

Medication requests to general practice



Target audience	Maternity staff
Patient group	Pregnant patients

Summary

- This medication request form aims to improve communication between maternity staff and prescribers in the community setting.
- The form should be used to detail clinical information regarding the patient and details of the request for medication to GP practices.
- The completed form should be attached and sent via email to the practice mailbox.
- The patient may book for another hospital out with Lanarkshire and therefore require alternative guidelines to be followed. See following page for relevant guidelines.
- See Appendix 1 for request form (this can be found on the Clinical Records page on FirstPort).

References

Lanarkshire guidance

Anaemia guideline: <https://rightdecisions.scot.nhs.uk/media/2288/anemia-in-pregnancy-and-iron-transfusion-protocol-2023.pdf>

Aspirin guideline: <https://rightdecisions.scot.nhs.uk/media/oibbvkom/low-dose-aspirin-in-pregnancy-february-2024.pdf>

Bacteriuria in pregnancy: <https://rightdecisions.scot.nhs.uk/media/2399/bacteriuria-in-pregnancy-aug-2023.pdf>

Thromboprophylaxis in pregnancy and puerperium: <https://rightdecisions.scot.nhs.uk/media/2084/thromboprophylaxis-in-pregnancy-final-april-2022.pdf>

Vulvovaginal candidiasis: <https://rightdecisions.scot.nhs.uk/nhs-antimicrobial-guidelines/primary-care-guidance/genital-tract-infections/vaginal-candidiasis/?searchTerm=clotrimazole>

GGC guidance

Anaemia guideline: <https://rightdecisions.scot.nhs.uk/media/1777/iron-deficiency-edit-links.pdf>

Aspirin guideline: <https://rightdecisions.scot.nhs.uk/media/tdhnz12v/341-antenatal-use-of-aspirin-prevention-of-pre-eclampsia.pdf>

National guidance

Genital Herpes in Pregnancy (Joint BASHH/RCOG guidance): <https://www.bashh.org/userfiles/pages/files/clarkeetal2024jointbritishassociationforsexualhealthandhivandroyalcollegeofobstetriciansand.pdf>

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Appendix 1

<p>CHI no: _____</p> <p>First name: _____ DOB: ____/____/____</p> <p>Last name: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>or attach addressograph label here</p>	<p>Service/Hospitals/Dept. etc. _____</p> <p>Ward/Team: _____</p> <p style="text-align: right;">NHS Lanarkshire</p> <h2 style="text-align: center;">Medication Request to General Practice</h2> <p>Date: ____/____/____ Time: ____:____ (24 hour)</p> <p>Practice Name & Code: _____ Booking Hospital: _____</p>
Patient Details	
<p>Identifies as: _____ Allergies: _____ Booking weight (kg): _____</p> <p>Gestation: _____ Estimated due date (EDD): _____ Days postnatal: _____</p>	
Urgency of request	
<p><input type="checkbox"/> Urgent (same-day prescription). Reason for urgent request: _____</p> <p><input type="checkbox"/> Routine</p>	
Details of request to General Practice (please fill in all relevant boxes to allow the prescriber to review without delay):	
<p><input type="checkbox"/> Please supply oral folic acid 5mg daily until 11+6 weeks of gestation Indication: _____</p> <p><input type="checkbox"/> Please supply oral aspirin 150mg at night from 12+0 weeks of gestation <input type="checkbox"/> Until 36+6 weeks of gestation (as per NHS Lanarkshire guideline) <input type="checkbox"/> Until birth (as per NHS GGC guideline) Indication: _____</p> <p><input type="checkbox"/> Please supply oral ferrous fumarate 210mg daily for 12 weeks <input type="checkbox"/> Please supply oral folic acid 5mg daily for 12 weeks Indication (please state Hb level): _____</p> <p><input type="checkbox"/> Please supply intramuscular hydroxocobalamin 1000micrograms/1ml x 1 Indication (please state B12 level): _____</p> <p><input type="checkbox"/> Please supply intravaginal clotrimazole 500mg pessary at night x7 Indication: _____</p> <p><input type="checkbox"/> Please supply oral aciclovir 400mg three times per day from 32 weeks of gestation until birth Indication: _____</p> <p><input type="checkbox"/> Please supply subcutaneous enoxaparin _____ mg daily to start at _____ weeks of gestation and to continue until _____ Indication: _____</p> <p><input type="checkbox"/> Please supply antibiotic as per attached microbiology result (the attachment must include the name of the bacterium isolated, the type of specimen taken, the date of the specimen taken and must clearly display the correct patient name and CHI number - NO prescription will be prepared if any of this information is missing):</p> <p><input type="checkbox"/> Please COMMENCE levothyroxine (new medication) at a dose of _____ micrograms daily (please attach most recent thyroid function tests (TFT) results and see trimester-specific TFT values overleaf)</p> <p><input type="checkbox"/> Please ALTER levothyroxine dose from _____ micrograms daily to _____ micrograms daily (please attach most recent TFT results and see trimester-specific TFT values overleaf)</p>	

Completed by: (PRINT NAME)	Designation:
Signature: _____	Phone Number: _____
	Date: ____/____/____
Responsible consultant: _____	

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CHI no. _____
 First name _____ DOB ____/____/____
 Last name _____ Sex: ☐ M ☐ F
 Address _____

 or attach addressograph label here

**Suggested thromboprophylaxis doses for antenatal and postnatal low molecular weight heparin (LMWH)
 (this can be prescribed in addition to aspirin as in page 1)**

Weight (use booking weight as written overleaf)	Enoxaparin	Dalteparin	Tinzaparin (75 units/kg/day)
<50kg	20mg daily	2500 units daily	3500 units daily
50-90kg	40mg daily	5000 units daily	4500 units daily
91-120kg	60mg daily*	7500 units daily	7000 units daily*
121-170kg	80mg daily*	10000units daily	9000 units daily*
>170kg	0.6mg/kg/day*	75 units/kg/day	75 units/kg/day*

*may be given in 2 divided doses

Pregnancy-specific reference ranges:

Trimester 1:

Abnormal Hb (g/L):	Normal B12 (pg/mL):
<110	118-438

Trimester 2:

Abnormal Hb (g/L):	Normal B12 (pg/mL):
<105	130-656

Trimester 3:

Abnormal Hb (g/L):	Normal B12 (pg/mL):
<100	99-526

Thyroid Ranges during pregnancy

- 1st Trimester: Thyroid stimulating hormone (TSH) 0.1 - 3.0 mIU/L, FT4 12.1 -18.7 pmol/L
- 2nd Trimester: TSH 0.1 - 3.4 mIU/L, FT4 9.1 -18.3 pmol/L
- 3rd Trimester: TSH 0.1 - 3.7 mIU/L, FT4 8.4 -15.7 pmol/L

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Clinical governance

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Consultation/distribution record	
Contributing authors:	G Buchanan, H Fulton, V Rainey, R Din, F Burns
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Distribution:	All in maternity via RDS app

Change record			
Date	Lead author	Change	Version
April 2024	F Burns	Initial document	1
1.8.25	G Buchanan	Multiple changes	2

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