reliable and is updated often. We can't give users any reason to not trust its contents.
- Workload: The ability to performing regular maintenance will ultimately depend on the workload within our medicines advice service.
- Imitative: Although this database could be described as unoriginal, it would be the first of its kind within our health board.

## Future Plans

- Although the database is still a work in progress, the ideal outcome of its implementation would be that it becomes an often-used and trusted resource among our colleagues.
- It would benefit staff in a number of different sectors across our three general hospitals, not just those in pharmacy.
- The database would be able to aid during each step of supplying a medication – prescribing, clinical check, dispensing, accuracy check, handing out.
- In future, if the database is well received and proves its use, there may be the potential to distribute it further afield if there is a need for it.

### Thanks

I would like to extend my thanks to everyone who has shared advice on how to build this database, and to those who supported me throughout my recent AMITS training.



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