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/nhsl-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/clarkeetal2024jointbritishassociationfors exualhealthandhivandroyalcollegeofobstetriciansand.pdf

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Appendix 1

CHI no DOB/ East name Sex:MF Address or attach addressograph label here	Service/Hospitals/Dept. etc. Ward/Team: Medication Request to General Practice
Practice Name & Code:	Booking Hospital:
Patient Details	
Identifies as: Gestation:	Allergies: Booking weight (kg): Days postnatal:
Urgency of request	
☐ Urgent (same-day prescription). Reas ☐ Routine	on for urgent request:
Details of request to General Practice (please fill in all relevant boxes to allow the prescriber to review without delay):
Please supply oral folic acid 5mg da Indication:	ily until 11+6 weeks of gestation
☐ Please supply oral aspirin 150mg at ☐ Until 36+6 weeks of gestation (as ☐ Until birth (as per NHS GGC guid Indication:	s per NHS Lanarkshire guideline)
☐ Please supply oral ferrous fumarate : ☐ Please supply oral folic acid 5mg da Indication (please state Hb level):	• ,
Please supply intramuscular hydroxo Indication (please state B12 level):	
Please supply intravaginal clotrimazo	ole 500mg pessary at night x7
Please supply oral aciclovir 400mg to Indication:	hree times per day from 32 weeks of gestation until birth
Please supply subcutaneous enoxap continue until	arinmg daily to start at weeks of gestation and to
bacterium isolated, the type of spec	hed microbiology result (the attachment must include the name of the imen taken, the date of the specimen taken and must clearly display the er - NO prescription will be prepared if any of this information is missing):
	new medication) at a dose of micrograms daily (please attach most sults and see trimester-specific TFT values overleaf)
Please ALTER levothyroxine dose from recent TFT results and see trimester.	

Completed by: (PRINT NAME)	Designation:
Signature:	Phone Number:
Responsible consultant:	

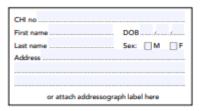
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 $\hbox{NHS Lanarkshire guideline: Medication requests to General Practice} \\$

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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:

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

Trimester 2:

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

Trimester 3:

Abnormal Hb	Normal B12
(g/L):	(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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