

SHPA NSW Branch submission to Clinical Practice Guide Review: Use of SGLT2-inhibitor medicines for people with type 2 diabetes receiving acute inpatient care

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 6,000 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals.

Thank you for inviting the opportunity for SHPA to provide feedback on this Clinical Practice Guide. On behalf of SHPA's NSW Branch Committee, members in the following speciality practice groups were consulted for their expertise: General Medicine, Surgery and Perioperative Medicine, Nephrology and Medical Specialities.

Recommendations are as follows:

Specific guidance for peri-procedural care

- Consider including advice on management of patients who have not withheld SGLT2-inhibitor pre-procedure.
- Although less common, consider inclusion of management in patients who have started a low-calorie diet for 1-2 weeks pre-procedure.
- Recommencement could be clearer for day cases versus major surgery. Otherwise, consider linking to current Australian Diabetes Society (ADS) and The Australian and New Zealand College of Anaesthetists (ANZCA) document.

Implementation considerations

- The document lacks clarity around strategies for those hospitals without Electronic Medication Management (EMM) systems and whether similar endorsement is required by medical team or pharmacists using paper medication charts.
- Add wording pertaining to management in the last bullet point: 'DTC to monitor adverse incidents relating to SGLT2-I medicines, monitor whether medication reconciliation *and appropriate management* has occurred.'

Flowchart

- Clarify that there are two distinct sections of the flow chart: admission and discharge.
- Add 'inpatient ward' to the first box regarding presentation.
- Referring to the box 'withhold SGLT2-i prior to procedure', the recommendation to withhold 'at least 3 days for all other procedures (if possible)' does not match recommendations in the main document.
- As mentioned previously, reference to those who have started a low-calorie diet for 1-2 weeks pre-procedure should be included in the flowchart.
- A section is required for management of patients who have had SGLT2-inhibitor withheld versus those who have not had SGLT2-inhibitor withheld pre-procedure, or link to ADS/ANZCA guideline.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on yyik@shpa.org.au.