

*Ipswich and East Suffolk Clinical Commissioning Group  
West Suffolk Clinical Commissioning Group*



# Suffolk Guidelines for the prescribing of Pleural and peritoneal drainage systems

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Produced by the West Suffolk CCG, and Ipswich and East Suffolk CCG Medicines Management Teams

Approved by the Suffolk and North East Essex Area Prescribing Committee. Version 2. May 2022. Review  
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### **The Prescribing of Indwelling Pleural and peritoneal Catheter (IPC) Drainage Systems.**

The **Rocket IPC drain** is a universal indwelling pleural/peritoneal catheter drainage system designed to drain recurrent malignant pleural effusions/recurrent malignant ascites. The drain is used to prevent repeat admission into a hospital and improve or help maintain quality of life while keeping the patient comfortable & managing their symptoms. The catheter has a one-way valve which when operated will only let fluid out, and will not let air back in. Its simple design allows it to be patient led, however, occasionally they may require assistance. Rocket drains may be required for a few weeks to several months.

Vacuum 500ml bottles/1L bottles are used to drain the pleural space, and vacuum 1L bottles/2L under-gravity drainage bags can be used to drain the peritoneum, it usually takes approximately 5 to 45 minutes. Between drainage, the catheter is covered with a dressing (which is included in the packs enlisted below) the patient can continue with their usual activities of daily living.

NICE guidance recommends use of vacuum (1L bottles) for the peritoneal patients, it reduces incidences of blockages, therefore avoiding unnecessary re-admissions back into Hospital & it also reduces the length of time the drainage takes.

#### **Please review the following considerations carefully prior to prescribing:**

- Rocket drains can be prescribed in primary care **ONLY** under the direct recommendation and ongoing supervision of the patient's specialist. **No approval for funding is required.**
- All patients must receive training on how to operate the Rocket drains and be advised what actions to take if complications occur.
- **Patients transitioning from secondary care into primary care should be given a full 2 week supply of appliances upon discharge as per contracting arrangements.**
- If patients are unable to perform the drainage themselves, a referral to the community nursing services must be completed prior to commencing treatment. For **long term** provision needing **complete assistance** from the district nurse, they can order the drains via NHS Supply Chain whilst the patient is under their care.
- Rocket drains can be ordered from the patient's local pharmacy. If lead times are quoted at 7-10 days, ask the pharmacist to contact Rocket Medical. Once an account has been created with Rocket Medical & they will receive the bottles with a 48 hour turnaround.
- Pharmacies can order direct from Rocket Medical on 0191 419 6949. Rocket Medical have an account directly with Lloyds pharmacy, if the prescription is taken there, the turnaround is again 48 hours.

### Ordering codes

Product	Drug tariff code	Supply chain code	Cost on Drug tariff
Rocket IPC Dressing Pack & Bottle (Pleural) 500ml*	R54400	FET1544	£25.93each
Rocket IPC Dressing Pack & Bottle (Pleural) 1000ml	R54411	FSW706	£38.22 each
Rocket IPC Dressing pack & 2L bag	R54410	FET1551	£18.15 each

### Training needs and useful contacts

- A community training request should be sent from the secondary care setting to Rocket Medical prior to discharging the patient, this should be sent via the online Rocket homecare portal or via email to Rocket Medical. The primary care settings needs can be assessed & training scheduled at the earliest convenience to facilitate an imminent discharge.
- Should training be required or you have any questions about the Rocket IPC & its management, your local clinical sales specialist for Ipswich & Suffolk is: Louise Mears, [louise@rocketmedical.com](mailto:louise@rocketmedical.com) 07973759702. She is happy to be contacted if there are any training needs or queries.
- The IPC Catheter has x2 lots of sutures in place which should have guidance on when to be removed, these are usually removed by the District Nursing Teams unless advised otherwise. Both lots need to be removed as there is a cuff that sits in the subcutaneous tract which keeps the IPC in long-term.
- If the patient is on free drainage when you get out to the patient, the drainage line needs to come off & a cap needs to be placed on the end of the catheter & completely dressed away when not in use.

### Adapters.

Rocket have a pair of adaptors in all of the above coded kits. If your current IPC drainage catheter has a valve similar to the Rocket IPC, you can use the bottle/bag adapter to connect Rocket Bottles and Bags to your catheter valve for draining. Video FYI below:

<https://vimeopro.com/rocketmedical/rocket-medical-clinical-training-video/video/222193727>

This will allow non FP10 drains to be converted over if necessary, in some circumstances.

### Waste disposal.

Clinical waste **must** be disposed of correctly in the appropriate clinical waste bin. If a patient is independent and self-caring with their drainage system then they **must** be provided with the appropriate bin.

### Other systems not available on drug Tariff

Please note the CCG supports the prescribing of Drains which are obtained via FP10. This method prevents delay's to patient care and ensures there's a smooth transition for patients.

Some drains are not available on prescription and these must only be fitted in clinically exceptional circumstances where there is a clear need. Should a drain be fitted which does not fit into an exceptional circumstance, they may be delays in provision or difficulties obtaining supplies.

Drain not possible to prescribe on FP10.

Ensure the acute trusts have provided the patient with a **two week** supply of consumables upon discharge. This is stated in the contract. Funding must also be in place prior to the patient returning home. They **can not** be discharged without agreement.

Patients who are receiving treatment **FULLY** by the community nursing team for drainage long term e.g. palliative/where there are no plans to remove the drain and the patient is **NOT** independent with treatment.

Drain can be ordered via supply chain. Please note this is not cost effective for the NHS due to large quantities on the system and may be challenged if not clinically appropriate/exceptional.

For patients who are **independent** and will be managing the drain themselves funding will need to be agreed through IFR.

This would need to be completed by the acute trust prior to discharge.

Please note IFR do **NOT** order the equipment themselves. They only cover costs in clinically **EXCEPTIONAL** circumstances. IFR requests can be rejected if this criteria is not met.

### Patients who live in nursing homes

Please note GP's DO NOT have Supply chain accounts or the ability to order these consumables

The nursing home would need to order the drains via manufacturers and funding must be in place **prior to discharge** from the acute sectors. Many Nursing homes will not have Supply chain accounts.

This process can cause delays. Please ensure ordering and funding is fully explored and agreed before discharge. **This is essential as per contract**