SELF PROCUREMENT OF DRUGS

Dear Editor,

I wish to highlight through this letter the problem of self procurement of most drugs including dangerous and restricted drugs in our country.

79 year old ex-serviceman, an old case of generalized seizures was admitted in a state of coma, on 08 May 2000. Coma was preceded by 3-4 generalized seizures. He had flaccid paralysis of all the 4 limbs without any localizing or lateralizing signs. Blood sugar level was 30mg%. History given by relatives revealed that the patient had not taken his regular anti epileptic medication dilantin (diphenyl hydantoin) for one week. On 07 May 2000 evening he procured some medication from local market in his town and consumed 3 tablets of the same. His hypoglycaemia failed to respond to aggressive management with 100 ml of 50% dextrose followed by IV drip of 10% dextrose and he expired 17 hours after admis-

sion.

There is a strong likelihood that the patient consumed 3 tablets of daonil (glybenclamide) in place of dilantin by mistake which led to prolonged hypoglycaemia and fatal outcome, a known complication of daonil in elderly. This suspicion is corroborated though not confirmed conclusively by relatives, as no strip of incriminated tablets could be produced by them.

It is emphasized therefore, that the fatal outcome in this case could have been avoided if the chemist had insisted on production of written prescription by the patient instead of making available the drug on verbal request for purchase

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DAILY COST OF MEDICINES ISSUED TO PATIENTS IN A MEDICAL INSTITUTION

Dear Editor,

At the highest level in the Armed Forces Medical Services, data would exist in terms of the total expenditure involved for the treatment provided to serving personnel and their families or the per capita planned expenditure on a serving personnel. However, such data cannot be translated into calculating the average cost of medicines issued daily to patients in a medical care institution. The author could not find such a reported study and it was thus planned to calculate the average daily cost of medicines issued at our Station Sick Quarters (SSQ).

This SSQ is a 15 bedded non dieted SSQ with 4 Medical Officers and an average daily sick report of 100 patients. Patients on long term treatment viz. Hypertension/Diabetes etc collect their medicines on two days of the week i.e. Tuesdays and Fridays. The cost was calculated based on the average price of a particular product as mentioned in Drug Today [1]. Data was collected for a full working week to obviate any bias of sick report on a particular day of the week. Cost was calculated only for medicines received from AFMSDs and issued from the Dispensary and thus does not include medicines issued to ward patients, IV fluids, bandages etc which are not issued from the Dispensary on a day to day basis.

The average daily sick report for the period analysed was 103, OR's families constituting the bulk of the sick report. The average daily cost of medicines for this period was Rs 4420/- day and there is no reason why not to presume that this would be an average figure for the SSQ. If this amount is analysed, Cap Amoxycillin as an

individual drug cost Rs.538.00 (Cap Amoxycillin average cost Rs 3/- for 250 mg capsule) and Rs 347.00 for Syp Amoxycillin (average cost Rs 16/- for 30 ml bottle). As a group antibiotics at Rs 1154/- for capsules/tablets and Rs 459/- for syrups headed the expenditure list.

The above analysis has given few important inputs. Average cost of medicines issued to each patient was about Rs 40/- per patient, excluding the cost of laboratory investigations/dressings etc. Antibiotics constituting 30% of the total cost of medicines issued, points to the frequency of use of antibiotics at primary health care level. The use of a particular antibiotic in preference to other, may be equally effective, yet cheaper antibiotics is also another aspect which could be looked into. It also gives us a knowledge of the expenditure involved in the SSQ. A monthly medicine consumption of Rs 1.25 lakhs is no small amount in a medium sized SSQ like this. Such an analysis provides us the basic data to carry out a specific audit within a medium sized primary health institution in terms of sick report pattern, pattern of consumption of medicines and prescribing habits of medical officers.

Reference

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PROBLEM OF NON DEFLATABLE FOLEY'S CATHETER BALLOON

Dear Editor,

Of late with the use of Indian made Foley's catheters non deflation of Foley's catheter bulb has become a common problem. Standard text books describe various methods like (i) cut the valve of the balloon (ii) injecting liquid paraffin down the main drainage channel (iii) passing urethral catheter stylet down the balloon channel (iv) puncture of balloon with 19g spinal needle

passed suprapubically, transvaginally or transrectally.

However, in female patients, I have used a simpler and safer technique in over 20 cases in the last few years. The method is as follows:

1. Clean vulva with Savlon & saline
2. Place the patient in lithotomy position with thighs spread out.
3. With the left hand pull the Foleys catheter and keep it pulled