

BNF Familiarisation Questions

Introduction

These questions have been created to assist Foundation Doctors in becoming familiar with the British National Formulary (BNF) and discovering the location of information that may be regularly accessed in practice.

The BNF is available in paper, as an app or online at <https://about.medicinescomplete.com/publication/british-national-formulary/>. If you are using the app version it is vital that you update it on a regular basis to ensure you are accessing and using the most up to date and relevant information.

How to use these questions?

It is best to trial these questions on the version of the BNF you are going to be using most often (an App, online or even a paper copy), or you may wish to trial them on different platforms.

If you are undertaking these questions prior to the Diagnostic Prescribing Assessment, you should use the resource that will be used on the day. You will receive information on the resources available from your trust prescribing lead.

Question 1: A patient needs 1g vancomycin every 12 hours as a maintenance dose for MRSA sepsis. A nurse can't find their IV administration book so you're asked:

- What is a suitable diluent?
- How should the dose be diluted?
- What rate should the dose be given at?

Why is this relevant to practice? It is important that doctors are aware of the formulation of IV antibiotics and the diluents used. This is of relevance when prescribing IV antibiotics for patients who are fluid restricted or have electrolyte imbalances. All doctors should have an understanding of maximum rates of infusions and possible adverse drug reactions that can occur.

Question 2: A patient, with history of stroke, has been admitted for increased confusion (UTI – sensitive to trimethoprim), he is being treated with appropriate antibiotics and fluids. Allergy: NKDA DH: Aspirin 75mg OD, Amlodipine 10mg OD, Simvastatin 80mg OD.

- Are there any changes you would recommend in the current / regular medications?

Why is this relevant to practice? Trainees should be able to utilise the BNF to comprehensive review a patient's medication regime to ensure it is safe and effective.

Question 3: Mr GH is under the care of your palliative care team. He needs his usual morphine dose converted to a fentanyl patch. His daily morphine requirements included Morphine MR 50mg BD and 5mg of oral morphine every 6 hours for breakthrough pain (which he required and has been taking for the last 3 days).

- What strength of fentanyl patch is suitable for this patient (assuming no dose reduction required)?

Why is this relevant to practice? Opioid prescribing is a high risk area and all trainees should be aware of common formulations and dosage equivalence, which is available in the BNF.

Question 4: Mrs HP has been admitted with what is suspected to be a *Helicobacter Pylori*-induced gastro-duodenal ulcer. You've been asked to investigate if this is the case. She takes no regular medication but finished a course of clarithromycin last week for a chest infection.

- What considerations should be made with regard to a patient's drug history when performing this test?

Mrs HP has been confirmed to have an *H. Pylori*-induced gastro-duodenal ulcer.

- What are the treatment options to eradicate *H. Pylori* in this case?
- How long should treatment last?

Why is this relevant to practice? At the beginning of each chapter of the paper BNF are treatment summaries that give useful information on common conditions seen in practice. This is located in the "Summaries in the App"

Question 5: A female patient is admitted to the Emergency Department with paracetamol overdose. Her plasma-paracetamol concentration at 6 hours post-ingestion was 80mg/L. Her weight is 74kg. She requires intravenous acetylcysteine.

- a) Is treatment required according to the Paracetamol overdose treatment graph?
- b) What acetylcysteine treatment regime will be required over 24hours?
- c) What is the preferred diluent?

Why is this relevant to practice? The BNF contains a chapter on poisoning that contains vital information on emergency treatment. Those doctors that undertake on call duties should be aware of this and the complex regimes it contains.

Question 6: A 54-year-old gentleman has been admitted with a severe exacerbation of asthma. He is unable to speak in sentences and has a peak flow of 120.

PMH: Asthma, T2DM, Hypercholesterolaemia

DH: Salbutamol pMDI inhaler PRN, Seretide® 125 Evohaler 2puffs BD, Metformin, Vildagliptin, Atorvastatin

Allergies: Nuts, anaphylaxis. Bloods: Electrolytes and BMs normal. BNP ↑800 pg/ml with another similar value three months ago.

- a) Your senior has asked for you to prescribe all of his regular medication but you're unsure what vildagliptin is. Why might you not want to prescribe vildagliptin?

Why is this relevant to practice? Trainees should be able to utilise the BNF to ensure medications are prescribed safely and effectively.

Question 7: What types of insulins are the following (please indicate what type of duration, frequency of administration, and when they should be administered):

- a) Novomix 30
- b) Novorapid
- c) Levemir

Why is this relevant to practice? Trainees should be able to utilise the BNF to be able to quickly identify different formulations of the same medication to aid appropriate selection of therapy.

Question 8: An 82year old elderly lady weighing 42kg is admitted after a fall at home, you are required to prescribe paracetamol IV.

- a) What is an appropriate dose for this lady?

Why is this relevant to practice? Trainees should be able to utilise the BNF to be able to quickly identify appropriate doses of common medications

Did you find the answers? Please see the answers available on the STFS website. There are also reference to other useful sections within the answer booklet.