



Australasian College of Podiatric Surgeons

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ACPS001/PRES/

Mr Jason Warnock
Chair
Podiatry Board of Australia
GPO BOX 9958
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Dear Jason

CONSULTATION PAPER “GUIDELINES FOR ENDORSEMENT FOR SCHEDULED MEDICINES”

Thank you for the opportunity to provide input on the consultation paper “Guidelines for Endorsement for Scheduled Medicines”.

The Australasian College of Podiatric Surgeons (“the ACPS”) would like to provide its comments and suggestions in relation to this document. The ACPS has also provided its comments to all State Departments of Health.

The ACPS:

- Supports the Podiatry Board of Australia in the development of the guidelines for the endorsement for scheduled medicines;
- Supports the development of a List of Scheduled Medicines approved by the Board (“The National Drug List”) across all jurisdictions;
- Supports a consistent standard for endorsement for scheduled medicines across all Australian jurisdictions;
- agrees that the development of a consistent list of scheduled medicines across all jurisdictions will provide benefits to patient safety, consistency of practise and a consistent continuum of care for patients across Australia;
- believes that the Podiatry Board of Australia is the most appropriate agency to manage the standards for endorsement and the National Drug List; and
- believes that a podiatrist registered as a podiatric surgeon under the National Law requires access to an extended list of drugs specific to the requirements of podiatric surgery.

The ACPS recommends that the following additional **antibacterial** agents are available to podiatric surgeons by either oral “O” or Intra-venous “IV” route. (These recommendations are adopted from the “**Therapeutic Guidelines - Antibiotic**” Version 14 of 2010):

Benzylpenicillin IV for surgical prophylaxis in amputation for diabetic patients;

Cefotaxime IV or **Ceftriaxone** IV for gram-negative osteomyelitis or septic arthritis;

Cephazolin IV for preoperative prophylaxis and empiric treatment of osteomyelitis in patients who are hypersensitive to penicillin, excluding immediate hypersensitivity;

Vancomycin IV for preoperative prophylaxis and empiric treatment of osteomyelitis for patients with immediate penicillin hypersensitivity;

Ciprofloxacin IV for patients with immediate penicillin hypersensitivity with contaminated wounds;

Gentamicin IV for sepsis due to gram-negative enteric bacteria;

Lincomycin IV for patients with immediate penicillin hypersensitivity and MSSA with proven macrolide susceptibility;

Piperacillin + tazobactam IV or **Ticarcillin + clavulanate** IV for open, soiled wounds or infection in the presence of devitalized tissue *eg* diabetic patients; and

Rifampicin + Fusidate O for treatment of osteomyelitis due to MRSA.

The ACPS recommends that the following additional **analgesic** agents are available to podiatric surgeons (These recommendations are adopted from the “**Therapeutic Guidelines - Analgesic**” Version 5 of 2007):

Tramadol IV and O immediate-release and modified-release for reduced incidence and severity of opioid adverse effects *eg* respiratory depression and constipation plus limited potential for tolerance, physical dependence and addiction, even with long-term use;

Parecoxib IV for multimodal analgesia during surgery; and

Piroxicam oral for post-postoperative pain and as an analgesic, especially where there is an inflammatory component.

The ACPS recommends that the following additional **antithrombotic** agents are available to podiatric surgeons (These recommendations are adopted from the “**Therapeutic Guidelines – Cardiovascular**”, version 5, 2008):

Enoxaparin Subcutaneous for perioperative venous thromboembolism prophylaxis; and

Dalteparin Subcutaneous for perioperative venous thromboembolism prophylaxis.

The ACPS recommends that the following additional **antiemetic** agents are available to podiatric surgeons (These recommendations are adopted from the “**Therapeutic Guidelines – Gastrointestinal**” version 4, 2006):

5-HT₃-receptor antagonists are effective at preventing vomiting and have a favourable adverse effect profile;

1. **Ondansteron** IV for prophylaxis and treatment of postoperative nausea and vomiting; and
2. **Dolasetron** IV for prophylaxis and treatment of postoperative nausea and vomiting;

Droperidol has been shown to be effective when given at the end of anaesthesia; and

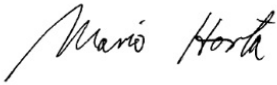
Promethazine given at the end of surgery has been shown to be effective in preventing PONV.

The ACPS supports Section 17c of the *Poisons and Therapeutics Good Act* 1966 No 31 of NSW. This Act authorises the possession, use, supply or prescription of substances by a podiatrist and allows the Podiatry Board of Australia to manage the development of guidelines, endorsement process and the National Drug List.

“A podiatrist whose registration is endorsed under Section 94 of the Health Practitioner Regulation National Law as being qualified to possess, use, supply or prescribe a poison or restricted substance is authorised to possess, use, supply or prescribe that poison or restricted substance for the purpose of the practice of podiatry”.

The ACPS encourages the Podiatry Board of Australia to engage state Departments of Health to consider similar legislative changes to those of NSW. These changes will allow the Podiatry Board of Australia to manage the development of guidelines, endorsement process and the National Drug List on a nationwide basis on behalf of individual States.

Yours sincerely

A handwritten signature in black ink that reads "Mario Horta". The signature is written in a cursive, flowing style.

Mario Horta, MScBSc PGradDip(Pod) PGradDip(HlthSc) FACPS
President